



Dartford Gravesham
and Swanley
Clinical Commissioning Group



Improving NHS urgent care services in Dartford, Gravesham and Swanley

What changes are being proposed and how will
they affect local people?



Who we are

Urgent Care:

- **Dr Nigel Sewell**
- **Gerrie Adler**
- **Angela Basoah**

Urgent Care Clinical Lead and GP Member

Director of Strategic Transformation

Head of Communications and Engagement

Primary and Local Care:

- **Dr Sarah MacDermott**

Governing Body Clinical Chair and GP member

What is urgent care?



By urgent care, we mean **care to treat illnesses or injuries that are not life-threatening but that require an urgent clinical assessment or treatment on the same day.**



What is urgent care?

Some conditions that may require urgent treatment if they get worse and you cannot be seen by your local GP or pharmacist are:

- minor illnesses
- bites and stings
- ear and throat infections
- minor skin infections / rashes
- minor eye conditions / infections
- stomach pains
- sickness and diarrhoea
- emergency contraception

Some conditions that should be taken directly to an Urgent Treatment Centre are:

- suspected broken bones
- cuts and grazes
- minor scalds and burns
- strains and sprains
- DIY mishaps
- minor head injuries
- worsening fevers



Why do we need to change urgent care services?

- Services are provided at **different sites**, and treat **different conditions**
 - Can be **confusing** for the public
 - Patients may need to visit **more than one site**
- We need to **plan for the future** (22% increase in population by 2035)
- We need to **make the best use of the specialist skills of our staff**
- Current urgent care services **do not meet the national standards** for Urgent Treatment Centres



What services currently offer urgent care?



