

# verve

## Evaluation of Bexley response

Dartford, Gravesham and Swanley  
Clinical Commissioning Group

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## CONTENTS

CONTENTS	1
EXECUTIVE SUMMARY	2
1. ABOUT THIS REPORT	4
1.1 CONTEXT AND BACKGROUND	4
1.2 WHAT DOES THIS MEAN FOR BEXLEY?	5
1.3 PURPOSE OF THIS ENGAGEMENT	5
2. METHODOLOGY	6
2.1 DATA SOURCES	6
2.2 SURVEY	6
2.3 HEALTHWATCH BEXLEY ANALYSIS	6
2.4 FRONT-LINE STAFF AND DOCTORS	7
2.5 LISTENING EVENT	7
3. ANALYSIS AND FINDINGS	8
3.1 QUANTITATIVE RESPONSE	8
3.2 ANALYSIS OF RESPONSE AND COMMENTS	15
APPENDIX 1- QUESTIONNAIRE	19
APPENDIX 2- CODE FRAME	23
APPENDIX 3 – HEALTHWATCH BEXLEY REPORT	25
APPENDIX 4 – LISTENING EVENT NOTES	28



## EXECUTIVE SUMMARY

Following a review of urgent care services, Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG) led a consultation on proposals to site an Urgent Treatment Centre (UTC) at either Gravesham Community Hospital or Darent Valley Hospital (DVH).

In its initial consultation, the CCG received many responses from residents across a wide area, including Bexley and other neighbouring boroughs, although inevitably most views came from residents within Dartford, Gravesham and Swanley.

An intensive engagement followed in Bexley to complement the CCG-led public consultation - seeking to understand the likely use of services by patients across the boundaries between CCGs, the potential impact of the new UTC, and what might be done to mitigate any resulting pressures.

This document contains an evaluation of the response to this engagement. It was independently produced by Verve Communications.

### **Bexley patients travelling to Dartford, Gravesham and Swanley**

Accessibility and travel times seem to be the main drivers for patients' decisions when they need urgent care. For some people, there is evidence to suggest that they are prepared to travel some distance in order to reduce their waiting time or obtain free parking.

For siting the new Urgent Treatment Centre (UTC), Darent Valley Hospital (DVH) is the main site in Dartford, Gravesham and Swanley which would be relevant for Bexley residents. For these residents, DVH is relatively easily accessible by car and public transport, and some patients believe that co-location with the DVH A&E means it will provide a higher quality service or that they can get treated "all in one place".

For these reasons, some residents in some parts of Bexley would – and probably already do - travel to DVH for urgent care. In particular, the absence of an A&E service within Bexley, means that DVH would be the closest option for some patients in the borough for whom colocation is important.

Bexley residents have a range of choices of walk-in urgent care services, with Erith Hospital and Queen Mary's Hospital within the borough and alternatives at Queen Elizabeth Hospital (Greenwich CCG) and the Princess Royal University Hospital (Bromley CCG) also mentioned.

Overall, therefore, Bexley residents see an Urgent Treatment Centre at DVH as a potential alternative when other options are too busy rather than as a first choice.

That said, a significant proportion of Bexley patients felt there would no impact, or very limited impact for them as they would be unlikely to use **any** of the alternatives in Dartford, Gravesham or Swanley. In all 20 people made this comment, out of 68 who provided a response on likely impacts – so around a third of the total.

There was relatively low awareness of Gravesham Community Hospital among Bexley residents – Many did not know where it is or regard it as “local”. Therefore for Bexley patients most would use alternatives in other directions.

## **Dartford, Gravesham and Swanley residents travelling to Bexley**

The initial survey undertaken by the CCG during the public consultation showed relatively little tendency for Dartford, Gravesham and Swanley patients to look towards Bexley for urgent care, although we would note the great majority of responses seem to have come from residents close to Gravesham Community Hospital.

Nevertheless, staff and doctors at both Erith Hospital and Queen Mary’s Hospital commented that they saw a significant number of patients from Dartford and Gravesham. This was attributed to pressures, difficulty in securing GP appointments, long waits at DVH and frequent referrals from NHS 111 and GPs. Recent GP closures in Dartford were also cited

## **Overall impact**

The key issue, both for Bexley residents travelling to Dartford, Gravesham and Swanley and to prevent flow of patients into Bexley is the availability of alternative walk-in services, whether at DVH or other convenient, accessible location(s).

## **What makes a good service?**

Regardless of location, several characteristics were identified which make a good service. These include: communication with the patient's own GP, including referral back to primary care where that is more appropriate and conversely well-managed escalation if inpatient care is needed; integration and data sharing to enable a seamless service with the patient only needing to provide details once; and good links into other services – those mentioned included mental health, diabetic services, paediatrics, and on-site pharmacy.

## **Other comments for consideration**

Car parking was also a concern for Bexley residents as it was for residents in Dartford Gravesham and Swanley who took part in the original consultation. In particular, limited availability and cost of parking at DVH and availability of free parking at Erith urgent care centre.

Several Bexley patients commented that they were not familiar with services in Dartford and Gravesham and were unaware of Gravesham Community Hospital. A significant number had visited Darent Valley Hospital and would be unlikely to visit an Urgent Treatment Centre at Gravesham Community Hospital.

## 1. ABOUT THIS REPORT

### 1.1 CONTEXT AND BACKGROUND

Following a review of urgent care services, Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG) led a consultation between August and November 2019 on proposals to site an Urgent Treatment Centre (UTC) at either Gravesham Community Hospital or Darent Valley Hospital (DVH).

The CCG undertook a large-scale engagement exercise to reach residents within the catchment for its urgent care services. The consultation received a very high level of response following distribution of materials, running a series of events and roadshow activities in the community, and an online survey which received more than 16,000 responses. In addition, key stakeholders were consulted and Engage Kent commissioned to reach people with physical disabilities and residents of rural areas

Verve Communications analysed the consultation responses and undertook an independent evaluation. This considered the statutory requirements for public consultation, including NHS guidance and best practice, and was considered by the Kent Health Overview and Scrutiny Committee in December 2019.

The report and a supplementary analysis (which explores differences of views between those favouring each of the alternative site options) can be found here:

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/12/Urgent-Care-Consultation-Independent-Analysis-Verve-Communications-vCOMPLETEv02.pdf>

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/12/Supplementary-analysis-vCOMPLETE.pdf>

Key findings from the consultation included:

- A strong majority of respondents were in favour of locating the service at Gravesham Community Hospital, which was particularly pronounced among those living nearer to the site
- Across all elements of the consultation, the distance to services, travel times/accessibility by public transport, and availability and cost of car parking were the main issues shaping preferences
- Other considerations included co-location with A&E / acute hospital (which was seen both as a potential positive and negative for the UTC) and siting the service close to major population centres.

## 1.2 WHAT DOES THIS MEAN FOR BEXLEY?

Accessibility and travel times seem to be the main drivers for patients' decisions when they need urgent care. For some people, there is evidence to suggest that they are prepared to travel significant distances as a trade-off in order to reduce their waiting time or obtain free parking.

It therefore seems possible that changes to urgent care services in one CCG footprint may potentially affect services in neighbouring areas. In this case, that might mean Bexley residents travelling to services in Dartford, Gravesham and Swanley and – conversely – residents from Dartford, Gravesend and surrounding boroughs using Bexley services as an alternative.

## 1.3 PURPOSE OF THIS ENGAGEMENT

In its initial consultation, the CCG received many responses from residents across a wide area, including Bexley and other neighbouring boroughs, although inevitably most views came from residents within Dartford, Gravesham and Swanley.

