

**Kent County Council
Health Overview and Scrutiny Committee**

15 July 2025

Kent and Medway Urgent Treatment Centre Review Update

Report from: Ed Waller, Chief Transformation and Partnerships Officer and Interim Chief Delivery Officer
Tamsin Flint, Head of Urgent and Emergency Care Commissioning

1. Summary

1.1 The purpose of this report is to provide an update on the review of urgent treatment centres in Kent and Medway. Our aim is to provide a consistent urgent treatment offering to reduce variation in access and outcomes, support the reduction of emergency department attendances for minor conditions, and deliver effective services to drive value for money.

2. Recommendations

2.1. This paper is for the Committee to note.

3. Budget and policy framework

3.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Kent. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

4. Kent and Medway urgent treatment centre review update



4.1. Summary

The purpose of this report is to provide an update on the review of urgent treatment centres in Kent and Medway. Our aim is to provide a consistent urgent treatment offering to reduce variation in access and outcomes, support the reduction of emergency department attendances for minor conditions, and deliver effective services to drive value for money.

4.2. Background

Urgent treatment centres (UTCs) were developed to provide accessible and convenient services for treating non-life-threatening conditions, aiming to reduce pressure on Accident and Emergency (A&E) departments and ensure patients receive appropriate care. Our UTC strategy needs to consider the GP Out of Hours Service (OOH) and is also integral to the capacity across primary care. The ICB recognises the inconsistency in patient offering across different HCP footprints and plans to review services delivered across urgent care and OOH with the aim of improving equity of access, improving services and ensuring best value.

In Kent and Medway, several UTC services are in place, with varying providers and opening hours. National standards for UTC services include being open 7 days a week for at least 12 hours a day, seeing both booked and walk-in patients, treating minor injuries and ailments, and having a named senior clinical leader supported by a multi-disciplinary workforce. They must also have access to patient records, accept appropriate ambulance conveyance, and report daily on the Emergency Care Data Set (ECDS).

We also still have some minor injury unit (MIU) services in Kent, providing urgent care to a slightly lesser specification than urgent treatment centres. Read more about the differences between MIUs and UTCs [on our website](#).

Current services in place across Kent and Medway are detailed in the table below:

Site	Provider	Opening
Maidstone Hospital	MTW	8-8pm
Pembury Hospital	MTW	8-8pm
Sevenoaks	MTW	8-8pm
Edenbridge MIU	KCHFT	8-6pm Monday – Friday
Darent Valley Hospital	DVH	8-8pm
Gravesham	DVH	8-8pm
Medway Hospital	MFT with MedOCC	24 hours
Sheppey Hospital MIU	KCHFT (MFT from 1 st July)	8-8pm
Sittingbourne Hospital MIU	KCHFT (MFT from 1 st July)	8-8pm
Kent & Canterbury Hospital	EKHUFT	24 hours
Buckland Hospital	EKHUFT	8-8pm
QEQM	EKHUFT	24 hours
WHH	EKHUFT	24 hours
Deal Hospital	KCHFT	8-8pm
Folkestone Hospital	KCHFT	8-8pm
Faversham	Faversham Medical Practice	8-8pm
Herne Bay	Herne Bay Integrated Care	8-8pm
Whitstable	Estuary View Medical Practice	8-8pm

4.3 Update

NHS Kent and Medway Integrated Care Board (ICB) plans to implement a consistent model across the system, incorporating a single UTC specification for providers aligned with national standards.

The model will deliver consistent patient outcomes across UTC and OOH services, and ensuring services deliver effective use of resources.

Delivery of the model will include partnership with primary care. The acute sites will implement 24hour UTCs to support patient flow, while community UTC provision will be reviewed through patient and staff engagement, analysis of patient need and demand, and quality impact.

The approach will initially be managed in four parts, which will then be brought together and blended into a single strategic plan for UTC's across K&M:

East Kent due for completion in quarter 3 2025

West Kent due for completion in quarter 3 2025

Medway & Swale due for completion in quarter 4 2025

North Kent due for completion in quarter 4 2025

This will be followed by consolidation of a Kent and Medway plan

Current position

East Kent

A review of the UTCs in east Kent is under way with a number of aspects being explored, these include:

- Engagement with stakeholders to gather feedback (including patient and UTC workforce surveys)
- Mapping of current UTC (type 3) activity and budgets to establish the urgent care needs of the local population and the capacity they require
- Undertaking a clinical audit for each co-located UTC (QEQM and WHH)
- Quality site visits to review each UTC performance against the service specification and quality metrics to understand the variation against the national core standards and clinical and operating models.
- Reviewing the clinical pathways across UEC to maximise use of UTCs where clinically appropriate
- Demand and capacity analysis
- Scope opportunities across the system
- Presenting our learnings and recommendations to the ICBs Executive Management Team

West Kent and North Kent

We plan to move the current co-located UTCs to a 24 hour seven days a week model. A full review of UTC sites in these HCPs is being planned, mirroring the approach taken in East Kent, starting with patient and staff engagement.

Medway and Swale

Sheppey and Sittingbourne Minor Injury Units (MIU) are currently provided by KCHFT. They work to a slightly lower specification than the current UTC standard. These services will transfer to Medway Foundation Trust on 1 July 2025 with the intention of transitioning these services into UTCs by Q4.

GP Out of Hours Services

To support the UTC strategy, running parallel to this work is the GP out of hours (OOH) services review. The GP OOH service operates during times when regular GP surgeries are closed, such as evenings, weekends, and bank holidays. The GP OOH services provide advice, information, and

treatment for NHS patients who become unwell during the out-of-hours period when their own GP surgery is closed. These services are for patients with an urgent need who cannot wait until their surgery's opening hours. This service includes face-to-face assessments at acute sites, home visits, and a telephone line for triage and advice.

The integration between GP OOH services and UTCs involves:

- Face to face base assessments: following triage within NHS 111 the patients needing face to face assessments before the next working day will be booked into the appropriate UTC. The face-to-face element of the OOH service is being transferred to UTCs to ensure continuous care.
- Home Visiting: following triage within NHS 111 the patients requiring an urgent assessment within their home will be cared for by an integrated team including nurses, hospices and GP.
- Telephone triage: there is an expectation that the telephone line will handle a significant portion of calls, reducing the need for face-to-face visits. The plan is to incorporate this activity into the NHS 111 services as part of the clinical assessment platform.

4.4 Next steps

Once all of the reviews have been completed, a formal paper summarising the outcome of the review, our proposals for future plans and how we intend to consult further with stakeholders will be shared.

5. Risk management

5.1. There are no significant risks to the Council arising from this report

6. Financial implications

6.1. There are no financial implications for the Council arising from this report.

7. Legal implications

7.1. There are no legal implications arising from this report.

8. Lead officer contact

Ed Waller Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer NHS Kent and Medway