



**Mid and South Essex
Sustainability and Transformation Partnership (STP)**



Your care in the best place

At home, in your community and in our hospitals

Joint Health Overview and Scrutiny Committee, 20 February 2018

www.nhsmidandsouthessex.co.uk

Purpose

1. Brief recap/overview of consultation proposals
2. Information on the Public Consultation to date
3. Emerging feedback
4. What happens next
5. Proposed timeline (for discussion and agreement)

Your care in the best place – developments over next 5 yrs

Easier access to consistent, high quality hospital care – sustainable into the future

Wider range of services at GP practices

Joined-up teams



Five principles for our proposed future hospital services

- 1. The majority of hospital care will remain local** and each hospital will continue to have a 24hr A&E
- 2. Certain more specialist services which need a hospital stay should be concentrated in one place**
- 3. Access to specialist emergency services, such as stroke care, should be via your local (or nearest) A&E**, where you would be treated and, if needed, transferred to a specialist team
- 4. Planned operations should, where possible, be separate** from patients who are coming into hospital in an emergency
- 5. Some hospital services should be provided closer to you**, at home or in a local health centre



High level Overview of Proposals

Services that stay on all sites

- 24/7 A&E & urgent care
- Maternity services
- Outpatient appointments
- Tests and scans
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Stroke care

Proposed changes

- Specialist stroke services at Basildon (assessment, initial treatment and stabilized at local A&E)
- Specialist gynaecology, including cancer, in Southend
- Planned orthopaedic operations in Southend and Braintree
- Specialist teams in Chelmsford for complex urology, abdominal surgery and gastroenterology
- Specialist teams in Basildon for complex lung problems, complex vascular problems, complex heart problems, complex kidney problems
- Transfer of services from Orsett to four new integrated medical centres in Thurrock, and locations in Basildon town centre, Brentwood Community Hospital and St Andrew's Billericay

Who may be affected in an **emergency**?