Walk-in Centre at Fleet Health Campus in Northfleet



GP out-of-hours



The Minor Injuries Unit at Gravesham Community Hospital in Gravesend



GPs at A&E department



GPs

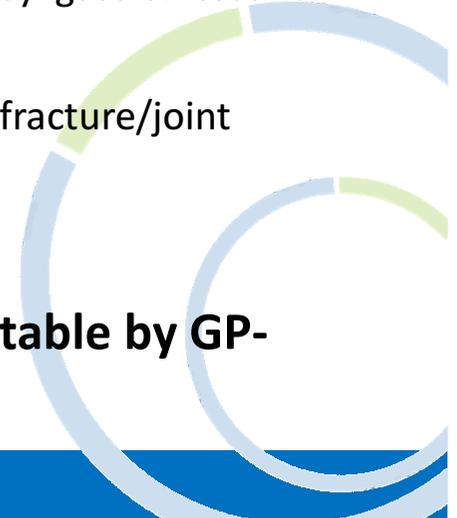


NHS 111

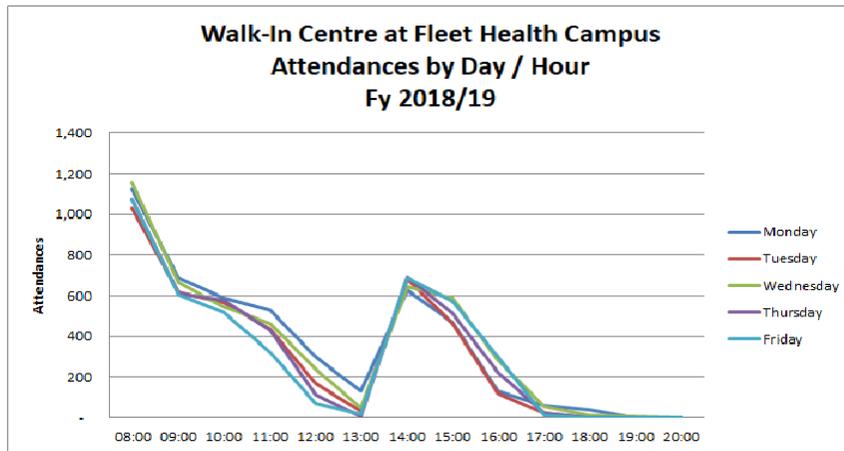
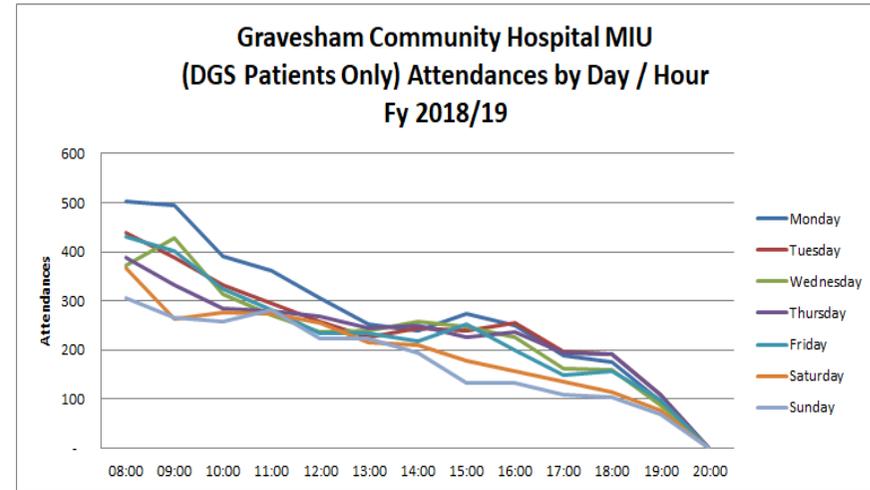
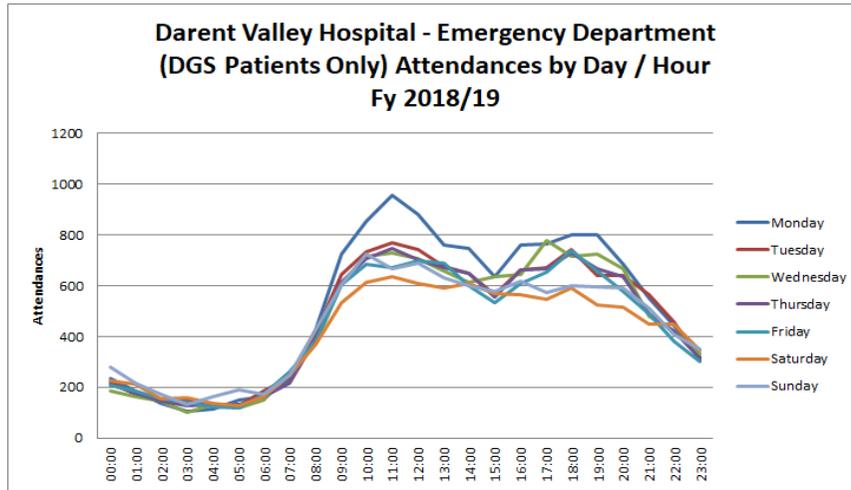
* Services affected by these proposals

How were current urgent care services used in 2018/2019?

- **DGS attendances for urgent or emergency care:**
 - 70% - Darent Valley Hospital (DVH) – highest attendances from Gravesham area
 - 19% - Minor Injuries Unit Gravesham Community Hospital (MIU GCH) – highest attendances from Gravesham area
- 34% of Walk-In Centre (WIC) attendances by patients registered with practices located on the same site
- **The highest number of attendances with a known diagnosis/condition:**
 - DVH - 'dislocation/fracture/joint injury/amputation', closely followed by 'gastrointestinal conditions' and 'local infection'
 - MIU GCH - 'soft tissue inflammation', closely followed by 'dislocation/fracture/joint injury/amputation' and 'laceration'
 - WIC - coughs, rashes, sore throats and abdominal pain
- **Between 33 – 60% of A&E attendances thought to be treatable by GP-led service**



How were current urgent care services used in 2018/2019?

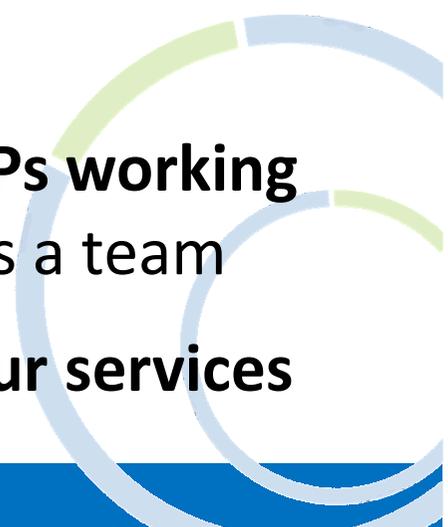


What is an Urgent Treatment Centre?