However, the service options for Bexley residents are varied and the patterns of choices patients make could be complex. Bexley residents have a range of choices of walk-in urgent care services, with Erith Hospital and Queen Mary's Hospital within the borough and alternatives at Queen Elizabeth Hospital (Greenwich CCG), the Princess Royal University Hospital (Bromley CCG) and Lewisham Hospital (Lewisham CCG).

The purpose of this intensive engagement in Bexley was therefore to complement the CCG-led public consultation and to develop a more detailed understanding of:

- Bexley residents' use of services in the CCG footprint, and the likely scale of impact of the outcomes of decisions coming from the review
- Specifically, the likely use of UTC and preference between DVH and Gravesham
- Potential impact of plans for siting the UTC on services in Bexley, and what might be done to mitigate pressures.

## 2. METHODOLOGY

### 2.1 DATA SOURCES

The exercise was carried out between 17 December and 09 January 2020 and comprised data collection through four discrete activities:

- Questionnaire survey (quantitative) of which 56% were returned from Bexley residents
- Healthwatch report (produced for the original CCG consultation in November 2019)
- Front-line staff and doctors' comments, from Erith Hospital and Queen Mary's Hospital
- Listening event for residents in Bexley.

In this report we have compiled insights and conclusions from all of these into a single summary, which sets out:

- The scale and scope of engagement
- Quantitative charts and tables
- Key themes emerging from qualitative comments and discussions
- Appropriate conclusions.

### 2.2 SURVEY

The survey was conducted by the CCG Communications and Engagement team face-to-face over three sessions:

- Erith Urgent Care Centre - (Tuesday 17 December (am) and Monday 06 January (pm))
- Queen Mary's Hospital - Wednesday 18 December (am).

In total, 97 people were interviewed, using a pro forma questionnaire (see Appendix 1), which includes a mix of 'closed' questions and 'open' free text questions where respondents were able to explain their preferences. The survey also collected demographic data.

The headline findings are shown in table and charts (see section 3.1.) and qualitative comments were analysed for themes and allocated according to a code frame (see Appendix 2.) which shows the weight and number of comments received. Please note that all comments made were included and some questions invited multiple comments – the total number of comments may therefore be higher than the number of respondents.

### 2.3 HEALTHWATCH BEXLEY ANALYSIS

Healthwatch Bexley supported the original UTC consultation undertaken in 2019. Between August and November, Healthwatch distributed the CCG consultation documents and questionnaires, and collected 38 completed questionnaires.

As part of the original consultation Healthwatch Bexley also held informal discussions at existing community groups in Crayford and Sidcup, at which 25 people expressed their views. The groups were for older adults with Alzheimer's and their carers.

Healthwatch shared their report with DGS CCG in November. This report set out the key issues for Bexley residents, which is attached in full for reference at Appendix 3. The headlines from this are incorporated into this report.

## 2.4 FRONT-LINE STAFF AND DOCTORS

Front-line staff and doctors delivering urgent care services in Bexley were engaged to understand their perspective(s) on potential implications of the CCG's proposals, and to explore their ideas for ways to mitigate pressures on services in both boroughs.

Participants were based both at Erith Hospital and Queen Mary's Hospital, Sidcup.

Areas of informal discussion included:

- The profile of patients from Dartford, Gravesham and Swanley who use Erith Hospital or Queen Mary's Sidcup (QMS) urgent care
- Reasons residents in Dartford, Gravesham and Swanley might choose to use these services in Bexley
- Potential impact of plans to site a new UTC at DVH or Gravesham Hospital on Bexley services
- What actions might mitigate pressures on services in both boroughs.

## 2.5 LISTENING EVENT

A targeted listening event was held on 09 January with a group of Bexley patients. This was conducted by DGS CCG in partnership with Bexley CCG and Healthwatch Bexley, who were instrumental in recruiting participants to the event.

In all, around 17 people took part, and the discussions focused on:

- The potential impact of locating a UTC at DVH
- The potential impact of locating a UTC at Gravesham Hospital
- General comments about why patients might select one urgent care service over another.

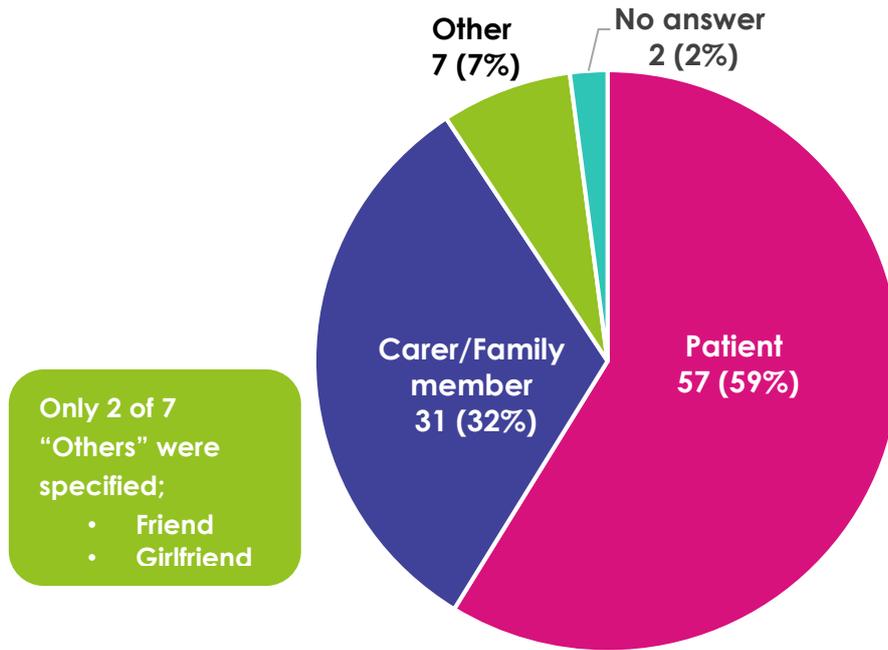
The full notes taken from these discussions are included for reference at Appendix 4.

### 3. ANALYSIS AND FINDINGS

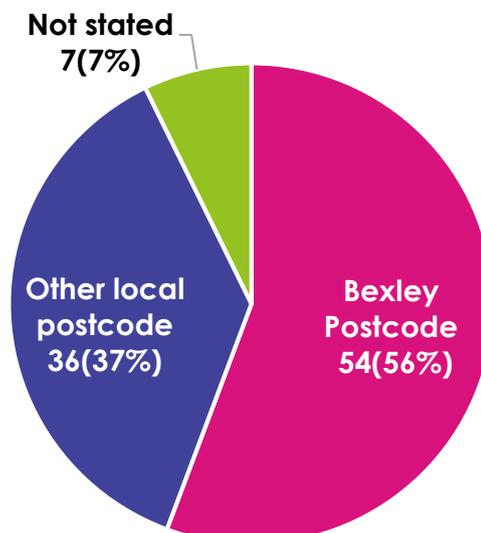
#### 3.1 QUANTITATIVE RESPONSE

##### 3.1.1 ABOUT YOU

Q1 - ARE YOU HERE AS A...

