# Public Document Pack

SOUTHEND-ON-SEA BOROUGH COUNCIL

**Joint Health Overview and Scrutiny Committee - Mid and South Essex Sustainability and Transformation Partnership**

**Meeting on Wednesday, 6th June, 2018 @ 19.30**
**Place: Southend-on-Sea Borough Council, Council Chamber - Civic Suite Victoria Avenue, Southend-on-Sea**
(Sat Nav - SS1 9SB). For details on parking please see
http://www.southend.gov.uk/directory_record/352/civic_centre

**Contact: Fiona Abbott**
**Email: committeesection@southend.gov.uk**

# AGENDA

**** **Part 1**

**1** **Membership of Joint Scrutiny Committee**

**2** **Apologies for absence & substitutions**

**3** **Declarations of Interest**

**4** **Appointment of Chairman and Vice Chairman**

**5** **Minutes of the meeting held on Tuesday, 13th March, 2018** (Pages 1 - 6)

**6** **Terms of Reference of the Joint Committee** (Pages 7 - 12)
To note the terms of reference of the Joint Scrutiny Committee which were approved at the meeting held on 20th February 2018 (attached)

**7** **Statements from members of the public**

**8** **Public consultation 'Your Care in the Best Place'** (Pages 13 - 22)
Joint Cttee response (letter sent 22nd March) and to consider the STP response (letter dated 19th April 2018)

**9** **Mid and South Essex STP - outcome report** (Pages 23 - 222)
To consider and give comments back on the independent analysis of consultation feedback (published on 22nd May).

There will also be a short briefing from STP

**10** **Next steps and future meeting dates**

**Statements from members of the public - Guidance for members of the public**

*Members of the public attending the meeting and who wish to make a statement at the meeting must notify the clerk of their intention by close of business on the working day prior to the meeting (contact details above), and should provide their name and contact information. Each person speaking shall be limited to a maximum*

*of 3 minutes. If speaking on behalf of a group / body, a spokesperson must be appointed. The period for statements from members of the public at the meeting will be at the Chairman's discretion and normally will not exceed 15 minutes in total. No response will be provided at the meeting.*

**Membership**

| **Essex County Council** | **Southend-on-Sea Borough Council** | **Thurrock Council** |
|---|---|---|
| Councillor Beverley Egan<br>Councillor June Lumley<br>Councillor Dr Richard Moore<br>Councillor Stephen Robinson<br><br>Substitute Members:-<br>Councillor Jenny Chandler<br>Councillor Jill Reeves<br><br>**Officer support**<br>Graham Hughes | Councillor Bernard Arscott<br>Councillor Margaret Borton<br>Councillor Stephen Habermel<br>Councillor Cheryl Nevin<br><br>Substitute Members:-<br>None<br><br>**Officer support**<br>Fiona Abbott<br>Nick Faint<br>Tobias Hartley | Councillor TBA<br>Councillor TBA<br>Councillor TBA<br>Councillor TBA<br><br>Substitute Members:-<br>None<br><br>**Officer support**<br>Roger Harris<br>Jenny Shade |

**SOUTHEND-ON-SEA BOROUGH COUNCIL**

**Meeting of Joint Health Overview and Scrutiny Committee - Mid and South Essex Sustainability and Transformation Partnership**

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**Date: Tuesday, 13th March, 2018**
**Place: Committee Room 1, Essex County Council, County Hall, Chelmsford**

**Present:** Southend-on-Sea Borough Council - Councillors B Arscott (Chairman), S Habermel, A Jones and C Nevin
Essex County Council – County Councillors J Beavis (Vice Chair), Dr R Moore and D Harris* (substitute)
Thurrock Council – Councillor G Snell (Vice Chair)

**In Attendance:** F Abbott, G Hughes J Boaler and Roger Harris

**Start/End Time:** 7.30 - 9.10 pm

## 1 Apologies for absence & substitutions

Apologies for absence were received from Councillor Collins (Thurrock Council), Councillor Holloway (Thurrock Council), Councillor Fish (Thurrock Council), County Councillor Egan (Essex County Council – substitute: County Cllr D Harris)) and County Councillor Robinson (Essex County Council).

## 2 Declarations of Interest

The following declarations of interest were made:-

(a) Councillor Nevin - non-pecuniary - 2 children work at MEHT; step sister works at Basildon Hospital; previous association at Southend and MEHT Hospitals; NHS employee in Trust outside STP area;
(b) Councillor Habermel - non-pecuniary - brother is a paramedic; sister is a nurse & works at Southend Hospital; nephew is physiotherapist at Southend;
(c) County Cllr Beavis – non-pecuniary - ECC nominated governor – Mid Essex CCG.

## 3 Minutes of the Meeting held on Tuesday, 20th February, 2018

Resolved:-

That the Minutes of the meeting held on Tuesday, 20th February, 2018, be confirmed and signed as a correct record.

## 4 Statements from members of the public

There were no statements from members of the public.

## 5 Mid and South Essex Sustainability and Transformation Partnership (STP)

On behalf of the Committee, the Chairman welcomed the following representatives from the Mid and South Essex Sustainability and Transformation Partnership (STP) to the meeting:-

- Jo Cripps – Programme Director, STP
- Dr Celia Skinner – Medical Director, STP
- Caroline Rassell – Senior Responsible Officer, STP
- Claire Hankey – Director of Communications and Engagement, STP
- Tom Abell – Deputy Chief Executive of the 3 hospitals in Mid and South Essex
- Dr Joanne Howard – Consultant Southend Associate Medical Director and Haematology lead at Broomfield

The Committee considered an update paper from the Mid and South Essex Sustainability and Transformation Partnership (STP) Programme Director. This provided further information on a number of questions and key lines of enquiry regarding the consultation process explored by the Joint Scrutiny Committee at the meeting on 20th February 2018 and at the informal meeting held on 8th March 2018.

