

SUBMISSION FROM KCHFT AND ICB

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Summary of changes to Out of Hours Services in Medway

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Summary

This report summarises the change in the location of the Medway Out of Hours (OOH) service from Medway Maritime Hospital to MCH Houses. These are interim arrangements whilst a period of detailed consultation takes place.

The Urgent Treatment Centre and OOH service were previously both delivered by Medway Community Healthcare (MCH). Notice was given on the UTC element to support the strategic priority to align delivery of colocated UTC services with acute Trusts. The strategic end state is delivery at the co-located acute site as part of a consistent 24-hour UTC service. Aligned to this will be a 24-hour community pathway that supports people to receive remote care and care in their own home, particularly for people who are frail or at the end of life.

The interim change took place on 28th September 2026 with notice given to the Local Authority on 25th September 2026. The late notice was due to the need for an emergency award of the UTC contract to Medway Foundation Trust (MFT) leading to short notice confirmation of the changes. The longer-term model of care is described in the commissioning intentions and the ICB received feedback from Medway Council following the committee on 19th August.

The UTC emergency award on an 'as is' basis was made to enable a period of more substantive communication and engagement with stakeholders during October to agree the future model for both the UTC and OOH services for Medway and Swale residents.

A reduced clinic has been maintained on the hospital site to mitigate the short notice and ensure that no patient is disadvantaged.

The change supports the strategic intention to increase the proportion of patients who contact 111 for advice prior to attending a site to ensure people's needs are met as close to home as possible in the most appropriate service.

1. Background

- 1.1. As per the update from the Integrated Care Board to committee on 19th August 2026, this change is in the context of the strategic plan to review all UTC and OOH services to ensure equitable access.

2. Options

- 1.2. The option to retain to OOH service at the hospital during this interim, was considered but was ruled out due to a number of factors that made it challenging for two organisations to deliver from a single location.
- 1.3. This move supports the commissioning intentions to review UTC and OOH services to ensure they are efficient, that there is a co-located 24-hour urgent care response and that patients can access care as close to home as possible and maximise the use of 111 and remote care.

3. Advice and analysis

- 3.1. The interim move of services to the MCH site and the retained clinic at the hospital site ensure that:
 - Primary access via 111 is encouraged to ensure patients are directed to the most appropriate site.
 - Patients can be offered remote care and treatment, a clinic at MCH House or a Home Visit.
 - Access to MCH House out of hours is good and parking is free. Patients seen at MCH House have shorter waiting times and are more likely to be seen within 30 minutes of their appointment time. Therefore, it is an appropriate interim arrangement to minimise disruption.
 - Assessment indicates that no group with protected characteristics will be negatively impacted by this change. The retained clinic at the hospital ensures no patient will be disadvantaged.

4. Risk management

- 4.1. A detailed risk register is being reviewed and maintained by Kent Community Health NHS Trust (KCHFT) following integration with MCH on 1st October 2026.

5. Consultation

- 5.1. This change was made following an emergency award for the UTC. A period of engagement and consultation is now planned to support the longer-term review of UTC and OOH services.

6. Climate change implications

- 6.1. The focus on use of 111 and remote care should reduce the overall impact of patients travelling to receive care.

7. Financial implications

- 7.1. In the immediate instance this change does not have any financial implications, but the longer-term review seeks to identify efficiencies.

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