

## Briefing note on Buckland Hospital and health services in Dover

### **Background**

Buckland Hospital is a small former acute hospital at Coombe Valley Road, Buckland, Dover, run by East Kent Hospitals NHS Trust.

The building in which the hospital is housed was originally a Workhouse, built in 1836. It was taken over by the NHS in 1948 and eventually (with the closure of two other local hospitals) became the sole NHS hospital in Dover, serving as the local district general hospital.

In recent years a number of services have been withdrawn from Buckland Hospital – including the Accident and Emergency department, which has been replaced by a nurse-led Minor Injuries Unit (open seven days a week but not 24 hours a day). Patients from the Dover area requiring A&E services now have to travel to the William Harvey Hospital at Ashford, the Kent and Canterbury Hospital or the Queen Elizabeth The Queen Mother Hospital at Margate.

Buckland Hospital does, however, continue to provide a range of outpatient services and some inpatient services. It currently houses:

- the specialist East Kent Neurorehabilitation Unit (providing rehabilitation services for people with Epilepsy, Multiple Sclerosis, Motor Neurone Disease, Parkinson's Disease or traumatic brain injury);
- the award-winning Dover Family Birthing Centre (which offers expectant mothers the option of a birthing pool);
- the Dunkirk Renal Satellite Unit (providing haemodialysis services for kidney patients).

### **The Dover Project (2006)**

In July 2005 the NHS Overview and Scrutiny Committee asked the local NHS to undertake a public discussion about the future of health services in Dover.

During January and February 2006, East Kent Coastal PCT and East Kent Hospitals Trust met various stakeholders, including the NHS Overview and Scrutiny Committee.

A 12-week public consultation by the PCT and the Trust about possible models of health and social care service delivery in Dover took place between June and September 2006 around the document *The Dover Project – Your Say*. This was a 20-page publication, outlining possible alternative models of provision for 11 service areas, with an accompanying response form to allow members of the public to indicate which options they preferred. Three public meetings were held as part of the consultation. While the consultation was concerned with services provided in Dover town, the consultation process was promoted across Dover district.

The NHS OSC considered this consultation on four occasions (on 30 March 2006, 12 May 2006, 22 September 2006 and 23 March 2007). Members were unanimously supportive of the way that The Dover Project was being undertaken.

The PCT and the Trust emphasised that the consultation was about services rather than buildings; the specific details of where services were to be provided would only be considered once the agreed Models of Care were clear. As such, the consultation was not directly concerned with the future of Buckland Hospital.

Nevertheless, many Dover residents, along with the local press and the town's MP, Gwyn Prosser (Lab.), were of the opinion that The Dover Project was an attempt to bring about the closure of Buckland Hospital by surreptitious means. East Kent Hospitals Trust was accused of wanting to sell off Buckland Hospital for housing development in order to bolster the Trust's financial position. A senior clinician at the hospital, Dr John Sewell, also queried the motives behind The Dover Project and argued in favour of retaining hospital services at the Buckland site.

During the consultation, the *Dover Express* conducted a poll, in which 2,229 people responded in favour of keeping the hospital open, with just seven against. Thirteen thousand signatures were collected on a petition to save the hospital, which was handed in at 10 Downing Street in September 2006 by Mr Prosser and local campaigner Pauline Major.

The leader of Dover District Council, Cllr Paul Watkins (Con.), was critical of Mr Prosser and the campaign to keep Buckland Hospital open. He argued that the poor quality of the antiquated estate at the hospital meant that it was no longer fit for the provision of modern healthcare.

A total of 888 response forms from the public were submitted during the consultation on The Dover Project (4,800 forms were distributed).

The preferred options for Models of Care arising from the consultation have been summarised by the PCT as follows:

- CARE OF THE ELDERLY – INTERMEDIATE CARE: Expand intermediate care services in a community setting, including local intermediate care beds which can be accessed according to need, and reduce the hospital based service.
- GP SERVICES: Keep GP practice based services as they are and also provide a broader range of services delivered in the practice.
- DENTAL SERVICES: Keep the balance between a regular dental provision and the dental access service as it is now providing an increase in overall provision with an emphasis on regular dental care.

