



**Dartford Gravesham
and Swanley**
Clinical Commissioning Group

Urgent Care Review

Decision making business case for the review of urgent care services in Dartford, Gravesham and Swanley prepared for the Clinical Commissioning Group Governing Body

January 2020

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Executive summary

The decision-making business case sets out the information and recommendations for the CCG's Governing Body to make informed decisions about the future configuration and siting of urgent care services in Dartford, Gravesham and Swanley.

Included in the document is a summary of the case for change and the urgent care review process as outlined in the pre-consultation business case.

The document also provides an analysis of the feedback received from the public consultation and recommendation about how the proposed site options could be adjusted to best mitigate the concerns raised by local people and stakeholders during the consultation process. The recommendation to mitigate these issues by implementing a networked urgent care services model with two linked Urgent Treatment Centres, one at Gravesend Community Hospital and one co-located with A&E at Darent Valley Hospital.

This executive summary provides a brief overview of the public consultation, analysis of the responses and the post consultation process. It also describes the CCG's preferred mitigation model and the next steps.

Overview of the consultation

The formal consultation on the proposals for the location of the future Urgent Treatment Centre in Dartford, Gravesham and Swanley ran for 12 weeks from 12 August to midnight on 4 November 2019.

The CCG received an unprecedented number of survey responses (online and hard copy), with 16,474 surveys returned.

The consultation process and consultation responses were analysed and evaluated by an independent third party organisation and were published by the CCG as soon as the period of purdah was lifted on 13 December 2019.

Overall, 80% of respondents supported the siting of an UTC at Gravesham Community Hospital vs. 5% supporting an UTC at Darent Valley Hospital.

- Respondents in DA11 (area around Gravesham Community Hospital) very highly endorsed Option 1 as this option sits within their local postcode area, and is therefore much easier to access for local residents. 85% of people who claim to live in this area 'Strongly Agree' that Gravesham Community Hospital is the better site for the new UTC and 90% 'Agree overall'.
- Residents of DA2 (area around Darent Valley Hospital) are more polarised in their opinion of moving the UTC to Darent Valley Hospital. Less than half (43%) 'Strongly Agree' that it would be the best option, while nearly a third (31%) 'Strongly Disagree' with this option.

25,000 free-text responses were received within the survey and here are the range of issues or concerns that were raised by the respondents that preferred each option:

- For both groups, ease of journey was the main driver of site preference and ease of access was the main concern, followed by parking issues, and concerns about other services at the Darent Valley Hospital site
- For respondents who preferred Gravesham Community Hospital the site was easier and cheaper to reach, had better parking (availability and cost), and they shared concerns that Darent Valley Hospital facilities are already overstretched and an UTC at the Darent Valley Hospital site might lead to longer waiting times
- For respondents who preferred Darent Valley Hospital proximity to site was important, and co-location of services at the site was favoured.

Other feedback included:

- Access needs of local communities, particularly residents who may not have English as a first language or with access issues linked to deprivation or age (e.g. reliance on public transport)
- Pressures on local services, particularly the rapid growth in some areas such as Ebbsfleet Garden City, and specific concerns raised regarding the level of activity at Darent Valley Hospital
- Need for greater accessibility (especially appointments that are easier to access) and more care provided in non-acute settings, in particular general practice

General comments were made about the need for increased and continuing CCG communications when introducing new services and educating the public on the most appropriate way to access all local health services.

An intensive engagement exercise with Bexley residents and patients using Bexley urgent care services took place after the period of purdah was lifted in December 2019 – January 2020. These engagement activities, and the feedback received, have been analysed by the same independent third party organisation as reviewed the public consultation feedback. Key findings are as follows:

- Accessibility and travel times were the main drivers for patients' decisions when they need urgent care
- Bexley residents find Darent Valley Hospital relatively easily accessible by car and public transport, despite concerns regarding parking at the site, and some patients believe that co-location with the A&E department means an Urgent Treatment Centre would provide a higher quality service and provide treatment "all in one place"
- An Urgent Treatment Centre at Darent Valley Hospital is seen as a potential alternative option rather than as a first choice as there are two well regarded Urgent Care Centres within the Bexley boundary.

- A third of Bexley respondents felt there would be no impact or very limited impact for them as a result of the siting of a future Urgent Treatment Centre as they would be unlikely to use any of the alternatives in Dartford, Gravesham or Swanley.
- Whilst there was no suggestion from the initial survey that patients might look towards Bexley urgent care services, staff and doctors at both Erith Hospital and Queen Mary's Hospital commented that they saw a significant number of patients from Dartford, Gravesham and Swanley due to referrals by NHS 111, local, perceived waiting times at Darent Valley Hospital and pressures on local GP services.

Approach post-consultation

Following the public consultation, a process was undertaken to consider the issues from the consultation and identify possible mitigation to the concerns raised through the public consultation process as well as address the needs of the local urgent care system.

A Post Consultation - Options Appraisal Meeting, attended by CCG clinical, executive, commissioning, finance and communications and engagement representatives, took place on 18 November 2019 to review the pre-consultation options appraisal process, consider the public consultation activities and key themes emerging from the consultation, and agree the next steps.

The group agreed unanimously that a single site solution for urgent care across Dartford, Gravesham and Swanley was unlikely to mitigate well placed concerns raised by the public during the consultation.

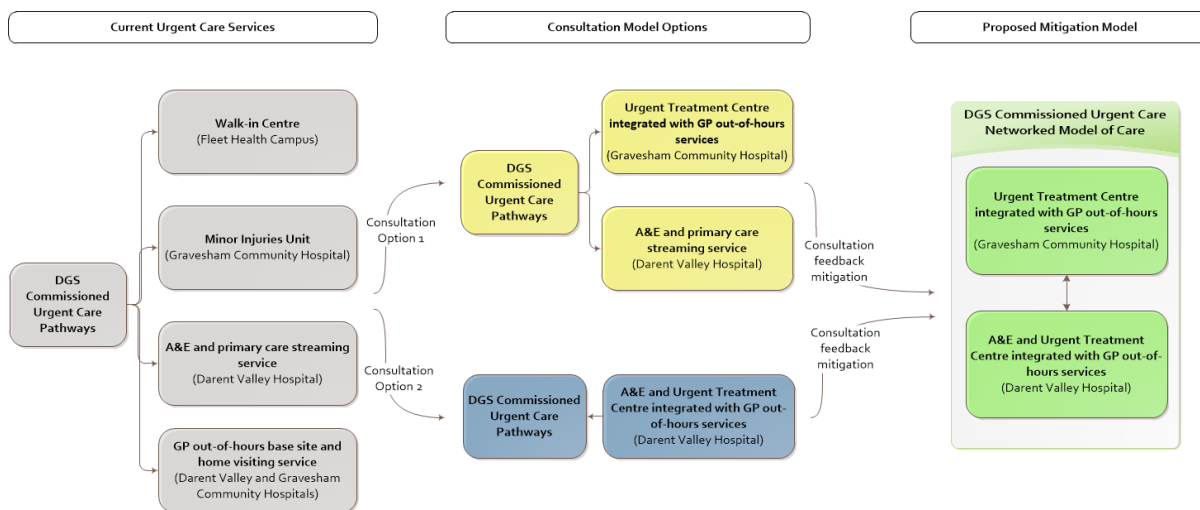
It was also agreed that the overlap between urgent, local and primary care made it necessary to consider the interdependence of these areas when identifying potential mitigations. The team also acknowledged that certain developments in primary care which could support urgent care services may take some time to materialise.

The CCG's proposed mitigation to address public concerns identified through public consultation is to provide the Urgent Treatment Centre model over two sites rather than at a single site, and for services to be networked to ensure they operate in an integrated way, as part of an urgent care system for Dartford, Gravesham and Swanley CCG's local population.

Description of mitigated model

The recommended model for the provision of networked urgent care services would involve:

- An Urgent Treatment Centre at Gravesham Community Hospital and an Urgent Treatment Centre at Darent Valley Hospital (co-located with A&E)



The rationale for the recommended networked model for urgent care is:

- Urgent care is not being transformed in isolation, but the other programmes of work are either still in their infancy or the benefits are not yet felt by the local population (e.g. Primary Care Networks, improved/extended primary care access, movement of outpatient clinics away from an acute setting)
- There was general support for the Urgent Treatment Centre model, bringing together minor ailments and minor injuries in one place.
- The consultation responses highlight concerns regarding accessing the Darent Valley Hospital site by car (including issues of congestion and parking availability on-site), and by public transport (limited access for certain routes). Concerns regarding the cost of accessing the Darent Valley Hospital site were also raised (parking, taxi costs). There were also public concerns that long standing issues at Darent Valley Hospital had not been addressed including, the perceived incapacity of the current infrastructure to cope with any additional footfall, particularly in view of the anticipated growth within the area in the coming years.
- The estimated impact of growth in the area may be clearer in the coming years
- The transformation of the local health system, including the merger of eight CCGs into one CCG and creation of the Integrated Care Partnerships can take place without additional pressures in the system.

Careful consideration has been given to identify what urgent, local and primary care services should be provided at each site, and the ways in which services could be networked to ensure the best provision of urgent care possible for the local population within existing resources.

The service specification for an Urgent Treatment Centre as part of a two site networked model of care will be adjusted if supported by the Governing Body.

Outline programme implementation plan

If the Governing Body agrees to proceed with the mitigated model, it is expected that some transition time would be required to set up governance arrangements and finalise plans to progress implementation, but this time will be kept as short as possible to support early implementation.

A phased approach would be required to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way.

The ambition, subject to the Governing Body's approval, is to implement the new Urgent Treatment Centres as quickly as possible whilst ensuring that quality and patient safety are not compromised. We plan to have services in place by the end of June 2020 in line with the current contract expiry dates.

Financial summary of an networked urgent care model

The recommended networked model for urgent care over five years 2020-2025 is modelled to be £85m compared to the projected cost of the current urgent care service provision of £84m over the same period. This excludes the potential impact of void estate charges at Fleet Health Campus.

The financial implications of implementing a phased networked model of urgent care is inherently less risky than moving urgent care activity flows from Fleet Health campus (WIC activity) and Gravesham Community Hospital (Minor Injuries Unit) to the Darent Valley Hospital site; which would incur void estate charges at two sites.

The CCG in working with the emerging Primary Care Networks recognises that Fleet Health Campus is a prime location for the development of a primary care hub providing future services, and this would also potentially reduce the risk of incurring void estate charges.

Based on the financial modelling it is recommended that the proposed networked model of urgent care is supported by budget commitment that has a further 2% contingency assigned to it, and is profiled in line with the phased implementation approach.

The current modelling assumes implementation at the beginning of a financial year for ease of comparison and illustration to enable a decision to be made regarding the best option to implement.

Introduction

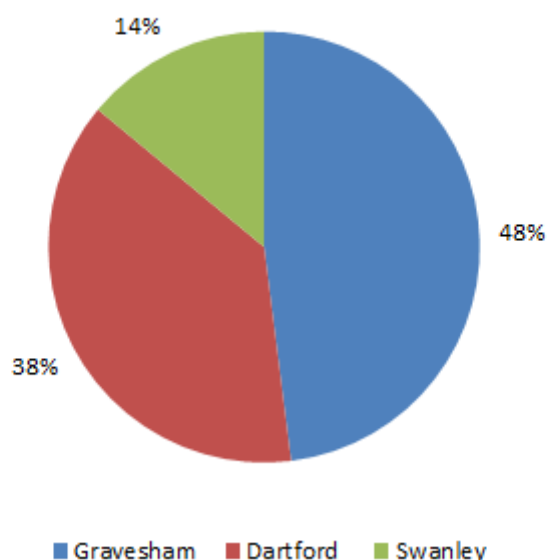
Dartford, Gravesham and Swanley Clinical Commissioning Group

Dartford, Gravesham and Swanley (DGS) Clinical Commissioning Group (CCG) is one of eight CCGs in Kent and Medway, covering 100 square miles from Gravesend on the River Thames in the north to Dartford, Swanley and West Kingsdown in the west; New Ash Green in the south and the villages of Meopham, Cobham and Higham in the east.

Population

The CCG serves a population of circa 276,421 people (NHS Digital – 1st December 2019). Please see the percentage population distribution below based on the practice population - 12 practices in Gravesend, 9 practices in Dartford and 5 practices in Swanley.

Percentage of DGS CCG Resident Population



CCG commissioned services

The CCG is responsible for commissioning:

- Urgent and emergency care, including the NHS 111 free urgent advice phone line, Accident and Emergency (A&E) and ambulance services
- Planned hospital care
- Community health services such as district nurses and rehabilitation services
- Mental health services, including for children
- Maternity and new-born services
- Medicines prescribed by GPs, consultants and other NHS practitioners
- Primary medical care (GP) services.

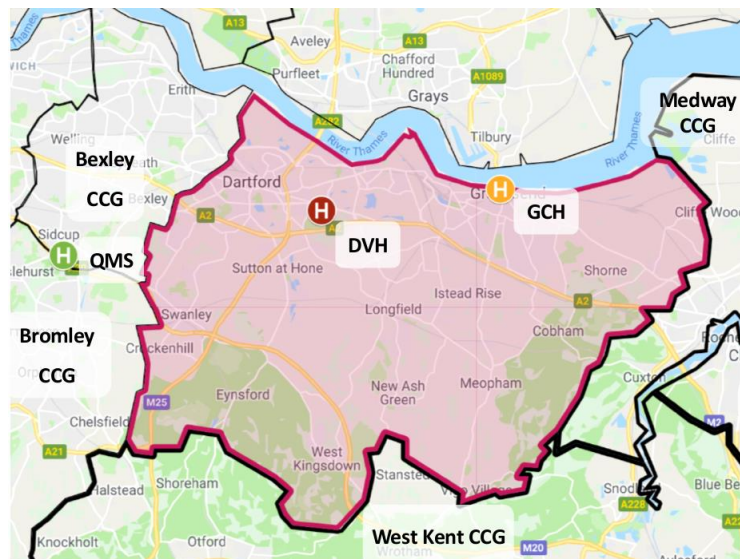
The CCG does not commission dental services; community pharmacies; specialised healthcare such as heart and brain surgery; neonatal services; secure psychiatric services; public health and health

promotion services; prison health; or healthcare for serving members of the Armed Forces (except emergency care). These are commissioned directly by NHS England.

There are currently 26 GP practices in the locality, and 7 Primary Care Networks (PCNs):

- Dartford Central PCN
- Dartford Model PCN
- Garden City PCN
- Gravesend Alliance PCN
- Gravesend Central PCN
- LMN PCN
- Swanley PCN

One acute hospital, Darent Valley Hospital (Dartford and Gravesham NHS Trust), and two community hospitals, Gravesham Community and Livingstone Community Hospitals, lie within the CCG boundary. Approximately 70% of acute activity flows to Dartford and Gravesham NHS Trust.



Geographical area covered and shared boundaries

The CCG covers the geographical area shown in the map above and shares boundaries with two London CCGs (Bexley CCG and Bromley CCG), and two Kent and Medway CCGs (Medway CCG and West Kent CCG).

