

Minutes of the meeting of the **SCRUTINY (COMMUNITY AND REGENERATION) COMMITTEE** held at the Council Offices, Whitfield on Wednesday, 7 November 2018 at 6.00 pm.

Present:

Chairman: Councillor L A Keen

Councillors: S F Bannister (as substitute for Councillor P M Brivio)
P I Carter
G Cowan
P J Hawkins
P D Jull
S C Manion
M J Ovenden

Officers: Democratic Services Manager
Democratic Services Officer

46 APOLOGIES

There were apologies for absence received from Councillors P M Brivio, T A Bond and N Dixon.

47 APPOINTMENT OF SUBSTITUTE MEMBERS

It was noted that, in accordance with Council Procedure Rule 4, Councillor S F Bannister was appointed as substitute member for Councillor P M Brivio.

48 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

49 MINUTES

The Minutes of the meetings held on 4 July 2018, 12 September 2018 and 3 October 2018 were deferred.

50 PUBLIC SPEAKING

The Democratic Services Manager advised that there were members of the public in attendance who had registered to speak on items on the agenda to which the public speaking protocol applied.

51 DECISIONS OF THE CABINET RELATING TO RECOMMENDATIONS FROM THE SCRUTINY (COMMUNITY AND REGENERATION) COMMITTEE

There were no items of business to consider.

52 ISSUES REFERRED TO THE COMMITTEE BY COUNCIL, CABINET, SCRUTINY (POLICY AND PERFORMANCE) COMMITTEE OR ANOTHER COMMITTEE

There were no items for consideration.

53 ITEMS CALLED-IN FOR SCRUTINY OR PLACED ON THE AGENDA BY A MEMBER OF THE COMMITTEE, ANY INDIVIDUAL NON-EXECUTIVE MEMBERS OR PUBLIC PETITION

There were no items for consideration.

54 NOTICE OF FORTHCOMING KEY DECISIONS

The Democratic Services Manager presented the Notice of Forthcoming Key Decisions to the Committee for its consideration. Members identified the inclusion of the following items from the Notice of Forthcoming Key Decisions within the work programme:

- Item No. 38 (Purchase of affordable housing in Aylesham)
- Item No. 43 (Redevelopment and regeneration of the site of the former Co-Op Store in Stembrook and surrounding area)

RESOLVED: That the Notice of Forthcoming Key Decisions be noted.

55 SCRUTINY WORK PROGRAMME

The Democratic Services Manager presented the Scrutiny Work Programme to the Committee for its consideration. Members were reminded to provide their key questions for the Private Sector Landlords meeting in December.

RESOLVED: That the Work Programme be noted subject to the inclusion of the additional items identified in Minute No. 54.

56 LOCAL HEALTH SERVICES

The Committee had invited the South Kent Coast Clinical Commissioning Group (SKC CCG) and East Kent Hospitals University Foundation Trust (EKHUFT) to their meeting to answer key questions on Local Health Services. Karen Benbow - Chief Operations Officer (SKC CCG); Una Windebank – Director of Local Care (East Kent CCG); and Susan Acott – Chief Executive (EKHUFT) were in attendance to present the answers to Members' questions.

GP Services and Provision

Q1. In the light of the memorandum ('Extra appointments now available in South Kent Coast') about 'extra appointments' it says the GP is the first point of contact. What happens if the GP has closed?

Response provided by South Kent Coast Clinical Commissioning Group

South Kent Coast CCG has established four Primary Care Minor Illness Hubs. A patient can access their local hub by contacting their GP Surgery when open who will help identify if the patient has a minor illness that is appropriate to be seen within a hub, if so the patient will receive a same day appointment.

There has been no change to the arrangement of patients requiring out of hours support when their GP surgery is closed. They will be signposted to or contact

directly the local 111 service. Currently the CCG is working with South East Health Ltd to develop a system of direct booking by 111 into the Primary Care Minor Illness Hubs.

The Minor Illness Hubs were located in Deal, Buckland and Royal Victoria Hospitals as well as Romney Marsh Day Centre and were open Monday – Friday 8am – 8pm and Saturday and Sunday mornings.