There are **27 national standards** for Urgent Treatment Centres including:

- **Open 12 hours a days / 365 days per year (minimum)**
 - Services **led by GPs**, but **delivered by a team** including nurses, paramedics and others
 - See and treat **minor illness and injury in patients of all ages**
 - **Pre-booked same day and “walk-in” appointments**
 - Access to **mental health, community, and social care** services
 - Access to your patient record
 - British sign language, interpretation and translation services
- 

What will an Urgent Treatment Centre offer you?

- You will be able to receive **treatment for minor injuries and illnesses in one place**
 - You will be able to have **x-rays, blood tests and similar services on site** to help diagnose illness and improve treatment offered
 - You will be able to **book an appointment** via NHS 111 or you can **turn up and wait to be seen**
 - The Urgent Treatment Centre will be **led by GPs working with nurses and other health professionals** as a team
 - Services will be **integrated with GP out-of-hour services**
- 

What else is happening to local services?

Our proposals are **part of wider plans for local NHS services** to ensure patients can get the right care when they need it.

Some of the developments include:

- **More GP appointments at hubs every evening up to 8pm and at weekends and bank holidays** (Improved Access Scheme)
- **More GP appointments and other services planned from Primary Care Networks (PCNs)**
- **More staff to support services that help the most frail and complex patients stay well and out-of-hospital** (Community Navigators, Rapid Response Service, Primary Care Home Visiting Service)



How we have engaged local people and stakeholders



We started looking at urgent and emergency care services in Dartford, Gravesham and Swanley.

We held an event where we spoke to GPs and other staff working at GP surgeries. We also talked to people from voluntary sector organisations, NHS staff in hospitals, clinics and providing care in people's homes.

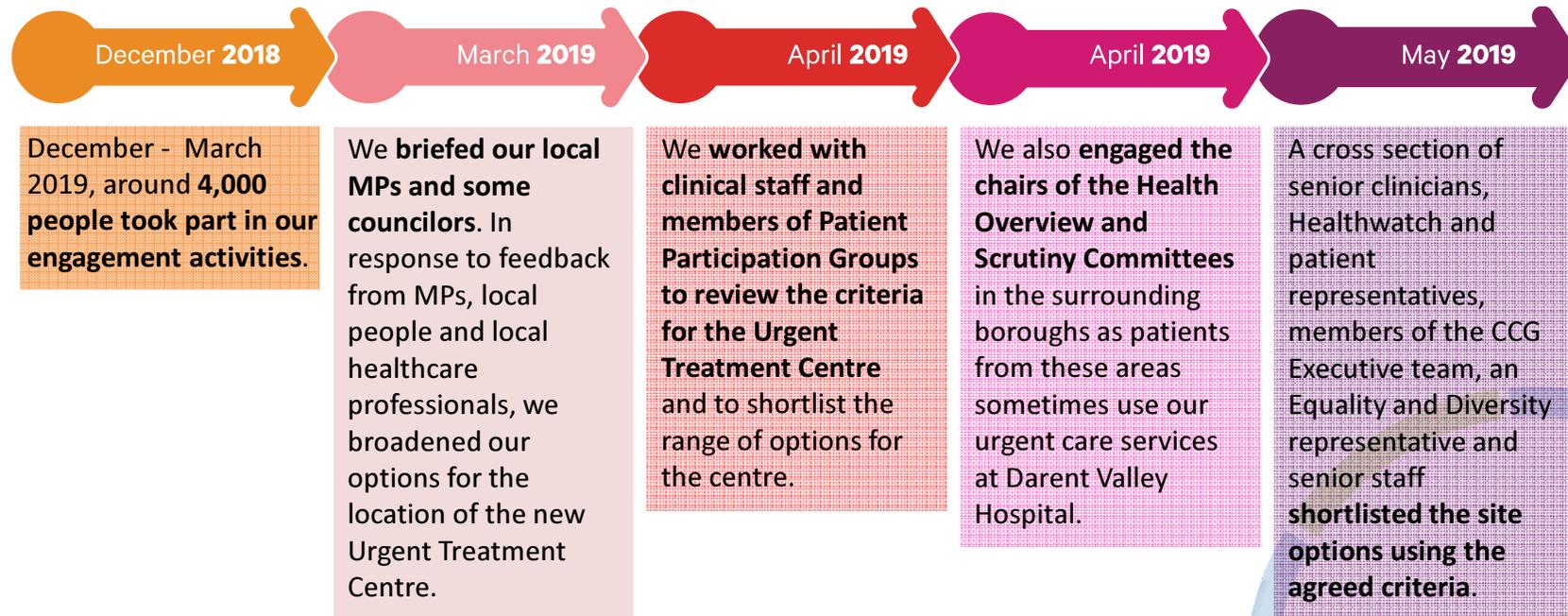
We held three events where we spoke to residents and listened to their views about our proposals for urgent care services.