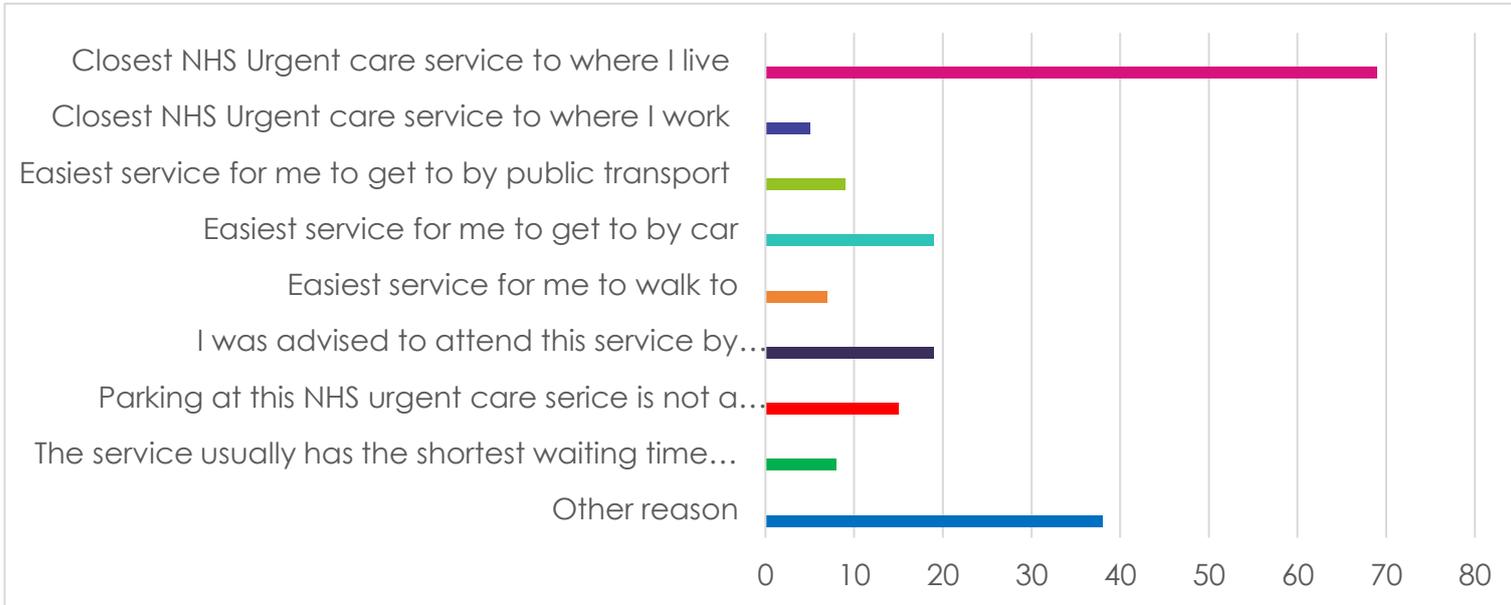


Q2 - WHAT IS YOUR POSTCODE?



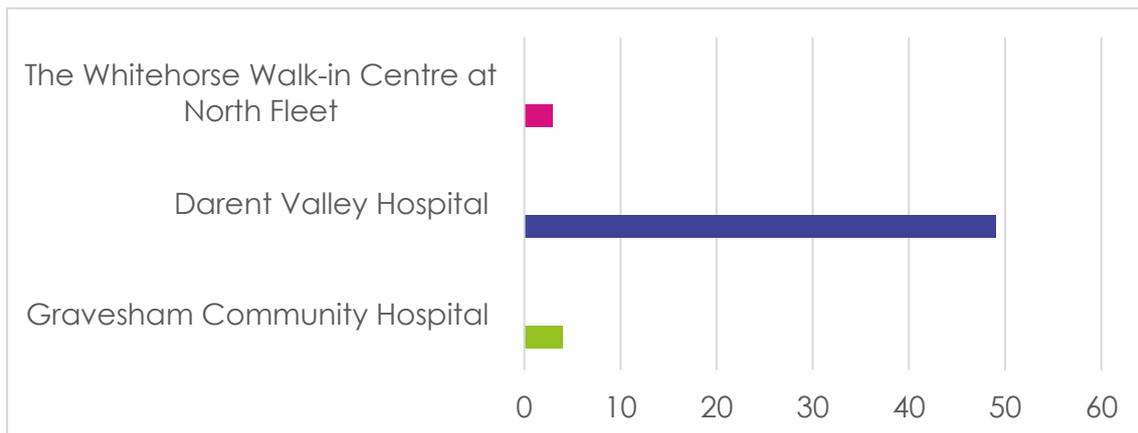
### 3.1.2 ABOUT YOUR VISIT TODAY

**Q3 – WHY DID YOU CHOOSE TO COME TO THIS PARTICULAR NHS LOCATION FOR URGENT CARE TODAY? (PLEASE TICK AS MANY AS APPLY)**

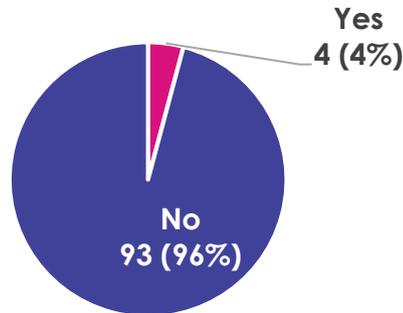


### 3.1.3 ABOUT THE DGS PROPOSED LOCATIONS FOR AN URGENT TREATMENT SERVICE

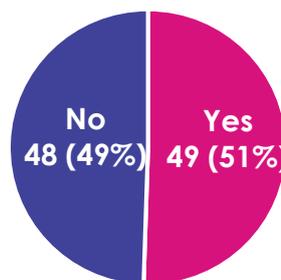
**Q4 – WHICH OF THESE NHS SERVICES HAVE YOU ATTENDED BEFORE? (TICK ALL THAT APPLY)**