Q2. With the closure of the Eastry GP surgery and the merger of two Dover GP surgeries, how viable is it to maintain the idea of moving services from hospital settings to GP surgeries?

Response provided by South Kent Coast Clinical Commissioning Group

Eastry GP surgery is a branch surgery of Market Place surgery in Sandwich. Canterbury and Coastal CCG considered the application to close the branch surgery and took into account the feedback from a number of patient engagement events and how best to retain services generally for the entire practice including the GPs.

After due diligence the CCG approved the application and the plan is to consolidate services onto the main site at Sandwich. The CCG recognises the challenges primary care are facing and supports practices working more closely at scale to both retain existing workforce whilst planning to remain resilient as demand increases.

Councillor P Carter expressed concern that there did not appear to be additional parking provision following the merger at the Sandwich Surgery. Patients with disabilities would have difficulties finding appropriate parking or face difficulties using public transport. Councillor Manion added that the parish council had provided Eastry residents with access to Thanet Community Transport who could transport patients to and from the surgery at arranged times.

Councillor P Carter would be provided with the contact details of someone best placed to discuss his concerns.

Q3. Could you explain why it is difficult to recruit more GPs for the east Kent area, and what is currently being done about it?

Response provided by South Kent Coast Clinical Commissioning Group

The issue is not limited to east Kent but one that is national. The CCGs are developing workforce strategies across east Kent but the problem is multi-faceted with more push factors than pull factors in the area for GPs.

Generally Ashford and Canterbury have less recruitment difficulties compared to South Kent Coast and Thanet. So, for instance, some practices such as the ones in Whitstable who are on the Vanguard site have had no issues in recruiting and retaining GPs. South Kent Coast and Thanet have more deprived wards with inherent challenging health and social care needs of the population and there are resultant pressures on GPs. The workload, given an ageing population with complex long term conditions, and an increased focus of quality standards and scrutiny measures (as well as rising medico-legal concerns) means that the bureaucracy and paperwork is having a significant impact on daily general practice. The

practices in east Kent that are struggling are less attractive to newcomers particularly as new GPs have different expectations both personally and professionally compared to older GPs. The partnership model of working in General Practice is no longer suitable to the newer GPs, who often don't want to work fulltime in General Practice and want a more varied career. Often for family and other reasons part time working suits them better. New GP's often want flexible hours and salaried contracts.

GP practices which provide high quality training provide better patient quality of care and patient satisfaction results, and achieve higher CQC ratings. This means it is easier to recruit and retain GPs to those practices. South Kent Coast and Thanet Practices have less GP trainers and training practices compared to Canterbury and Ashford - in particular South Kent Coast geography means we have more, smaller surgeries compared to other areas, which impairs the ability for practices to engage in training.

Whilst our local GP training scheme is popular and successfully trains many GPs every year, we struggle to retain them. Many who come for training have established families and homes away from east Kent, often in London or wish to work in and around London. House prices in some places in east Kent are high and GPs in London receive a London weighting to add to earnings.

What is being done to address above?

SKC CCG has supported a training and development programme for GPs and is particularly working to support new GPs.

We are promoting the GP role as a personally and professionally rewarding specialty that keeps the core values of being patient centred with care, compassion and continuity. We are addressing major factors such as adapting the GP partnership model to desire of GPs to have a Portfolio Careers with flexibility to work part time as well as having varied roles and addressing the need for legal indemnity.

Being a GP involves being part of the community you work and live in. So we are also highlighting the variety of living east Kent offers with housing, schools, leisure, countryside, access to London, Europe and a vibrant local community spirit.

Specific local initiatives targeting GP recruitment and training:

Fellowships: a scheme to engage GPs to develop specialisms and expertise in areas such as Urgent Care, End of Life Care and Cancer, and Dermatology. This attracts new colleagues and links them to areas in the locality such as Romney Marsh where it is hard to recruit.

First Five Programme in East Kent: to engage and support new GPs who qualified in the last five years.

First Five and Last Ten Year of GP Careers: to explore how matching new GPs with more mature colleagues could support mutual developmental and training. This would help each practice/locality in recruiting new GPs and also help retain existing ones too.

