

**Dover District Council**  
**Overview and Scrutiny Committee**  
**NHS Kent and Medway**

**Commissioned Services**

- (1) Which services are directly commissioned by GP's and why?
- (2) Please confirm to us which services GPs will be commissioning directly taking into account the difficulties in now getting GP appointments.

**Changes to Services**

- (3) The NHS Long Term Plan, published in 2019, has three core aims which are (a) to make sure everyone gets the best start in life; (b) deliver world-class care for major health problems; and (c) to support people to age well.

What changes in local primary, community and hospital services are being considered now and, in the future, to achieve these aims?

- (4) Are any other changes in local primary, community and hospital services being made or considered as a result of other pressures or priorities?

*For example, changes emerging from new ways of working during the covid pandemic or as a consequence of budget or staffing pressures.*

- (5) The change to phlebotomy service provision at Deal Hospital has understandably raised concerns over the future of other services offered there. What are the plans for service provision at Deal Hospital over the next five years?
- (6) With bus services being reduced public transport accessibility to major hospitals is becoming more difficult. What is the NHS doing to address this and are they looking at making more diagnostic tests more accessible locally?

**Public Consultation**

- (7) What are the statutory criteria for consulting with the public about changes in local primary, community and hospital services?

*In answering this question please could you give recent examples of changes where consultations have been undertaken and, if applicable, where they have not prior to a service change.*

- (8) Is consultation ever undertaken about changes in local primary, community and hospital services in circumstances where there is not a statutory requirement to do so?
- (9) District Councillors have an important role as community representatives in supporting local residents including those affected by changes to primary, community and hospital services. Is there a way in which district councillors can be kept regularly informed of these changes?

## **Local GP Practices**

- (10) The Care Quality Commission (CQC) while providing the reassurance of good or better ratings for GP practices in the Dover District has found that one practice (The Cedars, Deal) that requires improvement in respect of safe and effective categories. What is the role of Kent and Medway NHS in supporting the improvement of practices that require improvement and overall seek to continuously improve the provision and quality of services?
- (11) Why are people requesting blood tests from Specialists referred to Ashford, Canterbury or Margate rather than locally?
- (12) Why can't people book 4 or more weeks ahead for a blood test locally?
- (13) There is currently a shortage of around 4,200 full-time equivalent (FTE) GPs in England, which is projected to rise to a shortage of around 8,900 FTE GPs in 2030/31, relative to the number required to meet the rising need for care. Please could you provide in a table, broken down for each GP practice in the Dover District, the following information:

2022

- The population covered by each GP practice
- The current number of full-time equivalent (FTE) GPs at each practice
- The expected number of FTE GPs at each practice if full staffed
- The current number of other clinical staff at each GP practice (nurses, nurse practitioners, paramedics, etc.)
- The expected number of other clinical staff at each GP practice if full staffed

2030/31

- The projected required number of FTE GPs at each practice in 2030/31 based on projections for population growth and rising care needs for the population
- The projected actual number of FTE GPs at each practice in 2030/31 and what plans are in place to deal with any projected shortfall

## **Clinical Staffing**

- (14) The Nuffield Trust estimates that for the South East of England, there is a clinical staff shortfall of 8.2% for hospital and community health services. While accepting that the operational vacancy number will be lower due to agency staff cover, what is the current level of clinical staff vacancies for hospital services in East Kent and what is NHS Kent and Medway doing to support its hospital partners in ensuring safe levels, and longer term the desired levels, of clinical staffing is in place?
- (15) The Committee has previously been advised of shortages in clinical staff, beyond that expected as a result of normal turnover, in primary, community and hospital care. Is

this still the case and if so, what is being done to address these shortages in both the short and long-term?

- (16) I understand that many, though not all, shortcomings in our local service are due to chronic understaffing, as recruitment fails to fill vacancies. What are we doing to bring in the right calibre of staff?
- (17) Patients' experiences in hospitals and surgeries can be adversely affected when they have difficulty in understanding. What are you doing to improve the communication skills of staff (from consultants to health care assistants) who fail to communicate effectively?

### **Deal Hospital**

- (18) Walk in A&E services were withdrawn from Deal hospital due Covid and are only available if an appointment is made after ringing 111. Taking into account the issues with 111 why cannot this not revert to walk in facility again to take the pressure off the major the Major hospital A&E hospitals?