

MEDWAY COUNCIL

Gun Wharf
Dock Road



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

Kent and Medway Integrated Care Board

Current/prospective Provider(s):

Medway Community Healthcare

Outline of proposal with reasons:

From 28 September 2026, the main GP out of hours (OOH) service transferred from Medway Maritime Hospital to MCH House, in Bailey House, Gillingham with a clinic retained at the hospital to provide continuity. The change was necessitated by separating the provision of the Urgent Treatment Centre, now provided by Medway Foundation Trust (MFT) from the GP OOH. This is an interim arrangement whilst a full review is undertaken.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The change took place on 28 September 2026 with notice given to the Local Authority on 25 September 2026. The late notice was due to the need for an emergency award of the UTC contract leading to short notice confirmation of the changes.

The changes are interim and 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. This is in line with the review of UTC and OOH service outlined in the strategic

commissioning update provided to the committee on 19 August by NHS Kent and Medway Integrated Care Board.

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. This feedback will help to agree the future model for both the UTC and OOH services for Medway and Swale residents.

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.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The Medway JHWBS priorities include a focus on improvement experiences of and access to health services.

The local health providers have recognised that it is not currently feasible to deliver the UTC and OOH services jointly from the hospital site, the available space is not sufficient for 2 services, leading to a crowded department. MCH House is easy to access with available free parking and reduced waiting time. This interim change is therefore designed to maintain access to services whilst a full review is undertaken.

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4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The KM Sustainability and Transformation Plans identify financial sustainability and shifting to a local care (community-based) model of care as priority themes.

The strategic plan to review UTC and OOH services is intended to identify efficiencies in provision. In addition, the interim relocation of the OOH service to MCH house ensures that it is colocated with the Urgent Community Response and Frailty Hospital at Home services, which supports the direction to offer care at home to more people within Medway with access to a 24-hour urgent response in the community. The OOH can deliver remote care, clinics at MCH House and Home visits to support people to remain at home.

5. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

The changes made in September 2026 were based on an emergency award of the UTC contract. A period of engagement with patients and the public will now be undertaken with the ICB as part of the wider review of UTC and OOH services.

Test 2 - Consistency with current and prospective need for patient choice

All patients with an urgent care need who do not require a 999 response are encouraged to call 111. This enables them to receive advice and choice about how they access urgent care. The changes made to the OOH service increase choice available for OOH care.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

Moving the OOH service to MCH House for this interim period enables the service to be maintained with minimum disruption whilst a full review is undertaken.

The strategy to pair this change with a renewed process to encourage patients to call 111 before attending a site increases the number of people who can receive remote care and treatment without the need to travel.

Patients who attend the hospital site out of hours without calling 111 will not be disadvantaged because a reduced evening clinic has been retained that the Emergency Department can book patients into from 7pm – 1am. When patients are seen via this route, they will be encouraged to use 111 on future occasions.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

This interim change will maintain services whilst a full review is undertaken. This is in line with the commissioning intentions to review and improve both UTC and OOH care.

Reduced pressure on the single hospital site in the interim should increase patient safety in both services.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

No, there is no impact on bed numbers.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

During daytime hours, the UTC remains at the hospital with no impact on access. OOH most patients access the service via foot or car. MCH House has free parking which increases ease of access in the interim.

The emphasis on calling 111 will increase the number of people who receive virtual care and reduce the need for any travel in these cases.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The catchment area and eligible population remain unchanged.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

An initial review has not identified any confirmed negative impact on people with protected characteristics. However, potential impacts relating to travel and transport, physical and sensory accessibility, communication needs, digital or telephone access, and the needs of carers and older or disabled people require further assessment. These issues will be tested through engagement and monitoring, with reasonable adjustments and other mitigations put in place where required.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

The longer-term review of UTC and OOH services will identify efficiencies in the delivery of the two service that will support financial sustainability. Increased use of 111 to support patient choice and appropriate pathways, particularly use of virtual care and treatment, reduces overall cost.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

As noted, access to MCH House is good. Increased remote care and treatment reduces overall access issues and time required. This is intended to minimise disruption in this interim period.

11. Is there any other information you feel the Committee should consider?

While we recognise this change was made at short notice due to an emergency award, these changes are interim and a full service will be maintained to patients throughout.

A period of engagement will now support the longer-term review of UTC and OOH services.

To minimise disruption and ensure not patients are disadvantaged, a reduced clinic has remained available on the hospital site for the Emergency Department to book into.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

This change is considered substantial because the majority of the GP out of hours service has moved to a different location, changing where and how some patients access care. Although the service remains available to the same eligible population and no hospital beds have been affected, the relocation may have implications for travel, transport, and accessibility. A reduced evening clinic has therefore been retained at Medway Maritime Hospital for the Emergency Department to book patients into, helping to maintain continuity and reduce the risk of patients being disadvantaged during the interim period.

The change was introduced at short notice following the emergency award of the Urgent Treatment Centre contract. It should therefore be considered by Overview and Scrutiny alongside the planned engagement on the longer-term model for UTC and out of hours services. During this period, patient experience, access, waiting times, use of NHS 111, attendances, and any impact on groups with protected characteristics will be monitored. Feedback and the findings of further equality and access assessment will inform whether additional mitigations or changes to the future model are required.