It was noted that the closing date for the consultation has been extended to 23rd March 2018.

The representatives also gave a presentation which provided the following information:

- an overview of the consultation process to date
- information on the independent analysis of the consultation feedback
- a short video providing a snap shot of information from focus groups
- outline of the next steps
- Information on the agreed timeline.

Resolved:-

To note the update report.

## 6 Questions from the Joint Committee on the STP Report & responses by the STP

The Committee asked the representatives of the STP a number of questions arising from the presentation and covering the following issues, as follows and which were responded to by the STP:-

*Communications and engagement*
Information was cascaded by the 5 CCG's and also made use of patient participation groups. The increasing use of social media as a core component of the engagement has been well received.

With regard to the consultation re Orsett, 6,000 documents were produced specifically explaining those proposals, with 'Orsett specific' questions in them. These were distributed via GP hubs, focussed events, the college, library and pharmacists with help from Healthwatch Thurrock to further disseminate through other community organisations and settings, which had been invaluable. Members specifically recommended that the STP continues to utilise Healthwatch's expertise going forward whilst ensuring that their independence is also maintained.

The telephone survey commissioned by the STP had reached the target set of speaking to 750 people. There had been 779 on-line responses so far.

The STP provided a broad overview of responses to the consultation by each CCG area. At the time of the meeting the split of responses received from each CCG area had been: Mid Essex 38%, Southend 30%, Thurrock 13%, Castle Point and Rochford 11%, Basildon and Brentwood 8%. It was acknowledged that, until the report of the independent review of the consultation process had been completed, it would be difficult to be clear where the consultation may have worked well and where not so well.

The Joint Scrutiny Committee had been provided with a paper outlining the questions from the Southend public discussion event and asked that a similar report be provided from other events.

There was a general acceptance that there could have been some duplication of attendees at the consultation events.

All districts and parishes had been specifically invited to respond to the consultation.

*Primary Care Strategy*
Noted the position re the development of the plan for Primary Care. Members of the Joint Scrutiny Cttee intend to attend the forthcoming meeting of the CCG Joint Cttee on 6th April when this will be discussed.

The Joint Scrutiny Cttee also had questions on Community health care, including the consultation on the closure of Orsett Hospital and workforce plans and impact.

*Patient transport and workforce transport*
The Joint Scrutiny Cttee had been provided with a discussion paper providing more information on the considerations and options for a proposed patient transport service between the three hospitals. Whilst clinicians were clear on the clinical pathway models (i.e. who were the patients who would need it if the current clinical proposals were implemented) the transport model could not be completed until it was clear which service reconfiguration proposals would actually be pursued. **Action:** the Committee requested more information on the future transport model once the final proposals are known.

The Joint Scrutiny Cttee said that documentation did not include information on the volume of patients who already move between sites. Members also highlighted the importance of building some flexibility into such a transport

service so as to be able to handle the unexpected such as alerts, closures and declaring critical incidents.

*Finance*
The Joint Scrutiny Cttee still had concerns about the financial position and the need for investment in localities. In particular, the impact on day to day revenue spend from finding better ways of delivering services was still unclear at present. The STP representatives stressed the opportunities arising from the various proposals. Clinicians from different hospitals now were increasingly working together (rather than competing against each other). STP representatives also suggested that the establishment of larger combined clinical teams across the three acute sites would drive quality improvement and efficiencies.

In addition, whilst the STP had been provisionally awarded some transformation monies for capital investment, it was unclear how this final funding award would be impacted if not all the current proposals for service reconfiguration were implemented.

As a result of the above, the Joint Committee confirmed to STP representatives that it expected to continue reviewing the financial sustainability of the STP proposals and financial targets beyond the formal consultation period.

*Stroke services*
The Joint Scrutiny Cttee received some further clarity around the proposals for stroke services however still thinks there is a lack of detail and an understanding of how it will work.

The Chairman advised that the above issues and concerns will be included in the detailed response to the consultation, which will be submitted by the deadline.

*Next steps*
The STP intends to publish the independent analysis of the consultation feedback on 8th May and the Joint Scrutiny Committee will meet in the first week June, in mid June and the first week July. The CCG Joint Committee meeting to reach final decisions will be on 6th July. There will then be post decision scrutiny by the Joint Scrutiny Committee and further consideration of issues arising.

Resolved:-

1. That the Joint Committee reserved the right to continue scrutiny of some issues on which they still required further information – namely primary care strategy, finance, transport, workforce, and the hospital merger.
2. That the Joint Committee would be preparing a formal response back to the STP on their current proposals.
3. That all Members of the Joint Scrutiny Committee be given the opportunity to comment on the proposed response to the consultation.
4. To delegate approval to the Chairman and two Vice Chairmen to approve the finalised response to the current consultation.

**Chairman:** _____

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# ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY COMMITTEE ON THE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP / SUCCESS REGIME FOR MID AND SOUTH ESSEX

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## TERMS OF REFERENCE

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| **1.** | **Legislative basis** |
| 1.1 | The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013. |
| 1.2 | Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate. |
| 1.3 | Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that Joint Committee may:<br>• make comments on the proposal to the NHS body;<br>• require the provision of information about the proposal;<br>• require an officer of the NHS body to attend before it to answer questions in connection with the proposal. |
| 1.4 | This Joint Committee has been established on a task and finish basis, by Essex Health Overview Policy and Scrutiny Committee (County Council), Southend-on-Sea People Scrutiny Committee (Unitary Council) and Thurrock Health & Wellbeing Overview and Scrutiny Committee (Unitary Council). |
| **2.** | **Purpose** |
| 2.1 | The purpose of the Joint Committee is to scrutinise the implementation of the Mid and South Essex Sustainability and Transformation Partnership (STP) and Success Regime (SR) and how any service changes and proposals arising from them meet the needs of the local populations in Essex, Southend and Thurrock, focussing on those matters which may impact upon services provided to patients in those areas. |
| 2.2 | The Joint Committee will also act as the mandatory Joint Committee in the event that an NHS body is required to consult on a substantial variation or development in service affecting patients in the 3 local authority areas as a result of the implementation of the STP and SR. |
| 2.3 | In receiving formal consultation on a substantial variation or development in service, the Joint Committee will consider:- |