Areas of deprivation

DGS CCG has 808 postcodes, within 15 LSOA's (Lower Layer Super Output Areas) that fall within the top 10% most deprived in England. A Lower Layer Super Output Area is a geographic area designed to improve the reporting of small area statistics in England and Wales¹. These LSOA's are located

1

https://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/lower_layer_super_output_area_definition.asp?shownav=1

within the DGS CCG boundary and are located in the urban areas to the north, around the towns of Dartford, Swanscombe, Gravesend, Northfleet and Swanley².



More in-depth information regarding the population served by the CCG is available in the Pre-Consultation Business Case³.

Population growth

Over the next twenty years the overall population of the local authorities in the DGS areas are expected to increase. There are two sets of population projections available at district level; the ONS projections (which take into account births, deaths and migration) and KCC's own housing-led forecasts (which also take into account local housing plans). Generally, the KCC housing-led forecasts suggest a higher level of population growth (19% for Kent as a whole between 2017 and 2037, compared with 15% using the ONS projections).

Using resident populations for the districts of Dartford, Gravesend, Sevenoaks and Swanley, the following changes are predicted:

- The under-five and 0-19 populations will increase more slowly than the population as a whole.
- The population of 65+ is predicted to increase more significantly by 55% in Dartford, 44% in Gravesend and 36% in Sevenoaks based on the ONS projections and 66%, 41% and 43% respectively based on the KCC housing-led forecasts.
- This population increase is even greater in the 85+ group, with the ONS projections suggesting increases of 78% in Dartford, 79% in Gravesend and 89% in Sevenoaks and the KCC housing-led

² <https://www.dartfordgraveshamswanleyccg.nhs.uk/about-dgs/publications/plans-reports-strategies/ccg-annual-report-2018-19/>

³ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesend-and-swanley/>

forecasts 88%, 76% and 96% respectively⁴. Please note that both the ONS and KCC projected increases for this age group have been revised downwards in the latest figures.

The development of the Ebbsfleet Garden City and significant housing growth in the DGS area over the next ten years continues to be a significant organisational risk, both in terms of funding and other elements of resourcing such as workforce and management time. This links to the increasing public demand on healthcare services, alongside tighter financial allocations, which are making it difficult to keep up with the population growth.

Urgent care review background

The NHS Five Year Forward View (5YFV) explained the need to redesign health systems, including the urgent and emergency care services (UEC) in England for people of all ages. It stated that across the NHS, UEC services will be redesigned to integrate between Emergency Departments (ED), traditional GP out-of-hours services (OOH), Urgent Treatment Centres (UTC), NHS 111, and ambulance services; highlighting the fact that 'services need to be integrated around the patient'.

Under this model, organisations collaborate to deliver high quality clinical assessment, advice and treatment and work to shared standards and processes, with clear accountability and leadership. The Urgent and Emergency Care Review⁵ and commissioning guidelines^{6,7} detail how these models of care can be achieved through a fundamental shift in the way urgent and emergency care services are provided to people of all ages. Improving out-of-hospital services will mean more care can be delivered closer to home, and hospital attendances and admissions will reduce.

The most recent NHS Long Term plan, released in January 2019, strengthens that direction of travel. The plan includes a significant package of measures aimed at reducing pressures on ED. Many of the measures build on previous initiatives, including the introduction of clinical streaming at the front door to ED and the roll-out of NHS 111 services across the country.

The plan commits to rolling out UTCs across the country by 2020 so that urgent care outside hospitals becomes more consistent for patients. UTCs will be GP-led facilities and will include access to some simple diagnostics and offer appointments bookable via NHS 111 for patients who do not need the expertise available in ED. Alongside this, the plan aims to improve the advice available to patients over the phone and extend support for staff in the community by introducing a multi-disciplinary clinical assessment service (CAS) as part of the NHS 111 service in 2019/20.

Change across the urgent and emergency care system provides:

- Better support for people to self-care.
- Help for people with urgent care needs to get the right advice in the right place, first time.

⁴ The latest KCC projections suggest that the number of people aged 85+ living in Kent will double between 2017 and 2037 (i.e. a 100% increase). Previous estimates suggested a 130% increase over the same period.

⁵ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/uecreviewupdate.FV.pdf>

⁶ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/safer-faster-better-v28.pdf>

⁷ <https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf>

- Highly responsive urgent care services outside of hospital so people no longer have to queue in ED.
- Help for those people with more serious or life threatening emergency care needs to receive treatment in centres with the right expertise and facilities in order to maximise chances of survival and a good recovery
- Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

Overview of urgent care review

The review of urgent care services in Dartford, Gravesham and Swanley has been an iterative process which was first considered in 2013 with the publication of NHS England's report on 'The Keogh Urgent and Emergency Care Review' but which was first pursued at greater pace in mid-2016.

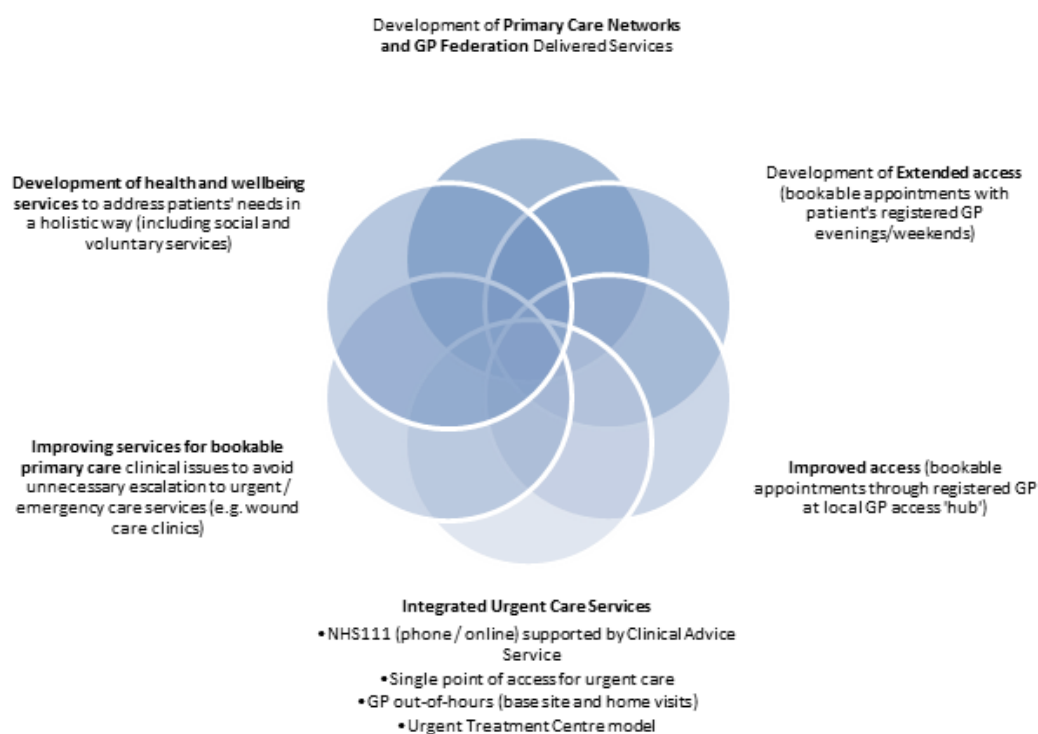
Since 2016, DGS CCG has carried out significant engagement activities with key stakeholders including patients, the public and key stakeholders from across health and social care in North Kent (including the Kent Health Overview Scrutiny Committee, Healthwatch, Engage Kent, local councillors and MPs), for their views about urgent care services in all its forms. The feedback received from the various engagement activities helped shape the programme going forwards.

In summary, the feedback identified that the current provision for urgent care services can be confusing and fragmented; with the Minor Injuries Unit, Walk in Centre, GP out-of-hours service, and the primary care streaming service operating from different sites, staffed by different types of clinicians, treating different types of conditions, with access to different types of diagnostic resources, and running different operating hours. The CCG's proposals regarding urgent care will be to implement an Urgent Treatment Centre Model which bring all urgent care services under one roof thereby making it easier for local people to navigate.

The review of urgent care services in DGS CCG is just one of a number of developments taking place within the CCG that we hope will deliver improved care for our patients as outlined in the diagram below and explored in more detail in the Pre-Consultation Business Case available on the CCG's website⁸.

These developments are at various stages of design, planning and implementation:

⁸ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>



In addition to these service level developments, Integrated Care Partnerships (ICP) are bringing together health and care providers and local commissioners to improve services for the local population. At the heart of the ICPs are neighbouring GP practices across Kent and Medway working together to provide community, social care and primary care services to a geography of approximately 30,000 to 50,000 patients. These groups are called Primary Care Networks (PCNs). These developments are part of the NHS Long Term Plan to ensure that NHS planning and delivery of services take account of the particular health needs of the local populations, providing more “joined up” care and treatment closer to home for patients and communities within available resources. The ICP will provide a number of services from April 2020, with a plan to go live fully in April 2021.

Purpose and scope of the Decision Making Business Case

The decision-making business case (DMBC) is a technical and analytical document that sets out the information necessary for the Governing Body to make informed decisions about the future configuration and siting of urgent care services in Dartford, Gravesham and Swanley, following public consultation on proposed changes and site options for the future Urgent Treatment Centre.

The DMBC builds on the robust process of evaluation to identify potential site options for the new Urgent Treatment Centre outlined in the pre-consultation business case⁹, explores the findings from

⁹ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

the public consultation process, and outlines the ways in which the proposed site options could be adjusted to best mitigate against the concerns raised by consultation respondents.

This document includes:

- A summary of the case for change and the Urgent Treatment Centre clinical model
- The decision-making process including the response to public consultation and the process undertaken to arrive at a preferred option
- The implications of the preferred option in terms of activity, equalities, travel and access, finance, capital, estates and workforce
- The benefits that will be realised and how they will be assessed and measured
- The next steps to support implementation and how clinical safety will be maintained in the transition period.

Case for change and proposed clinical model

Case for change



Services in our area are currently provided at different locations and treat different conditions. Patients don't always know where to go, or may need to visit more than one location before they get the right treatment



Around 50% of people who go to A&E don't have a serious or life threatening condition. Some patients tell us they go to A&E because they couldn't see a GP and didn't know where else to get help



Current urgent care services do not meet new national standards set out by NHS England



Our population is growing (expected 22% increase by 2035) so we need a service that is designed to meet future demand



We need to make the best use of the specialist skills of our staff

The urgent care services in Dartford, Gravesham and Swanley need to change because:

Demand keeps on growing - It is estimated that the population of Dartford, Gravesham and Swanley will have increased by 22 per cent by 2035 due to the number of new homes being built in the area. The CCG needs to make sure its services can cope with this growth and meet future demand.

We need to make sure people are getting the right service – Over 50% of the people attending A&E at Darent Valley Hospital do not have a serious or life-threatening condition and could have been seen by a nurse or GP. Making sure people get the right treatment in the right place would relieve pressure from A&E and improve the patient experience.

Current urgent care services can be confusing - Urgent care services within our area are currently provided at different locations and treat different conditions. These services are staffed by different types of clinicians with different levels of access to the equipment and/or diagnostic tests that mean that patients cannot always be treated at one site and may need to be transferred between sites to receive the most appropriate care. Patients don't always know where to go, or may need to visit more than one location before they get the appropriate treatment.

Best use of resources - There is a national NHS standard which says at least 95 per cent of patients who attend A&E should be admitted to hospital, transferred to another care provider or discharged within four hours. Like many other hospitals, Darent Valley Hospital is not always meeting this

standard and our proposal for a new Urgent Treatment Centre is intended to relieve the pressures on A&E to enable staff to focus on patients with a serious or life-threatening condition. This will also ensure that we make the best use of the specialist skills of our staff.

Changing health needs of our population - The number of people who need medical and social care due to ageing, mental health or long-term conditions is growing. We need to allocate resources to make sure we are supporting their on-going needs as well as when they need urgent care.

Access - Access to appropriate services is important to the public and to clinicians. We appreciate that waiting times for urgent care can be long and sometimes patients are referred between services because they cannot be treated at the service they first attended. We also realise that urgent care walk-in services are not always being accessed for reasons of clinical urgency, but also as a convenient means of accessing primary care (i.e. services provided by GP practices). We want to make sure there is more primary care capacity to allow patients to feel confident that they can access primary care without needing to access more expensive services, such as urgent care walk-in or emergency services if they don't need to.

Compliance with national standards - The urgent care services within Dartford, Gravesham and Swanley, although well regarded by the public, do not meet the new national standards set out by NHS England for Urgent Treatment Centres.

Proposed clinical model for the future

Our vision for the future is to develop high quality urgent care services that enable local people to access the right treatment and care in the right service when they need it.

The UTC model essentially joins the existing urgent care services for minor illness and minor injury – integrating the services currently provided separately by Minor Injuries Units (MIUs) and Walk-in Centres (WICs). Urgent Treatment Centres will provide services in line with 27 national standards, to ensure consistency across the country.

The new Urgent Treatment Centre (UTC) will play a pivotal part in ensuring patients get the right care in the right type of service when needed. By providing fast and efficient care, it will reduce unnecessary A&E attendances and help ensure the system better serves those with serious or life-threatening emergencies. Supported by NHS 111 and the Clinical Advice Service (clinical advisors supporting the NHS111 service), we envisage that the UTC will relieve pressures on the system and provide a trusted alternative where patients with non-threatening illnesses and injuries can receive quality care.

Our ambition is to deliver clinically sustainable, high quality urgent care services that are accessible to DGS residents for a minimum of 12 hours a day, 7 days a week.

The UTC will also work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need emergency care.

The UTC will be designed to assess and treat patients with a full range of minor illness and injuries, but will also be equipped to manage critically ill or injured patients who may arrive at the UTC unexpectedly or whose condition might rapidly deteriorate whilst in the service. Staff trained in adult and paediatric resuscitation will be on-site at all times.

The service will also have access to a range of diagnostics not currently available at all sites providing urgent care services (i.e. the Fleet Health Campus). Diagnostics will include bedside diagnostics, urinalysis, electrocardiograms (ECG), and x-ray facilities.

Workforce

The workforce challenges that relate to the UTC model are outlined in the pre-consultation business case¹⁰.

A main challenge to current urgent care services, that will likely impact on the future model, is the CCG's proximity to London and the pull of workforce to the London areas. This means that it can be challenging at times for the CCG to attract and recruit sufficient numbers of appropriately skilled staff. The UTC model is led by a GP supported by a robust and effective multi-disciplinary workforce ensuring patients are seen by the most appropriate healthcare professional.

Urgent care in Dartford, Gravesham and Swanley

There are a range of services within the CCG area offering elements of urgent care. In summary these are as follows:

Walk-in Centre at Fleet Health Campus in Northfleet: Open 8am-8pm, 7 days per week. The service is led by GPs offering consultations, minor treatments and advice on self-care. No appointment necessary.

The Minor Injuries Unit at Gravesham Community Hospital in Gravesend: Open 8am-8pm, 7 days per week. The service is led by nurses who offer treatment for less serious injuries. No appointment necessary.

