



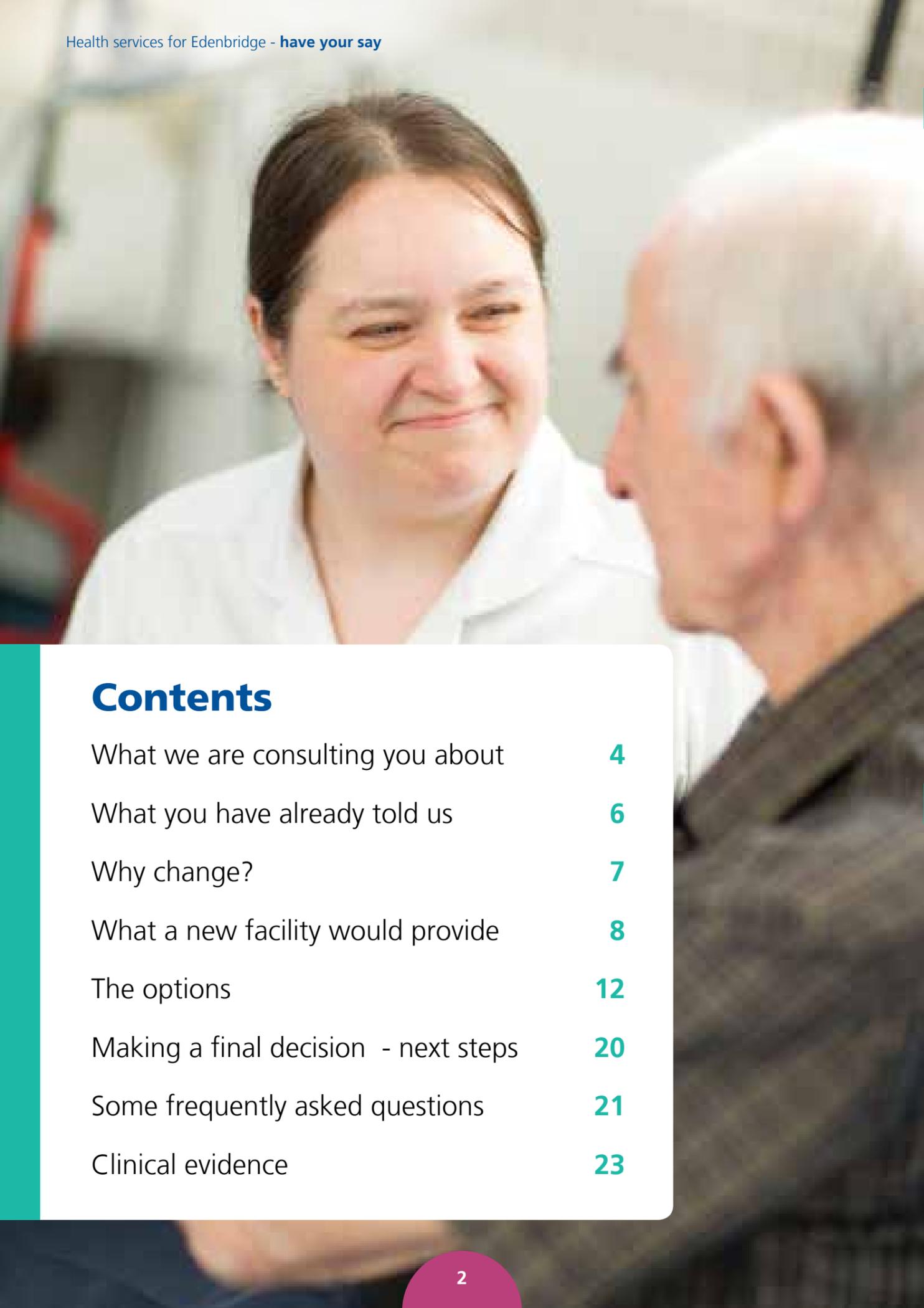
Public consultation on  
Health services for  
**Edenbridge**

What do you think?

Your opportunity to make  
your views known

Consultation document

**Have your say** – 1 February to 26 April 2017



## Contents

What we are consulting you about	4
What you have already told us	6
Why change?	7
What a new facility would provide	8
The options	12
Making a final decision - next steps	20
Some frequently asked questions	21
Clinical evidence	23

## Have your say

The NHS organisations in Edenbridge:

- **NHS West Kent Clinical Commissioning Group (CCG) – which plans and pays for healthcare in west Kent**
- **Your GPs at the Edenbridge Medical Practice**
- **Kent Community Health NHS Foundation Trust (KCHFT) which provides NHS care in people's homes and at the Edenbridge and District War Memorial Hospital**

are looking at how we can strengthen care for local people at a time of growing demand.

Last year, we asked the people of Edenbridge and surrounding villages what services you would like provided in Edenbridge and

what you think about having a combined hospital/surgery. We have listened to what you told us and have used it to put together this formal consultation that we are now carrying out about future health and care services in Edenbridge.

The purpose of this document is to explain how we arrived at our preferred option and to ask for your feedback on this, which will help shape the decision.

We are asking for your comments on:

- our proposals for health services in Edenbridge going into the future
- the options and particularly our preferred option.

We are consulting from 1 February until 26 April 2017.