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| | • the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock;<br>• the impact of the proposals on patient and carer experience and outcomes and on their health and well-being;<br>• the quality of the clinical evidence underlying the proposals;<br>• the extent to which the proposals are financially sustainable.<br>and will make a response to relevant NHS body and other appropriate agencies on the proposals, taking into account the date by which the proposal is to be ratified. |
| 2.4 | The Joint Committee will consider and comment on the extent to which patients, the public and other key stakeholders have been involved in the development of the proposals and the extent to which their views have been taken into account as well as the adequacy of public and stakeholder engagement in any formal consultation process. |
| 2.5 | Notwithstanding any of the above, the relevant parent bodies may still exercise an overview role in relation to STP's, engaging in governance issues / strategic oversight and coordination across the STP footprints. |
| 2.6 | It is anticipated that the Joint Committee will continue its deliberations and hold meetings during the consultation and implementation of STP plans. The Joint Committee will review its remit after three years and also at any time at the request of any of the participating authorities. |
| **3.** | **Membership/chairing** |
| 3.1 | The Joint Committee will consist of four members representing Essex, four members representing Southend and four members representing Thurrock, as nominated by the respective health scrutiny committees. |
| 3.2 | Each authority may nominate up to two substitute members. |
| 3.3 | The proportionality requirement will not apply to the Joint Committee, provided that each authority participating in the Joint Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements. |
| 3.4 | Individual authorities will decide whether or not to apply political proportionality to their own member nominations. |
| 3.5 | The Joint Committee members will elect a Chairman and two Vice-Chairmen at its first meeting, one from each authority, so that each authority is represented in this role. |
| 3.6 | The Joint Committee will be asked to agree its Terms of Reference at its first meeting. |
| 3.7 | Each member of the Joint Committee will have one vote. |

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| **4.** | **Co-option** |
| 4.1 | By a simple majority vote, the Joint Committee may at any time agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration. |
| 4.2 | Any organisation with a co-opted member will be entitled to nominate a substitute member. |
| **5.** | **Supporting the Joint Committee** |
| 5.1 | The lead authority will be decided by negotiation with the participating authorities. The lead authority may be changed at any time with the consent of Essex, Southend and Thurrock. |
| 5.2 | The lead authority will act as secretary to the Joint Committee. This will include:<br>• appointing a lead officer to advise and liaise with the Chairman and Joint Committee members, arrange meeting venues, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce correspondence and scrutiny reports for submission to the health bodies concerned;<br>• providing administrative support;<br>• organising and minuting meetings. |
| 5.3 | The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference. |
| 5.4 | The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the Joint Committee. Other costs will be apportioned between the authorities. If the Joint Committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred. |
| 5.5 | The non-lead authorities will appoint a link officer to liaise with the lead officer, support liaison back to their respective HOSC and provide support to the members of the Joint Committee. |
| 5.6 | Meetings shall be held at venues, dates and times agreed between the participating authorities. |
| **6.** | **Powers** |
| 6.1 | In carrying out its function the Joint Committee may:<br>• require officers of appropriate local NHS bodies to attend and answer questions;<br>• require appropriate local NHS bodies to provide information about the proposals and to facilitate any site visits requested by the Joint Committee; |

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| | • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authority employees and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back.<br>• make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee.<br>• consider the NHS bodies' response to its recommendations; |
| 6.2 | In the event the Joint Committee is formally consulted upon a substantial variation or development in service as a result of the implementation of the STP, and considers:-<br>➢ it is not satisfied that consultation with the Joint Committee has been adequate in relation to content, method or time allowed;<br>➢ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed;<br>➢ that the proposal would not be in the interests of the health service in its area<br>the Joint Committee will consider the need for further negotiation and discussions with the NHS bodies and any appropriate arbitration. |
| 6.3 | If the Joint Committee then remains dissatisfied on the above three points it may make comments to Essex, Southend and Thurrock Councils. Each Council will then consider individually whether or not they wish to refer this matter to the Secretary of State or take any further action. |
| 6.4 | The power of referral to the Secretary of State is a matter which will not be delegated to the Joint Committee. |
| 6.5 | Each participating local authority will advise the other participating authorities if it is their intention to refer and the date by which it is proposed to do so. |
| **7.** | **Public involvement** |
| 7.1 | The Joint Committee will usually meet in public, and the agenda will be available at least five working days in advance of meetings |
| 7.2 | The participating authorities will arrange for papers relating to the work of the Joint Committee to be published on their websites, or make links to the agenda and reports published on the lead authority's website as appropriate. |
| 7.3 | A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion and direction of the Chairman and the two Vice Chairmen. |
| 7.4 | Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend. |
| 7.5 | Members of the public attending meetings and who wish to make a statement at the meeting must notify the clerk by close of business on the working day prior to |