**Q5 - IF THERE WAS AN URGENT TREATMENT CENTRE AT GRAVESHAM COMMUNITY HOSPITAL WOULD YOU CHOOSE TO USE IT?**

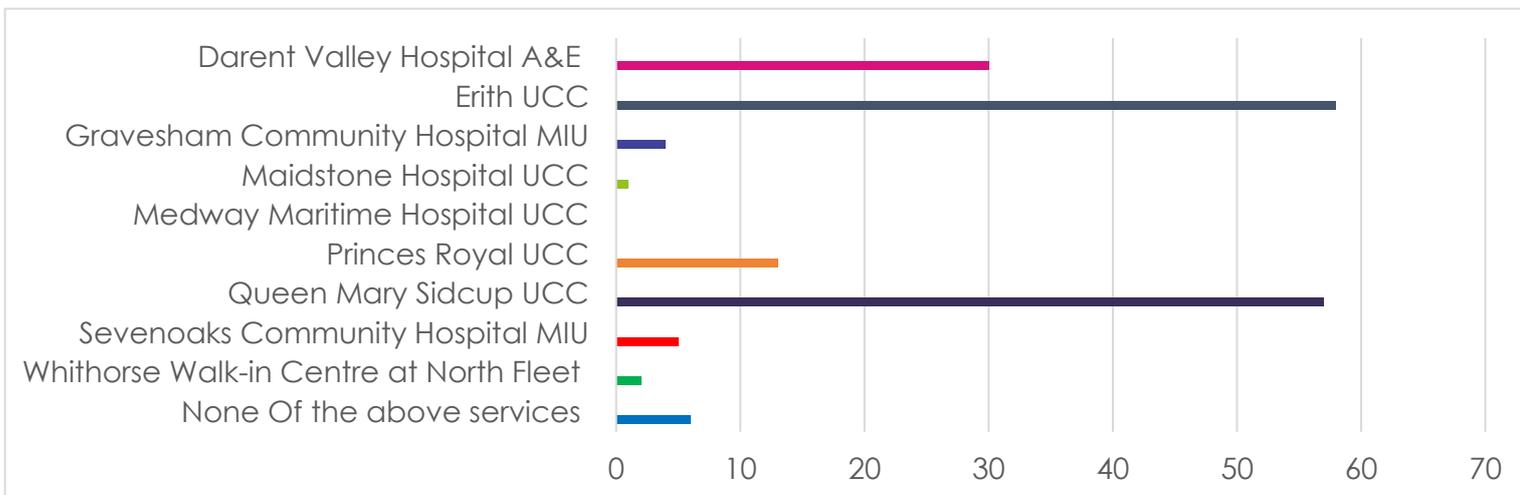


**Q6- IF THERE WAS AN URGENT TREATMENT CENTRE AT DARENT VALLEY HOSPITAL WOULD YOU CHOOSE TO USE IT?**



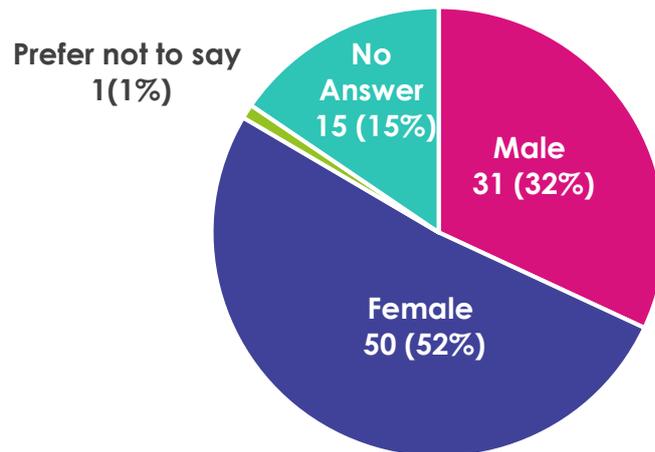
**3.1.4 ABOUT OTHER NHS URGENT CARE / EMERGENCY SERVICES**

**Q8- WHICH OF THE FOLLOWING NHS SERVICES DO YOU ALSO USE WHEN YOU NEED URGENT TREATMENT ON THE SAME DAY AND WHY?**

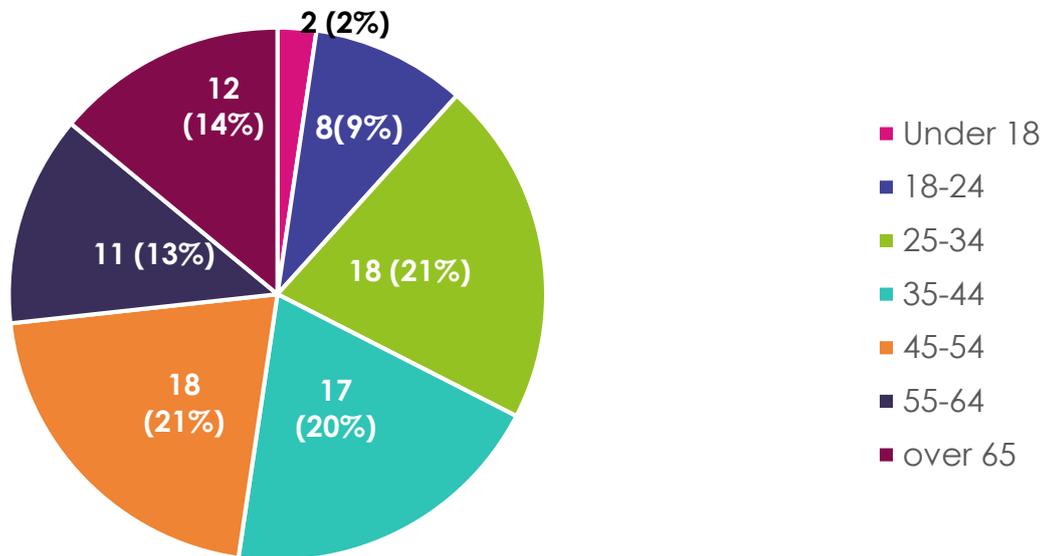


3.1.5 EQUALITIES

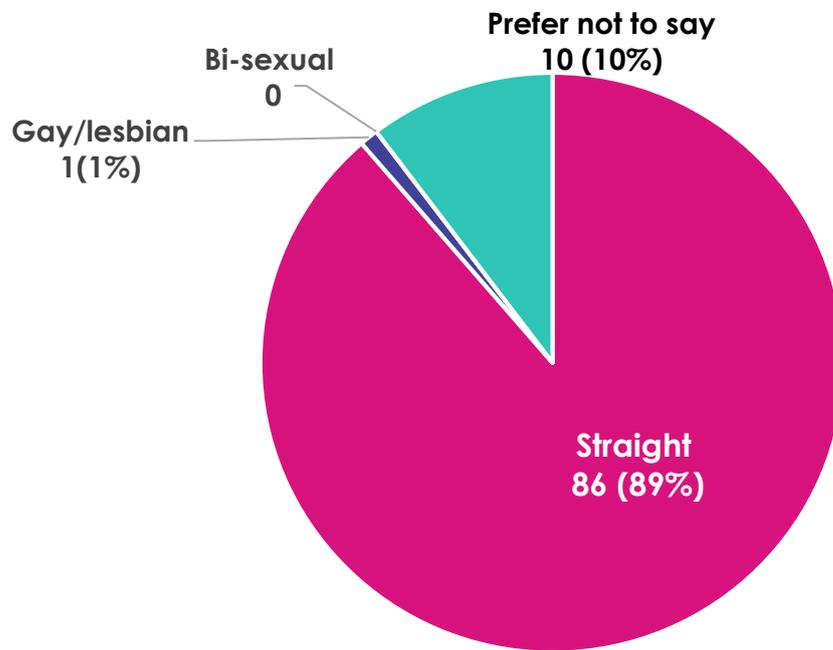
1- WHICH GENDER DO YOU IDENTIFY AS?



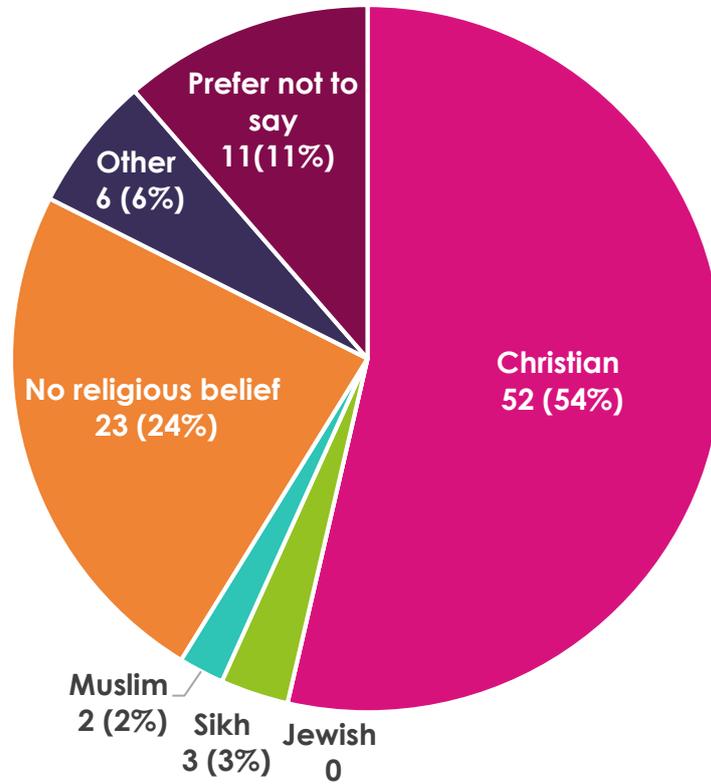
2- WHICH AGE GROUP DO YOU BELONG TO?