There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon

960

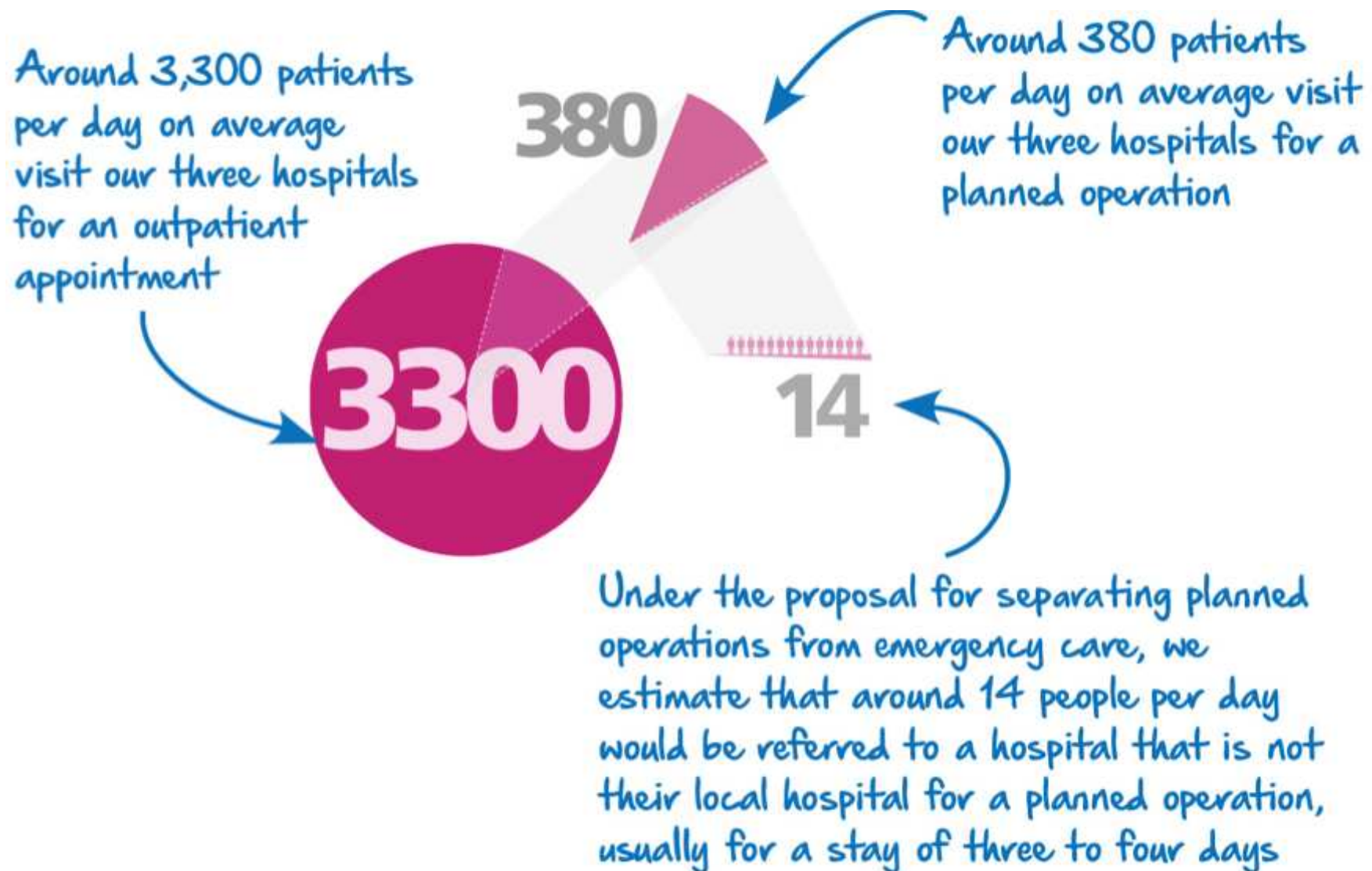
300

Around 300 patients per day on average are currently admitted to hospital from A&E

15

Under the proposals for reorganising some specialist emergency services, we estimate that around 15 people per day would require a transfer from their local A&E to a specialist team in another hospital

Who may be affected in **planned treatment**?



Clinical transfers and Transport between hospitals

New type of clinical transport between hospitals

- Dedicated transfer team and fleet for patient transfers
- Vehicles equipped to national specification
- Clinical teams discuss transfer with patient and family
- If no transfer, specialist team supports local team
- Developing with East of England Ambulance Service, North East London and East of England Trauma Networks



Free bus service between hospitals

- To run between hospitals, or other locations
- Consultation provides opportunity to hear from public on what is required.
- Independent support to develop plans.



Public consultation 30 Nov 2017 – 9 March 2018

- Suite of consultation documents, website and social media
- Consultation materials circulated via CCGs, providers, Healthwatch and others
- >500 survey responses thus far
- Telephone survey launched to reach further 750 people
- >490 people attended/booked to attend public discussion events; two additional public events added
- >20 focus groups on specific areas (eg. stroke, transport, finance) and protected characteristics (eg. age, gender, ethnicity)
- Staff briefings and meetings
- Joint work with Directors of Public Health on equality impact assessment – focussed work with protected characteristic groups
- Healthwatch activities: Orsett proposals (Q&A sessions); Chatterbox Cab, focus group support.
- Twitter – 103,000 impressions, >400 link clicks, 35 messages
- Facebook – 13 promoted posts, >108,000 reach, of which >15,000 have engaged; close links with health and care partners for onward sharing.
- >390 comments received via social media
- Social media accounts for 37% of all traffic to the STP website.

Emerging Feedback

Generally positive feedback on proposals, although key themes emerging:

Clinical Transport

- Where will the staff come from?
- How will safety be ensured?
- The ambulance service is already stretched.
- How will the c 15 additional journeys/day be managed?

Family Transport

- Concern that loved ones may not be able to visit sick relatives, impact on recovery
- Comments regarding hospital parking

Finance

- Concern that the underlying reason for consultation is to make financial cuts

Trust merger

- Concern that proposed Trust merger will lead to downgrading of Southend Hospital

Throughout the consultation we seek to address issues and concerns raised:

Clinical transport - working group established involving EEAST and trauma networks:

- Developing a “green paper” for discussion
- Development of clinical protocols and scenarios
- Service will have overall clinical lead + site leads
- Developing quality assurance & governance processes
- Training and education programmes being reviewed along with workforce implications

Family Transport –

- In discussion with existing patients and carers
- Funding identified for the service
- Commitment to develop a transport plan.