Portfolio Careers: Developing a contract and working arrangements to reflect the needs and desires of the current GP workforce.

Nationally a scheme of Next Generation GP is being launched in Kent and Medway to support emergent leaders targeted at newly qualified GPs.

There are also a range of websites targeted at GPs to support our recruitment efforts:

Living the Life GP recruitment HEKSS:

<https://gprecruitment.hee.nhs.uk/Recruitment/LETBs-Deaneries/HEKSS>

GP Recruitment HEKSS:

<https://www.kssdeanery.ac.uk/gp-recruitment>

East Kent Hospitals:

<https://www.ekhuft.nhs.uk/patients-and-visitors/work-here/>

International GP Recruitment in Kent and Medway:

<https://www.england.nhs.uk/wp-content/uploads/2018/09/igpr-prospectus-kent-and-medway.pdf>

Members were advised that the new medical school (Kent and Medway Medical School (KMMS)) awarded to Kent could increase the number of GPs in the county; where students trained was generally where they would remain, both living and working. It would be an innovative school with a curriculum focussing on mental health and general practice. It was hoped to recruit students locally as they would be more likely to stay in the area.

Local Hubs

Q4. There is some concern regarding how the local hubs are working. It seems that the system whereby people are referred to the Buckland Hospital instead of to their doctors is not fully operational. Could we have an explanation of (a) how this is supposed to work; (b) the current situation with the operation of the services; and (c) what publicity is planned to promote it?

Response provided by South Kent Coast Clinical Commissioning Group

The Buckland primary care access hub is fully operational. Access is as described in Q1. Publicity is via GP practices but the CCG is in discussion with the provider of the service about additional communication and public awareness.

Outpatient Services

Q5. Outpatients services at new Buckland Hospital from visits there it seems woefully under used and there appear to be very few outpatient clinics running there.

(a) How many outpatient clinics run from the hospital and what are they?

(b) How does this compare with original proposals? For example, there are anecdotal complaints that services such as ophthalmology were planned but are not being provided.

Response provided by East Kent Hospitals University Foundation Trust

EKHUFT provides a wide range of outpatient services from Buckland Hospital in Dover. A full list of services provided from Buckland Hospital is at Appendix 1.

A total attendance to outpatients at Buckland Hospital from January 2018 to September 2018 was 31,183 patients. This equates to around 4,300 patients per month.

The Trust has recently expanded the provision of ophthalmology services at Buckland Hospital. In December 2017, Buckland became the main hospital site for elective day-case ophthalmology surgical procedures.

EKHUFT also provides a Minor Injuries Unit service from Buckland Hospital. The MIU at Buckland Hospital treats between 1,000 and 1,700 patients a month (between 35 and 55 patients per day)

It was acknowledged that Buckland Hospital was not as busy as anticipated and it was being looked into how to increase and maximise services at the site, with particular consideration to be given to services for the elderly and families.

Councillor Cowan queried the decision to close the pharmacy at Buckland Hospital. Specialist medication now had to be pre-ordered and collected from Canterbury Hospital. This created additional problems for patients who did not drive and relied on public transport.

The Committee would be provided with a written response to the query in relation to the Pharmacy and the reason behind its closure within 10 days.

Medical School

Q6. A new Medical School is due to be opened in Canterbury with more training of doctors for the primary sector - although this will obviously take some time. What plans are being considered to keep the newly trained doctors in our area? We understand that Folkestone also has issues and the EKHUFT is struggling to recruit and the Government has relaxed the cap on International Doctor's numbers.

Response provided by East Kent Hospitals University Foundation Trust

Kent and Medway Medical School (KMMS) has a specific aim of being an innovative medical school with focus on training future doctors for the community. The answer to Question 3 sets out wider plans to recruit and retain GPs which would equally apply to doctors who are trained at KMMS.

East Kent Community Educator Provider Network has already been working to develop schools engagement to help sixth formers with medical student entry. Local students are more likely to return to the area to work once qualified.

There is currently a big drive in place to recruit GPs from overseas. There is a rolling programme of recruitment from abroad, from mainly Commonwealth countries. Seven new potential GPs are being interviewed this month.