## For more information

 Visit [www.westkentccg.nhs.uk/edenbridgefuture](http://www.westkentccg.nhs.uk/edenbridgefuture) where you can give your feedback online

 Tweet [@NHS WestKentCCG](https://twitter.com/NHSWestKentCCG)

 Email [engagement.secsu@nhs.net](mailto:engagement.secsu@nhs.net)

 Call **03000 424348**

 Or come and discuss our plans at one of the meetings below:

- **Rickards Hall, High Street**  
Tuesday 7 February  
6.30 to 8.30pm
- **WI Hall, Station Road**  
**Hosted by Tom Tugendhat MP**  
Saturday 25 March 11.30am to 1pm
- **Eden Centre, Four Elms Road**  
Monday 13 March 4 to 5pm
- **Edenbridge Leisure Centre, Stangrove Park**  
Tuesday 25 April 6.30 to 8.30pm

## How to respond

Your views are important and we would like to hear from you.

There are many ways in which you can respond, either by completing the survey with this document or online, or you can send us a message, or a letter.

 If you wish to complete the survey inserted in this document, or write to us, please use the envelope provided or the freepost address:

**Freepost Plus RTEG-RHKB-EJGJ**  
**NHS South East CSU**  
**Kent House**  
**81 Station Road**  
**Ashford**  
**TN23 1PP**

## Alternative versions

**If you would like this information in another language, audio, Braille, Easy Read or large print, please email [engagement.secsu@nhs.net](mailto:engagement.secsu@nhs.net) or call 03000 424348**

# What are we consulting you about?



When we asked for your views last year, we promised to consult you on options for the future.

Having looked at all the evidence, including what you told us, we have now developed four possible options – one of which is our preferred option – for how health services can be provided in Edenbridge in the future.

**The CCG, GPs and community trust believe the best option for Edenbridge is a combined hospital/surgery in a new building on a new site. A facility which can offer outpatient clinics and day care (such as intravenous drips provided on a daily basis that we don't do now), not currently available in Edenbridge. This would mean different arrangements for the small number of Edenbridge people – usually no more than two at any time – who use the beds at Edenbridge hospital.**

We believe this will best meet local people's needs and allow us to make best use of the staff and funding available. The other options we list are also viable, but they have some significant disadvantages, which we detail.

We now want to hear from you as part of our formal public consultation about whether you agree and any problems you can see.

You may identify issues we may not have thought of, and may have ideas which will help us to take our final decision.

It is clear from what you told us last year that you, the people of Edenbridge and its surrounding villages, value the care you receive from the GPs and practice staff, and from community services, particularly those based at Edenbridge and District War Memorial Hospital. You also told us that you would support the two working more closely together on a single site, in a single building. We agree and this is key to all the options we have developed.

There are many reasons why the current situation needs to be improved. You are already telling us that the GP practice is too small and we know it will struggle as new people – mainly younger adults and families – move into homes being built in Edenbridge. The 1920s building that currently houses the surgery has been extended to its maximum extent so there is no room to grow on the current site. Parking is an issue and disabled access needs to be improved. Additionally, the practice faces recruitment challenges and cannot physically accommodate all the staff that it needs. This will worsen if no action is taken.

The community hospital is old and the building is not up to modern standards. Ward areas

are too small and cramped, which puts people's privacy and dignity at risk. There is not full disabled access to the building. There are severe restrictions on how the layout of the hospital could be changed and general maintenance of an old building is problematic. Its small inpatient unit is not economical to run or easy to staff.

Poor transport and travel networks increase the stress on patients who currently have to travel to clinics at hospitals in Tunbridge Wells, Sevenoaks and Maidstone for care, some of which could potentially be provided locally if the right facilities existed.

**This is an exciting, unique, opportunity for us to work together to improve health services for the people of Edenbridge that will benefit people now and for future generations.**

Everywhere in Kent the NHS and Kent County Council, which provides social care to help people live their lives comfortably, particularly those people who require extra practical and physical help, are looking at how they can change services so they are right for people now and into the future, and can cope with demand that is rising every year. This is our opportunity to get things right for Edenbridge.

We know people want much more joined-up, coordinated care, particularly if they are frail or have long-term health problems or disabilities. People have told us they want:

- to have all their needs assessed and what works for them taken into account
- coordinated support given by professionals who talk and work together
- to tell their story once and have one point of contact.

We believe that we can make that happen in Edenbridge, while also keeping pace with the growth in population of people of all ages, including young families.

But we need to be clear: there is limited money to pay for these changes and it will not be possible to have everything that everyone wants.

We hope the community will support our vision for the future but we also need to be clear this is the first stage in a long process. Once the outcome of the consultation is agreed, we will need to seek planning permission and work with investment partners (such as NHS Property Services which currently owns the hospital building) to secure funding for the new building. There is a widely shared recognition that the current GP practice and hospital facilities cannot be sustained for long and therefore that a solution must be found, but there are no guarantees.

However, if we have strong support from the people of Edenbridge, it is much more likely that we will be able to create a new combined hospital/surgery for the town and surrounding villages.

Please take the time to respond and encourage others to do the same. We want to hear from as many local people as possible and to understand how our proposals would affect you. If these proposals have implications for you, positive or negative, be sure to tell us now.

**Ian Ayres**  
**Accountable Officer,**  
**NHS West Kent Clinical**  
**Commissioning Group**

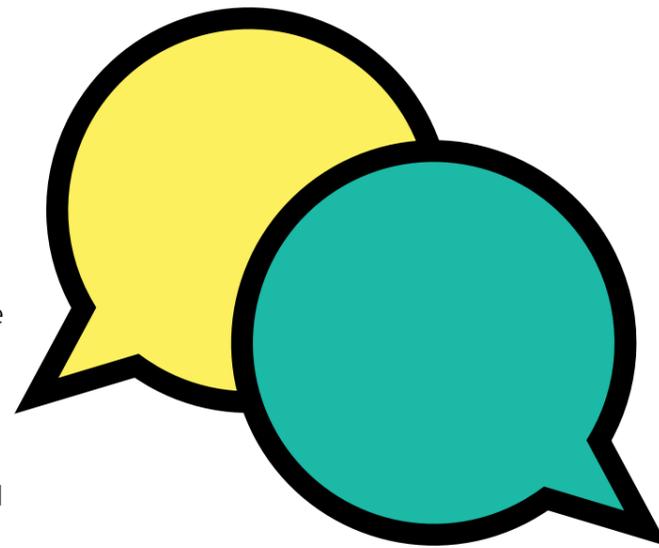


## What you have already told us

Earlier this year, we asked you about ideas to improve the care you get from your GP practice and NHS staff in the community. During eight weeks from May to July, 307 people attended meetings and 434 people responded to a questionnaire to give us their views.