GPs: GPs provide many urgent care services to patients every day. We know that different GP practices have different systems for booking appointments and that patients can't always get an urgent appointment on the same day.

GP out-of-hours: This service provides appointments outside of GP opening hours for patients unable to wait for their GP practice to re-open. It is accessed by calling NHS 111 and offers consultations at base sites or home visits.







GPs at A&E Department: Patients arriving at Darent Valley Hospital's A&E department are assessed and then treated by A&E staff and, if more appropriate, referred to the GP-led service also on the hospital site.

¹⁰ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

NHS 111: is the free number to call for non-emergency advice. The service is available 24 hours a day, 7 days a week. The calls are answered by highly-trained advisors and patients can also speak to a clinician when necessary. NHS 111 advisors can book an appointment for patients with out-of-hours GPs and other medical services when they are needed.

Although elements of urgent care are delivered from a number of services, the main urgent care services offering unplanned, walk-in services, and therefore those services affected by these proposed changes are highlighted in orange below:

Services affected by the proposals

-  Walk-In Centre at Fleet Health Campus in Northfleet
-  Minor Injuries Unit at Gravesham Community Hospital in Gravesend
-  GPs at A&E department
-  Local GP surgeries
-  GP out-of-hours service
-  NHS 111

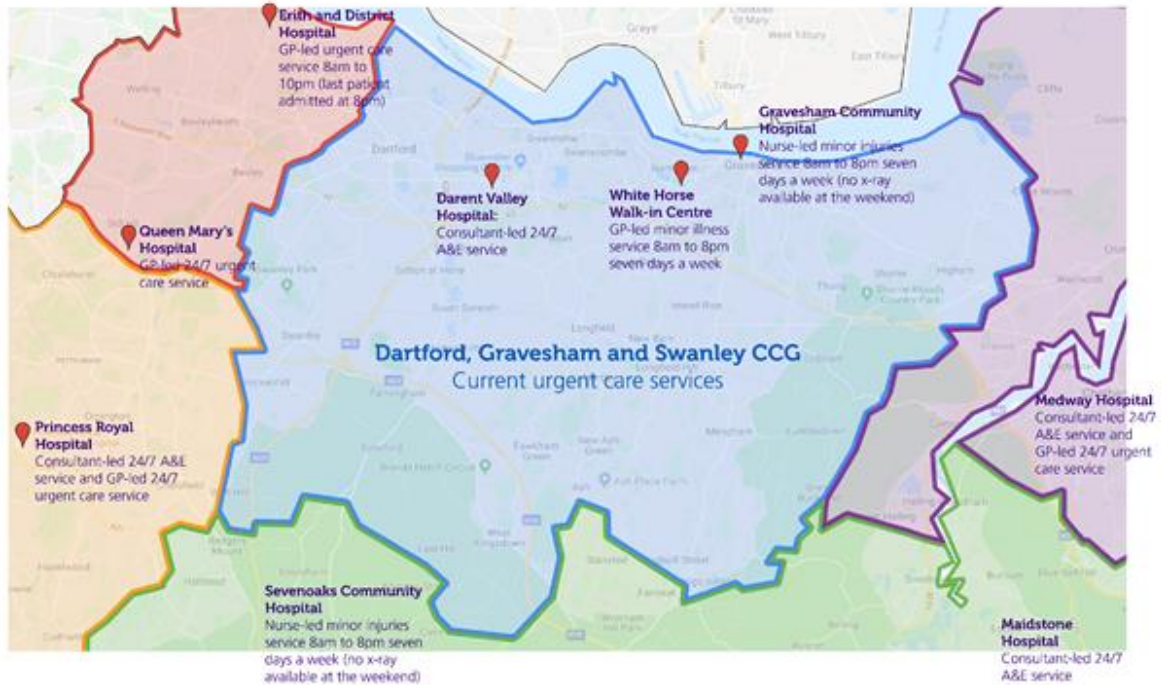
It is important to note that only the specific urgent care services at the sites outlined above will be affected. The rest of the services at each site will be unaffected by these proposed changes.

The Fleet Health Campus continues to provide primary care services and patients registered with GP practices on that site, or who access other types of services at that site, will continue to be able to do so. There are plans to provide more services at that site in future, for example, some outpatient clinics will be provided at the site rather than at the Darent Valley Hospital site.

Gravesham Community Hospital continues to offer the full range of adult and children's community services, outpatient clinics, long term condition services, rehabilitation services, x-ray and phlebotomy services as well as over 100 intermediate and social care beds.

Darent Valley Hospital continues to offer the full range of acute services currently offered at the site including the Accident and Emergency Department, outpatient and inpatient services, and diagnostic facilities.

'Patient choice' gives patients the freedom to choose where and how they receive NHS care and we recognise that although people may reside in one CCG area, they may access services in another area. The urgent care services on our boundaries are shown on the map below:



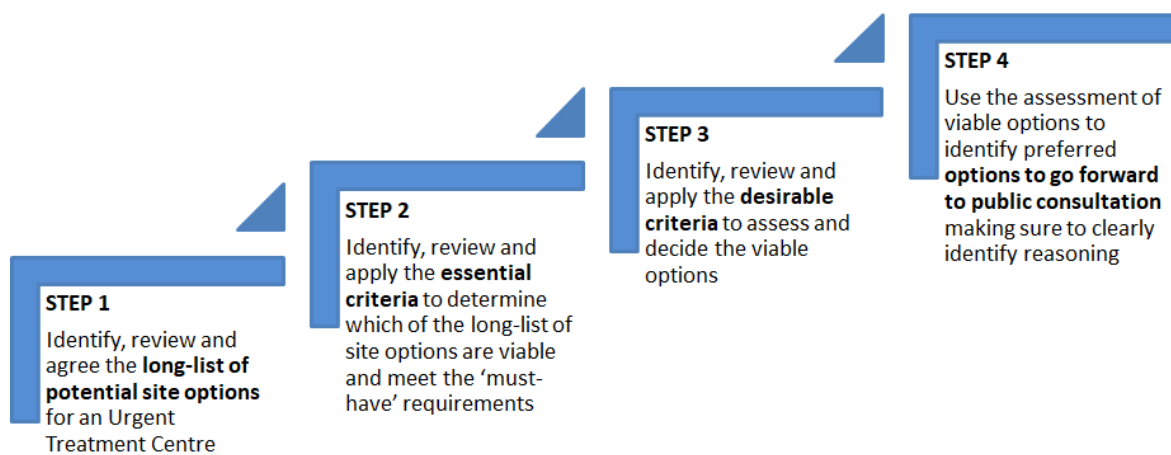
Shortlisting options for consultation

Development of options

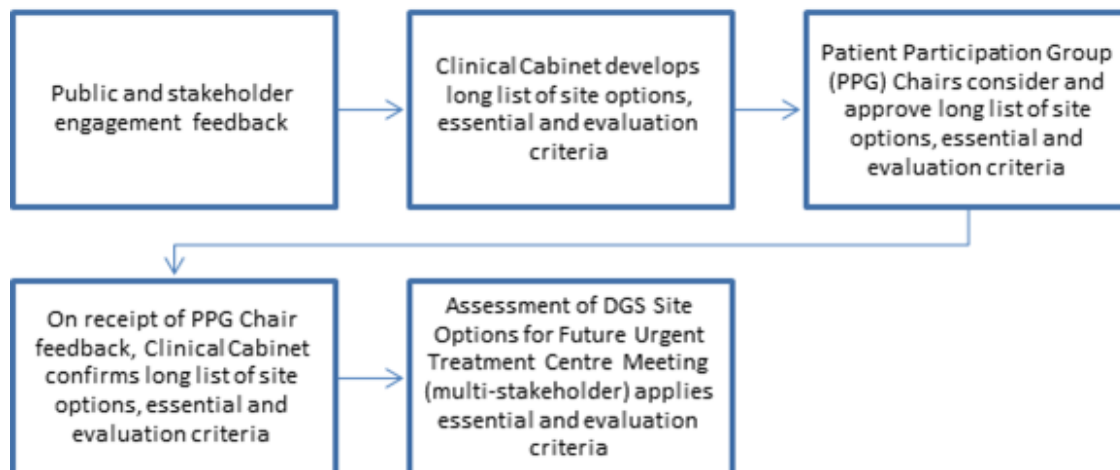
The original case for change and proposed clinical model for urgent care, which was presented to the Kent Health Overview Scrutiny Committee in July 2017, consisted of a single option for face-to-face walk-in services, that of Gravesham Community Hospital.

In April 2019, following the discontinuation of a procurement process, of which DGS face-to-face urgent care services was a part, the CCG decided to also explore the potential of co-locating the future UTC with the A&E on the Darent Valley Hospital site.

Based on the changing landscape, and the feedback the CCG received as part of the pre-consultation engagement, the CCG's long list of potential future site options was re-explored to ensure the CCG had considered all viable options, and to ensure that the process by which the site options were considered was clear and transparent. A four step options appraisal process was carried out between April and May 2019:



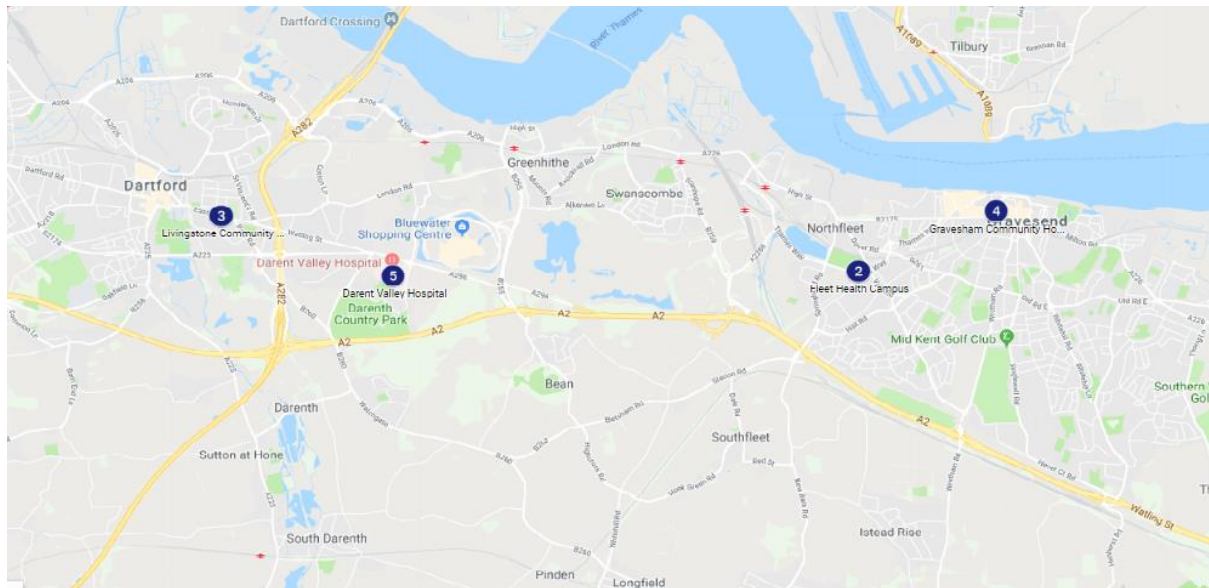
The identification of the long-list of site options, and the essential and desirable criteria to be applied to them were developed as outlined below:



In its appraisal of potential site options, the CCG considered all sites within the CCG boundary that could be reasonably made to accommodate an UTC without the need for significant investment, as well as a ‘do nothing’ option for comparison purposes only, as remaining unchanged would not be a viable option as it would not allow compliance with national mandate.

Options appraisal (long list)

The long-list of site options was as follows:



- Option A - Do nothing
- Option B - Fleet Health Campus
- Option C - Livingstone Hospital
- Option D - Gravesham Community Hospital
- Option E - Darent Valley Hospital

Options appraisal (medium list)

Each long-list site option was considered against the essential criteria identified by the Clinical Cabinet and supported by the PPG Chairs Group to ensure the site option was viable and met the ‘must have’ requirements of a future UTC:

#	Essential Criteria
1	The site will support an UTC that is capable of complying with national mandate and delivering the 27 standards and principles for UTCs as laid out by NHS England
2	The site option is compliant with the disability discrimination act
3	The site will support a fully compliant UTC without impacting detrimentally on existing services at that site (e.g. where substantial variation to the way patients access existing

	services, such as relocation, might be required)
4	An UTC is deliverable on the site within the required timeframe (by July 2020 at the earliest and before autumn 2020 (Long Term Plan))
5	The site option will support an UTC that represents value for money and affordability

The multi-stakeholder group applied the criteria to the long-list of site options, and although the group expressed differing opinions regarding individual criterion, there was unanimous agreement on which options failed to meet all essential criteria and this is shown in the table below:

#	Criteria	Option A Do Nothing	Option B Fleet	Option C Livingstone	Option D GCH	Option E DVH
1	The site will support an UTC that is capable of complying with national mandate and delivering the 27 standards and principles for UTCs as laid out by NHS England		✓ 6/9 ✗ 3/9	✓ 1/9 ✗ 7/9 ? 1/9	✓ 9/9	✓ 9/9
2	The site option is compliant with the disability discrimination act		✓ 9/9	✓ 1/9 ✗ 6/9 ? 1/9 Not scored 1/9	✓ 9/9	✓ 9/9
3	The site will support a fully compliant UTC without impacting detrimentally on existing services at that site (e.g. where substantial variation to the way patients access existing services, such as relocation, might be required)		✗ 9/9	✗ 9/9	✓ 9/9	✓ 8/9 ? 1/9
4	An UTC is deliverable on the site within the required timeframe (by July 2020 at the earliest and before autumn 2020 (Long Term Plan))		✓ 8/9 ✗ 1/9	✗ 9/9	✓ 9/9	✓ 9/9
5	The site option will support an UTC that represents value for money and affordability		✓ 1/9 ✗ 8/9	✗ 9/9	✓ 8/9 ? 1/9	✓ 9/9

The application of these essential criteria resulted in the elimination of Option B: Fleet Health Campus (key concerns regarding value for money duplicating x-ray services to provide on-site, and the resultant impact of that investment on access to the site and patient experience), and Option C: Livingstone Community Hospital (key concerns regarding potential for site to deliver UTC given current condition and backlog of estate maintenance issues, and impact on existing inpatient beds).

Option D: Gravesham Community Hospital and Option E: Darent Valley Hospital were found to be viable options.

Evaluation of the options (shortlisting)

Further analysis of the potential options for consultation was carried out using five desirable criteria identified and listed in order of importance by the Clinical Cabinet. These were based on clinical considerations and previous stakeholder feedback, and were supported by the PPG Chairs.