EKHUFT has a strategy to improve retention and increase recruitment, building on the opportunities provided by the medical school. The Trust strategy spans all the stages in the career of a doctor, starting from potential medical students to consultants and every stage in between. See appendix 2 for EKHUFT recruitment strategy for medical student and postgraduate trainings.

KMMS would hope to be opened in 2020 with an intake of approximately 100 students per year.

Members discussed nursing and the incentives offered to recruit more nurses. It had become a less attractive career since bursaries had stopped and apprenticeships with local bursaries now provided a new route into nursing.

Sustainability and Transformation Plan (STP)

Q7. What is being done to publicise the STP plans?

Response provided by East Kent Hospitals University Foundation Trust

We have been working closely with the Commissioners to inform, involve and engage with key stakeholders, patients and public on our STP plans. During 2017, for example; approximately 700 people attended the phase 2 listening event held across the four CCGs in EK to feedback on the model of care and the evaluation criteria for the hospital care reconfiguration to help shape the options that will go forward for public consultation – see appendix 3 for details. In addition, Healthwatch Kent completed 15 outreach groups with hard to reach and protected characteristic groups to gather feedback on how to improve local health care services.

Most recently (4 October), the NHS in east Kent announced a series of eight public listening events as part of wider pre-consultation engagement on potential changes to local care and hospital services.

Public engagement events	
Tues 30 October (morning)	Herne
Weds 31 October (morning)	Ashford
Tues 6 November (evening)	Hythe
Weds 7 November (morning)	Canterbury
Tues 13 November (evening)	Ramsgate
Thurs 15 November (morning)	Dover
Thurs 15 November (evening)	Ashford
Tues 20 November (morning)	Margate

The public events are being widely publicised by the NHS through its networks and communications channels, including social media. Local newspapers and broadcasters have also publicised the events.

The proposals are still being developed; led by doctors, nurses and others from the hospital and clinical commissioning groups (CCGs). Clinicians now want to test current thinking and are keen to get feedback from a wide range of people.

At the public meetings, and the wider engagement work happening over the coming months, the NHS will be particularly focusing on explaining the latest clinical design work on two potential options for hospital services in the future.

However, broader plans for improving health and care services in east Kent require a whole system approach. So the meetings will also be looking at local plans for preventing ill health and improving services available in patients' homes, from GP surgeries and other local settings. Potential locations and opening hours for urgent treatment centres will also be part of the discussion.

These events are part of an ongoing conversation the NHS in east Kent has been having with local people about the need to change the way services are currently organised and developing emerging proposals for change. The proposals are not yet part of a formal public consultation. It is expected that formal consultation on any proposed changes will take place later next year.

These informal meetings with local communities ahead of any formal consultation next year will be a chance for local people and organisations representing patients to hear more about our work so far and to help us understand the potential impact of the options we are currently looking at.

People will also be able to contribute to the discussions on line via an online survey and there will be lots of information published on the STP website.

Stroke Services

Q8. We have been told that stroke care will be concentrated in just three hospitals: Darent Valley; Maidstone; and William Harvey. Many of us are concerned at the loss of good local stroke health care for East Kent residents living in Deal, Sandwich and Thanet following the proposed decision to move emergency stroke care in East Kent to Ashford. Why have we not seen more support to keep stroke services at QEQM and in our area?

Response provided by East Kent Hospitals University Foundation Trust

Stroke is a serious, life-threatening medical condition that happens when the blood supply to the brain is cut off, either by a bleed or clot in a blood vessel. There are around 3,000 patients treated for stroke in Kent and Medway hospitals each year and approximately 300 deaths. How well people recover is affected by the speed and quality of treatment.

National best practice is to have dedicated hyper acute stroke units that are staffed by teams of stroke consultants, nurses, therapists and other specialist staff around the clock; with access to all the equipment they need for testing and treating stroke patients. Patients should be taken to these units directly to receive specialist stroke care as soon as possible. Units should see a minimum of 500 patients a year to make sure staff maintain and develop their specialist skills. Similar changes have already been implemented in other parts of England and have proven to save lives and lessen disability.