We presented our ideas to Kent Health Overview and Scrutiny Committee (HOSC), the committee run by Kent County Council which oversees major health developments in the borough.

We joined with the seven other clinical commissioning groups in Kent and Medway to engage people across Kent about improving NHS 111, face to face and telephone urgent care services.



How we have engaged local people and stakeholders



Proposed options for the location of the Urgent Treatment Centre

THE OPTIONS FOR CHANGE WE ARE CONSULTING ON ARE:

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

Option 1 – Gravesham Community Hospital Site



Benefits

- There is good pedestrian access to Gravesham Community Hospital
- There are good public transport links to Gravesend town centre from the surrounding areas
- Patients were very positive about Gravesham Community Hospital during previous engagement
- The IT system linking patient records is already established.

Option 1 - Gravesham Community Hospital Site



Potential disadvantages and concerns

- An Urgent Treatment Centre at Gravesham Community Hospital is less likely to relieve the growing pressures on A&E. Having an Urgent Treatment Centre linked with an A&E department on the same site has been found to be most effective
- Patients who have conditions requiring A&E attention will have to travel, which could mean a delay to their treatment
- There is limited car parking on site at Gravesham Community Hospital. There is a council owned car park nearby.

Option 1 – What does this mean for me?

Opening Hours:

- The Urgent Treatment Centre may **stop receiving patients before closing time**. Patients will be redirected to A&E at Darent Valley Hospital

Treatment for deteriorating / life threatening conditions:

- If your condition gets worse or you need specialist care the Urgent Treatment Centre may call **an ambulance to transport you to the A&E** at Darent Valley Hospital

Medication:

- There is **no community pharmacy on-site**, but there are several pharmacies nearby. The Urgent Treatment Centre will have dispensing cupboards to ensure you can obtain routine medications (e.g. inhalers)



Option 1 - What does this mean for other local services?

- Patients currently using the Minor Injuries Unit at Gravesham Community Hospital will be able to **access the Urgent Treatment Centre**
- An Urgent Treatment Centre not located with the A&E department is **unlikely to reduce the pressure on A&E department**
- There will **no longer be 'walk-in services' at Fleet Health Campus (Whitehorse)** but there are plans for more community and GP services to be available at that site
- The **A&E at Darent Valley Hospital will stay the same**

Option 2 – Darent Valley Hospital Site



Benefits

- The Urgent Treatment Centre would be open for at least 12 hours a day. These hours could be extended
- The A&E on-site will mean patients can be transferred easily, if their condition requires it
- A&E is more likely to be able to focus on patients with the most serious medical needs
- Having both the Urgent Treatment Centre and A&E on one site may attract staff wanting to develop skills in both settings. This may make it easier to recruit a skilled workforce and may reduce staff vacancies.

Option 2 – Darent Valley Hospital Site



Potential disadvantages and concerns

- Parking spaces at Darent Valley Hospital can be limited at peak times, and parking is not free. However there are plans to increase the number of parking spaces available
- Traffic around Darent Valley Hospital can be heavy at peak times
- Darent Valley Hospital does not have good public transport links.