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| | the meeting. Each person will be limited to speaking for a maximum of three minutes. If the person speaking is speaking on behalf of a group / body, a spokesperson must be appointed. The period for statements from members of the public at the meeting will be at the Chairman's discretion and normally will not exceed 15 minutes in total. No response will be provided at the meeting. |
| **8.** | **Press strategy** |
| 8.1 | The lead authority will be responsible for issuing press releases on behalf of the Joint Committee and dealing with press enquiries, unless agree otherwise by the Committee. |
| 8.2 | Press releases made on behalf of the Joint Committee will be agreed by the Chairman and Vice-Chairmen of the Joint Committee. |
| 8.3 | Press releases will be circulated to the link officers. |
| 8.4 | These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the Joint Committee. |
| **9.** | **Report and recommendations** |
| 9.1 | The lead authority will prepare a draft report on the deliberations of the Joint Committee, including comments and recommendations agreed by the Committee. Such report(s) will include whether recommendations are based on a majority decision of the Committee or are unanimous. Draft report(s) will be submitted to the representatives of participating authorities for comment. |
| 9.2 | Final versions of report(s) will be agreed by the Joint Committee Chairman and two Vice Chairmen. |
| 9.3. | In reaching its conclusions and recommendations, the Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority (ies) concerned. |
| 9.4 | Report(s) will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised. |
| 9.5 | In addition, in the event the Joint Committee is formally consulted on a substantial variation or development in service, if the Joint Committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are "reasonably practicable" to try to reach agreement in relation to the subject of the recommendation. |
| 9.6 | The Joint Committee itself does not have the power to refer the matter to the Secretary of State. |

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| **10.** | **Quorum for meetings** |
| 10.1 | The quorum will be a minimum of three members, with at least one from each of the participating authorities. This will should include either the Chairman or one of the Vice Chairmen. Best endeavours will be made in arranging meeting dates to maximise the numbers able to attend from the participating authorities. |

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Essex County Council

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Dr Anita Donley OBE
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Our ref: Fiona Abbott fionaabbott@southend.gov.uk
Telephone: 01702 215104
Date 22nd March 2018

Dear Dr Donley,

**Joint Health Overview & Scrutiny Committee**
**Formal Response to proposed hospital changes in mid and south Essex**

***Authority***
In accordance with the relevant regulations a Joint Health Scrutiny Committee has been established, comprising Councillors from Essex County Council, Thurrock Council and Southend-on-Sea Borough Council (JHOSC) to review proposals, development and implementation of service changes arising from the Mid and South Essex Sustainability and Transformation Partnership (STP).

The JHOSC has agreed to delegate approval to the Chairman and two Vice Chairmen to approve the response to the current consultation, as set out below. Accordingly, we are writing to you in our respective capacities as Chairman and Vice Chairmen of the JHOSC outlining our views as below.

Notwithstanding the above, the relevant Scrutiny Committees at each constituent authority may continue to scrutinise aspects of the STP separately to the JHOSC where they have a particular localised impact (rather than wider footprint implications) and/or strategic significance, or implications on stakeholder relationships within or across adjoining STP areas. The JHOSC will continue to be the consultative body for significant service variations.

***Background***
The Joint Committee of the CCGs in mid and south Essex launched a public consultation on 30th November 2017. The consultation primarily focuses on proposals to make changes to some specialist hospital services within the acute hospital sector, as well as proposals for the transfer of services from Orsett Hospital in Thurrock to new centres in

the community. The original closing date for the consultation was 9th March 2018. Following our request for an extension, we agreed to your suggestion to extend the deadline for consultation responses to 23rd March 2018.

During the formal consultation period the JHOSC has held two formal meetings, on 20th February 2018 and 13th March 2018 and also held two informal meetings. The papers for the formal meetings are available on each of the participating local authority websites.

***Formal response***

We would like to thank your STP colleagues for their assistance in helping the JHOSC review the current proposals by attending meetings of the JHOSC and providing information as requested. We would particularly like to thank the clinicians who also attended who gave invaluable insights to the clinical considerations behind many of the proposals.

As STPs are developing 5 year plans, the JHOSC will want to have an on-going role in monitoring the STP including any implementation of the current or any subsequent proposals. In submitting this initial response, the JHOSC reserves its right to continue to scrutinise other issues at a later date as it deems fit. This is particularly pertinent for issues the STP continues to develop such as the primary care strategy and transportation strategy (see below).

In formulating this initial response the JHOSC has grouped its comments as follows:-

- Communications and engagement
- Primary Care Strategy
- Community health care
- Workforce plans and impact
- Transport
- Finance
- Stroke services

<u>Communications and engagement</u>

Overall, the JHOSC is content that significant consultation work has been undertaken, and that different methods have been used. However, there seemed to be variations in methods and reach across the footprint and in some cases engagement only gained pace towards the end of the process. The distribution of materials seems to have varied by CCG areas as well.

The Members were concerned that the consultation document itself was lengthy and covered a number of issues which should ideally have been explored separately or in a number of different staggered consultations for example, Orsett Hospital.
**Recommendation**: That the STP should consider in the future whether having so many topics, however linked, in one consultation, is wise.

With regard to the management of the consultation events, some Members expressed concerns about some of the events which had been held, such as the event held in Southend-on-Sea on 8th February 2018 and the subsequent event on 7th March 2018 were both oversubscribed. Another concern was that in some areas consultation events were scheduled for during office hours, meaning it was difficult for residents to attend. The JHOSC suggests that in future, the STP should consider 'filtering' attendances to help prevent this and the STP should have had contingencies in place and also have

some flexibility and slack within the timetable to allow for extra events to be scheduled to meet demand.

The JHOSC has been pleased to see the increasing use of social media as a core component of your engagement and makes the following **recommendation**: That the STP continues use of social media in future consultations.

The JHOSC heard about the invaluable work of the local Healthwatch organisations and accordingly makes the following **recommendation: That the CCG Joint Cttee continue to involve the local Healthwatch organisations in its work as they provide a vital independent voice of patients.**

Primary Care Strategy

The JHOSC sees primary care / locality based work as key to the success of the proposals to create a sustainable health and care system in Mid and South Essex. We note that creating sustainable primary care fit for the 21st Century is referenced within the 'Case for Change' document, but that plans remain significantly underdeveloped.