Key areas where Kent and Medway stroke services are failing against national standards:

- We are not able to run 24 hours a day, seven days a week 'hyper acute stroke units' which have scanning equipment, clot-busting drugs and stroke consultants available around the clock. There are acute stroke services, but we cannot consistently provide 24/7 specialist cover.
- The total number of stroke consultants across Kent and Medway is less than a third of the recommended level for running 24 hours a day, seven days a week, services across seven sites.
- Staffing levels for other clinical roles (such as stroke nurses) are also below the recommended level and we need the equivalent of an additional 51 full time staff for seven sites.
- We do not have enough patients with stroke to maintain specialist services at seven sites. Only one hospital (Medway) sees the recommended minimum number (500 per year) of stroke patients for staff to maintain their skills and build expertise.
- Over one third of stroke patients using Kent and Medway hospitals do not have a brain imaging scan within the recommended one hour of admission to hospital. These scans are essential to determine whether the stroke has been caused by a bleed or a clot and to indicate the right treatment
- Following a scan, only one half of Kent and Medway's stroke patients who need clot busting drugs (thrombolysis) get them within the recommended time.

The primary aim of the stroke review is to ensure that anybody who has a stroke, day or night, anywhere across Kent and Medway, and in our border areas in south east London and east Sussex, has the best chances of survival and recovery.

We want all our urgent stroke services to meet the national quality standards and offer patients the best care. Going forward, we want stroke services in Kent and Medway to be forward thinking and at the forefront of evidence-based care, with the best staff able to offer the latest developments in stroke treatment. To deliver the care people need now and in the future, we must make sure that stroke services meet national quality standards, and are sustainable for the long-term based on the staff and resources we have. To achieve this in East Kent we need to centralise specialist stroke staff on one site.

The NHS in Kent and Medway has included William Harvey Hospital in Ashford in its preferred option for specialist 'hyper acute stroke units' in Kent and Medway.

A public consultation for healthcare in east Kent is expected next year, potential options include locating a major emergency centre with specialist services at either William Harvey Hospital or Kent and Canterbury Hospital. Following the public consultation, stroke services would be located at whichever location includes a major emergency centre.

The next stage in the review process is to develop a decision-making business case – a detailed document that will describe how the preferred option was selected and set out an implementation plan. A Joint Committee of the ten local NHS clinical commissioning groups that ran the consultation will examine this and then make a final decision.

Q9. Does the South Kent Coast CCG have any views about the removal of Stroke Services from QEQM, particularly in respect of residents outside of Dover (i.e. Deal, Sandwich, etc.)?

Response provided by East Kent Hospitals University Foundation Trust

SKC CCG is represented on Joint Committee of CCGs for K&M who are part of the decision making process.

Accident and Emergency / Urgent Care

Q10. What are the plans for Kent & Canterbury Hospital, and if there is to be a new hospital in Canterbury will that lead to the downgrading of the A&E at QEQM Hospital to an Urgent Treatment Centre?

Response provided by East Kent Hospitals University Foundation Trust

EKHUFT has been working extensively with Commissioners and other stakeholders to develop a sustainable future for the way our hospital services are delivered. This work has enabled us to identify two options for the future of the acute hospitals' configuration.

Both of the potential options propose bringing together all specialist inpatient services, including trauma, specialist heart services, inpatient treatment for veins and arteries (vascular services) and specialist renal, urology, head and neck services in a major emergency hospital with specialist services.

Potential option 1 - This option involves an estimated £225 million NHS investment to enable three vibrant hospitals, including: A much larger, modern, A&E at William Harvey Hospital, Ashford, which would also provide services for people that need highly specialist care (such as trauma, stroke, vascular and specialist heart services) in east Kent.

An expanded, modern A&E at Queen Elizabeth the Queen Mother Hospital (QEQM), Margate, with inpatient care for adults and children who are acutely unwell, emergency and day surgery, maternity and geriatric care.

Investment in beds and services at Kent and Canterbury Hospital which would include diagnostics (such as X-ray and CT scans), day treatments and surgery, some routine planned inpatient surgery, outpatient appointments and rehabilitation. There would also be 24/7 GP-led Urgent care centre /Urgent Treatment Centre treating illnesses and injuries which are not 999 emergencies, in Canterbury.