We have listened to what you said.

- change is needed
- locating the GP surgery and the services provided at the hospital under one roof is sensible but you had mixed views on where this could be located
- the GP surgery is too small
- Edenbridge needs more services - particularly GPs, maternity, children's services, end of life care, diabetic health checks, breast screening and ultrasound, and additional services to meet changing needs such as audiology/hearing aid services, diabetic outpatient clinics and MRI scanning
- you want to keep the Minor Injury Unit (MIU) and x-ray facilities and to expand their opening hours
- transport is a problem with poor bus and rail connections to the larger hospitals at Pembury, Sevenoaks and Maidstone
- Edenbridge hospital is much loved and there was considerable concern about its future. Any new facility should include the name 'Memorial' and the community's contributions to the hospital should be acknowledged in a new building
- the hospital's facilities are under-used and the design of the buildings does not work for delivering modern healthcare
- the Eden Centre and Bridges offer a range of services and social prescribing and any new facility would need to complement these and not compete
- there needs to be further discussion about inpatient beds for Edenbridge residents, and a proper understanding of how these can be provided and the costs involved
- more day hospital services, such as intravenous medication (drips), are welcome but there were concerns about whether some elderly frail people would be adequately supported at home when using these day services and what transport would be in place.

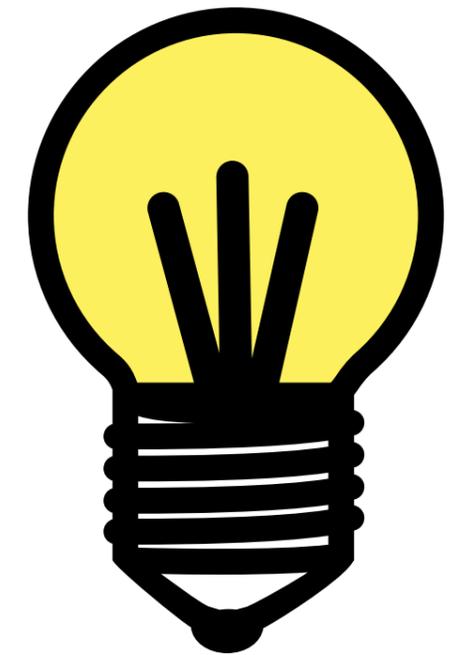


## Why change?

We believe a new combined hospital/surgery would result in:

- **greater convenience** - a 'one stop shop' with all local health services based in one place
- **better quality care**, especially for people with long-term health problems who need all relevant professionals working together as a single team
- **greater focus on you as a whole person**, looking at your mental health just as much as your physical health, and putting you in contact with support that already exists locally, for example, befriending services, exercise groups, clubs and societies, benefits and money advice
- **better environment** - a modern centre which can meet all legal requirements and is a pleasant place for you to visit and for staff to work
- **better recruitment** - attracting some of the best doctors, nurses, specialists and other staff to work in Edenbridge
- **better technology** - speeding up diagnosis, referral and recovery
- potential to provide care for people with some conditions **without the need for an overnight stay** in an acute (main) hospital, for example, if they need to be put on a drip.

We are hopeful that any new facility will also include a **dental surgery**.



## Changing picture

- The number of people living in and around Edenbridge is growing. By 2024, the practice expects to have nearly 14,400 registered patients, up from the 12,400 it has registered now. The new residents will be mainly younger adults, often with families.
- At the same time, older people in Edenbridge are living longer and need more healthcare. They tend to be poorer than in other parts of Sevenoaks district.
- Emergency admissions to acute (main) hospitals for people over 65 from Edenbridge, including for falls, are higher than in most of the rest of Sevenoaks district.

## What a new facility would provide

### Proposed primary care – GP-type services:

- Enough general clinic and consulting rooms for GPs, nurses, healthcare assistants and GP trainees to meet demand as the population grows over coming years
- A dispensary where people can pick up their medicines (already established in the current practice) possibly with a pharmacist on site working with patients and other staff to offer advice
- Space for new services, including social care and meetings for staff to discuss patient care together
- Space for support staff.

### General space:

- Larger meeting room where a wide range of staff can meet to discuss patient care
- Accommodation for staff induction and training programmes
- Café with meals and refreshments for patients, staff and visitors
- A base for the hospital's League of Friends and the practice's Patient Participation Group
- Space for voluntary sector organisations and community groups to provide wellbeing activities that are not already provided elsewhere in the town.

### Hospital space:

- Urgent care area with minor injury unit (MIU) and diagnostics (x-ray, ultrasound and blood tests)
- Specialist minor surgery facilities
- Clinic rooms including one suitable for hearing tests and foot care services (podiatry)
- Day hospital for patients with dementia and other long term conditions
- Physiotherapy gym for use in rehabilitation
- Day care beds where patients can receive additional treatments during the day and go home at night.

The building would meet all legal expectations of a modern healthcare facility, including having full disabled access.