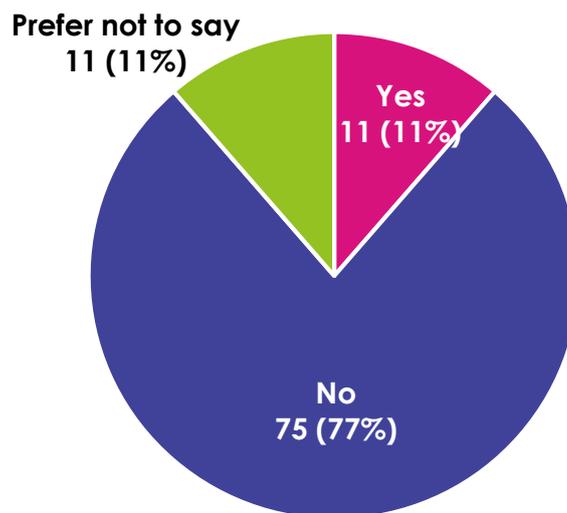
3- WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SEXUAL ORIENTATION?



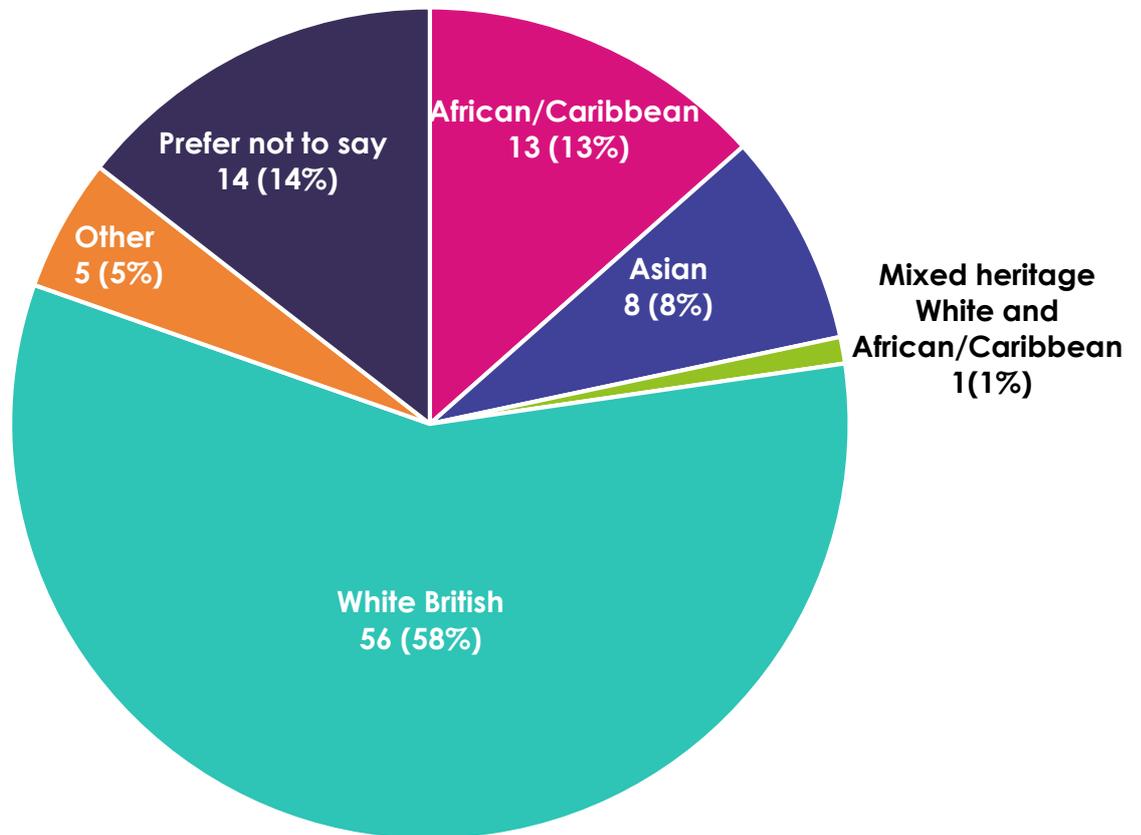
4- WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RELIGION OR BELIEF



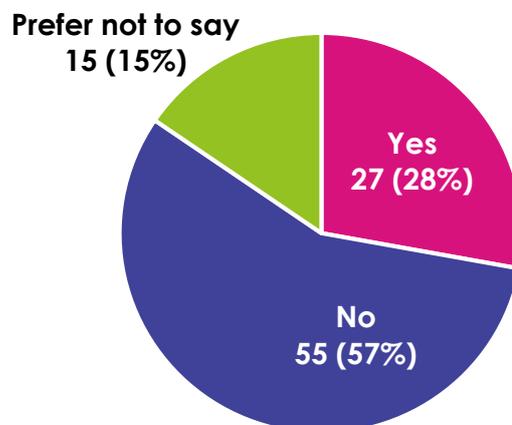
5- DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?



**6- WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNIC GROUP**



**7- ARE YOU A CARER (FOR AN UNDER 18 CHILD OR ADULT)**



## 3.2 ANALYSIS OF RESPONSE AND COMMENTS

### 3.2.1 OVERALL

It is clear from the quantitative data that the overwhelming driver for patients' urgent care choice is distance from home and perceived travel time. This is consistent across the initial CCG consultation response and this intensive engagement with Bexley residents.

In this exercise, 51% of Bexley residents said they would use DVH, with approximately even numbers commenting that it is closer to home and that it is too far away (19 and 23 respectively).

Far fewer favoured Gravesham – 4%, with a clear majority giving the reason that it is too far away.

For Bexley residents who responded to the CCG via Healthwatch Bexley, there is also a clear preference for DVH. More than 70% "strongly" favoured DVH as the location for the UTC, compared with around 13% favouring Gravesham.

This is echoed by the Healthwatch Bexley group discussions:

*"For the majority of the Bexley residents we spoke to Gravesham was considered too far away for them to visit."*

Bexley Healthwatch report

However, a significant proportion of Bexley patients felt there would no impact, or very limited impact, as they would be unlikely to use any of the alternatives in Dartford, Gravesham and Swanley. In all 20 people made this comment, out of 68 who provided a response on likely impacts, around a third.

*"I don't think it will make a difference to people in Bexley"*

Comment from patient survey

Staff at Bexley services referred to free and available parking at Erith Hospital and relatively short waiting times at both Queen Mary's Hospital and Erith

*"Patients don't fit in neat boundaries. Sometimes its quicker and easier to use an NHS just over the boundary"*

Staff member, Erith Hospital

Overall, the set of issues for Bexley residents closely echoes the findings from the initial CCG consultation focused in Dartford, Gravesham and Swanley residents – there is no evidence of significant differences of view between these populations.

It is clear that Bexley residents see DVH chiefly as an alternative when other options are too busy, rather than their first choice - which would probably be a more local walk-in service. However siting the UTC at DVH is seen as having positive potential to relieve pressure on current, stretched services.

*"Hopefully it will reduce waiting times in other places"*

Comment from patient survey

Other comments made during this intensive exercise in Bexley were less often repeated but included travel and ease of journeys.

This includes public transport (particularly the number of bus changes), traffic and drive-times, and parking (both cost and availability). DVH is seen as having good public transport links and easy to get to, but parking costs are an issue.

*"Parking is dreadful and costly. Public transport from Slade Green and Erith is abysmal"*  
Comment to Healthwatch Bexley

*"If had a blue badge (it) can be used at Woolwich but not DVH"*  
Focus group participant

### 3.2.2 CO-LOCATION WITH A&E

Co-location with A&E / acute hospital was seen by some as a positive factor in siting the UTC at DVH, because of the perception that it will be a higher quality service or that it will be possible to have treatment "all in one place", with more straightforward escalation and admission to the hospital if the patient deteriorates.

*"Will make service quicker, more efficient. Wait at A&E are too long 5 hours... less waiting time if those not in need of A&E can be diverted to UTC"*  
Comment to Healthwatch Bexley

*"We could get medical attention faster and at more convenient times"*  
Comment from patient survey

There was some agreement among professionals for this view, and the broader point about relieving pressure on the DVH A&E.