Demand on hospital services both in terms of A&E attendances and unplanned hospital admissions is directly related to the capacity and capability of primary care to offer sufficient appointments to patients, and to diagnose and effectively manage long term health conditions.

The JHOSC recognises that there are systemic problems within primary care in Mid and South Essex including a significant workforce gap leading to unacceptably long waits for appointments, fragmentation of services and an estate that is not fit for purpose. We believe that unless these issues are addressed with a new model of care and significant additional capital and revenue investment in primary and community health care, that avoidable demand on hospital services will continue to increase.

We have concerns that the primary care strategy for the entire footprint has not been prioritised and developed earlier and in conjunction with plans for hospital reconfiguration.

We note that the situation in Thurrock where integrated community medical centres/hubs are more advanced is different to that elsewhere in the footprint and would like to see the learning from Thurrock extended quickly to other parts. We also note that nature of primary care providers and relatively small independent contractors requires that future Primary Care strategy is developed at a locality level, in order to ensure full engagement and clinical leadership of the primary care workforce.

You have advised that a draft Primary Care Strategy will be presented to the Joint Committee of the five CCGs next month before being devolved to the individual CCG Boards for implementation.

Due to the importance of the contribution of primary care to the success of the overall proposals the JHOSC requests early review of the Strategy and will seek assurance that the plans are robust, sustainable and able to achieve the objectives being sought, and most importantly that they are adequately funded in both revenue and capital terms.

**Recommendations:**

1. **The locality based STP Primary Care Strategy is developed, that addresses the systemic issues of lack of capacity, variation in clinical quality and fragmentation of services, and that NHS England provides additional adequate capital and revenue funding for its implementation**

2. **That the JHOSC is able to scrutinise future Primary Care Strategy at the earliest opportunity after the local elections.**

Community health care

The Joint Scrutiny Committee also notes that details relating to community health provision and its integration within the wider STP footprint is currently inadequate. Specifically we would also like to see more details around the proposals relating to the full utilisation of community hospitals in the footprint (with the exception of Orsett – see below).

With regard to the consultation on the closure of Orsett Hospital, we note the assurances given by the current NHS providers and commissioners within a local Memorandum of Understanding, specifically:-

1. That all clinical services provided from Orsett Hospital will continue to be provided within Thurrock, and be migrated to one or more or the four planned Integrated Medical Centres (IMCs).

2. That Orsett Hospital will not close until the IMCs are built and all services have been successfully migrated.

**Recommendation**: That the JHOSC is provided with, and able to scrutinise, further detail on community health care provision to assure it that it is being fully integrated into the STP plans, including a detailed implementation plan for the transfer of services from Orsett.

Workforce plans and impact

We feel that the document needed much clearer statements about how all parties were going to recruit, develop and re-design the workforce of the future. With a rapidly changing workforce, an ageing population and advancing new technologies we do not feel there are anywhere near clear enough plans for the how the aspirations of the STP are going to be developed. In particular:-

- How will it address those key shortages in primary care that will restrict that sector in supporting acute pressures;
- How will shortages in key specialties be addressed;
- How will a new integrated workforce, working across existing traditional boundaries – e.g. primary and acute be developed;
- How will it work with partners in Adult Social Care to support the workforce shortages and challenges they are facing.

We feel that the development of a Joint Workforce Strategy across all sectors of the health and social care economy is an urgent priority. This must include consideration as to how the NHS and LA's can work together to address some of the critical workforce shortages across the whole social care sector – including independent sector providers.

Recruitment issues and delivering the plan depend on resolving these workforce issues. The JHOSC will want to look at this going forward.

Patient transport and workforce transport

The JHOSC recognise that transportation has been a significant issue of concern during the consultation process and notes that a Green paper has recently been published by the STP discussing future principles of providing transport between the hospitals. The JHOSC appreciates that the final solution for such provision cannot be finalised until the outcomes from the formal consultation exercise are decided and commissioning decisions made.

However at this point the JHOSC remains concerned at the logistics of clinical transfers and the issue around clinical supervision of patients. This is an area which the JHOSC will look at going forward. The JHOSC looks forward to discussing the issues further with key staff such as the lead for this work, Dr Ronan Fenton, the Medical Director for the hospital programme of the STP.

The JHOSC is unsure how 'patient choice' will feature in the proposals going forward.

**Recommendation**: That the JHOSC is provided with, and able to scrutinise, further detail on patient transport and workforce transport to assure it that it is mitigating the impact of the proposed relocation of certain services.

Finance

The JHOSC is concerned that the STP consultation document did not give a clear financial overview of the challenges facing the health and social care economy. Nor was there are a clear direction of travel for how the mid and south Essex health and care economy would achieve financial balance over the next 5 years.

It is clear from the STP proposals that much of the acute reconfiguration is subject to investment in localities. The JHOSC felt that the proposals are lacking in this regard and was disappointed by lack of financial information and reserves the right to make further comments on this area.

The JHOSC welcomes the proposed capital investment for the acute hospitals but needs to understand further the 'conditions' that are attached to the release of the capital from the Treasury, whether the capital is net and so dependent on any land sales for example.

The JHOSC did not think that it was helpful announcing the Trusts merger proposals during the consultation, as this could give the appearance of hiding a very important issue. The JHOSC would want to understand the implications for any future service reconfiguration and has concerns about the impact and timing of the merger.

**Recommendation**: That the JHOSC is provided with detail on finances to facilitate further scrutiny to assure it that plans are financially credible and sustainable.