## Retaining and valuing our staff

All the skills of people currently working at the hospital and GP surgery will be needed in the new building. Kent Community Health NHS Foundation Trust and the GP practice are also committed to training and developing staff so they can further their careers and take up new roles as they become available.



## Choices - beds

There are currently 14 inpatient beds at Edenbridge Hospital, where people are admitted when they are recovering from an accident or illness and are not able to be treated at home.

We are really aware of how valued the inpatient beds are and how excellent the care has been at the hospital but we do not feel that this is the best way to use the money available for health and care in Edenbridge.

On average only three beds are **needed** at any given time for people who live in and around Edenbridge. This is based on the age and health needs of the population.

And in practice, at any time only two of the beds in Edenbridge Hospital are **used** by Edenbridge residents. They typically stay in the hospital for around four weeks including at least a week after they are medically well enough to go home. Often, this is because there are not enough services to support them at home.

To put this into perspective, the money that it costs to provide care for 24 to 28 people a year a year could be used to give day care to between 500 and 1500 people a year in Edenbridge – potentially preventing some of them becoming so unwell they need to go to an acute (main) hospital.

# Value for money

## What services would the current NHS budget buy in Edenbridge?

**24 - 28**

Numbers of inpatient beds at Edenbridge Hospital used by Edenbridge people (on average) per year

**520 - 1560**  
(10 to 30 per week)

Numbers of people that could be treated as day care per year instead

Instead of inpatient beds, day beds could allow staff to provide care that many local older people currently travel to Maidstone and Tunbridge Wells for. This would be care that does not require an overnight stay such as clinics, assessment, intravenous drips, complex blood tests and other support and treatment.

This would not just help more people. It would also do more to keep people well and at home. Long stays, even in community hospitals, are not good for older people. Ten days in hospital (acute or community) causes the equivalent of 10 years' muscle ageing in people over 80.<sup>1</sup>

Across the country, there is a move away from caring for people in small isolated wards. Modern community hospitals/care homes have a minimum of 50 to 60 beds as this is the number that allows them to provide robust care, by a team of nurses, assistants and therapists, seven days a week.

This is partly because it can be difficult to find staff for a small, isolated unit that is some distance from the railway station or only accessible via rural roads. For a period in 2016, to ensure patient safety, only eight beds were open at Edenbridge Hospital, because of a shortage of staff. The hospital has now been successful in attracting some new staff, but this is a challenge.

Small numbers of inpatient beds are very expensive to run because of the number of staff (nurses, therapists and healthcare assistants) needed to provide the range of care required. This means small units are less efficient.

It is very unlikely that a unit with only 14 beds would have a secure long-term future. The local NHS is likely in future to plan for fewer, somewhat larger, community hospitals.

For these reasons, our preferred option is to have day care services rather than inpatient beds.

## New site

We believe it would be better to construct the building on a new site because:

- the current hospital site is smaller than required. It is also not close to the town's centre of population
- as refurbishment is not an option, because even after major changes the building would not fully meet the existing and future needs of Edenbridge,

the hospital would have to close while work was underway. This would be costly and inefficient. If services move out of Edenbridge, they might never move back

- starting afresh on a new site would reduce disruption to patients and staff while the new facility is built.

There are planning issues with all the options which would need to be overcome.

<sup>1</sup>From a study by Kortebein P, Symons TB, Ferrando A, et al. (2008): Functional impact of 10 days of bed rest in healthy older adults.



**Dr Simon Morrison is Senior Partner at Edenbridge Medical Practice:**

"We need a new facility to attract new good quality doctors and nurses. There is a national shortage of doctors and they can pick and choose where they want to work, we want them to pick and choose us. Without a new facility we will not be able to have a thriving general practice in the future. That won't happen in this building.

"In a new facility we can be much more innovative about how we do things. We are doing things well, the staff at Kent Community Health NHS Foundation Trust

are doing things well but together we can do them so much better.

"I would also like us to have a greater focus on social prescribing<sup>2</sup> and to work much more with the Eden Centre<sup>3</sup>. For each of us as individuals, most of our health is determined not by doctors, nurses and pills but by friendship, exercise, diet, creative arts, helping other people, education etc. All of these and more are available at the Eden Centre. If all health services were operating out of one place, ideally close to the Eden Centre, then the social prescribing work could be stepped up."



<sup>2</sup>Social prescribing is linking patients to alternative sources of support in the community, for example friendship groups, exercise groups, peer support groups, clubs and societies, benefits and money advice, volunteering work, education and training, housing advice and support or parenting classes.

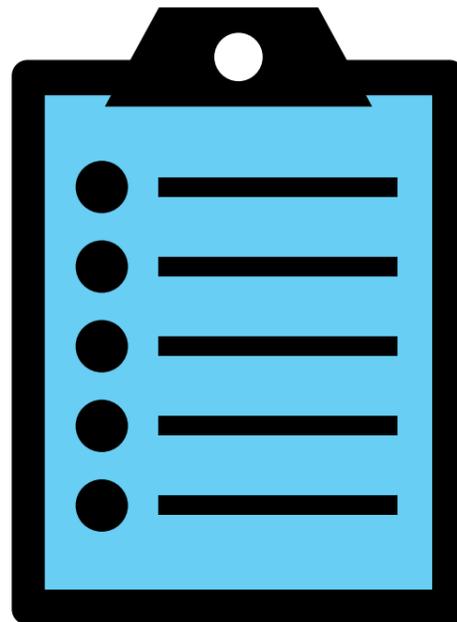
<sup>3</sup>The Eden Centre on Four Elms Road houses a variety of community organisations and activities together under one roof.