*"Every borough needs one standalone UTC to cater for patients who can be seen by GP/Nurse and another UTC co-located with A&E to be able to be escalated because of more serious concerns"*  
Doctor, Erith Hospital

*"UTC at Darent Valley Hospital: would provide hospital with more capacity to see patients"*  
Staff member, Queen Mary's Hospital

For some patients, co-location is a negative, because of long waits and accessibility issues at DVH (especially parking) and a perception that a busy A&E is not the most appropriate service for minor urgent care needs.

### 3.2.3 INFLUENCING DECISIONS

Familiarity is key to influencing decisions, and many comments collected through this engagement were based on personal experience.

*"Previous experiences, good or bad, would influence the choice that people make. South of the Borough would prefer to go to Princess Royal"*  
Focus group participant

Several Bexley patients commented that they were not familiar with the Dartford, Gravesham and Swanley services – this was mentioned in respect of both, but clearly a far greater issue for Gravesham Community Hospital as a significant number had visited DVH.

*“I don't know where this location [Gravesham] is,”*

Numerous comments from patient survey

This suggests that patients from Bexley are unlikely to use an Urgent Treatment Centre at Gravesham Community Hospital.

### 3.2.4 MORE ON DARENT VALLEY HOSPITAL

Notes from the listening event suggest that Bexley patients are quite familiar with DVH.

*“If I had to go to an AE, I would go to DVH. I know the site and I wouldn't feel lost there.”*

Focus group participant

Views were mixed, and included:

- Cafeteria and facilities are seen as good
- Several comments that the metal seating in waiting areas is uncomfortable
- The absence of a 24-hour pharmacy was noted.

DVH was seen by some as providing fast and effective communications, with test results and notes sent quickly and good integration with primary care.

*“We conducted a mystery shopper at DVH and had a 95% satisfaction ratings”*

Focus group participant

By contrast, there were some poor experiences reported and, as previously highlighted, car parking at DVH has been the subject of so many comments it must be regarded as an issue of significant concern for Bexley residents.

*“Can parking be expanded to nearby land?”*

Focus group participant

### 3.2.5 CAPACITY ACROSS THE SYSTEM

Staff and doctors at both Erith Hospital and Queen Mary's Hospital noted that they saw a significant number of patients from Dartford, Gravesham and Swanley. This was attributed to pressures and difficulty in securing GP appointments, long waits at DVH and frequent referrals from NHS 111 and GPs. The impact of recent GP closures in Dartford was also cited. Staff also commented on the increased demand on urgent care services across the system.

*“QMS severely impacted by GP closures in Dartford”*

Staff member, Queen Mary's Hospital

### 3.2.6 WHAT MAKES A GOOD SERVICE?

Regardless of location, there were several characteristics identified that make a good urgent care service:

- Good liaison and communication with the patient's own GP, including referral back to primary care where that is more appropriate and conversely well-managed escalation if inpatient care is needed
- Good integration, including with patient data to enable a seamless service and the patient only having to provide details once
- Linking up with other services – those mentioned included mental health, diabetic services and paediatrics
- Late-opening pharmacy on site.

## APPENDIX 1- QUESTIONNAIRE

### **Background**

Dartford Gravesham and Swanley Clinical Commissioning Group (DGS CCG) recently ran a public consultation about the location of an Urgent Treatment Centre (UTC) for people living in Dartford Gravesham and Swanley (DGS). As Dartford lies on the borders of Bexley, residents of Bexley sometimes use NHS health services in DGS and vice versa. DGS CCG would therefore like to gain a better understanding about how DGS proposals for the location of a UTC in DGS could possibly impact on residents and patients using Bexley Urgent Care Services.

### **Proposals for the location of an Urgent Treatment Centre in Dartford, Gravesham and Swanley**

OPTION  
**ONE**

To create an Urgent Treatment Centre at Gravesham Community Hospital by moving services from the current Fleet Health Campus in Northfleet (White Horse Walk-in) to join the Minor Injuries Unit at Gravesham Community Hospital

**OR**

OPTION  
**TWO**

To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet (White Horse Walk-in) to Darent Valley Hospital

The new Urgent Treatment Centre would treat both minor illnesses such as ear and throat infections, sickness and diarrhoea as well as minor injuries such as suspected broken bones, sprains and minor burns in one place.

### **What will we do with information we are collecting through this questionnaire?**

The information gathered from patients and residents using Bexley Urgent Care services will be analysed and used as part of the patient feedback that will inform the DGS CCG's Governing Body decision in early 2020.

### **Urgent Care Questionnaire**

#### **About you**

- Q1 Are you here as a ...  patient  carer/ family member  
 other .....
- Q2 What is your post code .....

#### **About your visit today**

- Q3 Why did you choose to come to this particular NHS location for urgent care today (please tick as many as apply)

- Closest NHS urgent care service to where I live
- Closest NHS urgent care service to where I work
- Easiest NHS urgent care service for me to get to by public transport
- Easiest NHS urgent care service for me to get to by car
- Easiest NHS urgent care service for me to walk to
- I was advised to attend this service by  NHS 111  friend / family
- Parking at this NHS urgent care service is usually not a problem
- This service usually has the shortest waiting time compared to other nearby urgent care services
- Other reason (please specify) .....

**About the DGS proposed locations for an Urgent Treatment service**

Q4 Which of these NHS services have you attended before? (Tick all that apply)

- Gravesham Community Hospital
- Darent Valley Hospital
- The Whitehorse Walk-in Centre at North Fleet

Q5 If there was an Urgent Treatment Centre at Gravesham Community Hospital would you choose to use it?  Yes  No

Please explain the reasons for your answer

Q6 If there was an Urgent Treatment Centre at Darent Valley Hospital, would you choose to use it?  Yes  No

Please explain the reasons for your answer

Q7 What impact would an Urgent Treatment Centre at Darent Valley or Gravesham have on you and your family?

Please explain

**About other NHS urgent care/ emergency services**

Which of the following NHS services do you also use when you need urgent treatment on the same day and why?

Darent Valley Hospital A&E Why

.....

Erith Urgent Care Centre Why

.....

Gravesham Community Hospital Minor injuries Unit Why

.....

Maidstone Hospital Urgent Care Centre Why

.....

Medway Maritime Hospital Urgent Care Centre Why

.....

Princes Royal Urgent Care Centre Why

.....

Queen Mary's Sidcup Urgent Care Centre Why

.....

Sevenoaks Community Hospital Minor Injuries Unit      Why

.....

Whitehorse Walk-in Centre in Northfleet      Why

.....

None of the above services      Why

.....

**Survey ends. Thank you very much for sparing the time to give us your feedback.**

**Equalities:** NHS Dartford, Gravesham and Swanley CCG would like to hear from a broad mix of people and groups. You do not have to complete the next section and your views will still be taken into account, if you choose not to. However, the information you give would help the CCG analyse who we have engaged with and consider any differences or potential service adjustments that may apply to different groups

1 Which gender do you identify as? .....  Prefer not to say

2 Which age group do you belong to?  under 18       18 – 24       25 - 34  
 35-44       45 -54       55 – 64       Over 65

3 Which of the following best describes your sexual orientation?  
 Straight       gay/ lesbian       bi-sexual       Prefer not to say

prefer to use my own term .....

4 Which of the following best describes your religion or belief?  
 Christian       Jewish       Sikh       Muslim  
 No religion or belief       Other       Prefer not to say

5 Do you consider yourself to have a disability?  Yes       No

6 Which term best describes your ethnic group?  
 White British       African / Caribbean       Asian       Chinese  
 Mixed heritage: White and African Caribbean       Mixed heritage: White and Asian  
 Other .....       Prefer not to say

7 Are you a carer?  Yes (for an under 18 child OR adult?)       No

## APPENDIX 2- CODE FRAME

Table showing range and number of comments received in free text sections of questions 5, 6 and 7.