Potential option 2 - This option involves an estimated £305 million NHS investment to enable three vibrant hospitals, including: The development of a new hospital at the Kent and Canterbury Hospital and refurbishment of some of the current hospital buildings, to provide a single, modern, 24/7 A&E and all specialist services (such as trauma, stroke, vascular and specialist heart services), consultant-led maternity and frailty services, and children's inpatient services, for the whole of east Kent.

Services including diagnostics (such as X-ray and CT scans), day treatments and surgery, some routine planned inpatient surgery, outpatient appointments and rehabilitation at both the William Harvey and QEQM hospitals.

There would also be 24/7 GP-led Urgent care centre /Urgent Treatment Centres treating illnesses and injuries which are not 999 emergencies, in Ashford and Margate.

This potential option was added to the medium list in October 2017 following an offer from a local developer to build the shell of a new hospital in Canterbury and gift it to the NHS. It would be part of a development of 2,000 new homes, which includes an access road from the A2. It would involve changes at all three sites, including moving some services currently provided at the William Harvey and QEOM hospitals.

Under both options, the NHS aims to open further urgent treatment centres in east Kent, as part of a national drive to simplify urgent care. Urgent treatment centres bring together a whole range of services for illnesses and injuries that need urgent care but are not a 999 emergency. The NHS is asking for views on the potential locations and opening hours of the urgent treatment centres.

The Commissioners will be undertaking a series of public and patient listening events commencing 29th October to seek the views and comments of all stakeholders on the two options before a formal public consultation exercise is undertaken in early summer 2019.

Q11. Are there any plans for Urgent Treatment Centres at either Deal Victoria Hospital or Dover Buckland Hospital?

Response provided by East Kent Hospitals University Foundation Trust

Urgent Treatment Centres are a national initiative which will be led by the Commissioners. Locations for UTC in EK are unknown at this stage.

However, EKHUFT continues to work closely with South East Coast Clinical Commissioning Group and the other CCGs in East Kent on the longer-term plans for clinical services under the Kent and Medway Sustainability and Transformation Programme.

Work is currently underway, being led by the Local Care Group, to consider the volume and type of patients currently accessing acute care that could be treated within local care services. These are likely to be a combination of patients who do not need to be admitted in an acute setting, or whose discharge can be expedited from the acute setting.

Q12. What has happened to promised 'one stop' visits to hospitals? Patients still have to make return visits to the same hospital or different hospitals - often involving a long and/or difficult journey especially for those without their own transport.

Response provided by East Kent Hospitals University Foundation Trust

One stop clinics are available for a number of specialties such as Women's health, Child health and Ophthalmology. The Trust continues to explore opportunities to deliver one stop clinic in specialties that are appropriate to do so.

In addition, we have introduced cataract surgery and women's health is planning to introduce hysteroscopy at Dover. A number of services are now exploring the use of virtual clinics that are run in ophthalmology, haematology, sleep and fracture services. We are also one of the leading trusts in terms of offering telephone clinics.

Hospital Services – Hospital Transportation and Parking Services

Q13. When it is necessary for patients to stay in hospital we are told that having visitors is great therapy for patients, improves their recovery time and their feeling of well-being and can also help staff. But visiting is not easy when patients are taken to hospitals a considerable way from home, especially if public transport is required or expensive hospital car parking is involved.

(a) What consideration has been given to providing more information on free parking for 'frequent flyers', that is for patients who visit every week/every day for chemo, etc.?

Response provided by East Kent Hospitals University Foundation Trust

EKHUFT offers a concession for patients that are frequent attenders to our hospitals (those patients could include treatment for cancer and renal dialysis). These concession tickets are available for patients at a cost of £3 for 1 week, £6 for a 14 day parking ticket and £9 for a 21 day ticket. We also provide a greatly reduced cost weekly parking ticket aimed at visitors who need to attend the hospital sites frequently for a short period of time (relatives and friends of patients of the Neonatal intensive care unit for example). The cost of this weekly visitor's ticket is £12. These concessions are a significant saving to the standard daily rate. Tickets are available from the Car Parking Offices on each site and patients and visitors are actively told of these offers.

b) Has consideration been given to the provision of a free parking permit be included with appointment letters to these patients?