## The options

Our preferred option, based on clinical evidence of what will benefit most people, and will provide the right care for generations to come, is a combined hospital/surgery, which offers more services and does not have inpatient beds, on a new site. We believe that this option will benefit the greatest number of people in Edenbridge. It will allow more people to be supported in their home since people recover best in their own bed, particularly older people.

We have also presented options that we considered and which are viable but which we are not recommending and have set out the reasons why. And we give details of other options which we have discounted.

We have looked at all these options from the perspective of different groups of people who might be affected, in an equality impact assessment. You can see this document at [www.westkentccg.nhs.org/edenbridge](http://www.westkentccg.nhs.org/edenbridge)



## Our preferred option is:

### Option 1a

#### New build, new site, new day care services, no inpatient beds

Develop a modern, purpose-built combined hospital/ surgery on a new site with no inpatient beds, but plenty of space for additional clinical services and community support, with 140 parking spaces.

#### Pros

- All services can be provided from one location
- It would be a modern purpose built facility, designed from scratch to meet the existing and future needs of Edenbridge
- It would improve equality of access to services (full disabled access)
- No disruption to existing services while it is being built
- Room for expansion of staff and clinical services
- New day care services would support more people to recover from illness at an earlier stage
- It would improve access to a wider range of care and support in the local community, potentially reducing hospital admissions and length of stay
- Location could be close to the town's centres of population, with parking
- Strong local clinical support
- Strengthens workforce, as a new facility and new ways of working improve recruitment and retention of clinical and non-clinical staff
- Opportunity to secure future of health services in Edenbridge.

#### Cons

- Stringent planning requirements as most of Edenbridge is in a protected area
- A site needs to be found and planning permission sought and granted
- Cost of buying the site
- Question as to who would lease and run the facility
- Alternative would need to be found for patients who need a community hospital inpatient stay.

#### Kent with regular visits to Tunbridge Wells, Pembury, Borough Green, Sevenoaks and East Grinstead.

Ellie supports the plans to bring all health services under one roof: "It's a really good idea to expand and combine the hospital services and the GP surgery. I would like to see a new purpose built facility on a new site, I don't feel that the present hospital site is big enough to accommodate a new fit for purpose building, it's in the wrong location, it's too far from where the centre of the population live. If a new building was on the present hospital site, the town would lose the services for a number of years which may mean

they would not return. We need to build something that will be fit for purpose going forward for the next generation.

"I spend a lot of time attending various appointments and my children are under the care of a number of professionals including my GP, occupational therapists, speech and language therapists and physios.

"They all do a great job and work well together but are hindered by being in different locations. The advantage to patients of having all professionals on one site would make the care we receive more efficient."



**Ellie Waite has lived in Edenbridge for seven years. She has two children, aged three and five and her family live with a number of health conditions including diabetes, hypermobility and asthma. Ellie and her children attend numerous medical appointments across west**



## The other options which are viable are:

### Option 1b

#### New build, new site with inpatient beds, no new services

Develop a modern, purpose-built combined hospital/ surgery on a new site with inpatient beds, but no additional clinical services or community support, with 140 parking spaces.

##### Pros

- All services can be provided from one location
- Modern purpose built facility, designed from scratch
- Improved equality of access to services (full disabled access)
- No disruption to existing services while it is being built
- Room for expansion of staff
- Location could be close to the town's centres of population, with parking
- Inpatient beds would be retained in Edenbridge, at least in the short term.

##### Cons

- Small isolated inpatient units struggle to recruit and retain staff, so delivery of care fluctuates
- Costs of small inpatient units are high so the beds are likely to move elsewhere in the medium to long term
- The costs of staffing inpatient beds and other running costs will mean there is no money to improve day care or offer further outpatient clinics
- Many people will still need to travel to hospitals across west Kent to receive their treatment and care
- Workforce issues remain: the limited range of services would make recruitment of staff difficult as they are more likely to want to work in new ways using new technology and providing a broader range of care
- Stringent planning requirements as most of Edenbridge is in a protected area
- A site needs to be agreed and planning permission sought and granted
- Cost of buying the site
- Question as to who would lease and run the facility.

### Option 2a

#### New build, on the hospital site, no beds, new services

Demolish and build on the existing hospital site building a modern purpose built combined hospital/surgery with two or three storeys, with no inpatient beds, but plenty of space for additional clinical services and community support, with 140 parking spaces.

##### Pros

- All services can be provided from one location
- A modern facility can be provided, designed from scratch to meet the existing and future needs of Edenbridge
- It would improve equality of access to services (full disabled access)
- Room for expansion of staff and clinical services
- New day care services would support more people to recover from illness at an earlier stage
- Strengthens workforce as new facility and new ways of working improve recruitment and retention of clinical and non-clinical staff
- When complete it would improve access to a wider range of care and support in the local community, reducing hospital admissions and length of stay
- Opportunity to secure future of health services in Edenbridge
- No costs of acquiring a site.

##### Cons

- The current site is not big enough for all the facilities needed, and there is already not enough parking space
- If additional neighbouring land was required for the new building, that land would need to be purchased and planning permission sought in an area of stringent planning controls
- The site is on the edge of town and some distance from the stations
- Services would need to be provided from another location while the development work is undertaken (estimated to take at least two years) resulting in inconvenience for patients and staff, increased costs and reduced services.
- Risk that some services may not return if located elsewhere for extended period
- Significant temporary accommodation costs
- Risk of losing staff while the work is going on and they are relocated
- Not in right location for future growth of the population
- Alternative would need to be found for patients who need a community hospital stay.