Questions and Codes	Responses	Number
<b>5. Use Gravesham-Yes</b>	<b>501-550</b>	
501	Closer to home	6
505	Closer to where I work	0
507	If I was working nearby	3
510	As an alternative nearby service	4
515	As an alternative to GP or A&E	2
518	If there was free parking	1
520	If better for / prioritised children	2
525	If better for other people (e.g. elderly relatives)	1
530	Like this service	0
550	Other	1
<b>5. Use Gravesham-No</b>	<b>551-599</b>	
551	Too far – not local	40
552	Travel issue e.g. wheelchair	1
554	QMS closer	2
555	DVH closer	1
556	Erith closer	2
560	Don't know where it is	4
570	Not appropriate / slow / poor experience	2
599	Other	2
<b>6. Use DV-Yes</b>	<b>601-650</b>	
601	Closer to home	19
607	If I was working nearby	1
615	As an alternative to GP or A&E	2
616	As an alternative if closer services busy	5
617	If walk-in is accessible	2
630	Like this service	1
635	Co-location with hospital / A&E	1
637	Accessible by road	2
650	Other	2
<b>6. Use DV-No</b>	<b>651-699</b>	
651	Too far – not local	23
654	QMS closer	2
656	Erith closer	3
657	QEH closer	1
660	Don't know where it is	1
671	Not appropriate / slow / poor experience	3
680	Parking cost / availability	1
699	Other	

Questions and Codes	Responses	Number
7. Impact	701-799	
701	None – no impact	20
705	All too far away	1
707	Specific sites easier to reach	4
710	Relieve pressure / reduce waits	6
711	More services is positive	1
712	Good for people who need UC (e.g. children, elderly)	2
715	Guarantee to be seen / availability	3
720	Provide closer alternative/ more choice	18
725	Quick to get to in an emergency	2
730	Co-location with hospital	1
735	Opening hours / convenient time	1
736	Easier journeys	4
737	Harder journeys – less accessible	2
738	Better for public transport	1

## APPENDIX 3 – HEALTHWATCH BEXLEY REPORT



### Public Consultation

12 August – 4<sup>th</sup> November

**Dartford Gravesham and Swanley CCG re proposed changes/site of an Urgent Treatment Centre in North Kent**

#### Option One

To create an Urgent Treatment Centre at Gravesham Community Hospital by moving services from the current Fleet Health Campus in Northfleet (White Horse Walk-in) to join the Minor Injuries Unit at Gravesham Community Hospital

#### Option Two

To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet

#### Healthwatch engagement

We visited local libraries, community groups and events in Bexley Borough to explore Bexley resident's views of the proposed location of an UTC. We distributed and collected consultation forms and held informal discussions with two local groups in Crayford and Sidcup. We collected 38 consultation forms which have been forwarded to Dartford, Gravesham and Swanley, CCG via the freepost address publicised in the back of the consultation booklet. In addition many residents took consultation booklets to complete at home and send in themselves.

#### Summary of the responses collected by Healthwatch via the consultation booklet questionnaire.

All 38 respondents were replying in a personal capacity.

#### Which of the current urgent care services have you used?

50% had used A&E at Darent Valley Hospital, 44% had called NHS 111 and 6% had used the GP out of hour's service

#### Which of the current urgent care services have a friend/family member used?

5.6% had used Fleet Health Campus, 77.8% had used A&E at Darent Valley hospital, 38.9% had used NHS 111 and 16.7% had used the GP out of hour's service

#### Transport to urgent care services

61.1% used a car to get to services, with 16.7% using public transport

#### Option 1 to create a UTC at Gravesham Community Hospital

26.7% disagreed and 30% strongly disagreed that UTC should be sited at Gravesham Community Hospital, with 30% not having a view. 13.3% felt it should be at Gravesham Community Hospital

#### Option 2- Create a UTC at Darent Valley Hospital

70.3% strongly agree and 27% agree that UC should be sited at Darent Valley Hospital with 2.7% not having a view.

## Reasons for choice

### Option 2 Darent Valley

The location and convenience and transport links

*'Can get to Darent Valley Hospital easily'*

*'Accessible by bus'*

*'Accessible by bus 7 cheaper to get to. Darent Valley better as can use contactless on the bus'*

Many felt it should be located next to A&E and may play a role in relieving the pressure off A&E so people may be diverted into appropriate services if they present at the wrong service.

*'Because it is a more convenient location for me and my family. Also may relieve pressure on A& and A&E can divert people to UTC and vice versa'*

*'Makes sense to have at A&E, will help people go to the right place. 100% more convenient. Parking not an issue'*

*'To have urgent care and A&E next to each other cuts out duplication of work and hopefully relieves pressure on A&E'*

### What impact will the options have on you and your family?

#### Option 2 Darent Valley Hospital

Most comments were around transport, parking costs, waiting times and the perceived benefit of having A&E and UTC situated at the same site.

*'Public transport can be difficult and expensive'*

*'It would be good to have A&E and urgent care on the same site'*

*'Parking is dreadful and costly. Public transport from Slade Green and Erith is abysmal'*

*'Parking is expensive'*

*'Will make it easier for the whole family to get there'*

*'Will make service quicker, more efficient-wait at A&E are too long 5 hours., less waiting time if those not in need of A&E can be diverted to UTC'*

#### Any other ideas

*'Reduction in car park charges at DVH'*

*'I am concerned that with planned changes to bus routes from Erith/Bexleyheath to Darent Valley Hospital, access to proposed services will be restricted for Bexley residents who do not drive. For those driving, existing car park is already stretched beyond capacity'*

*'If possible 24 hour opening'*

*'Increase staff to reduce waiting times, but realise this is unlikely'*

## **Informal discussion group comments**

The informal discussion groups were held at existing community groups in Crayford and Sidcup. 25 people expressed their views. The groups were for older adults with Alzheimer's and their carers

## **Travel**

60% travelled by car last time they visited an Urgent care service, with 4% using public transport and 32% traveling by ambulance.

## **Preferred site**

### **Option 2 Darent Valley Hospital**

60% agree that UTC should be sited at Darent Valley Hospital and 40% have no view on where it should be sited.

## **Reasons**

Generally the same as those comments and concerns raised in the questionnaires:

Perception that UTC being situated at Darent Valley Hospital would reduce waiting times at A&E as people could be directed to the correct services without further travel or inconvenience. It was also felt that pressure would be taken off Sidcup and QE hospitals as there would be more choice locally.

## **Summary**

Bexley residents favoured Darent Valley Hospital as the preferred choice for siting the Urgent Treatment Centre rather than Gravesham Community Hospital.

The reasons given were:

Convenience to where people lived and bus routes

Good transport and easy to get to, although parking costs were an issue.

The benefit of being situated near to A&E were an influential factor, as residents suggested people could be guided to the correct services easily, if they presented at the wrong service i.e. A&E can redirect to Urgent Treatment Centre with little inconvenience for those attending. It was felt this would work in both directions with Urgent Treatment centre redirecting people to A&E if that was the appropriate service.

For the majority of the Bexley residents we spoke to Gravesham was considered too far away for them to visit.