Stroke services

The JHOSC received some further clarity around the proposals for stroke services however there is still a lack of detail and an understanding of how it will work and therefore reserves its right to scrutinise further the proposals for stroke services **Recommendation.**

The JHOSC also requested some further information / data and looks forward to receiving this shortly.

***Conclusion***
At this stage, whilst still having concerns about a number of issues, as indicated above (for example the need for the IMCs being open), the JHOSC supports the STP in further progressing its proposals to make changes to some specialist hospital services within the acute sector, as well as proposals for the transfer of services from Orsett Hospital in Thurrock to new centres in the community.

The JHOSC views that the engagement undertaken has been adequate and in some respects very encouraging (e.g. in the use of social media). It still trusts that proposals will be finalised which will be considered to be in the interests of the local health system.

The JHOSC reserves the right to continue its scrutiny of certain aspects of the proposals (as detailed above) to reassure it that the plans being finalised are robust and sustainable, and that sufficient mitigation has been put in place to minimise the impact of some specialist services being relocated (e.g. transportation between hospitals).

Yours sincerely,

| | | |
|---|---|---|
| Councillor Bernard Arscott<br>Chairman (JHOSC)<br>Southend-on-Sea Borough Council | County Councillor Jo Beavis<br>Vice Chairman (JHOSC)<br>Essex County Council | Councillor Graham Snell<br>Vice Chairman (JHOSC)<br>Thurrock Council |

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Chelmsford
CM2 5PF

19th April 2018

Dear Cllrs Arscott, Beavis and Snell

**Re: Joint Health Overview and Scrutiny Committee - Formal response to proposed hospital changes in mid and south Essex**

Thank you for the formal response of the Joint Health Overview and Scrutiny Committee (JHOSC) to the mid and south Essex STP public consultation *Your Care in the Best Place.*

The STP response to the specific recommendations follows:-

**1. Communications and engagement**

1.1 JHOSC recommendation: "The STP should consider in the future whether having so many topics, however linked, in one consultation, is wise".

STP response: The STP will take this recommendation into account in any future consultation processes, according to the proposed service change(s) which are to be the subject of consultation.

The *Your care in the best place* consultation was necessarily wide-ranging in scope as it was considered necessary to bring all elements of the STP plan together into one consultation. This was aimed at providing a perspective inclusive of work on both acute service reconfiguration and the essential complementary development of local health and care services.

The STP took this approach as a result of discussions and formal engagement with the three Health and Wellbeing Boards and individual HOSCs in the development of consultation documentation, supporting materials and communications plan. In addition, the STP made specific variation to the way in which it consulted with the public in different geographical areas to take account of particular concerns in that area, for example, in Thurrock specific consultation materials, including summary documents, specific surveys relating to the Orsett proposals and a video explaining the proposed changes were created. The STP worked with

Healthwatch Thurrock, which helped in engaging with local people and focussing on their main concerns.

1.2 JHOSC recommendation: "That the STP continues use of social media in future consultations."

STP response: Social media was used to positive effect throughout the consultation and we welcome the JHOSC recommendation. As an STP we are mindful that, in any consultation or engagement process, information should be made available in different ways and using different modalities to secure feedback to ensure optimal stakeholder involvement. The STP will indeed continue to use social media as one of many tools employed.

1.3 JHOSC recommendation: "That the CCG Joint Committee continue to involve the local Healthwatch organisations in its work as they provide a vital independent voice of patients."

STP response: The STP agrees entirely that the Healthwatch organisations provide vital input from patients and service users. I would like to thank Healthwatch formally for their support prior to, and during, the consultation process.

The STP will continue to engage with all three Healthwatch organisations as we develop our plans. All three Healthwatch organisations have formal representation on the STP Board, providing important input and challenge in discussions at the Board.

**2 Primary Care Strategy**

2.1 JHOSC recommendation: "The locality-based STP Primary Care Strategy is developed, that addresses the systemic issues of lack of capacity, variation in clinical quality and fragmentation of services, and that NHS England provides additional adequate capital and revenue funding for its implementation. That the JHOSC is able to scrutinise future Primary Care Strategy at the earliest opportunity after the local elections."

STP response:
The STP welcomes the JHOSC focus on locality-based primary care services and recognition of the need to make rapid progress in this area. The ongoing work on locality-based primary care services sets the STP strategy for the resolution of system-wide issues relating to demand and capacity, workforce planning and utilisation, as well as the estates and investment funding required for implementation of locality-based primary care services as a part of the STP Local Health and Care work. Individual CCGs will be responsible for implementation of the strategy at local level. CCGs are already working closely with local Health and Wellbeing Boards on these matters.

The STP-wide strategy has been considered by the CCG Joint Committee and will be approved by individual CCG Boards2 during May and June 2018. Once endorsed by the STP Board the STP would welcome the opportunity to present this strategy to the JHOSC.

**3. Community Health Care**

3.1 JHOSC Recommendation: "That the JHOSC is provided with, and able to scrutinise, further detail on community health care provision to assure it that it is being fully integrated into the STP plans, including a detailed implementation plan for the transfer of services from Orsett."

STP Response: The STP looks forward to discussing with the JHOSC the requirements in relation to community health care and utilisation of community hospital facilities across the STP area.

**4. Patient Transport and Workforce Transport**

4.1 JHOSC Recommendation: "That the JHOSC is provided with, and able to scrutinise, further detail on patient transport and workforce transport to assure it that it is mitigating the impact of the proposed relocation of certain services."

STP Response: The STP recognises that both the Clinical Transport Service (to deliver the "treat and transfer" element of our proposals) and the proposed Family/Carer Transport Service are the subject of concern for stakeholders.

The equality and health inequality impact assessment work being undertaking will analyse the proposals in the post-consultation phase and assist identification of further specific issues to support planning for these services.

As the JHOSC has acknowledged, the detailed plan for these services cannot be finalised until such time as the CCG Joint Committee makes a final decision on the proposed service changes.