The desirable criteria for a future UTC site were as follows:

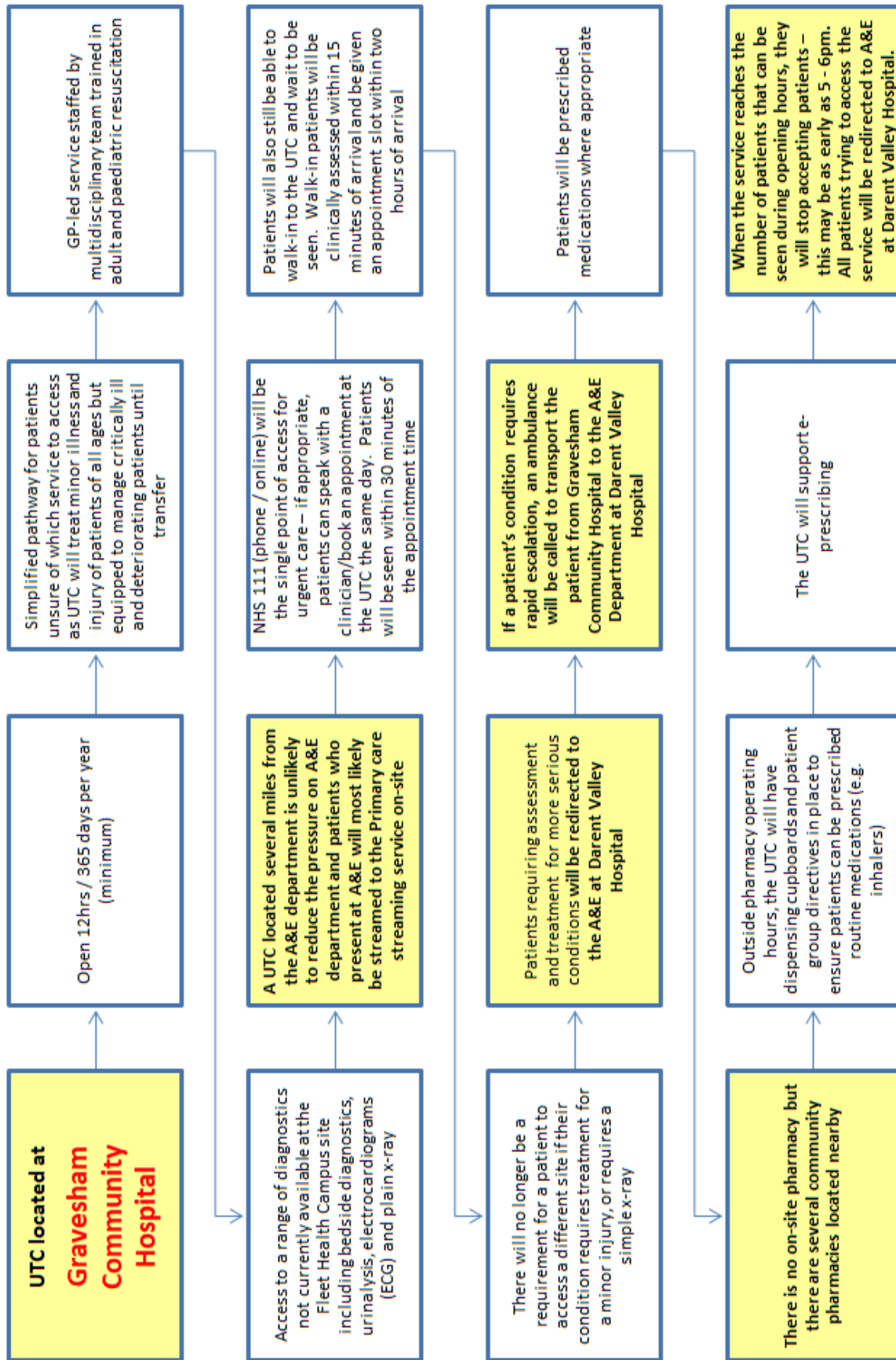
#	Desirable Criteria
1	Strategic fit Alignment with existing commitments and other strategic plans that address local health improvements
2	Quality of care for all Clinical effectiveness and responsiveness
3	Access to care for all Transport and other access issues
4	Ability to deliver Within nationally mandated timeframe
5	Affordability and value for money Maximum benefits for local population within available resources

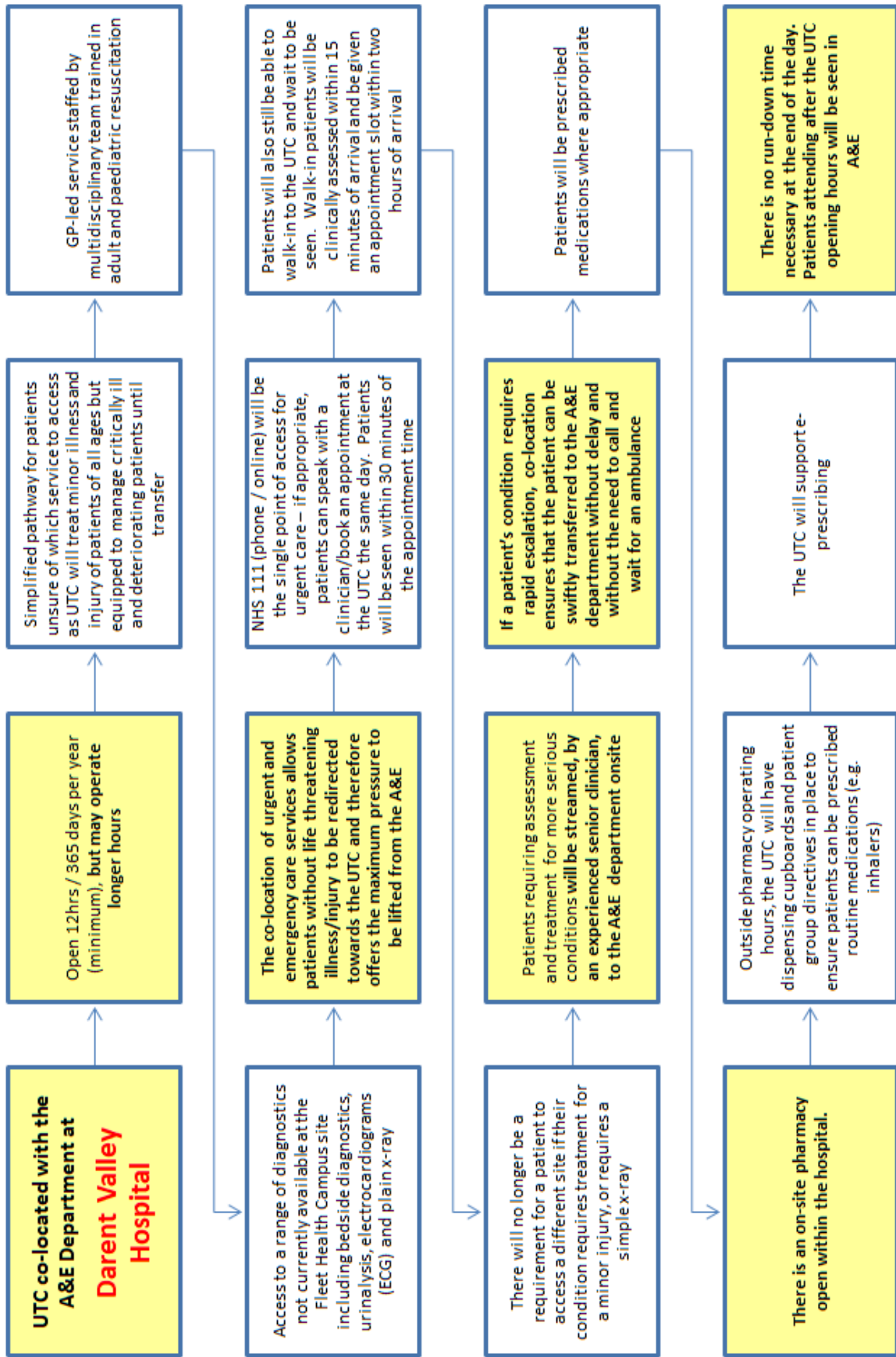
The remaining options were assessed against the desirable criteria listed above and it was decided by the multi-stakeholder group that both site options (Gravesham Community Hospital and Darent Valley Hospital) should go forward to public consultation.

More in-depth information regarding the options appraisal process and the key differences between the consultation site options is given in the Pre-Consultation Business Case¹¹.

The key differences between these site options can be summarised in the flowcharts below (one for each site option). The text boxes highlighted in yellow show the areas in which the site options may provide different types of UTC services:

¹¹ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>





Public consultation

Overview of consultation

The formal consultation on the proposals for the siting of the future Urgent Treatment Centre in Dartford, Gravesham and Swanley ran for 12 weeks from 12 August to midnight on 4 November 2019.

The consultation activity consisted of the distribution of printed and online consultation materials including a survey, regular engagement with the public via digital and social media channels, stakeholder briefings, open roadshow events, structured listening events, independently commissioned work with communities with protected characteristic and sometimes described as seldom heard.

The consultation process and consultation responses were analysed and evaluated by an independent third party organisation and were published by the CCG on the CCG website as soon as the period of purdah was lifted on 13 December 2019. Stakeholders and participants of the consultation (who provided their details) were informed by email with a link to the post-consultation report. This report is shown in **Appendix A**.

Response to Consultation Activity

The CCG received an unprecedented number of survey responses (online and hard copy), with 16,474 surveys returned containing approximately 25,000 free-text responses.

Over 21,000 consultation materials were printed and distributed. There was local news coverage of the consultation, Facebook advertising, social media messages, and 1,166 members of the public were engaged through a roadshow visiting 30 community venues including locations specifically addressing hard to reach groups. Formal meetings were held with key stakeholder groups, engagement with the public, patients, staff, local authorities, local councillors, MPs, GPs, and members of the public from protected characteristic groups. Engage Kent was commissioned to independently engage people with physical disabilities and residents of rural areas.

The CCG held three independently facilitated public listening events, one in Dartford, one in Gravesham and one in Swanley. A total of 81 people attended. These events generally followed the structure of a short presentation providing context and an overview of the proposals, followed by a plenary Q&A session, and facilitated individual table discussions.

Engagement with neighbouring areas

The CCG engaged with neighbouring CCGs and the Health Overview Scrutiny Committees in those neighbouring areas of Bexley, Bromley, Medway, and West Kent. Whilst all neighbouring boroughs expressed interest in the proposed changes Bexley Communities Overview and Scrutiny Committee (COSC), whose remit includes health and public health issues, expressed concern that the DGS proposals represented a substantial variation to NHS health services for Bexley residents.

The Bexley COSC was first contacted on 15 May 2019. The formal decision that the proposals represented a significant variation to the Bexley population was made over 24 weeks later on 16 October 2019.

A 'substantial variation' of health services is not defined in Regulations, however the key feature is that there is a major change to services experienced by patients and future patients¹².

Since 16 October 2019, discussions were held with members of Bexley COSC and Kent HOSC regarding the formation of a Joint Health Overview Scrutiny Committee (JHOSC) to consider the CCG's eventual decision regarding the siting of the future Urgent Treatment Centre.

The formation of a JHOSC was considered and supported by Kent County Council on 17 December 2019. As the COSC decision regarding substantial variation came towards the end of the public consultation period and just before the onset of Purdah, it was not possible to carry out any focused engagement before the end of the consultation period. To ensure that the CCG fully understands the views of the Bexley population an additional period of intensive engagement was undertaken consisting of:

- A survey conducted by the CCG Communications and Engagement team face-to-face with 97 people interviewed over three sessions at the following sites:
 - Erith Urgent Care Centre - (Tuesday 17 December (am) and Monday 06 January (pm))
 - Queen Mary's Hospital - Wednesday 18 December (am).
- Informal discussion with front-line staff and doctors delivering urgent care services in Bexley based at both Urgent Care Centre sites.
- A targeted listening event, conducted by DGS CCG in partnership with Bexley CCG and Healthwatch Bexley, was held on 09 January with a group of Bexley patients.

The key findings from this Bexley focused intensive engagement activities are as follows (**Appendix C**):

- For Bexley respondents:
 - Accessibility and travel times seem to be the main drivers for patients' decisions when they need urgent care
 - Darent Valley Hospital is relatively easily accessible by car and public transport, and some patients believe that co-location with the A&E department means an Urgent Treatment Centre would provide a higher quality service and provide treatment "all in one place". Having said this, car parking at the Darent Valley Hospital site, was also raised as a concern for Bexley residents.

¹² <http://cfps.org.uk/surface3.vm.bytemark.co.uk/domains/cfps.org.uk/local/media/uploads/33.pdf>

- An Urgent Treatment Centre at Darent Valley Hospital is seen as a potential alternative option rather than as a first choice as there are two well regarded Urgent Care Centres within the Bexley boundary.
- A third of Bexley respondents felt there would be no impact or very limited impact for them as a result of the siting of a future Urgent Treatment Centre as they would be unlikely to use any of the alternatives in Dartford, Gravesham or Swanley.
- Whilst there was no suggestion from the initial survey that patients might look towards Bexley urgent care services, staff and doctors at both Erith Hospital and Queen Mary’s Hospital commented that they saw a significant number of patients from Dartford, Gravesham and Swanley, and this was attributed to pressures, difficulty in securing GP appointments, long waits at Darent Valley Hospital and frequent referrals from NHS 111 and GPs. Recent GP closures in Dartford were also cited.

Evaluation of public consultation process

The consultation process was independently evaluated. The independent review found that the CCG:

“made considerable efforts to engage widely and reach relevant groups of residents and stakeholders through an inclusive process, invited response through a variety of channels, and can provide evidence to show how the exercise met the key requirements and best practice” (Appendix A page 11)

The relevant requirements and standards in respect of public and stakeholder consultation, and the CCG’s performance against those requirements and standards, along with the independent evaluator commentary, are shown in the table below (Appendix A pages 12 and 13). All requirements and standards relevant to engagement were found to have been met.