## Option 2b

### New build, hospital site, inpatient beds, no new services

Demolish and redevelop the existing hospital site and replace with a modern purpose built combined hospital/surgery with two or three storeys, with inpatient beds, but no additional clinical services or community support, with 140 parking spaces

#### Pros

- Services can be provided from one location
- A modern facility can be provided, designed from scratch
- It would improve equality of access (full disabled access)
- Room for expansion of staff
- Inpatient beds would be retained in Edenbridge, at least in the short term
- No costs of acquiring a site.

#### Cons

- Small isolated inpatient units struggle to recruit and retain staff, so delivery of care fluctuates
- Costs of small inpatient units are high so the beds are likely to move elsewhere in the medium to long term
- The costs of staffing inpatient beds and other running costs will mean there is no money to improve day care or offer further outpatient clinics
- Many people will still need to travel to hospitals across west Kent to receive their treatment and care
- Workforce issues remain: the limited range of services would make recruitment of staff difficult as they are more likely to want to work in new ways using new technology and providing a broader range of care
- The site will not be able to accommodate all the facilities we would like to have based there
- If additional neighbouring land was required for the new building, that land would need to be purchased and planning permission sought in an area of stringent planning controls
- The site is on the edge of town and some distance from the stations
- Services would need to be provided from another location while the development work is undertaken (estimated to take at least two years) resulting in inconvenience for patients and staff, increased costs and reduced services.
- Risk that some services may not return if located elsewhere for extended period
- Significant temporary accommodation costs
- Risk of losing staff while the work is going on and services are relocated
- Not in right location for future growth of population.

## Options we considered and ruled out:



### 1. Doing nothing

- Facilities at both the GP surgery and the hospital are inadequate and do not allow staff to improve patient care or meet growing population demand
- Significant risk that recruitment of GPs to replace those reaching retirement age would be very difficult and could threaten the future of the practice
- No scope for hospital and GP surgery staff to work in a more joined up way or deliver the type of holistic care that people (particularly older people and those with long term health problems) need.

### 2. Having a new, bigger and better GP surgery but doing nothing else

- There is money for only one new building – leaving the hospital as it is would mean all the current issues (poor privacy and dignity, lack of disabled access, space not organised in the best way, heating, flooding and maintenance) would continue and get worse
- Staffing problems at the hospital would continue and probably get worse
- There is a significant risk in the long run that the hospital would close, leaving Edenbridge without a base for community services.

### 3. Refurbishing and extending the hospital to provide a new combined hospital/surgery

- Limitations of existing building would continue: inefficient and expensive to run
- Structural problems of existing layout mean it would not fully meet existing and future needs of Edenbridge
- Extension would mean even less parking than now when need would increase because of absorbing patients from GP surgery
- Unacceptable levels of disruption during the building works for staff and patients.

We ruled these out because none of them delivers good enough care for the people of Edenbridge and so we cannot support them.

A close working relationship between the GP and community services benefits patients, as this example from Kent Community Health NHS FoundationTrust demonstrates:

Barbara Winter is in her 80s and keeps herself well and active. She was recently struck by cellulitis, a painful skin infection that can spread throughout the body if it is not caught quickly.



She explains: "I went immediately to my GP as an emergency appointment and she prescribed antibiotics. Unfortunately these did not agree with me and, even after being prescribed a different course, the infection spread. My GP said I should either go to A&E or, because of my age, take advantage of the

Home Treatment Service, which I did. Dr Amy and Nurse Sandra came to visit me at home. They checked me thoroughly, did all sorts of tests, including an ECG because my heartbeat had become irregular, and arranged for another doctor to call. On Saturday, Dr Joanna did some more checks, the infection had spread further down my knee so she prescribed more antibiotics. By Monday, I was feeling better. After some follow up tests I was discharged to the care of the community nurses who dressed the infected area twice a week until it was better."

KCHFT's Community Services Director for West Kent, Sue Scott, said: "It's a very exciting time to be delivering care in the community. Increasing the skills of our teams, working more closely together with GPs, acute colleagues, social care and also community and voluntary partners, as well as using advances in technology, means we can care and support more patients with complex conditions at home.

"The CCG commissioned us to set up the Home Treatment Service to provide a rapid response to people in need, just like Barbara. This helps to prevent them getting worse and needing a trip to A&E and a hospital stay. The team includes a consultant geriatrician, specialist doctors and advanced healthcare assistants. They quickly assess what a patient needs and supports them via a virtual ward. The team works with local GPs and means we are using the very best skill and the very latest technology to support patients at home – which is where they would rather be and where they recover faster.

"This is a great example of where community staff and GPs are working closely together to provide better care for patients in Edenbridge – and the whole of west Kent. Bringing these professionals even closer together, will help us to explore even more ways to support patients."

## Proposed sites and options appraisal

An external consultant carried out a rigorous analysis of all the potential sites available in Edenbridge where there could be a new combined hospital/surgery. Two options are considered most suitable as potential locations for a new build on a new site (options 1a and 1b). We acknowledge that there are planning problems with all of these sites but we are hopeful that our negotiations with Sevenoaks District Council will lead to a solution.

- **Kent County Council land on the south side of Four Elms Road:** near the Eden Centre. This is green belt land.<sup>4</sup>
- **Cooper's Estate land on south side of Four Elms Road:** slightly further out of town. This is also green belt land.<sup>4</sup>
- Option 2a and 2b are based on building a new combined hospital/surgery on the existing site of **Edenbridge and District War Memorial Hospital, Mill Hill**. They would mean demolishing the existing hospital and would require some of the land next to the site, which is green belt land.<sup>4</sup>

The criteria used to assess suitable sites were:

- Site is minimum of 1.2 hectare for building, parking and potential expansion if an essential future need is identified
- Building has 2500 square metres net internal area. (This is based on a new model of care and current space requirements)
- Maximum of 140 parking spaces + disabled spaces + ambulance drop off
- Vehicular and pedestrian access
- Cost of land acquisition/purchase (where known)
- Land viable to be built on: not on flood plain or contaminated
- Situated as close as possible to the centre of town's population while achieving all other requirements
- Scheme which is deliverable by 2019 taking note of the pressing needs of changing and expanding population
- Potential for co-location with a dental practice.