With regard to the Clinical Transport Service, work to prepare clinical protocols and operating models is ongoing and involves the three hospitals working with the East of England Ambulance Service Trust, as well as with colleagues from both the East of England and London trauma networks. The STP would be happy to provide an overview of the work to date to the JHOSC.

On the Family/Carer Transport Proposal, the STP has commissioned some support to assist in scoping the requirements for this service, ensuring equity of provision. As the JHOSC will be aware, this is a complex area, covering existing transport services overseen by Local Authorities; future community development plans; car-parking at hospitals; commissioned services already in existence; and personal transport options. This work will also consider transport options for hospital staff.

While the decision-making business case for the CCG Joint Committee is being developed currently, it is likely that all decisions subsequently made by the STP will be subject to suitable transport options (both clinical and family transport) being in place prior to implementation.

**5 Finance**

5.1 JHOSC Recommendation: "That the JHOSC is provided with detail on finances to facilitate further scrutiny to assure it that plans are financially credible and sustainable."

STP Response: Both the STP proposals and the financial model underpinning the pre-consultation business case underwent local, regional and national NHS assurance approvals prior to the launch of the consultation.

The STP is in the process of refreshing the financial modelling to reflect the current position and will share this with the JHOSC once completed; it will be important to consider NHS financial models in the context of our Local Authority partners.

**6 Stroke Services**

6.1 JHOSC Recommendation: "The JHOSC requested some further information/data."

STP Response:
The following data are taken from the Sentinel Stroke National Audit:

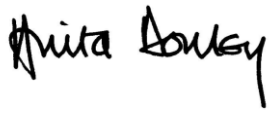
| Hospital | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|---|---|---|---|---|
| Basildon | 478 | 565 | 601 | 620 |
| Mid-Essex | 458 | 463 | 488 | 555 |
| Southend | 582 | 639 | 654 | 676 |
| **Total** | **1518** | **1667** | **1743** | **1851** |

The STP notes that JHOSC will continue the statutory scrutiny function for system-wide service change and that the individual HOSC within each Local Authority will continue to scrutinise aspects of the STP specific to relevant sections of the population (e.g. locality development).

The STP looks forward to meeting the JHOSC to plan future scrutiny arrangements, in order to ensure that it has the information necessary to discharge its statutory duties.

Thank you once again on behalf of the STP for the JHOSC formal response to the STP consultation *Your Care in the Best Place,* and for taking time to meet and discuss the proposals with STP team members.

Yours sincerely



Anita Donley OBE
Independent Chair
Mid and South Essex Sustainability & Transformation Partnership

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**Mid and South Essex Sustainability and Transformation Partnership**

***Your Care In the Best Place* Consultation Outcome – May 2018**

## Introduction

Consultation is intended to help NHS organisations make decisions to secure the best possible services that meet the needs of local patients and represent the best possible value for money.

An independent report looking at responses to the *Your Care In the Best Place* consultation on services across Mid and South Essex has been published on 22nd May 2018.

The report, from consultation analysts The Campaign Company, provides an analysis of responses to potential changes to emergency and acute care including stroke services, emergency surgery, trauma and orthopaedic services, and Orsett community hospital. The consultation also sought views on health and care services in the local community.

The report examines the themes and feedback from over 2,700 individual and group responses on the principles for consultation from either completion of online consultation questionnaires, or by filling in a paper survey or by writing in by email or post. It also analyses feedback from hundreds of people who took part in public meetings and other consultation activities.

Following an extensive pre-consultation engagement period over two years, the *Your Care In the Best Place* consultation took place between 30 November 2017 and 23 March 2018. The 16-week consultation saw 16 large scale public meetings with almost 700 people attending in total, and over 40 deliberative workshops and specific events for people who were most likely to be affected by the proposals.

A further 750 people took part in an independently commissioned telephone survey conducted with a demographically-balanced section of the population across Mid and South Essex.

A separate questionnaire was also made available following feedback to focus specifically on the issues relating to Thurrock residents which was completed by 276 people.

In total it is estimated that more than 4,000 people took the opportunity to participate.

## Background

The proposals for consultation were influenced very strongly by staff and local people. Between 1 March 2016 and the end of November 2017, there were five phases of engagement, which helped to shape both the decision-making process and the proposals for consultation.

Over the five phases of discussions the options for potential changes in services across the three hospitals in Southend, Chelmsford and Basildon, were narrowed down. From over 100 possibilities five main options for organising services across the three hospitals were reached.

By the end of phase four, the options appraisal phase, two options for more detailed development were identified. Both of these options involved designating Basildon Hospital as a specialist emergency hospital, which would take all patients arriving by "blue light" ambulance.

Following the options appraisal process, there was a strong view from the STP Service Users Advisory Group and others that this approach should be sense checked to address local concerns.

This resulted in announcement in July 2017 of a modification of the outline proposals, which would enable the majority of patients in need of emergency care to continue to receive treatment initially at their local (or nearest) A&E and then, if needed, transferred to a specialist team, which may be in another hospital.

This extended period of engagement and involvement of patients, staff and partner organisations culminated in the development of the five principles upon which the hospital service changes were based and which were the subject of the public consultation .

Following agreement of the Joint Committee of the five Clinical Commissioning Groups on the principles to be consulted upon, the STP public consultation was launched on 30 November 2017. Details of the proposals can be found at www.nhsmidandsouthessex.co.uk

The consultation approach supported the right of patients and the public to information and transparency as a cornerstone of involvement and the principles of the NHS Constitution which commits the NHS "to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned" and "be involved, directly or through representatives, in the planning of services commissioned by NHS bodies".