## APPENDIX 4 – LISTENING EVENT NOTES

### Bexley 9<sup>th</sup> January 2020

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
Participant	Convenience of location and access to location	Parking & too expensive to park Hospital too busy Can parking be expanded to nearby land?	Too far away. Local options available
Participant	Public transport GCH e.g. how many bus changes would be involved?	Seating is uncomfortable	
Participant	Co-location with A& E is an advantage	Facilities better Facilities and café and clinics and snacks	
Participant	Previous experience determines choices		
Participant	With news in the media about patients being mugged in the A&E, the thought then is to avoid the service at QE	Not necessarily first choice. Would use it. Traffic and where you live in Bexley would determine your proximity to the service.	We would not use this as plenty of choice locally & in Greenwich Convenience of location & access to site. Majority would not use it. If patient transport offered, maybe, otherwise not
Participant	I would choose DVH over QE – I would feel safer there.	Yes, near me	Dependent on the time of day (if early am) Transport should be offered otherwise not. Too much interference from Councillors which is why Erith has stayed as it is. In any case, you should contact 111
Participant	I wouldn't choose to go to DVH with the metal seats	No, I would not use it	Possibly residents from Crayford may access the service. We have three options in Bexley: Erith, QM & QE – why would I go to Gravesham?
Participant	Previous experiences, good or bad, would influence the choice that people make.	No. If all others fail then it is an option	Pros & Cons – GCH has a good blood test unit. DVH has massive issues around

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
	South of the Borough would prefer to go to PR		parking. Even for blue badge holders it is £1.50 p/h. Too many complaints went into TFL so decision to remove 428 bus service may be delayed.
Participant	If I had to go to an AE, I would go to DVH. I know the site and I wouldn't feel lost there.	A possibility but not a first choice. If you are near Crayford, then it is only 20 mins away	
Participant	If you have to change buses then that would be an option. Have to change busses at the clock tower. We conducted a mystery shopper at DVH and had a 95% satisfaction rating from patients. I would prefer co-location of the UCC with A&E	No – QM hospital	
Participant	Facilities, cafeteria, etc. This would influence my decision to go to DVH	NO	
Participant	If the UCC were to be at GCH, as I don't know the area, I would be reluctant to go there. You go where you are comfortable.		
Participant	Having spent 6 months visiting St Thomas (40 mins by car), I know the site inside out and I feel comfortable. It has an international reputation.		
Participant	I would see the FP if I can UCCs use – but if not suitable do not treat If out of o=hours  Proximity to site and where you live in the Borough i.e. which side East or West	Would help with numbers attending Bexley UCC Bexley has a good reputation	Distance and difficult to get to Benefit of GC centre for Bexley as residents would use and not services in Bexley (which have a good reputation)
Participant	Bexley to Gravesend – I would not go that far.  If very unwell, would go to closest as may not feel well enough to use public transport	I would use DVH if I had a serious condition  Access / congestion issues London Hospitals do outreach to DVH & QM which is a good thing	Better option – Gravesham would be better. DVH is over subscribed  Heard good reports about the services at GCH

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
	Stay in Bexley & use services. Concern over communication	Good bus routes for most of the area if you choose to use them	Would help to move away from DVH and educate patients of different services they can use
Participant	Back to Patients GP Integrated Record for a patient and quick access of results Passing back to original services to go back. Links with Mental Health services Were asked about cost implications & timescales. Questions were answered	If bus route changes by TFL are approved, it could affect patients decision and could move capacity to Queen Mary's more	
Participant	Had to go to Guy's Hospital and had to wait for an interpreter for the doctor. GP/Hospital won't help with patients for eyes until a year has passed.  Bexley getting new flats and population rising, hard enough to get a GP. Had to fight to get a serve. PALS helped. 2 years to get knee replacement It is never going to be enough. Not enough staff	Needs a good bus route  Had advantage for people in right part of Bexley to be easier to get to but enormous access problems. Changes of TFL buses to be considered and bus times should be better at DVH. What are the closest stations? Not walkable.  Would be better clinically in case of an emergency. Sat 4 hours at Queen Mary's and told to go to A&E Use Bluewater car park	What times will buses operate? Work due to start to increase capacity at Erith want to guarantee 12 hour daily service.  Concern on impact to residents (western residents in Dartford area) who may find it easier to go to Erith / Sidcup. Consequential impact
Participant	Haven't been given a choice  Quality services important	Doesn't think viable  If had a blue badge can be used at Woolwich but <u>not</u> DVH	Where do we get a bus?
Participant	Pick one more convenient (nearest / transport)	PPI in Dartford would be upset at losing WIC Need <u>qualified</u> staff at site	Where would we go if we needed a referral?
Participant	Knowing / awareness of them being there. Convenience etc. More impacting factors	Needs 24 hr pharmacy Would go where open and see right people if problem is escalated	GP told me to go to DVH and not Erith  Husband has heart condition  Lots of Bexley residents that have to go to DVH as don't

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
			have A&E Need to have staff to run it

**Supplementary comments:**

- Co-location would be an advantage over separate sites
- Is there any way parking could be expanded at DVH
- \*\*Is there any date on the number of patients that are sent to A&E from Urgent Care? It would be interesting to find out\*\*
- 6 hr wait at A&E, ended up in Mid Kent for operation. Long way to go when it could have been done at DVH (kidney removal). Surgeon goes to different hospitals around the county.
- Need to let people know if there are other alternative. Twice even DVH and once Woolwich nurses didn't know where to go.
- Clarify if WIC will close. (Answered: no longer be in Northfleet but catered or other options)
- Also had experience at DVH with no choice on where to go and had to have op at Medway Hospital. Not offered another option.
- Thinks should be at Gravesham. DVH cannot cope. Ebbsfleet population to rise to over 30K. Make GCH a 'proper' hospital again. WIC seems to be in no man's land at the moment. People find it difficult to get to and cannot walk it. GCH more central public transport cheaper / easier, parking better.
- Had an ultrasound scan at DVH, 3 wks later GP never got results then got done at QE and GP had results the next day.
- The theme park will cause nightmares
- A percentage of patients seen at A&E do not need to be there
- Concern over services in Bexley will be adversely affected
- DVH/Access
- Lots of patients attending for an appointment could affect patients experience e.g. eye treatments, cataracts etc.
- Turn Patients away – wasting time
- DVH – quick communications back – notes/results. Integrated notes
- Lack of beds at QM – Paediatrics mentioned
- 111 – Advice to phone GP then directed to 111
- Bexley does not have an A&E
- Preference for Darent Valley – range of staff, co-location, proximity
- GCH too far away and an unknown quantity. If only small percentage of people getting moved from UCC to A&E, then GCH definitely an option.
- GCH option preferable as needed to relieve pressure on A&E – Access / Congestion / Parking
- Why not build a new service now? 15 years on, they're selling old property. We need modern builds to accommodate people in the community.
- How do we know where to go – UCC, A&E, GP?
- Thinks NHS 111 is dangerous and things could be missed. Need people qualified to give results and more joined up services rather than seeing a nurse who cannot help as not qualified enough. Feels that (disagrees) nurses can help and different levels.
- Would use local (QM or Erith (proximity considered)) but if urgent or serious, go to DVH
- More GP surgeries = less going to hospital
- Will UTC be owned by NHS? (yes) and not farmed out to Virgin?
- A lot of places getting paramedic practitioners / same as Snr nurse practitioners
- Varying rates of referrals from GPs in Bexley to hubs etc.
- Some conditions GPs cannot deal with i.e. ophthalmic, podiatry, ENT

- GPs won't give asthma meds, has to buy over the counter. (Clinicians disagree whether asthmatic but Consultant insists patient has asthma. GP won't prescribe and has notice at surgery that says what is available over the counter)
- Postcode lottery on whether a District Nurse visits
- 3.5 years to get asthma diagnosis now have to go to Royal Brompton
- Admitted to hospital for breathing problems after 3 weeks trying to get treatment / diagnosis. Need staff
- Wrist broken – went to Sidcup and had to wait 2 weeks for it to be reset. It was bandaged up in the meantime
- Would go to DVH overall preferred (one for PRU)
- Diabetic services discussion on where services will be based / will it continue at QM? / Lewisham provides. PCNS will be looking at Community Services