

Health Overview and Scrutiny Committee

Friday 11 April 2014

Proposed changes at Folkestone Walk-in-Centre

1. Introduction

- 1.1. NHS South Kent Coast CCG is committed to ensuring that there is good quality out-of-hospital care for people living in the Deal, Dover, Shepway and Romney Marsh areas.

This includes providing consistent, reliable and equally accessible urgent care, no matter which part of South Kent Coast people live in.

- 1.2. The CCG is currently engaging with local patients and stakeholders to develop its commissioning plans for 2014 – 2019. Part of this engagement involves standardising the way in which treatment for minor injuries and illnesses is provided.
- 1.3. By making small changes to the service in Folkestone and bringing it into line with services provided in Dover and Deal, the CCG has recognised that it can provide a more equitable service to a broader range of people across the area.

It can also begin to divert some of its resources into better care for the frail and elderly through improved community services, particularly rapid response nursing teams.

2. Current service provision

- 2.1 In the majority of the South Kent Coast area, minor illnesses are treated at GP surgeries and through the out-of-hours GP service.
- 2.2 NHS South Kent Coast CCG currently commissions minor injuries services at Deal and Buckland Community Hospitals and at the Royal Victoria Hospital walk-in-centre in Folkestone. The key difference between minor injuries and walk-in-centre services is the additional provision of minor illness treatment.

3. The case for change

- 3.1 In July 2013, the CCG held a Shepway public engagement event, and urgent care was one of the key topics for discussion. A series of questions were put to the public to test both their understanding and overall satisfaction of current local services, including urgent care.
- 3.2 When asked: Do you think it is important that a professional treating you for a minor illness has access to your medical history, more than 80 over cent of people attending the event answered “yes”.

The walk-in-centre does not have access to patient medical history when clinically assessing / treating patients for minor illnesses. Therefore it would be more appropriate and safer for these patients to be treated at local GP practices or by the out-of-hours GP.

3.3 When asked: "Do you agree or disagree that patients who use A&E or MIU inappropriately should be redirected to more suitable services for their needs after clinical assessment", more than 90 per cent answered "yes".

Analysis indicates that the numbers of people who are likely to be redirected for minor illness from Folkestone if it becomes a Minor Injuries service, on any given day is around 14 patients across 17 GP practices. This would average between 0.3 and 1.6 additional new appointments per practice per day, depending on proximity to the walk-in-centre. This has been discussed with local GPs who agree that this level of increase is marginal and can be absorbed.

4. Key changes being proposed

These changes include:

4.1 Working with providers to redirect patients requiring treatment for minor illnesses to GP practices and the out-of-hours GP service.

4.2 Working with the out-of-hours provider (to ensure that they are fully able to deal with the potential increase in demand for their services). This service is also located in the hospital alongside the MIU and operates 7pm -10pm Monday to Friday and 9am-10pm at weekends.

4.3 Standardising the opening hours in Deal, Dover and Folkestone when patients can attend their local hospital for the treatment of minor injuries to between 8am and 8 pm.

4.4 Improving community services locally to enable the more vulnerable members of our community to be cared for safely in their own homes.

5. Benefits of the changes

5.1 As well as providing a safer and more appropriate way of treating patients with minor illnesses that is consistent across the South Kent Coast area, the CCG would free-up funding for investment in other services.

5.2 The CCG is committed to the expansion of the community rapid response service. This initiative forms part of the local Better Care Fund Plan which has jointly been agreed with Shepway and Dover District councils.

5.3 This investment in the rapid response service and other community nursing services will reduce the need for hospital admission for our most vulnerable patients.

6. Next steps

6.1 The CCG recognises that a small number of people may be unhappy with the proposed changes and is fully committed to engaging with those people, and working with them through service providers to alleviate those concerns.

6.2 The CCG intends to replicate the work they have initiated in Deal, where local GP members work closely with patients and other stakeholders to consider the range of local community based services which could be enhanced or delivered locally to reduce reliance on hospital care and increase the resilience of locally based health and social care.

The proposed timeline for the changes is outlined below:

Month	Action
April	<ul style="list-style-type: none">• Changes presented to HOSC
May	<ul style="list-style-type: none">• Joint engagement and communications plan agreed with KCHT and OOH provider (IC24)
June	<ul style="list-style-type: none">• Engagement and Communication plan implemented
July	<ul style="list-style-type: none">• Hours reduced (8am - 8pm)
July-September	<ul style="list-style-type: none">• WiC begin to engage with patients on services better suited to their needs i.e. GP, pharmacy, self-care
July-September	<ul style="list-style-type: none">• Ongoing involvement of local patients on changes to minor illness provision and co design of community based care
September	<ul style="list-style-type: none">• Implement full change• Change WiC service to MIU service• Patients signposted following clinical triage to most appropriate service for their needs for example, GP, out-of-hours GP, pharmacy, self-care.

Further information

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