The consultants looked at all these sites, the top two and the hospital site are those that we are putting forward as potential sites, the others were not viable for the reasons stated.

Site name	Comments
<b>Edenbridge Hospital</b>	Potential site
<b>Cooper's Estate land on south side of Four Elms Road</b>	Potential site
<b>KCC land on south side of Four Elms Road</b>	Potential site
<b>Land and buildings at Station Road &amp; Fircroft Way</b>	Sold to developer - no interest in health facility being included
<b>All-weather pitch adjacent to Edenbridge Leisure Centre</b>	Site no longer available
<b>Westerham Press, Fircroft Way</b>	Designation for social housing / cost of site
<b>Stangrove Lodge, Manor House Gardens</b>	Expensive restricted site
<b>Land north west of junction with St Johns Way and Station Road</b>	Site no longer available
<b>78-90 (even) High Street, 1 and 2 The Leathermarket, High Street</b>	Site is too small and doesn't provide right environment
<b>Land south of Edenbridge and District War Memorial Hospital, Mill Hill</b>	Currently green belt designation as public park
<b>Land and buildings south east of Station Approach, Jewsons</b>	Site not suitable size or location
<b>Recreational grounds, land south of Lingfield Road</b>	Site in flood risk zone and is public asset
<b>The surgery, Station Road</b>	Site is too small
<b>Land west of Enterprise Way and St Johns Way</b>	Sold for housing
<b>Blossoms Park, Mill Hill</b>	Currently green belt designation as public park

<sup>4</sup> Green belt is the planning term used for areas of largely undeveloped, wild, or agricultural land surrounding or neighbouring urban areas.

## Making a decision

After the consultation ends on 26 April 2017, there will be an independent evaluation of all the feedback received. The evaluators will look at all the returned questionnaires (with this document and available online) and at any separate communication submitted in writing, by phone, tweet, or email and we will also give the evaluators a record of all comments received at the public meetings (see page 3).

The independent evaluation report will be shared with the Governing Body of NHS West Kent Clinical Commissioning Group, the Board of Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice GP Partnership. They will assess people's views alongside:

- achievability of the best possible health services for local people
- best match to local demand
- affordability
- sustainability

Based on all these factors, and taking into account everything that you have told us during the consultation, the three organisations will



collectively come to a final decision on the way forward, including whether to amend the approach in the light of comments and suggestions received in the consultation.

A decision is expected to be made in the summer of 2017, with a view to starting the implementation of any changes in the autumn, although it could be some time before any visible progress will be seen.

Please give us your views by completing the form online at

[www.westkentccg.nhs.uk/edenbridgefuture](http://www.westkentccg.nhs.uk/edenbridgefuture)

**Or fill in the enclosed questionnaire and send it back using the freepost envelope provided.**

**Dr Mark Sage has been a GP at Edenbridge Medical Practice since February 2016 and a Partner since October:**

"We need to be able to be a wellness centre rather than somewhere to go if you are poorly. One place where patients can go to get all their needs met. Where care is managed by professionals who are all able to work as a team, to communicate

better, and streamline and co-ordinate care for the patients.

"There are lots of things that we are not doing that we could be - minor surgery, weight management, mother and baby sessions, community health, gym sessions. We're sending people to Borough Green and the Queen Victoria Hospital and Tunbridge Wells for things that we could do here."

## Q and A

### What services are currently provided at the GP practice and Edenbridge Hospital?

**Current services** At the moment NHS services in Edenbridge are provided at:

#### GP surgery

- GP services: assessment, diagnosis, treatment and where necessary, referral
- GP telephone advice and, where necessary, home visits
- Prescriptions and repeat prescriptions
- Health promotion
- ECGs (checks on heart rhythm)
- Clinics for blood pressure management
- Blood tests
- Anti-coagulation monitoring (such as warfarin)
- Wound management
- Clinics for diabetes, asthma, lung disease, coronary heart disease and epilepsy
- Minor surgery, including joint injections and removal of some skin tumours
- Talking therapies
- Child health checks
- Immunisations and vaccinations
- Antenatal care
- Cervical smear tests
- Routine checks for well men and women
- Quit smoking advice
- Family planning - run by Family Planning Association trained nurses with the doctors and covers all elements of family planning including caps, coils and implants.

There is also a dispensary where eligible patients can pick up their prescribed medicines.

#### Edenbridge and District War Memorial Hospital

The team consists of a range of professional staff including doctors, nurses and therapists, as well as support staff and social care staff.

The hospital focuses on providing rehabilitation for inpatients. There are 14 inpatient beds available and the hospital takes patients directly from their own homes as well as after they have been in an acute (main) hospital. They offer a service for patients who are medically stable but need further rehabilitation.

The hospital has a seven-day minor injury unit which also treats minor ailments, and has x-ray facilities on Mondays, Wednesdays and Fridays. Patients can come from anywhere within west Kent.

The hospital is also used for:

- consultant outpatient clinics: ear, nose and throat; orthopaedics; geriatrics (older people's clinics); ophthalmology; paediatrics; gynaecology; rheumatology and psychiatry .
- day centre - provided by nurses with social care workers, looks at patients' physical and mental health
- hearing tests
- therapy services, including physiotherapy, occupational therapy, speech and language therapy
- foot care
- a base for midwives, health visitors, district nurses, children's services.



