

Charlie Elphicke's proposals for Dover Healthcare

Background

This is a local healthcare plan for Dover and Deal prepared by Charlie Elphicke, Conservative Parliamentary candidate for Dover & Deal. It is centred around upgrading existing healthcare with community hospitals. This will enable more healthcare services to be provided locally to avoid long trips elsewhere.

The aim of this plan is to engage the community and medical practitioners in a serious discussion on the future shape of our local healthcare and how we can deliver what people want.

This health plan is not intended to be set in stone or a final document. Rather it is meant as a starting point, from which the community and medical practitioners can consider how community hospital healthcare can be provided in Dover and Deal within the context of existing budgets. The aim of this plan is therefore not to use "new" money, but rather to ensure that existing health money is spent in a way that accords with the wishes of the community.

The views and opinions of the community and medical practitioners are therefore requested in order to develop and improve this plan as a living document.

Please email your comments and opinions to Charlie Elphicke - enquiries@doverconservatives.com or write to Charlie Elphicke, 54 The Strand, Walmer, Deal, Kent CT14 7DP

The Health Plan

The proposal is a five point plan:

- Local health chiefs bid for Government community hospital money to provide upgraded hospitals and healthcare in Dover and Deal;
- The community hospitals provide the following services: X-rays and other diagnostic services, out of hours telemedicine monitoring, intermediate step down care and outpatient services;
- A 24/7 urgent care centre is established in Dover as part of the urgent care network, with consideration of a similar centre in Deal;
- Local community hospitals should have a special focus on the care of older people and
- The Community Hospitals should also offer day surgery, in partnership with local acute hospitals.

What people want

People in Dover & Deal have expressed a clear wish to see hospital based healthcare locally. There is a deep dislike of the requirement to travel to Ashford or QEQM which are seen as too far away. This dislike is particularly felt by older people. There is great anger at the withdrawal of emergency care and the reduction of locally based hospital services.

At the recent Dover West Community Health Forum on 30 August 2007, community hospitals were raised as something people would like to see and there was strong support for a community hospital in Dover. It appeared from the discussion that the PCT is not currently putting forward proposals or bidding for community hospital money in Dover or Deal.

At the forum, great concern was expressed about how hard it was for older people to get to places like Ashford and concern about the loss of beds for older people in the running down of Buckland Hospital.

How local healthcare works and who controls the purse strings

The East and Coastal Kent PCT (“**PCT**”) decides how all healthcare money is spent in East Kent. The PCT has a budget of £1,018 million.

The PCT decides what hospital healthcare to provide. It agrees this with East Kent Hospitals Trust (“**EKHT**”). This year it will pay £307m to EKHT. EKHT gets some money from elsewhere – like the DoH – and so last year had a total Budget of £363.6m. EKHT has been struggling since it’s budget went up last year by 3% - below inflation. So EKHT has been making cutbacks.

EKHT operates Buckland Hospital. Due to budget pressures, it has been running down Buckland Hospital. The hospital now provides few services and the PCT has use of part of the site. The PCT on the other hand is planning to provide more services that was previously the case, including services traditionally provided by EKHT.

Ultimately, the PCT and EKHT are QUANGOs which are funded by the Government and given particular targets and objectives. The boards are all appointed by Central Government. So the level of Central Government control is very high – as can also be seen from every PCT in the country having to put forward a “Fit for the Future” plan in accordance with Central Government directives.

Money and current plans

Hospitals are expensive. Buckland already needed an upgrade even before the reduction of services there. A new build hospital would also be very expensive. The PCT would consider an upgrade of Buckland or a new hospital to be unaffordable proposals without special funding.

There is however a Government special fund of £750m for community hospitals. This money can be used to upgrade existing hospitals or build new ones. Awards have so far been made which vary from £1 million to £13m. This kind of money could enable either the refurbishment and upgrade of the access to Buckland Hospital as well as the building itself, or it could be used in the establishment of a newer community hospital in a more attractive location in Dover. In the case of a new community hospital being built, monies would presumably be invested which result from the sale of the current Buckland Hospital site. The existing central Dover health centre could also be the subject of a bid to rebuild or upgrade. The money available could also enable an upgrade to the facilities at Deal.

The question then arises – how will the ongoing costs be paid for? The PCT is currently planning more doctor led care. The PCT states in its 2007 Strategy that it will have a strong diagnostic capability. The PCT also plans to address the problem of high travel

distances to the big hospitals for routine care as well as improve access to diagnostics. A reduction in A&E attendances is proposed by the pioneering of an “urgent care network”. The PCT also plans to improve intermediate step down and respite care coverage.

Although not in any of the plan advanced by the PCT, the PCT is known to be considering newer telemedicine technology - while not all local doctors are convinced about the effectiveness of the PCT’s specific plan for the use of this technology, if it is employed by the PCT it will presumably require out of hours monitoring.

The PCT’s recent “Fit for the Future” report of Summer 2007 states that the growing number of older people in Dover and Deal is a challenge. It also stated that there is a plan for diagnostics and outpatients appointments to be run in more convenient locations. There is also a plan to invest in more community hospitals and therapy services. There is also a plan for more services to be provided by the PCT like operations, x-rays, blood tests and other treatments by finding places to treat people more quickly.

So it can be seen that local community hospitals for Dover and Deal would be well placed to provide the services the PCT is currently planning to deliver.

In the ladder of care, the community hospitals offer a mid way point between GP practices and acute care. They would be able to offer a higher level of services than can be provided in individual GP clinics, without the very high expense of acute hospital care.

Cost of the Health Plan

This plan is not expected to result in the spending of money over and above the current plans of Central Government and the PCT. It may even result in overall cost savings that can form the basis of further investment in local healthcare:

- A bid for the upgrading of local healthcare with community hospitals run by the PCT would deliver locally already available and budgeted Central Government money;
- The PCT already plans to provide the services included in this plan (although not necessarily in locally). The provision of services through local community hospitals is not expected to increase expense;
- Savings are expected for the PCT from the combination of some services provided in GP surgeries and from the concentration of expertise in the community hospital, the savings of which should be reinvested in better local healthcare; and
- Savings are expected from a reduction in the number of patients using (more expensive) acute hospital services, the savings of which should be reinvested in better local healthcare.