Requirement	Comments
<i>The Secretary of State for Health’s four tests</i>	<i>(NB. only one of these relevant to public engagement)</i>
<i>1. Strong public and patient engagement</i>	<i>The response and participation level in this consultation was high, and a variety of channels were provided through which people gave views</i>
Code of Practice	
<i>A. Consultations should be clear and concise</i>	<i>The consultation document set out clear Options for location of the new UTC</i>
<i>B. Consultations should have a purpose</i>	<i>This consultation set out two clear Options for location of the new service, and detail is provided on the governance and decision-making process which will follow</i>
<i>C. Consultations should be informative</i>	<i>A great deal of information was provided about the case for change, the process for developing options and making decisions and the relative strengths of each Option</i>
<i>D. Consultations are only part of a process of engagement</i>	<i>This consultation builds on strong previous patient and public engagement exercises, and used existing well-established communication channels developed by the CCG and its partners</i>

<i>E. Consultations should last for a proportionate amount of time</i>	<i>The consultation lasted for 12 weeks, which is considered appropriate for public sector engagement exercises (set out in Code of Practice)</i>
<i>F. Consultations should be targeted</i>	<i>Both in respect of groups sharing protected characteristics - and more broadly – groups likely to be high-level users of urgent care, or face access issues were identified, and clear efforts made to ensure that representatives and individual voices from these groups provided insight to inform the consultation</i>
<i>G. Consultations should take account of the groups being consulted</i>	<i>This report provides a detailed analysis of the views of people participating in the consultation, as well as including separate independent reports focused on seldom heard groups and mitigations to perceived weaknesses in the Options Together, these provide a summary of views heard to inform the CCG’s decision-making meeting and local authority scrutiny</i>
<i>H. Consultations should be agreed before publication</i>	<i>This builds on a significant period of pre-consultation development and engagement, and there was a rigorous, inclusive process through which Options were evaluated (set out in the consultation documents), and broad agreement by commissioners and providers to proceed to consultation</i>
<i>I. Consultation should facilitate scrutiny</i>	<i>The CCG has engaged widely during the development of the Options and consultation plans, including with local authority scrutiny - this report will form part of the papers for forthcoming review The consultation documents are clear about the relative strengths of each Option and the broader challenges for urgent care in Dartford, Gravesham and Swanley – this information enables well- informed analysis through which proposals can be scrutinised by stakeholders and residents</i>
<i>J. Government responses to consultations should be published in a timely fashion</i>	<i>Not relevant</i>
<i>K. Consultation exercises should not generally be launched during local or national election periods.</i>	<i>Not relevant</i>
Gunning Principles	
<i>1. Consultation must take place when the proposal is still at a formative stage</i>	<i>This is a genuine process to explore views between two alternative Options for location of the UTC</i>
<i>2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response</i>	<i>The consultation document and other materials provided a great deal of clear, ‘in context’ information about the case for change and relative strengths of different Options to enable well-informed responses</i>
<i>3. Adequate time must be given for consideration and response</i>	<i>The consultation lasted for 12 weeks, which is considered appropriate for public sector engagement exercises (set out in Code of Practice)</i>
<i>4. Feedback from consultation must be conscientiously taken into account.</i>	<i>This report provides a detailed analysis of the views of people participating in the consultation, as well as including separate independent reports focused on seldom heard groups and mitigations to perceived weaknesses in the Options Together, these provide a summary of views heard to inform the</i>

	<i>CCG's decision-making meeting and local authority scrutiny</i>
Equality	
<i>Equalities impacts</i>	<i>Likely impacts were identified before consultation began through an Equalities Impact Assessment which was published by the CCG, and this was repeated post-consultation Engagement with seldom heard and equalities groups is summarised in this report and as [Independent Evaluation Report Appendix C] and an independent engagement exercise with three specific communities commissioned, with report at [Independent Evaluation Report Appendix D].</i>
<i>Public sector equality duty (PSED)</i>	<i>The consultation process was inclusive and participation levels high, notably by residents sharing protected characteristics: minority ethnic communities, older people, people with disabilities, faith communities (see demographic breakdown)</i>

Public comments on the public consultation process

Comments from members of the public regarding the consultation process, suggested improvements could be made to the publicising of the consultation and associated events, venue selection, and data availability. Concerns were also raised regarding predetermination of the consultation outcome, and concerns that proposals may represent cuts to services, or a step towards privatisation of NHS services (**Appendix A page 8**).

Consultation findings and key themes

The findings from the independent analysis of the quantitative and qualitative data from the public consultation are summarised below (**Appendix A**):

The consultation was characterised by a very large late surge in responses (last 72 hours of the 12 week consultation period), with an over-whelming majority in favour of the Gravesham Community Hospital option.

Key information regarding consultation respondents:

- 91% of responses were in a personal capacity (therefore own and uninfluenced)
- The sample of respondents skews slightly towards women over 45 years old and apparently towards those who identify as White British although 21% of respondents chose not to describe their ethnic origin. 48% of respondents identified as 'Christian'. Analysis of DGS CCG local population ethnicity, based on the most recent census data (2011)¹³ shows 84% of people identified themselves as English/Welsh/Scottish/Northern Irish/British, and 16% as other ethnic backgrounds. In an attempt to provide a more up-to-date ethnicity profile for the local populations

¹³ <https://www.dartfordgraveshamswanleyccg.nhs.uk/members/ccg-staff-zone/equality-diversity-inclusion-tools/bme-population-breakdowns/>

- 12% considered themselves to have a disability (predominantly physical disability)
- 46% of respondents have a caring responsibility (most likely of children)
- 68% of respondents have used the Minor Injuries Unit and over 50% have also used Fleet Health Campus Northfleet and A&E at Darent Valley Hospital showing that all services are very important to the local community
- 66% of respondents claim to have used a car when accessing urgent care services previously and only 11% of people said they used public transport

Whilst it is important to consider the report in its entirety, there are a few key points that can summarise the feedback received:

- There were four consistent key themes across both questionnaire and engagement events and all relate to access:
 - Proximity of the site (distance to travel to the service)
 - Traffic
 - Public transport
 - Parking
- Overall, 80% of respondents supported the siting of an UTC at Gravesham Community Hospital vs. 5% supporting an UTC at Darent Valley Hospital.
 - Respondents in DA11 (area around Gravesham Community Hospital) very highly endorsed Option 1 as this option sits within their local postcode area, and is therefore much easier to access for local residents. 85% of people who claim to live in this area 'Strongly Agree' that Gravesham Community Hospital is the better site for the new UTC and 90% 'Agree overall'.
 - Residents of DA2 (area around Darent Valley Hospital) are more polarised in their opinion of moving the UTC to Darent Valley Hospital. Less than half (43%) 'Strongly Agree' that it would be the best option, while nearly a third (31%) 'Strongly Disagree' with this option.
- 25,000 free-text responses were received. Analysis of free-text samples to establish if the responses indicate different issues or concerns between the respondents that preferred each option:

- For both groups, ease of journey is the main driver of site preference and ease of access is the main concern, followed by parking issues, and concerns about other services at the site
- For respondents who preferred Gravesham Community Hospital the site was easier and cheaper to reach, had better parking (availability and cost), and they shared concerns that Darent Valley Hospital facilities are already overstretched and an UTC at the Darent Valley Hospital site might lead to longer waiting times
- For respondents who preferred Darent Valley Hospital proximity to site was important, and co-location of services at the site was favoured
- Consultation responses did surge significantly in the last 72 hours of the 12 week consultation period. Analysis of the preferences of early and late responders was carried out to better understand the views of early and late consultation responders. The analysis revealed that Gravesham Community Hospital was the preferred site regardless of the timing of the respondent's feedback:
 - Late responders: 93% favoured Gravesham Community Hospital vs. 3% favouring Darent Valley Hospital.
 - Early responders: 75% favoured Gravesham Community Hospital vs. 22% in favour of Darent Valley Hospital.
- Other valuable comments made, all of which also relate to access issues, included feedback on the following:
 - Access needs of local communities, particularly residents who may not have English as a first language or with access issues linked to deprivation or age (e.g. reliance on public transport)
 - Pressures on local services, particularly the rapid growth in some areas such as Ebbsfleet Garden City, and specific concerns raised regarding the level of activity at Darent Valley Hospital
 - Need for greater accessibility (especially appointments that are easier to access) and more care provided in non-acute settings, in particular general practice
- General comments were made about the need for the CCG to communicate effectively when introducing new services and educating the public on the most appropriate way to access all local health services

Post consultation feedback

After the consultation period, the CCG received a letter from Gravesham Borough Council, regarding a resolution unanimously passed at the Gravesham Borough Council meeting on 17 December 2019. The resolution echoed concerns raised by Gravesham Borough Councillors and members of the public during the consultation period and featured within the consultation feedback considered in the evaluation report.

Consideration of the consultation process and activity

The consultation process and activity were considered by the CCG's Governing Body and the Kent Health Overview Scrutiny Committee to determine whether the CCG had fulfilled its statutory obligation regarding public consultation.

Consideration by the CCG Governing Body

The Consultation process and activity were considered at the Governing Body meeting on 28 November 2019.

The CCG Governing Body considered the following questions to assist its evaluation of the consultation process:

- Did the consultation secure the involvement of key stakeholders?
- Was everyone given a reasonable opportunity to state their views?
- Was it possible to engage with a diverse set of views?
- Did anyone with a significant viewpoint fail to participate?
- How do the key themes and issues arising from the consultation impact on the decision making?

The Governing Body determined that:

- The consultation secured the involvement of key stakeholders.
- The consultation gave the public a reasonable opportunity to state their views.
- The consultation engaged with the public in such a way as to welcome a diverse set of views.
- All those likely to have significant viewpoints were welcomed to participate.
- Having considered all available information, and heard the concerns of consultation respondents, that mitigations for the issues raised would be developed as part of the Decision Making Business Case (DMBC) and implementation planning.

The CCG Governing Body agreed that the extent of consultation and engagement activity undertaken during the consultation period, the number of responses received, and the consistency of the themes coming through from the feedback gathered, meant the themes arising from the consultation can reasonably be relied upon to be a fair representation of the views of the local

population across its three constituent areas (Dartford, Gravesham and Swanley), as well as those in the neighbouring areas who provided input.

Consideration by the Joint Health Overview and Scrutiny Committee

The Kent Health Overview and Scrutiny Committee (with two Bexley COSC members in attendance) met on 16 December 2019 to review and consider the consultation process and to receive an update on the next steps in the urgent care review..

The HOSC councillors (including Bexley COSC members in attendance) put a number of questions to three members of the DGS CCG urgent care review team about the consultation process, the consultation responses, the potential mitigations, and the next steps.

The HOSC Committee members reached unanimous agreement that Dartford, Gravesham and Swanley CCG has discharged its statutory responsibility regarding the public consultation into the location for an Urgent Treatment Centre. However, in view of the concerns expressed by Bexley councillors that the proposals represented a substantial variation, the committee supported the CCG's plans for additional engagement with Bexley residents to inform the final Governing Body decision.

The HOSC comments can be summarised as follows:

- The Committee recognised the access concerns raised in the public consultation responses and the opportunities for Health and Kent County Council to work together with NHS and other agencies to address access issues relating to road congestion and public transport
- The Committee discussed the two options and recognised the need to retain walk-in GP services in Gravesham, and for the public to have access to the wide range of services available on the Darent Valley Hospital site
- The Committee wanted the Governing Body decision to ensure that it addressed :
 - the growth anticipated in Ebbsfleet and north Bexley
 - the need for sufficient staffing and provision of clinicians to provide required services
 - the tight timeframe for the implementation available so that people are not left without services
- Bexley COSC attendees expressed concern that if the Gravesham Community Hospital site was chosen for the Urgent Treatment Centre, that a greater number of people living in the West of the CCG may choose to attend Bexley urgent care services (Erith Urgent Care Centre, and Queen Mary's Hospital Sidcup Urgent Care Centre) than travel east to Gravesham Community Hospital.
- The Committee raised a number of queries relating to the possibility of a two site Urgent Treatment Centre model making use of both Gravesham Community Hospital and Darent Valley Hospital

- The Committee recognised the overwhelming consultation response in favour of Gravesham Community Hospital.

The HOSC Committee members reached unanimous agreement that Dartford, Gravesham and Swanley CCG has met its statutory responsibility regarding the public consultation into the location for an Urgent Treatment Centre.

Identifying appropriate mitigation

Approach

Following consultation, a process was undertaken to identify appropriate mitigation; mitigation that might best address the needs of the local urgent care system, as well as address the concerns raised through the public consultation process.

Post-consultation – options appraisal meeting

A Post Consultation - Options Appraisal meeting, attended by CCG clinical, executive, commissioning, finance and communications and engagement representatives, took place on 18 November 2019 to review:

- (i) the pre-consultation options appraisal process
- (ii) consider the public consultation activities and consultation response key themes
- (iii) consider the outcome of travel mapping
- (iv) review the refreshed Equality Impact Assessment
- (v) agree next steps.

It was agreed by the group that the desirable criteria (applied to consultation options pre-consultation) was still valid. The group considered concerns about how residents currently using the Walk-in-Centre and Minor Injuries Unit located within Gravesham might be affected under a single site UTC model as further developments in primary, local and urgent care are either:

- not yet consistently felt by the public,
- or the development is still in design stages (included but not limited to Primary Care Networks, NHS111 and Clinical Advice Service, and Integrated Care Partnerships).

The group also considered the concerns expressed, regardless of preferred option, regarding access issues at the Darent Valley Hospital site (congestion on roads, public transport, parking, parking costs). The group acknowledged these concerns regarding access and also noted that solutions were not yet in place.

The group considered public concerns re: growth in the DGS area and impact on services perceived to be 'already stretched'.

The group reached unanimous consensus that a single site solution for urgent care across Dartford, Gravesham and Swanley was unlikely to mitigate well placed concerns raised during the public consultation.

The group also agreed that the overlap between urgent, local and primary care made it necessary to consider all urgent, local and primary care needs when identifying potential mitigations, and some time may well be needed to consider the ways in which primary care developments can support the future UTC model.

The group discussed mitigating concerns raised in consultation by exploring the provision of urgent care services (currently provided by Walk-in Centre, Minor Injuries Unit and A&E) from both sites (Gravesham Community Hospital and Darent Valley Hospital) via a 'networked model of care'. This would help address the uncertainty in the current healthcare landscape as various important healthcare developments and transformational work that are currently underway, continue to progress and deliver the intended benefits to the local population; workforce and other resource considerations.

Networked model of care

A networked model of care was first outlined in NHS England's 'Urgent Treatment Centres – FAQs to support implementation' document updated in August 2019¹⁴. The relevant sections are provided below:

“What options are there for services that may have exceptional reasons for not maintaining the minimum service offer?”

Designation as an UTC for services not offering the full specification should be considered exceptional. NHS England and NHS Improvement regional teams will review any requests from localities for such exceptions. To ensure patients have a clear understanding of the service offer expected at an UTC anywhere in the country, these exceptions will not be commonly granted. There may be opportunities for a limited offer to form part of an alternative community service, or to provide an enhanced offer within, e.g. an extended access hub. All services should be clearly identified within an updated and maintained DoS to enable effective referral from NHS 111 and 999 services.

Is it acceptable for services that do not meet the full UTC standards to operate as a ‘spoke’ service in hub and spoke model?

Services are expected to meet all the UTC standards; however some localities may wish to explore innovative ways of achieving the standards as part of a networked model of care. This could include shared GP leadership across one or more sites or consultation via video link to clinicians in the CAS. Proposals should stand up to the following checks to ensure the UTC vision is not compromised and demonstrate:

- 1. How clinical care is improved;*
- 2. How confusion is reduced;*
- 3. How service offer is improved;*
- 4. How patient flow is improved;*
- 5. How the service offer ensures there is consistency of service provision in line with expected standards; and*
- 6. Consistent and fail-safe access protocols are in place where required – e.g. referral and reporting process for X-ray if this is not on site.*

Regions should consider proposals on a site by site basis and proposals must be...approved through regional governance structures including approval from regional clinical lead or clinical senate. If accepted there should be clear sign posting on the DoS to the service offer and ongoing evaluation of patient flow and periodic review to ensure the service continues to pass the checks above.”

¹⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-faqs-v2.0.pdf>

Assuring the mitigated model

Background to quality assurance

The urgent care review has sought to meet all obligations in regards to statutory requirements and assurance that accompany any change to NHS services.