Option 2 – What does this mean for me?

Opening Hours:

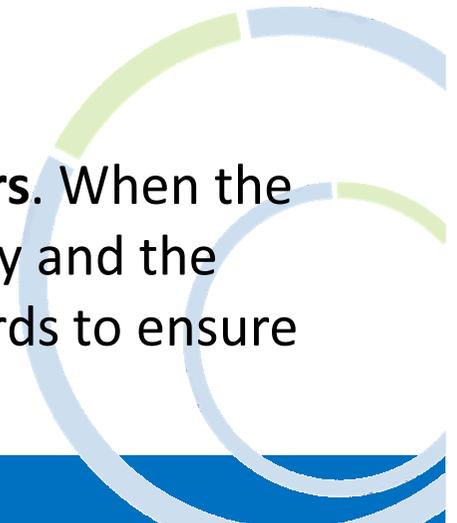
- The Urgent Treatment Centre could continue to see you up until its official closing time after which you will be **re-directed to the A&E on-site**

Treatment for deteriorating / life threatening conditions:

- If your condition gets worse or you need specialist care, you would be **transferred to the A&E department on-site**

Medication:

- There is a **pharmacy on-site but it is not open all hours**. When the pharmacy is closed, there are other pharmacies nearby and the Urgent Treatment Centre will have dispensing cupboards to ensure you can obtain routine medications (e.g. inhalers)



Option 2 - What does this mean for other local services?

- The co-location of the Urgent Treatment Centre and A&E services will **most likely relieve the pressures on A&E**
- Patients can **easily be transferred between services** without delay
- There will **no longer be 'walk-in services' at Fleet Health Campus (Whitehorse)** but there are plans for more community and GP services to be available at that site
- **Gravesham Community Hospital could offer additional GP and health and wellbeing services**



These proposals have been reviewed in the following ways?

Patient
Representatives

Healthwatch

Kent Health
Oversight and
Scrutiny Committee
(HOSC)

Local GPs

CCG Governing Body
Independent Lay
Members

NHS England

Giving your views: Six ways to make your voice heard

1. Come and talk to us

We will be organising public events and visiting community venues, health centres and supermarkets to discuss our proposals.

2. Invite us to come to you

We want to hear from groups supporting residents with specific needs e.g. Carers or parents of disabled children.

Email us via

dgs.communications@nhs.net

3. Online questionnaire

You can give your feedback from wherever you are. Complete the consultation questionnaire online .

4. Email

You can send us your comments about proposed changes.

Drop us an email via

dgs.communications@nhs.net

5. Phone

You can phone us on
03000 424903

6. Post

Post your completed questionnaire free of charge to:

**FREEPOST RTXG-RKSL-TYJH
NHS Dartford,
Gravesham and Swanley CCG,
2nd Floor, Gravesham Civic Centre,
Windmill Street,
Gravesend, Kent,
DA12 1AU.**

Public Consultation

- 12 week consultation from **12 August – 4 November 2019**
- **Today's feedback will be recorded as consultation responses**
- **24 local sites identified** for 'drop in' sessions, community outreach, and 3 public meetings
- Working with partners, patients and stakeholders to ensure a **wide distribution of materials**
- **Promotion of the online survey and events timetable** on the CCG website (www.dartfordgraveshamswanleyccg.nhs.uk) and social media channels (Facebook and Twitter)

Public Consultation

- **Working in partnership with Healthwatch Kent**, we aim to encourage residents in rural parts of the borough, BAME and other 'seldom heard' groups to take part
- **Engaging with neighbouring CCGs and local authorities**
- All the responses will be collated and analysed by an **independent third party organisation**
- Findings will be shared with **Kent Health Overview Scrutiny Committee (HOSC)**

Next Steps

- **Decision-Making Business Case** will be developed - CCG's Governing Body will make the **final decision by early 2020**
- **Decision will be shared with Kent HOSC**
- The Public Consultation reports will also be **published on the CCG website**
- The Urgent Treatment Centre will be **operational from Summer 2020**



**Any comments or
questions?**