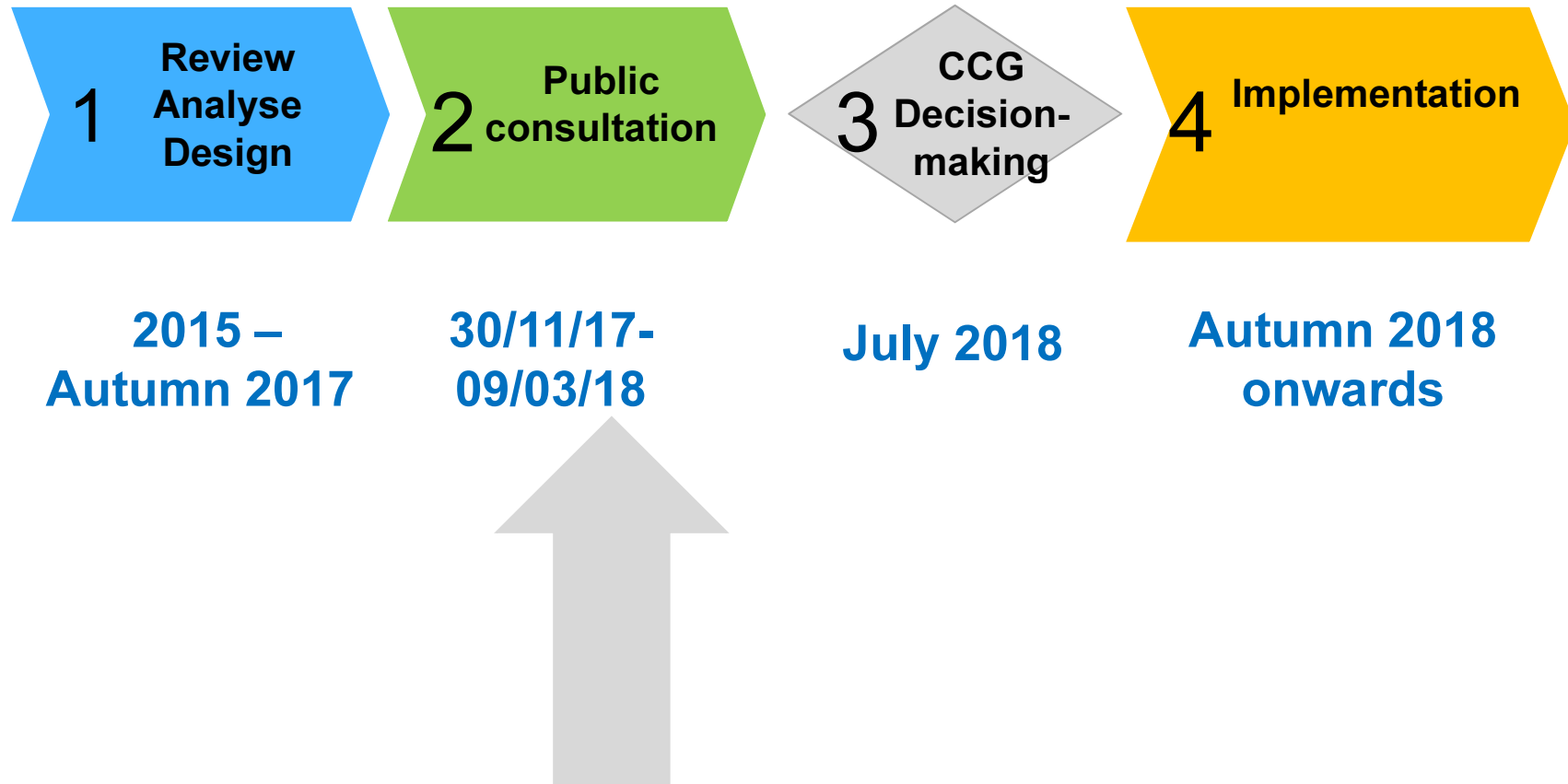
Finance

- Stronger messages on potential for capital investment; planning focus group/webinar on STP finance

Trust Merger

- Merger is entirely separate to public consultation; any further service change would be subject to public consultation

What happens next?



CCG Joint Committee will consider

- Decision making business case and report will include:
 - Independent analysis of consultation feedback
 - Equality impact assessment
 - Outcome of stage II Clinical Senate review
 - Detailed plan for both Clinical Transfers and Family Transport
 - Report of post-consultation activities:
 - Clinical Cabinet
 - Service User Advisory Group
 - Commissioner and provider review
 - Proposals for implementation assurance processes

For discussion – possible timeline

Action	Date in 2018
JHOSC meetings in public	20 February 13 March
End of public consultation period	9 March
JHOSC provides feedback on consultation	20 March
Local elections	3 May
STP publishes independent collation and analysis of consultation feedback	8 May
Further JHOSC activity	TBA
Post-consultation – review/amend proposals (as appropriate) in line with consultation feedback	May-June
CCG Joint Committee papers published	29 June
CCG Joint Committee meeting to reach final decisions	6 July
Post decision scrutiny, JHOSC response to decisions	TBC