Throughout the programme, the urgent care review has:

- Had a clinically-led options development process where clinical, finance and commissioner expertise has been brought together to allow the CCG Governing Body to make the recommendations on service options
- Actively engaged with patients and the public and their representatives, as well as local authorities and their overview and scrutiny committees, providers and other CCGs.

There have been several different forms of assurance that have been undertaken during the urgent care review, all of which are discussed in detail in the pre-consultation business case¹⁵. The forms of assurance to date can be summarised as follows:



Post consultation assurance of the mitigated model

The Urgent Treatment Centre model has been assured as outlined above. The CCG's proposed mitigation to address public concerns identified through public consultation is to provide the Urgent Treatment Centre model over two sites rather than at a single site, and for services to be networked

¹⁵ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

to ensure they operate in an integrated way, as part of an urgent care system for Dartford, Gravesham and Swanley CCG's local population.

NHSE have been consulted and have considered the mitigations suggested within this paper.

If the mitigated model is supported by the Governing Body, the detailed networked model and revised service specifications will be worked on over the coming months and will be refined in collaboration with current providers of urgent care services, GP membership, including NHS 111, primary and local commissioners and providers.

Assessing the implications of the mitigated model

Description of mitigated model

This section describes the preferred option for the future Urgent Treatment Centre Networked Model of Care in Dartford, Gravesham and Swanley.

The mitigated model is for the implementation of a networked model of urgent care ensuring all networked services combined comply with the 27 national standards for Urgent Treatment Centres.

This model will be refined over time allowing the benefits of other developments such as the extended and improved primary care access, Primary Care Networks, and the Integrated Care Partnership to be realised.

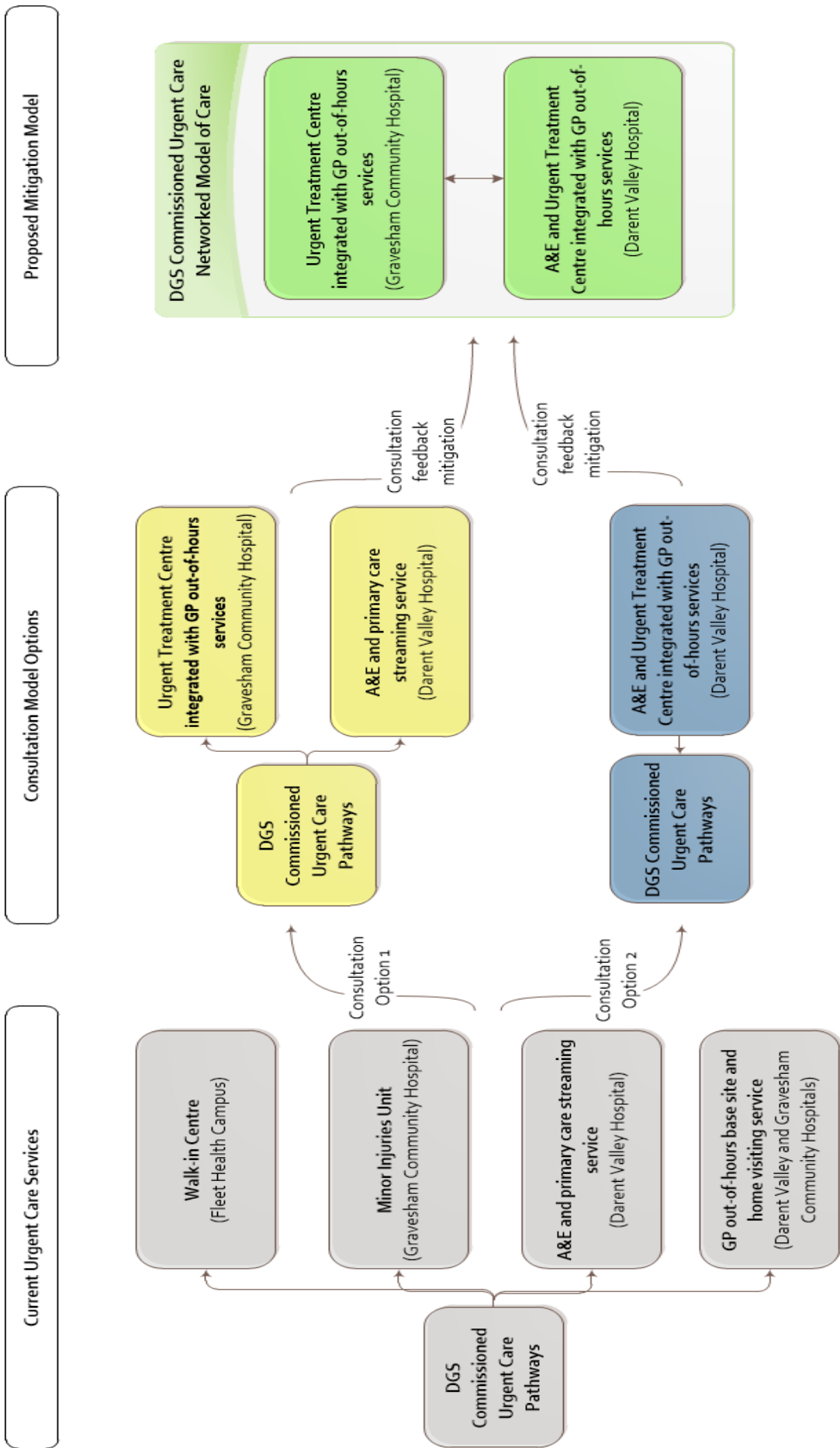
The networked model will consist of the following networked services:

- Urgent Treatment Centre at Gravesham Community Hospital and Urgent Treatment Centre at Darent Valley Hospital (co-located with A&E)

The reason the networked model of urgent care is preferred is as follows:

- Urgent care is not being transformed in isolation, but the other programmes of work are either still in their infancy or the benefits are not yet felt by the local population (e.g. Primary Care Networks, improved/extended primary care access, movement of outpatient clinics away from an acute setting)
- There was general support for an Urgent Treatment Centre model.
- The consultation responses highlight concerns regarding accessing the Darent Valley Hospital site by car (including issues of congestion and parking availability on-site), and by public transport (limited access for certain routes). Concerns regarding the cost of accessing the site were also raised (parking, taxi costs). The public consultation also identified that the current infrastructure at Darent Valley hospital, was unlikely to cope with any additional footfall, particularly in view of the anticipated growth within the area in the coming years.
- The impact of growth in the area is estimated but may be clearer in the coming years.
- The transformation of the local health system, including the merger of eight CCGs into one CCG and creation of the Integrated Care Partnerships can take place without additional pressures in the system.
- Concerns raised by Bexley councillors regarding potential increased use of Bexley urgent care services by Dartford patients will be addressed through the implementation of urgent care services across two sites (one of which is Darent Valley Hospital) and a robust communications plan informing local residents about local NHS services (including urgent care).

The mitigated networked model of urgent care proposed is shown in the diagram below:



Careful consideration has been given to identify what urgent, local and primary care services should be provided at each site, and the ways in which services could be networked to ensure the best provision of urgent care possible for the local population within existing resources.

The healthcare system is currently under significant change with the transformation of the eight clinical commissioning groups into a single Kent & Medway Clinical Commissioning Group from April 2020, the implementation of an Integrated Care Partnership in 2021, and the development of Primary Care Networks to improve the health of local populations.

The service specification for an Urgent Treatment Centre as part of a two site networked model of care will be adjusted if supported by the Governing Body. It is clear that the DGS UTC model is intended to achieve the following:

- Bring together the Walk-in Centre and Minor Injuries Unit into an Urgent Treatment Centre by July 2020
- Avoid directing additional patients currently using the Walk-in Centre and Minor Injuries Unit in Gravesham to the Darent Valley Hospital site thereby relieving additional pressure to road congestion, or car parking availability at the acute trust site
- Rejuvenate the GP triage service (also referred to as GP streaming) at the front door of the A&E at Darent Valley Hospital so that patients with issues most appropriately managed by primary care do not add to A&E pressures or longer waiting times
- Integrate services across the two networked sites supported by an effective communications and engagement campaign so that the public can have the best possible understanding of what and how they can access services at each site
- Implement the direct booking system via NHS 111 and 999 at all networked services – this will require specific software (i.e. EMIS)
- Identify if sites will operate as a ‘hub’ and ‘spoke’ networked model of care
- Close integration with GP out-of-hours services (including both base and home visiting elements) so that transition from in-hours to out-of-hours services is seamless, maximises use of technology to support effective service delivery, for example, Skype consultations
- The achievement of the 27 national standards for Urgent Treatment Centres across the network (rather than at specific sites). Any networked services will share robust clinical governance processes
- Focus on integration between urgent and local care (making every contact count¹⁶)
- Maximise use of technology to help address workforce challenges
- More joined up working with social care and mental health
- Explore opening hours at Gravesham Community Hospital site to support peak times of attendances at A&E at Darent Valley Hospital as part of a networked model of care.

¹⁶ <https://www.makeeverycontactcount.co.uk/>

Patient stories

Examples of patient journeys under the Urgent Treatment Centre model were outlined in the pre-consultation business case¹⁷, and remain relevant to the mitigated model. With a two site networked model of care patients will have a choice of which Urgent Treatment Centre to visit and they may consider ease of access or proximity to A&E depending upon their clinical condition.

The Patient	Current Model	UTC Model
<p>Paediatric patient</p>	<p><u>Steve and Logan</u></p> <p>Steve’s 3-year-old son, Logan, has been restless and off his food all day. At bedtime, Steve notices Logan has a rash on his chest and arms.</p> <p>Steve is worried about this so could decide to use any of the current urgent care services.</p> <p>A paediatric patient may currently access any urgent care service. The service accessed may not be the right site for the child to receive the necessary or optimal care.</p> <p>This may require paediatric patients to be transferred between services.</p> <p>A child taken to the MIU who may require the care of a GP in relation to minor illness will not be able to be appropriately treated at the nurse led and delivered MIU, conversely a child brought to the WIC who may require treatment for a minor injury would need to be referred to the MIU or A&E for diagnostics/treatment.</p> <p>The WIC and MIU do not have paediatric only waiting areas – “DARENT VALLEY HOSPITAL” A&E is equipped with a paediatric only waiting room.</p>	<p><u>Steve and Logan</u></p> <p>Steve’s 3-year-old son, Logan, has been restless and off his food all day. At bedtime, Steve notices Logan has a rash on his chest and arms.</p> <p>Steve is worried about this so phones NHS 111 for advice. The NHS 111 advisor books Logan an appointment at the Urgent Treatment Centre at 8pm.</p> <p>Depending on where Steve lives in DGS, Steve may have to travel to the new UTC by car, public transport or foot. Steve lives just a few streets from the Urgent Treatment Centre so walks there with Logan in his pushchair.</p> <p>Steve explains to the GP that he is worried Logan might have meningitis. The GP reassures Steve that Logan’s rash is due to chickenpox.</p> <p>The GP gives Steve advice on how to care for Logan while he has chickenpox, and they leave the Urgent Treatment Centre. Logan is in bed asleep by 9pm.</p> <p>Under the UTC model a paediatric patient can present at the UTC with any minor illness or injury issue and be assess and treated by a multi-disciplinary team with immediate access to simple diagnostics.</p> <p>Patients will be able to leave the UTC with prescribed medication where necessary and if medications are not available from dispensing cupboards on-site, the UTC will have an on-site pharmacy or access to a nearby</p>

¹⁷ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

		community pharmacy.
Patient presenting with a mental health issue	<p><u>Mike</u></p> <p>Mike is eighteen, and has a history of depression, for which he has seen CAMHS in the past, and now sees MIND. He is having counselling, and taking medication but things are getting worse.</p> <p>One night he returns at 6.30, and his mother is worried about his mental state.</p> <p>Patients may present with mental health issues at any urgent care service. With so many access points it is not always possible to ensure consistency in the skills and experience of staff to quickly recognise and appropriately manage patients presenting with mental health issues, whether paediatric or adult.</p>	<p><u>Mike</u></p> <p>Mike is eighteen, and has a history of depression, for which he has seen CAMHS in the past, and now sees MIND. He is having counselling, and taking medication but things are getting worse.</p> <p>One night he returns at 6.30, and his mother is worried about his mental state. She was previously given Kent County Council's Single Point of Access telephone number for urgent / out of hours issues 24/7 by Mike's GP, but her phone is uncharged, and she decides to take him to the Urgent Treatment Centre.</p> <p>Triaged as a priority at the door, Mike sees the Liaison Mental Health Nurse, who establishes a plan to upgrade Mike's support via the CRISIS team, and Mike and his mother leave for home at 10pm with firm arrangements for help to be provided intensively in the community over the next few weeks.</p> <p>The UTC model encourages strong links with other community urgent care services, such as mental health crisis support.</p> <p>All Urgent Treatment Centres must have direct access to local mental health advice and services, such as through the on-site provision of 'core' liaison mental health services where services are co-located with acute trusts or links to community-based crisis services.</p>
The deteriorating patient	<p><u>Chen</u></p> <p>English is not Chen's first language, and when he calls 111 complaining of 'belly ache', there are communication issues. Under the current system, Chen could be sign-posted to either the Walk-in Centre at Gravesham Community Hospital or the GP streaming service at Darent Valley Hospital.</p> <p>Deciding Chen may well have chest</p>	<p><u>Chen</u></p> <p>English is not Chen's first language, and when he calls 111 complaining of 'belly ache', there are communication issues, and the 111 operator books him into the Urgent Treatment Centre for safety.</p> <p>Once there, he is noted to be a pale, sweating man in his 50s, who obviously smokes. When asked to indicate the</p>

	<p>pain from his heart rather than anything abdominal, staff at Gravesham Community hospital would have to call an ambulance for Chen to be transferred to A&E.</p> <p>Currently staff working at different urgent care services will assess the clinical risk of presenting patients and may unnecessarily escalate patients to the A&E because their services either do not have the skilled staff required (e.g. doctors or nurses with specific skills), or the necessary equipment (e.g. diagnostics) to appropriately care for the patient if they were to deteriorate suddenly.</p> <p>Patients who deteriorate while receiving care at one of the current sites would need to be stabilised, and would have to wait to be transferred by ambulance to A&E.</p>	<p>site of his pain, he vigorously pats his chest rather than his abdomen.</p> <p>Deciding he may well have chest pain from his heart rather than anything abdominal, the Urgent Treatment Centre team take him straight through to the Emergency Department, where they confirm that Chen has suffered a heart attack. Chen receives immediate skilled attention, as the A&E staff have been freed from many lesser tasks by the Urgent Treatment Centre, to focus on those with life threatening conditions.</p> <p>Chen recovers and is able to leave hospital leaves ten days later.</p> <p>The new UTC model enables new larger teams of multi-disciplinary clinical staff to be based on one site with access to more extensive diagnostics than are currently provided at urgent care services</p> <p>If Chen attended the UTC at Darent Valley Hospital, he would have been transferred to A&E on site; if he went to the UTC located at Gravesham Community hospital, then he would be transferred to the A&E department at Darent Valley Hospital by an ambulance.</p>
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Activity implications

Activity implications of the mitigated model are explored in the financial modelling section below.

