

Dartford, Gravesham & Swanley CCG extraordinary meeting 16th January 2020

As a result of a consultation between the above Clinical Commissioning Group (CCG) and interested professional and public bodies and the general public, an extra-ordinary meeting was convened. The purpose of the meeting was to consider the results of the comprehensive consultation exercise and to determine the way forward for the development of an Urgent Treatment Centre (UTC) in the DGS CCG area. This was partially promulgated by the inclusion of a mitigated model recommending a third option - that being two UTC sites rather than one.

The meeting was held in the Committee Room at The Civic Centre, Dartford, with approximately 17 individuals not connected to either the Committee or the CCG in attendance. There were 4 apologies for absence and representatives from Gravesham and Sevenoaks District Authorities as well as Kent County Council and the Gravesham MP, Adam Holloway, were in evidence.

It was noted that the population served by the DGS CCG is approximately 270k persons and that the consultation process attracted some 16500 survey responses and 25000 free text responses.

Four consistent themes emerged from the responses, these being:

- Proximity to site
- Traffic
- Public transport
- Cost of parking

Furthermore, Bexley Health Overview & Scrutiny Committee (HOSC) raised concerns over the potential impact to their CCG should DGS conclude that the Gravesend Community Hospital site be chosen as the location for the new Urgent Treatment Centre. In light of these late concerns being raised, a further consultation process took place concentrating on London Borough of Bexley residents and interested parties only.

A number of points were raised and discussed by the committee, including an observation that clinical services required or offered by the new UTC barely featured within the public responses and whether or not confusion may arise should both sites bear the UTC name.

Being satisfied that with time the public will soon recognise the services offered and able to identify which level of care they required (primary, UTC or A&E) the committee took questions from the floor. These questions concerned the likely opening hours of the UTC, whether the services would be available to all and whether the CCG had the capability to resource two UTC's especially from a staffing perspective.

It was recognised that resourcing both UTC's may create challenges and that a certain amount of 'buy-in' and good-will from existing staff would be essential to ensure a smooth transition, although the CCG are operating three sites currently. Ian Ayers, the chair of DGS CCG recognised potential problems and that a one-site UTC may be better but that with a two-centre UTC model, benefits may include the attraction and retention of staff due to the opportunities afforded by the specialisms offered by both sites; in direct contrast to the current effects of the 'London pull'.

Ian Ayers explained that this was an excellent example of consultative work and that the proposed mitigated model being proposed was a result of evidence-based evaluation as well as listening to the overwhelming depth of public feeling.

The Government envisage a single, centralised UTC model with CCG's usually locating their UTC alongside current A&E departments. DGS recognise that for numerous reasons, this model will not work for our particular circumstances and that a 'networked' UTC model, not generally adopted within the UK should be implemented. To this extent, DGS are almost unique in taking this stance. Care will be taken to ensure that clinical best practice is incorporated and maintained within both sites ensuring that each UTC achieve the 27 national standards required under NHS guidelines.

It is estimated that daily footfall into each UTC will be as follows:

70 patients at Darent Valley Hospital UTC

140 patients at Gravesend Community Hospital UTC

Further discussion was held concerning 'buy-in' from 3rd party partners eg SECAM (South East Coast Ambulance) and whether one or two service providers should be appointed. Future discussions to be held with 3rd party partners especially SECAM concerning prioritising allocation of ambulance assets as casualties at home receive priority attention and a fear that calls from an UTC may be downgraded. Assurances were given that conversations had been taking place over several years with SECAM and Darent Valley Hospital (DVH) and that there is no reason to believe that future discussions would not result in acceptable working practices.

The proposed timeline for the implementation of a UTC is as follows:

Current contract for healthcare expires June 2020. Network UTC's to seamlessly continue from thereafter.

From July 2020, an on-going process of evaluation, re-evaluation and refining will take place; an exercise that is likely to take 12 months but with continual overseeing to ensure the 27 national standards are being met. Historically, contingency budgetary figures amounting to around 0.5% have been attributed to large-scale plan implementation but this project has factored in a 2% contingency sum.

DGS CCG retain draft details for a single-site UTC model should the net-worked model fail to provide the benefits desired.

Outside of the scope and power of the committee, it was recognised that the CCG should engage with and encourage those authorities responsible to improve transport links to and within the vicinity of the UTC's.

At the end of the discussions, the CCG committee unanimously agreed to adopt the mitigated model proposing a net-worked dual UTC facility.

Perry Cole

Sevenoaks District Member for Hartley & Hodsoll Street