- **PHARMACY SERVICES:** Expand the service provided by pharmacies to include services such as health care checks and additional ‘over the counter’ advice from the pharmacist.
- **OPTICIAN SERVICES:** Keep providing optician services the way they are at the moment.
- **MINOR INJURIES:** Develop a walk-in centre in central Dover offering a comprehensive range of services including minor injuries and minor illness.
- **OUTPATIENTS – FIRST AND FOLLOW-UP APPOINTMENTS:** More outpatient clinic appointments as close to home as possible – e.g. in a GP surgery or central Dover location.
- **CHILDREN'S SERVICES IN THE COMMUNITY:** Provide enhanced and specialist services from a central Dover location, whether this is dedicated to Children’s Services or linked to other NHS provision. Low level and more generic services to be delivered in a range of community and NHS facilities.
- **CHILDREN'S ‘DAY WARD’ SERVICES – AMBULATORY CARE:** Continue to provide ambulatory care services in Dover and co-locate them with other Dover children’s services on the same site such as radiology, minor injuries outpatients and some elements of community services.
- **MIDWIFERY SERVICES:** Make no changes and keep the birthing unit the way it is at the moment.
- **IMPROVING HEALTH & WELLBEING – HEALTH PROMOTION:** Focus delivering health promotion activities in partnership with non-health agencies, e.g. schools, community centres, leisure centres, supermarkets.

The questionnaire also included an open-ended “Other issues” section, to allow people to raise any concerns. The responses under this heading have been summarised by the PCT as follows:

- Transport – access and frequency of public transport, eligibility to access NHS transport, cost of travelling to acute hospital sites outside of Dover;
- Accessibility of buildings – child friendly environment, catering correctly for people with disabilities;
- Condition of buildings and their suitability to provide modern health care in a clean and safe environment;
- Opening hours – times of clinics, access to care outside of normal working hours;

- Parking at acute sites – cost of parking;
- Strong support for the preservation of Buckland Hospital;
- Location of services – central position on a good bus route.

### **East Kent Neurorehabilitation Unit**

Between February and March 2007 a “focussed discussion” (not a consultation) took place on the future of the East Kent Neurorehabilitation Unit. Among the issues discussed was the possibility of moving the service from Dover to another location in East Kent. It is now intended that the Unit will relocate to the Kent and Canterbury Hospital during 2008. (Locating the service at Buckland Hospital when it was set up in 2001 was seen at the time as a temporary expedient.)

### **Inpatient wards for older people**

Buckland Hospital’s inpatient wards for older people were due to close by the end of October 2007. The wards were regarded as not fit for providing modern standards of care and had been superseded by community-based forms of intermediate care in the area.

### **Service delivery options**

On 16 May 2007 the PCT Board approved a paper setting out emerging service delivery options that stemmed from The Dover Project. These options had been developed by planning leads in each of the service delivery areas, reporting to the Dover Project Steering Group (a multi-agency body, including KCC, the Patient and Public Involvement Forum for the PCT, the “Dover Pride” regeneration project and other stakeholders, meeting on a monthly basis).

The paper stated that the following key principles had been agreed by the PCT and the Trust for the development of Dover Project outcomes:

- to ensure that appropriate local services are developed in Dover for Dover people;
- to deliver local services in high quality environments;
- to develop a clear vision in respect of the Buckland Hospital site;
- to deliver local services through skilled and motivated staff.

Critical issues affecting the development of the service delivery options were:

- future strategic direction for the Hospitals Trust and the PCT – including the Trust’s intention to remove inpatient beds from Buckland Hospital;

- commissioning issues – relating to the commissioning plans of the Dover and Aylesham Practice-based Commissioning Group;
- estates and property – particularly regarding the future of the Buckland Hospital site, given that “A hospital estate built over 100 years ago with numerous poor-quality additions can not provided the patient environment that meets the required standards for privacy, dignity and appropriate clinical adjacencies”.

### **Buckland Hospital Steering Group**

A Buckland Hospital Steering Group was then set up, meeting every two months under the chairmanship of Howard Jones, Facilities Director of East Kent Hospitals Trust.