A two site networked model will allow current Walk-in Centre and Minor Injuries Unit activity to be seen at an Urgent Treatment Centre at the Gravesham Community Hospital site.

It is anticipated that an Urgent Treatment Centre at Gravesham Community Hospital will see approximately 144 patients on average per day over the 5 year modelling period.

The model will not encourage increased urgent care footfall on the Darent Valley Hospital site, but an Urgent Treatment Centre co-located with the A&E at Darent Valley Hospital, will allow patients to be streamed to the Urgent Treatment Centre and will help ease the pressures in A&E.

It is anticipated that an Urgent Treatment Centre at Darent Valley Hospital will see approximately 68 patients on average per day over the 5 year modelling period.

No assumptions have been made regarding the potential impact of NHS 111 developments on urgent care face-to-face attendances at either Urgent Treatment Centre within the networked model of care.

Estates plans

The CCG explored the estate implications of an Urgent Treatment Centre at both Gravesham Community Hospital and Darent Valley Hospital within the pre-consultation business case¹⁸.

Gravesham Community Hospital

Space at Gravesham Community Hospital is currently under utilised.

It has been established that the site can accommodate an Urgent Treatment Centre without significant estate changes or service moves.

The siting of an Urgent Treatment Centre at Gravesham Community Hospital does mean that there will be less vacant space at the site to accommodate other services that may be developed by Primary Care Networks/GP Federation, although more space may be created by the movement of other services on the site.

Darent Valley Hospital

Dartford and Gravesham NHS Trust have confirmed to the CCG that an Urgent Treatment Centre service could be co-located with the A&E department at Darent Valley Hospital.

The current primary care streaming service would be absorbed in to the Urgent Treatment Centre service. Darent Valley Hospital also hosts the main base site for the GP out-of-hours service and this will need to be included in discussions.

It has been anticipated that the site can be made to accommodate an Urgent Treatment Centre without significant estate changes but some service moves will be required.

Travel and access implications

Travel and access implications should remain as they currently are now with existing urgent care services.

The CCG will work with Kent County Council and Dartford and Gravesham NHS Trust to address the wider issues regarding transport and access to healthcare raised through the public consultation.

Equalities implications

The Equalities Impact Assessment (EIA) last undertaken during the pre-consultation stage was refreshed following the successful completion of the twelve week public consultation. The refreshed

¹⁸ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

EIA was reviewed and supported by the Equality and Diversity Working Group in November 2019 and is provided in **Appendix B**.

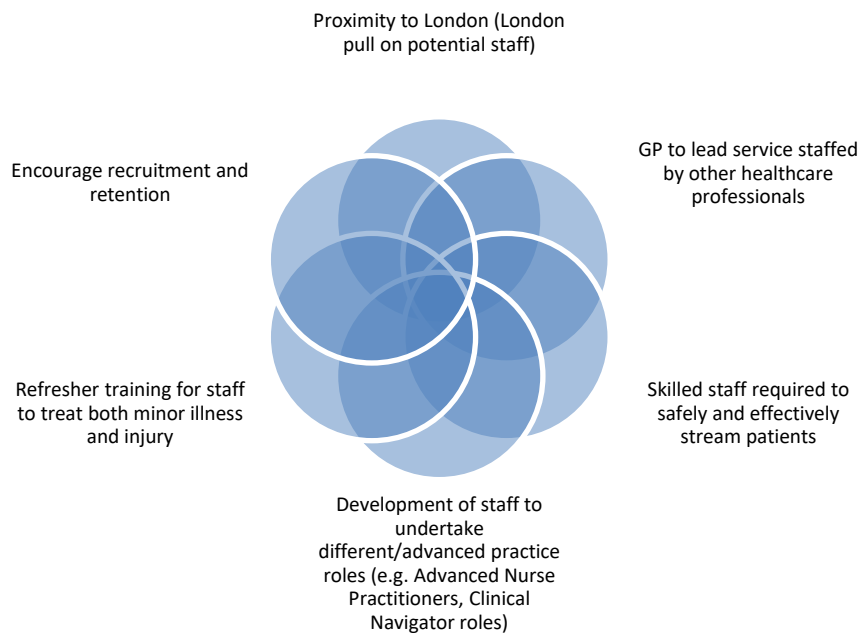
Engagement with protected characteristic groups echoed the feedback in the consultation evaluation report regarding access, and highlighted some other important points for consideration by the Governing Body:

- Access issues (including access to public transport for people without a car, limited disabled parking at Darent Valley and Gravesham Community Hospitals, road congestion issues around Darent Valley Hospital, cost of parking)
- Availability of GP appointments was a concern
- Limited British Sign Language translators for urgent care episodes
- More visual materials would be helpful e.g. video with signer because of low literacy rates
- Consideration of the following points in the Urgent Treatment Centre’s service specification:
 - Staff need awareness of treating patients in distress (Mental Health) - privacy issues
 - Patients need to be assured regarding additional measures relating to privacy and dignity when treating gender reassignment patients
 - Adequate provision of privacy for breastfeeding mothers is required
 - Translation for local people with English for Speakers of Other Languages (ESOL) needs
 - For Jehovah witness patients, ensure an UTC has a “Cell machine” to re-cycle blood (in place at Darent Valley Hospital)
 - Staff awareness of religious practice (NICE guidance) and provision of a prayer room or chaplaincy service should be made available.
 - Gender equality training incorporated into all provider staff training and evidenced to the CCG as part of the Equality Delivery System (EDS2) reporting.
 - Improve staff awareness of entitlement to reclaim expenses.

Workforce implications

There are workforce implications to a two Urgent Treatment Centre site networked model of care. Implications will include those identified in the pre-consultation business case¹⁹ and outlined earlier within this paper:

¹⁹ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>



The current workforce may well prefer the two site model as staff may continue to work at the same site or a site very nearby. This will hopefully mean that they will have the same journey to work whether this is by car, on foot or by public transport.

It is envisaged that new and existing staff will be deployed to support a new Urgent Treatment Centre. Current urgent care skilled staff delivering services as part of the Minor Injuries Unit and Walk-in Centre would be offered the opportunity to transfer to one of the two future Urgent Treatment Centre sites.

It is hoped that the urgent care proposals will offer career development for some members of the existing urgent care workforce.

The workforce model will be set out when the service specification is finalised and after the Governing Body has considered the DMBC and decided on the future Urgent Treatment Centre configuration.

Financial impact of mitigated model

An urgent care networked model of care over two sites (Gravesham Community Hospital and Darent Valley Hospital)

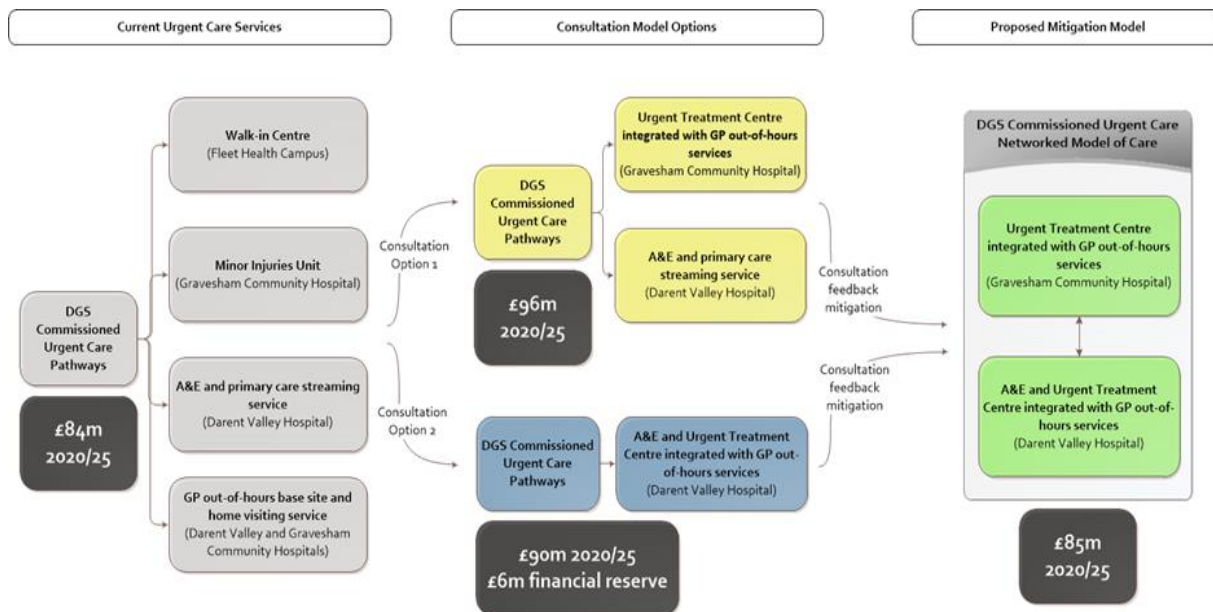
The proposed mitigation model of an urgent care networked model of care, at two sites over five years 2020-2025 is modelled to be £85m compared to the projected cost of the current urgent care service provision of £84m. This excludes the potential impact of void estate charges at Fleet Health Campus.

Financial modelling assumptions have been based on patient activity with an assessment of what the potential price would be for a unit of patient care activity in the proposed mitigated model of urgent care (consistent with all options modelled).

The CCG recognises the potential complexity of patients that would be clinically appropriate for transfer to a UTC, and in the proposed mitigation model, the unit price of urgent care activity at Darent Valley Hospital is £100 compared to the £73 unit price used for Gravesham Community Hospital. The £73 is an important benchmark to note as urgent care activity in a networked model of care is classified as a type three A&E service which currently attracts a tariff price of £73 in 2019/20.

The financial modelling assumptions utilised are based on projected activity flows that assumes:

- WiC activity at Fleet Health Campus flows to Gravesham Community Hospital
- The impact of future demographic growth
- 1% tariff future annual tariff increases
- The impact of historical activity trends
- The impact of current A&E activity including primary care streaming converted to urgent care activity flowing through the network model of care assumptions
- That current Darent Valley Hospital site activity related to urgent care does not change
- That tariff assumptions utilised for service provision, when considered in aggregate, is likely to cover the total costs of providing the service.



A summary of the financial modelling undertaken to support the development of the mitigated model is outlined in the table below:

Overall financial assessment		
Urgent care models	5 year projected costs 2020/25 £m	Key notes
Current urgent care provision (Darent Valley Hospital A&E, Gravesham Community Hospital Minor Injuries Unit and Walk-in Centre)	84.0	<ul style="list-style-type: none"> Assumes current activity trends
Proposed mitigation model An urgent care networked model of care over two sites (Gravesham Community Hospital and Darent Valley Hospital)	85.0	<ul style="list-style-type: none"> Assumes 33% non-ambulance A&E conversion rate at Darent Valley Hospital to Urgent Care Network on site. Operates a dual “Urgent Care Network” tariff that is site specific <ul style="list-style-type: none"> £73 for Gravesham Community Hospital site £100 for Darent Valley Hospital site 100% conversion of current A&E primary care streaming at Darent Valley Hospital to Urgent Care Network on site. Assumes all current activity flows to WiC are now addressed by Gravesham Community Hospital Urgent Care Network Site

Urgent Treatment Centre and A&E at Darent Valley Hospital	89.8	<ul style="list-style-type: none"> • Includes a £6m reserve for additional primary/local care services (if required) • £100 UTC tariff • 33% non-ambulance A&E conversion rate to UTC • 100% conversion of current A&E primary care streaming to UTC
Urgent Treatment Centre at Gravesham Community Hospital and A&E at Darent Valley Hospital	95.9	<ul style="list-style-type: none"> • Includes a £0.2m reserve for additional resources required to address wound care • £100 UTC tariff • 0% conversion of current A&E Darent Valley Hospital activity

Business case pre-consultation and post-consultation modelling scenarios

The pre-consultation business case modelling focused on a single site model for each of the two consultation site options over a 5 year period (i) Gravesham Community Hospital and (ii) Darent Valley Hospital.

The full modelling can be accessed in the pre-consultation business case²⁰; however the summary financial and activity modelling for each of the consultation options are detailed in attached appendices:

Current Services (Minor Injuries Unit, Walk-in Centre, A&E)	£84m projected 5 year cost (Appendix D)
An Urgent Care Networked Model of Care over two sites (Gravesham Community Hospital and Darent Valley Hospital)	£85m projected 5 year cost (Appendix E)
An Urgent Treatment Centre at Gravesham Community Hospital	£96m projected 5 year cost (Appendix F)
An Urgent Treatment Centre at Darent Valley Hospital co-located with ED	£90m projected 5 year cost (Appendix G)

²⁰ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

Sensitivities of financial modelling based on activity and an associated tariff

The business case modelling has been based on projected activity assumptions and current patient activities. The CCG currently uses the NHS payment by results mechanism where activity has an agreed contractual price that is either a national price or a locally agreed price.

The use of activity modelling with an associated price generates an aggregated overall financial price that represents the commissioned cost of the service. Where the service is of a reasonable scale and magnitude; the commissioned cost of the service should be reflective of the total actual costs of service provision. The actual costs of a service should include the ability for a provider to generate a financial margin that allows mitigation and management of any unknown operational issues that they may arise such as major incidents.

There are inherent risks that the financial modelling derived for the scenarios may not be representative of the actual costs that may be incurred by the provider of the service. This can be assessed to a degree through the procurement approach by requesting the costing details of the service to test whether the business modelling is an appropriate representation of service cost. The assessment of service cost for direct input into a service, such as dedicated staffing and equipment is relatively easy to receive assurance about; however non-direct overheads that are attributed to a service such as management overheads, estate costs, IT costs and corporate overheads are inherently more difficult.

A thorough procurement process will allow the CCG to test the validity of its modelling assumptions. The ideal condition for procurement is when there is healthy competition from many providers interested in providing the service specification. Where there is minimal or no competition to provide the service, then it is often the case that the financial envelope for procurement set by the CCG, based on its modelling assumptions, will be the eventual cost of the service.

The CCG will need to carefully consider the procurement route and market providers once an approved option is decided upon.

Implementation plan

Outline programme implementation plan

Any decision to proceed with the mitigated model is dependent on the Governing Body's consideration of the DMBC and their final decision.

Following decision-making, it is expected that some transition time would be required to set up governance arrangements and finalise plans to progress implementation, but this time will be kept as short as possible to support early implementation.

A phased approach would be required to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way. This may be particularly important given the changing healthcare landscape. For example, once 12 months of data is available from the new NHS 111 and Clinical Advice Service (in place from April 2020), it will become clear how significantly greater levels of clinician input in to the Clinical Advice Service will impact on patient flows to face-to-face urgent care services.

Key implementation activities and programme plan

The ambition is to implement the new Urgent Treatment Centres as quickly as possible whilst ensuring that quality and patient safety are not compromised, and that services are in place by the end of June 2020 in line with current contract expiry dates.