All patients that require multiple attendances for their treatments (renal dialysis, chemotherapy, regular infusions) are provided with information about the concession tickets. We do not provide free parking for patients or visitors to our hospital sites but money collected is reinvested in patient care.

c) What measures are being taken to ensure that there is sufficient affordable and convenient public or health service provided transport for those without access to cars?

We understand the need to continue to provide as many services as possible to the people of East Kent as local as possible. We do our best to help patients' access services where they cannot be delivered locally. A patient transport service (commissioned by the commissioners) is available for eligible patients by booking with the non-emergency patient transport provider across Kent and Medway. G4S is the provider for East Kent and the details are available on the Trust's website <https://www.ekhuft.nhs.uk/patients-and-visitors/find-us/getting-to-our-hospitals-by-nhs-transport/>.

The Trust continues to work with public transport providers to ensure patients who need to access our services have easy access to public transport.

In April 2014, the Trust entered into a four year partnership with Stagecoach East Kent to introduce new bus routes serving our hospital sites. We work with Stagecoach to ensure that the services keep up with the needs of passengers.

Members were concerned that the parking concessions were not adequately advertised nor communicated to patients/visitors. It was suggested by Members that this could be communicated via DDC's Keep Me Posted.

Bed Blocking

Q14. What is being done about providing beds in residential care homes to avoid "bed blocking" and ensuring that people are not being kept in hospital when it is not the most appropriate place in terms of cost or their care needs? Is there a shortage of providers of domiciliary care and if so, what is being done to tackle this problem?

Response provided by East Kent Hospitals University Foundation Trust

EKHUFT continue to work with Commissioners to develop health economy plans to ensure that patients are cared for in the right place at the right time and by the right health care professionals.

It was acknowledged that there were a number of patients who were stranded in hospital beds and work was required to address the issue of admissions and to co-ordinate services to avoid unnecessary admissions. There were approximately 165 – 180 stranded patients at any one time. There was a target to reduce those patients by 25%.

Miscellaneous

Q15. We know that everyone is human and we can all make mistakes and in most areas of work this may simply cause an inconvenience. This is not so in the Medical profession. Doctors, nurses and other medical and social workers are often working long hours without adequate breaks and sleep and under immense pressure. When something goes wrong there is a perception that the first reaction appears to be to close ranks for self-protection. There must obviously be safe-guards against malpractice but how can we become open and work towards ensuring mistakes are less likely to be repeated? What can be done about our 'blame culture' and the apparent need for a 'scapegoat'?

Response provided by East Kent Hospitals University Foundation Trust

EKHUFT takes this issue extremely seriously.

We actively encourage and support all staff to raise any concerns they may have and are committed to dealing with such reports responsibly and professionally.

Staff can raise a concern about risk, malpractice or any wrongdoing they may think is harming the service we deliver. Examples of this might include:

- Unsafe patient care
- Unsafe working conditions

- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- A bullying culture (across a team or organisation rather than individual instances of bullying)

Where possible, staff are encouraged to speak to their line manager or senior manager for early resolution without the need for formal process.

If they do not feel able to raise their concern with their line manager or senior manager they are encouraged to raise the concern via the Clinical SOS desktop link available on all computers. They can also speak confidentially to or email the Freedom To Speak Up Guardians.

The Trust also has a Raising Concerns Policy that applies to all those who work at EKHUFT, whether they are a permanent member of staff, agency or bank staff, the staff of one of our contractors or a volunteer.

S106 Funding

Q16. When monies are available under section 106 'Developer contribution' for, say 'Health Centre Rent Contribution', to whom is this money actually paid – NHS Property, CCG, the local GP/Health Centre etc.?

Who decides to what particular health service, and to help which service, the money is used to support? How is the local community or the local GP/Health Centre/Patients Group involved in decision making about this?

Response provided by East Kent Hospitals University Foundation Trust

It is usual for all Section 106 capital monies secured for health to be paid directly to NHS England (as not all health organisations can hold capital monies). 'Health centre Rent Contribution' is something which would be individually negotiated to enable a specific service to operate from the identified site and would usually be passed to that service in order for them to fund their accommodation on site.