It was proposed that services would continue to be provided from Buckland Hospital for at least four more years – but the age and quality of the estate made it impossible to continue providing services indefinitely in the buildings that currently existed on the site.

It was proposed to retain the Renal Satellite Unit in Dover, although not necessarily at the Buckland site.

Any decision on the future overall configuration of services in Dover, and what was to be done with the Buckland Hospital site, was to be made in the context of “Dover Pride”, in which Eastern and Coastal Kent PCT is an active partner.

It was argued by some (e.g. Dr Sewell) that it would be more efficient to co-locate services at a single location in Dover, rather than scattering them across satellite sites – so there should continue to be a hospital in the town, either at the Buckland site or some other location.

### **Patient and Public Involvement Forum referral to Health Overview and Scrutiny Committee**

On 13 December 2007 the Eastern and Coastal Kent Patient and Public Involvement Forum (PPIF) discussed and agreed a document (drafted by PPIF member Lorraine Sencicle) expressing concern about the future of health services in Dover.

On 20 December the document was sent to Eastern and Coastal Kent PCT, which then responded to the points in it. The PPIF was not satisfied with the PCT’s responses and agreed at its meeting on 31 January 2008 to refer the matter to the Health Overview and Scrutiny Committee.

The PPIF document stated that “we consider that the Dover health services are deteriorating and therefore the patients and public are being disadvantaged”. The Dover Project failed to deal with the actual location of services, and the PCT and the Trust are failing to explain what services will be provided and where, all the while running down Buckland Hospital.

The PCT's response was that The Dover Project was concerned with services rather than buildings and that detailed consideration was now being given to options for the actual provision of services.

The Trust, meanwhile, was working on a Strategic Outline Case that would satisfy agreed criteria for access and affordability. It was clear that Buckland Hospital in its present form was not sustainable in the longer term – the issue was whether the site would be redeveloped in some way or services would be reprovisioned elsewhere in the Dover area.

More recently a new campaign in support of keeping hospital facilities at the Buckland site has been set up, led by former County Council Member Reg Hansell. This supports the view taken by the PPIF (which was abolished, along with all other PPIFs, at the end of March 2008).

### **The Trust's Proposals**

The Trust has now completed its strategic options appraisal. The outcome of this is that it intends to develop two options into full business cases. These are:

- 1) to refurbish part of Buckland Hospital, so that the facilities are fit for purpose – this would mean an investment of just over £8 million;
- 2) to provide a new building on the Buckland site, at a cost of around £11 million.

These options have been agreed by the Trust's Chief Executive's Group, Clinical Management Board, Strategic Development Committee and, most recently, the Board. The necessary capital expenditure is being built into future plans and architects are being engaged to work on the options.

The Trust has given Dover District Council and the PCT until August 2008 to come up with an alternative solution, based in central Dover, which can then be assessed against the two options for the Buckland site.

If it is decided not to redevelop the Buckland Hospital site for healthcare services, any proceeds from the sale of it (most likely to a housing developer) will go substantially to the Trust (or entirely to it, if the Trust has become a Foundation Trust by the time of the sale).<sup>1</sup>

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<sup>1</sup> Disposal of NHS property is governed by the Department of Health's Estate Code. The Code aims to ensure that the use of NHS estate will "improve the health and well-being of the population through the resources available" by requiring NHS Trusts to use their estate "efficiently, effectively and strategically". Trusts can retain some of the proceeds of sales of land and buildings – up to £1 million for most Trusts and up to £5 million for top-performing Trusts. Proceeds above these thresholds are made available for use within the wider local health economy, apparently at the discretion of the relevant Strategic Health Authority. These rules, however, don't apply to Foundation Trusts, which are able to keep the proceeds of estate sales in their entirety. The estimated value of the Buckland Hospital site is £16.6 million (£4.2 million for the land and £12.4 million for the buildings).

A refurbished or rebuilt hospital at the Buckland site would not have any inpatient beds, other than maternity beds, and would not function as a district general hospital with an A&E department.

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30 April 2008