There must be no gap in service provision as the transition from Walk-in Centre and Minor Injuries Unit, to Urgent Treatment Centre takes place. This will involve close collaboration between commissioners and current urgent care providers including Springhead Health (formerly Fleet Health), Kent Community Health NHS Foundation Trust, Dartford and Gravesham NHS Trust and IC24, as well as estate teams at Gravesham Community Hospital, Darent Valley Hospital and Fleet Health Campus.

Key issues for consideration will be as follows:

Phased Approach	Actions
Phase 1 February 2020 – June 2020 Establishment of Networked Model of Urgent Care	1. Amend service specification drafted for a single site (including GP out-of-hours base site and home visiting services), to accommodate a networked model of care across two Urgent Treatment Centre sites, with the engagement of all relevant stakeholders. Amendments should include, but not necessarily be limited to: <ul style="list-style-type: none"> • Clinical leadership, staffing, and governance arrangements • Streaming processes • Hours of operation to maximise system benefits • Use of technology to support integration between services • Performance monitoring and reporting • Confirm urgent care tariff for each Urgent Treatment Centre site • Explore the impact of a two Urgent Treatment Centre site with providers of other healthcare services e.g. NHS 111 / 999, ambulance service, mental health services, community services,

	<p>as well as any impact on partners in social care and voluntary services that will be required to have formal links with the Urgent Treatment Centres.</p> <ul style="list-style-type: none"> • Communications and Engagement plan to support the re-location of the Whitehorse Walk in Centre and establishment of UTC network <p>2. Finalise estate arrangements to accommodate services on each site by July 2020.</p> <p>3. Identify most appropriate procurement route to support Urgent Treatment Centres at two sites from July 2020 in the short and long term</p> <ul style="list-style-type: none"> • Ensure operational teams identified to provide Urgent Treatment Services in the short-term are able to manage services across two sites. <p>4. Relocate walk-in services from Fleet Health Campus to Urgent Treatment Centre at Gravesham Community Hospital</p> <ul style="list-style-type: none"> • Change classification from walk-in centre and minor injuries unit to Urgent Treatment Centre(s). <p>5. Establish an Urgent Treatment Centre at Gravesham Community Hospital offering walk-in services for minor illness and minor injury (8am – 8pm) and an Urgent Treatment Centre co-located with the A&E at Darent Valley Hospital.</p> <p>6. Intensive comms and engagement activity to support the run up to changes in July 2020 - ensuring that the public and all key stakeholders fully understand the changes and what services are available within DGS, and what they should do to access the right services for the care they need. Key issues to address include:</p> <ul style="list-style-type: none"> • Relocation of walk-in services from Fleet Health Campus • Change of name for urgent care service at Gravesham Community Hospital • What can patients expect from services at each site • Engagement with existing staff regarding changes and journey towards transition • Specific comms and engagement with patients on the CCG border with Bexley regarding local urgent care services.
<p>Phase 2</p> <p>July 2020 onwards</p> <p>Refinement of the Networked Model of Care</p>	<p>1. Long-term provider arrangements for Urgent Treatment Centres across two sites to be in place</p> <p>2. Using data collected over the first 12 months of operation, explore the following:</p> <ul style="list-style-type: none"> • Refinements to the urgent care networked model of care service specification to maximise the benefits of the Urgent Treatment Centre model (relieving maximum pressure from A&E and ensuing patients can be appropriately cared for via other networked services) • Consider if patients attending urgent care services with primary /

	<p>local care needs can be more appropriately cared for within primary / local care</p> <ul style="list-style-type: none"> • In what ways Primary Care Network delivered services can best address the needs of local populations and help support the urgent care networked model. <p>3. Ongoing communications and engagement activity to increase public awareness and understanding of what services are available in DGS and how to use them appropriately.</p> <p>4. Finalise how urgent care fits within the Integrated Care Partnership arrangements.</p>
Other	<p>1. Work in partnership with Kent County Council and Darent Valley Hospital to explore ways in which access to the site can be improved (including congestion, public transport and availability of parking) to address concerns identified through the urgent care public consultation. For residents in rural areas, access to the Gravesham Community Hospital was also raised as a concern and warrants review.</p>
	<p>2. The CCG to review comms and engagement resources (including provision of pictorial communications for non-English speakers and provision for deaf population).</p>

Governance arrangements for implementation

Clear, consistent and effective governance arrangements will be key to manage risks and dependencies to support implementation. The governance arrangements will build on the structures and processes that have been in place to support the urgent care review to date up to the end of March 2020, and after that point will transfer from DGS CCG to Kent and Medway CCG.

The DGS CCG current Clinical Chair will continue to maintain oversight in their new role as Governing Body member of the new Kent and Medway CCG from April 2020 onwards.

Implementation risks

The implementation of a networked model of care brings risks associated with the implementation of the Urgent Treatment Centre model, and risks of operating an effective networked model across sites. These risks will need to be carefully managed throughout implementation and beyond.

The expectation is for the implementation delivery group to identify and manage all associated risks and report progress through the internal governance process.

Communication and engagement plan

As a result of the wide-reaching public consultation, awareness of the urgent care review is fairly high amongst the general public, and key stakeholder groups including the Kent HOSC, Healthwatch,

councillors, and MPs. This means there is an 'open door' with engaged audiences which will help to achieve the communications and engagement aims going forward.

The primary aim is:

- To inform and engage key audience groups including the public, provider organisations and staff, in order to ensure shared understanding about what services are available at each site and how these urgent care services can be accessed by patients, .

In order to achieve this aim the urgent care review will:

- Provide appropriate information in a timely manner, via a range of channels, to meet the needs of different audiences
- Work with local partners and providers to maximise the impact of the communications and engagement activity
- Make sure public information is consistent and clear; written and spoken in 'plain English' avoiding jargon and technical information and includes visual communications to take account of groups with low literacy rates materials will be available in other languages on request for those who do not speak English and in other formats on request to take account of those with special needs
- Regularly review and evaluate the communications and engagement approach to ensure the needs of all audiences are met.

Benefits of the proposed changes

Feedback from consultation

The consultation received an unprecedented numbers of responses; 16,474 survey responses resulting in approximately 25,000 free-text responses (the majority of which contained multiple points of feedback).

Analysis identified that there were four consistent key themes across both questionnaire and engagement events, regardless of the site preferred by the responder, and all themes identified related to access. As a result of this greater understanding of the key issues affecting the local population, the Urgent Treatment Centre configuration has been adjusted to mitigate, as far as possible, the concerns raised:

The public told the CCG...	Proposed mitigations to the Urgent Treatment Centre model...
<p><u>Proximity of the site</u> People are concerned about how far they might have to travel to access urgent care services.</p>	<p>There will be two Urgent Treatment Centres within the DGS CCG area, one at Gravesham Community Hospital (that can be easily accessed by those patients who currently use the Walk-in Centre at Fleet Health Campus, and those that access the Minor Injuries Unit at Gravesham Community Hospital), and one at Darent Valley Hospital for those patients who currently access the A&E at Darent Valley Hospital, including Bexley residents, with conditions that are not serious or life threatening.</p>
<p><u>Traffic</u> People are concerned about how traffic and congestion around particular areas might affect how long it might take them to access urgent care.</p>	<p>As above.</p> <p>No additional footfall will be directed towards Darent Valley Hospital.</p> <p>As discussed with the Kent HOSC, the CCG will work together with Kent County Council and Dartford and Gravesham NHS Trust to address access issues at the Darent Valley Hospital site.</p>
<p><u>Public transport</u> People are concerned about the availability of public transport to allow ease of access to urgent care when it is needed.</p> <p>People are concerned about the cost of using public transport.</p>	<p>As above.</p>
<p><u>Parking</u> People are concerned about the availability of parking spaces, including disabled parking spaces, at the site of the Urgent Treatment</p>	<p>As above</p> <p>No additional footfall will be directed towards Darent Valley Hospital.</p>

<p>Centre.</p> <p>People are concerned about the cost of parking.</p>	<p>The CCG will continue to work with Dartford and Gravesham NHS Trust to address parking access issues at the Darent Valley Hospital site.</p>
<p><u>Other important concerns raised:</u></p>	
<p><u>Growth</u></p> <p>People are worried about the current and future anticipated growth in the area, and that healthcare services will be put under additional pressure.</p>	<p>As above.</p> <p>Growth has been included in the modelling undertaken to support the DMBC mitigated model.</p> <p>Growth is monitored by the CCG and the CCG engages with other relevant agencies to ensure requirements on health services are fully understood, and funding to support growth in the area is accessed whenever possible.</p>
<p><u>Pressures at Darent Valley Hospital</u></p> <p>People are worried about the pressures on Darent Valley Hospital</p>	<p>The creation of a UTC at Gravesham Community Hospital will avert the increased pressures on Darent Valley Hospital that may result from additional footfall from Gravesend.</p> <p>An Urgent Treatment Centre co-located on the Darent Valley Hospital site to help relieve pressures in A&E by streaming patients attending A&E with non-serious or life threatening issues to primary care practitioners.</p>
<p><u>CCG Communication and Engagement</u></p> <p>People asked to have more information from the CCG about healthcare services and how to use them appropriately</p> <p>People from the deaf community asked that urgent care services have better provision to communicate with them than they currently have (provision of British Sign Language translation)</p> <p>People who do not speak English, and those with low literacy levels asked the CCG to provide communications in visual forms to help them better understand what is being communicated</p>	<p>The CCG's Communications and Engagement team will devise a communications strategy to promote understanding about the urgent care services available at each UTC site and how are these urgent care services as well as other local NHS services including Primary Care.</p> <p>The CCG is committed to providing information in line with its obligations under the Accessible Communications Standards and will publicise the CCG offer to produce information in alternative formats on request on all its materials more widely.</p>

The mitigated model will deliver the following benefits:

- An Urgent Treatment Centre in a town centre location, with good transport links, offering treatment for minor illness and minor injury
- An Urgent Care Treatment Centre co-located with an A&E department offering residents in Dartford and Swanley increased access to urgent care services whilst also taking the pressure off the emergency department to enable staff to attend to people with serious illnesses and injuries. An Urgent Treatment Centre located at the Darent Valley Hospital site also addresses the feedback received from Bexley residents.
- Close integration with GP out-of-hours services will support a more seamless transition from in-hours and out-of-hours services across two Urgent Treatment Centre sites
- Allows streaming (triage to the appropriate service) across two Urgent Treatment Centre sites within the networked model of care
- Networked services offering high quality, more consistent urgent care services, and compliant with the 27 national standards for urgent treatment centres
- Ensures, as far as is possible, that current access to urgent care services is protected for residents in all areas of the CCG boundary
- A two Urgent Treatment Centre site model allows the CCG to address the particular needs of our local populations as identified through the public consultation feedback - customising national strategy to address local health inequalities and areas of deprivation within the CCG boundary.
- Avoids directing any increased footfall to the Darent Valley Hospital site, but ensures that if people attend with non-serious or life threatening issues, they can be seen by primary care practitioners
- Addresses concerns of neighbours in London Borough of Bexley, who have expressed concerns that patients may access services within Bexley under a single site model, as DGS patients will have the option to attend two Urgent Treatment Centres within the CCG boundary and may also increase choice options for Bexley residents
- Offering one stand-alone Urgent Treatment Centre networked with an Urgent Treatment Centre co-located with an A&E addresses more directly the urgent care needs of local populations.
- Greater integration of services as part of a networked model of care, supporting streaming between services if appropriate
- Introduce direct booking from NHS111 in to Urgent Treatment Centre(s).

Conclusion and recommendations

Conclusions

Following the review of the pre-consultation options appraisal process and consideration of the public consultation activities and key themes, the conclusion has been reached that a single site solution across Dartford, Gravesham and Swanley was unlikely to mitigate the well placed concerns raised by the public during the consultation, nor would it address the needs of the local urgent care system.

To mitigate the issues raised by local people and stakeholders during the consultation it is recommended that the Urgent Treatment Centre model be provided over two sites rather than at a single site, and for services to be networked to ensure they operate in an integrated way and comply with the 27 national standards, as part of the urgent care system for Dartford, Gravesham and Swanley CCG's local population.

The networked model will consist of the following networked services:

- Urgent Treatment Centre at Gravesham Community Hospital and Urgent Treatment Centre at Darent Valley Hospital (co-located with A&E)

Careful consideration has been given to identify what urgent, local and primary care services should be provided at each site, and the ways in which services could be networked to ensure the best provision of urgent care possible for the local population within existing resources. These proposals will be worked through in the refinement of the Urgent Treatment Centre service specification.

The healthcare system is currently under significant change with the transformation of the eight clinical commissioning groups into a single Kent & Medway Clinical Commissioning Group from April 2020, the implementation of an Integrated Care Partnership in 2021, and the development of Primary Care Networks to improve the health of local populations.

The service specification for an Urgent Treatment Centre, as part of a two site networked model of care, could be adjusted to accommodate any future changes to the healthcare system to ensure services are fully integrated.

A phased approach would be required to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way









The ambition, subject to the Governing Body's approval, is to implement the new Urgent Treatment Centres as quickly as possible whilst ensuring that quality and patient safety are not compromised. We plan to have services in place by the end of June 2020 in line with the current contract expiry dates.

If the mitigated model is supported by the Governing Body, the detailed networked model and revised service specifications will be worked on over the coming months and will be refined in collaboration with current providers of urgent care services, GP membership, including NHS 111, primary and local commissioners and providers.

Recommendations

- To approve the implementation of the mitigated model of networked urgent care services with two linked Urgent Treatment Centres at both Gravesham Community Hospital and Darent Valley Hospital (co-located with A&E) by the end of June 2020, as set out in the Decision Making Business Case
- To agree that further work on the detailed networked model, service specification(s) and procurement process, as identified in the key implementation and programme plan in the DMBC, be undertaken over the coming months and refined in collaboration with the current providers of urgent care services and other key partners.
- To agree that the proposed networked model of urgent care is supported by a budget commitment that has a further 2% contingency assigned to it, and is profiled in line with the phased implementation approach.

Appendices

<p>Appendix A: Independent evaluation of consultation (November 2019)</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Urgent Care Consultation - Indepeanalysis vCOMPLETE. </div> <div style="text-align: center;">  Supplementary </div> </div>
<p>Appendix B: Refreshed Equality Impact Assessment (November 2019)</p>	<div style="text-align: center;">  APPENDIX B - Urgent and Emergency Care </div>
<p>Appendix C: Independent evaluation of Bexley response</p>	<div style="text-align: center;">  APPENDIX C- Independent Evaluati </div>
<p>Appendix D: Current Services (Minor Injuries Unit, Walk-in Centre, A&E)</p>	<div style="text-align: center;">  APPENDIX D - Summary of financial </div>
<p>Appendix E: Urgent Care Networked Model of Care over two sites (Gravesham Community Hospital and Darent Valley Hospital)</p>	<div style="text-align: center;">  APPENDIX E - Summary of financial </div>
<p>Appendix F: Urgent Treatment Centre at Gravesham Community Hospital</p>	<div style="text-align: center;">  APPENDIX F - Summary of financial </div>
<p>Appendix G: Urgent Treatment Centre at Darent Valley Hospital co-located with ED</p>	<div style="text-align: center;">  APPENDIX G - Summary of financial </div>