

**DOVER DISTRICT COUNCIL**  
**SCRUTINY (COMMUNITY & REGENERATION) COMMITTEE**

**KEY QUESTIONS FOR HEALTH SCRUTINY**

**7 November 2018**

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?
- 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?
- 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?

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?

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.

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 EKHFT is struggling to recruit and the Government has relaxed the cap on International Doctor's numbers.

Sustainability and Transformation Plan (STP)

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

### 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?
- 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.)?

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

### Hospital Services

- 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.

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

### Bed Blocking

- Q15 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?

#### Miscellaneous

- Q16 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'?

#### S106 Funding

- Q17 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?