The CCG can request capital contributions, however historically has not been able to secure revenue payments.

There is often a significant time delay before the developer contributions can be claimed e.g. after a certain number of new houses have been built/occupied.

The CCG is consulted at planning application stage for all new developments. The CCG will begin an ongoing process of engagement with GP practices in the locality. This will continue until a scheme is completed and can take place over many years. The local community is also consulted as part of the planning process for the proposed development.

So as part of responding to a planning application the CCG has to determine if the new developments are likely to have an impact on primary medical services/GP services. The CCG has to determine in which GP practices boundaries the

development falls and if the growth in patients can be accommodated within existing GP practices. If the current GP capacity will not be able to absorb the growth in population arising from the new development, a formal request for health contributions from the developer is submitted to the local planning authority/district council as part of the consultation process.

If a request for developer contributions is made and accepted, then a detailed agreement is drawn up which is negotiated with the Developer by the district council/local planning authority - this is known as a section 106 agreement. This agreement describes how the developer contributions can and can't be used, and at which stage the developer must make those contributions. In many cases the S106 agreement will explicitly identify a specific GP practice site as the beneficiary of developer contributions as the residential development falls within their practice boundary and the growth in population arising from the planned developments are likely to result in an increase in patients at their GP practice. Other agreements may dictate that contributions are spent within a specific distance of the residential development. Either way, the funds are released via NHS England.

Development projects paid for by S106 contributions have to go through a 3 stage CCG approval process – project initiation document, outline business case and full business case to draw down the money. At each stage there will be an engagement requirement with patients and practice based patient participation groups to help shape the health service being developed.

The Chairman would be provided with the appropriate contact details to discuss Aylesham and S106 monies.

Questions from the public in attendance

Does the CCG have ear of government for money? i.e. Financial incentives to attract GPs. Certain part of the country forgive student loans.

Incentive schemes had been explored and there were various national incentive schemes. There were no local funds available to incentivise.

Does deprivation of an area dictate whether more or less funding is available for GPs?

More funding was available for more deprived areas.

Is there any evidence that students who will attend the new medical school will stay in the area? Is there an incentive?

There is evidence that those who have attended other medical schools, especially the new schools, do stay in those areas.

Is it cast in stone that there will be 3 hospitals or could it be 4?

There was a recommendation that it would be 3 stroke units but no decision had been made.

APPENDIX 1 - List of Outpatient services provided from Buckland Hospital, Dover

Specialty	Number of attendances
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	Jan to Sept
AMD	454
Breast surgery	305
Cardiology	575
Cataract	416
Clinical pain psychology	33
Colorectal surgery	1,108
Colposcopy	522
Community paediatrics	190
Community paediatrics SALT	3,207
Cornea	775
Dermatology	931
Diabetic medicine	98
Diagnostic cardiology	33
Ear, nose and throat	781
Endocrinology	275
Gastroenterology	619
General ophthalmology	1,751
General surgery	379
Glaucoma	1,397
Gynae scopes	43
Gynaecology	1,104
Health care of older people	172
Maternity day care	16
Maxillo facial	186
Medical retinal	759
Multiple sclerosis	103
Nephrology	71
New born hearing screening	94
Obstetrics	750
Oculoplastic/lacrimal	559
Ophthalmology diagnostics	1,229
Orthodontics	144
Orthopaedic ESP	258
Orthopaedics	1,282
Orthotics	431
Paediatric diabetic medicine	94
Paediatric ear, nose and throat	25
Paediatric medicine	1,268
Paediatric neuro-disability	960
Paediatric occupational therapy	861
Paediatric ophthalmology	98
Paediatric physiotherapy	674
Pain management	207
Parkinsons	109
Physiotherapy	2,726
Psychology	127
Refraction orthoptics	280
Rehabilitation	47
Renal medicine	535
Respiratory medicine	411
Rheumatology	737
Rheumatology nurse led	147

Stoma nurse	81
Urology	546
Vascular nurse led	52
Vascular surgery	148
Total attendances (January –September 2018)	31,183
Total attendances for 2018 (pro-rata)	41,577

The meeting ended at 8.41 pm.