#### Services in people's homes

- a range of community nursing services for housebound patients and senior nursing care for patients with long-term conditions
- a therapy team providing therapy and rehabilitation in patients' homes
- footcare for housebound patients
- West Kent Urgent Care Home Treatment Service. A medical team providing assessments and care of people who are at risk of hospital admissions, care includes drugs. The doctors are supported by healthcare assistants to ensure patients can be cared for holistically (this is a west Kent-wide service)
- health visiting.



## Why are changes needed?

The GP surgery is too small and we know it will struggle as new homes are built in Edenbridge.

The community hospital is old and it will be hard to keep up with modern standards of care in the future.

We are always looking to improve the care we deliver for you. We think this provides an exciting opportunity to deliver an innovative healthcare service for the town, which is fit for future generations.

## Will we really listen?

Yes. We already have. The options being presented are based on what you have already told us. We have to balance feedback from residents alongside other considerations such as cost, land availability and what will deliver the best possible health outcomes for local people.

## How can I have a say?

We're holding a number of events (see page 3). There will also be opportunities for people to give their views online, by email and through social media; contact details are listed in this document (on page 3).

## What will happen to the war memorial?

If services were to be provided from a different location, Edenbridge Town Council would look at options to relocate the war memorial, taking local views into account.

## There is a national shortage of clinical staff. Where will you get the staff from?

Bringing together staff from the practice and community trust would provide opportunities to deliver services in different ways. We would provide staff with a more attractive working environment with better space and modern facilities that use technology more effectively, providing opportunities for a broader range of clinical roles and career opportunities.

This is already happening in other parts of Kent, where community nurses, community psychiatric nurses and practice nurses work as one team, sharing out home visits to housebound patients so the patients see the nurse with the combination of skills they need.

## Who would pay for the new building?

This is something that would need to be explored and there are various options. One of the options would be a public/private partnership or even a charity owning it. The hospital is owned by NHS Property Services which is part of the national NHS. It would have to agree to any development of the building, and could sell the site if another site was chosen (but there would be a very strong case for retaining any money from the sale of the site for the new project.)

## When will you make a decision and what will you base it on?

Over the next three months, we will be aiming to speak to as many local people as possible.



As well as getting your feedback, we will look at what changes will have the greatest impact on your health and how we can get the most out of the money available to pay for this care.

NHS West Kent Clinical Commissioning Group, in consultation with the Edenbridge Medical Practice and Kent Community Health NHS Foundation Trust, will then consider the public response to the consultation before taking a decision on the way forward. This is not likely to be until the autumn of 2017.

## Is there going to be investment in services or is this about saving money?

There is no new money from Government, but this is not about cutting budgets or taking money away from Edenbridge. We need to make better use of the resources we have, including our staff and new technology, which means more people can receive care at home for longer and live

independently. More people are living longer with more complex conditions and, to meet their needs, we need to do more with what is available. We also need to plan NHS support to provide care locally now and for the future. We want to provide support for people of all ages to help them stay fit and healthy as well as recover swiftly from illness.

## Are you going to close the hospital?

If the proposals gain public support, we would close the hospital and replace it with a new and improved building. The current building's design and condition means it is not going to be able to deliver the fuller range of services that the people of Edenbridge would like. Almost 100 years on, this would be our generation's opportunity

to provide the right health and care services for Edenbridge for decades to come.

## What will happen to the Minor Injury Unit?

We know how important the MIU is to you and we see it as being a crucial part of the plans for the future. We will ensure people have access to a minor injuries service during the period of any new build.

## What happens next?

There are many planning and other hurdles to be gone through before we are able to make any final decisions.

## How do we know that CCG will be able to buy the use of beds locally?

We have made it clear that these are proposals and that we need to do more work when we know that the people of Edenbridge support our plans. We do not own beds and we cannot guarantee that we can buy the use of beds locally but we are confident that this will be possible. We have written to local nursing homes to get their views on whether this could work.

## Clinical evidence

- Physical and mental health  
[http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Bringing-together-Kings-Fund-March-2016\\_1.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf)
- Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality. Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316
- Social isolation: deadlier than 15 cigarettes a day, more than twice as deadly as obesity.  
<http://journals.plos.org/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1000316>
- Integrated health and social care  
<http://www.kingsfund.org.uk/publications/quest-integrated-health-and-social-care>
- NHS West Kent CCG's primary care strategy:  
<http://www.westkentmappingthefuture.nhs.uk/news/primary-care-strategy/>

## For more information



Visit [www.westkentccg.nhs.uk/edenbridgefuture](http://www.westkentccg.nhs.uk/edenbridgefuture) where you can give your feedback online



Tweet @NHS WestKentCCG



Email [engagement.secsu@nhs.net](mailto:engagement.secsu@nhs.net)



Call 03000 424348



Or come and discuss our plans at one of the meetings below:

- Rickards Hall, High Street  
Tuesday 7 February  
6.30 to 8.30pm
- WI Hall, Station Road  
Hosted by Tom Tugendhat MP  
Saturday 25 March 11.30am to 1pm
- Eden Centre,  
Four Elms Road  
Monday 13 March 4 to 5pm
- Edenbridge Leisure Centre,  
Stangrove Park  
Tuesday 25 April 6.30 to 8.30pm

## Alternative versions

If you would like this information in another language, audio, Braille, Easy Read or large print, please email [engagement.secsu@nhs.net](mailto:engagement.secsu@nhs.net) or call 03000 424348