A suite of materials was produced, including a main consultation document (which benefited from input from all three local authority health overview and scrutiny committees (HOSCs) and Healthwatch partners, a summary document, leaflet, feedback questionnaire and additional information, including a short video animation describing the proposed changes, and further information on key aspects of the changes.

As per the consultation Communications Plan, which was discussed by Health and Wellbeing Boards and the three individual HOSCs, consultation materials were made available in hard copy, as well as via the STP consultation website. Materials were also available in different formats and languages, on request.

**The consultation process**

In line with the relevant regulations a Joint Health and Overview Scrutiny Committee (JHOSC) comprising members from Essex County Council, Southend Council and Thurrock Council was established.

To ensure compliance with the statutory requirement for NHS bodies to consult Local Authorities on proposals under consideration for a variation in the provision of health services, the consultation team attended two formal and one informal meeting with the JHOSC during the consultation period.

Consultation materials were distributed through the networks of the five clinical commissioning groups, the three hospitals and the existing patient representative network associated with all health and care organisations and partners in the voluntary sector and made available in locations such as GP surgeries, libraries, clinics, and community centres.

Activities included email notifications, information in newsletters and on websites, as well as social media platforms of all the health and care organisations and partners.

The consultation was widely publicised through the local media including television, radio and local newspapers in editorial coverage.

Significant use of social media was employed as both a promotion and engagement tool with Facebook and Twitter used as the main platforms. Our use of social media was singled out for praise by the JHOSC in its consultation response.

In terms of promotion, sponsored advertisements on Facebook allowed targeted adverts to be placed on news feeds highlighting “local” opportunities to get involved based on location, for example advertising events in Chelmsford to those who live there and have Facebook accounts.

It has also enabled relevant posts to appear targeting key demographics based on for example age, health workers, religious affiliations and gender.

Information about the consultation thus appeared on the newsfeeds of more than 200,000 people through the combination of paid advertising and via the STP Facebook page and more than 170,000 via their Twitter feed.

Aside from both traditional and social media a cascade approach was adopted through established channels using key communicators across a range of local networks to reach a variety of groups and communities.

Examples of this approach include a focus group session with Thurrock Diversity Network supporting people with physical and or learning disabilities, formal letters to traveller liaison groups, articles run in weekly Council of Voluntary Services updates to their membership and postal mail-louts to patients on CCG engagement databases without email addresses.

Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock also supported this community cascade approach. The variety of activities included:

- Essex: social media cascade, out and about in the Chatterbox Cab
- Southend: Mailshots and shopping centre promotional stands
- Thurrock: Face to face events, visits to sheltered housing

Participants were encouraged to use an online feedback questionnaire to submit their views, but could also feedback in any of the following ways:

- By letter or email
- Completing a paper questionnaire
- By attending a targeted focus group, where there was structured note taking
- By attending a larger “public” discussion event with structured note taking
- Over the telephone
- Posting and commenting via social media

The consultation team also offered to attend meetings on request from community groups and other organisations.

Letters were also written to an extensive list of stakeholders, community groups, partner organisations, neighbouring STPs and condition specific support groups to ask them to respond formally with their views to the consultation.

As outlined earlier an independent telephone survey was commissioned to a representative sample of 750 of population of mid and south Essex.

In line with the cascade approach the Community and Voluntary Service organisations were asked to write to their member organisations to raise awareness of the consultation and encourage participation. These networks included a wide range of advocates and representatives of minority groups and for example resulted in direct invitation to attend groups such as Southend Ethnic Minority Forum and Transpire (LGBT).

Focussed work was undertaken to ensure those with protected characteristics were able to consider the proposals from the perspective of the relevant characteristics. Letters and consultation materials were sent to groups aligned with the nine protected characteristics set out in the Equality Act 2010 requesting they consider the proposals from the perspective of those they support.

This included groups such as Age UK Essex, Royal Association for Deaf People, Blind Welfare, Stonewall, Traveller Liaison, Roma Support Group, Peaceful Place, YMCA, and Family Action.

A number of focussed group discussions were also undertaken to speak directly to groups likely to be impacted by the proposed changes.

Throughout the consultation the team responded to a number of requests and based on feedback received undertook additional activities. Examples of this include:

- Due to popular demand, additional events were put on in Southend and South Woodham Ferrers
- Produced a video on the Orsett proposals
- Produced summary sheets on stroke, finance and transport and workforce
- Extended the deadline for responding to the consultation to March 23 2018
- Revisited GP practices to ensure materials were on display (and stock replenished)
- Undertook paid advertising in the local media to promote the extended time frame

**Consultation response**

The independent analysis report compiled by The Campaign Company shows broad agreement for the five principles outlined in the consultation report.

However in line with the conversations had during both pre-consultation engagement and the consultation process itself, the analysis identifies some local differences, particularly around the proposals relating to the future of Orsett Hospital from those living in the Thurrock CCG area and less general agreement with the proposals from those living in the Southend CCG area.

The process of informal and formal engagement has been comprehensive and it is clear there has been considerable local discussion about the proposals both prior to and during the consultation. There have been high profile local campaigns around the proposed changes with concern that public and staff will be “put at risk unless the existing resources are left unchanged”.

Although there have been genuine concerns raised, it is worth highlighting that for a large number of attendees at the public discussion events and workshops, once the proposed changes had been explored, there was less concern and a greater level of support expressed.

However as previously stated the primary aim of consultation is not to undertake a referendum but to gain better understanding of any potential impact proposed changes may have.

The key question now that the responses to the consultation have been analysed is for the local NHS to consider what has been learned from the consultation and what key feedback from patients and public could affect the proposals to redesign the future services. The analysis of the responses has shown key themes of concern in the areas of:

- Transport and accessibility of services
- Shortages in workforce to deliver a sustainable service
- Financial constraint

The equality and health inequality impact assessment work being undertaken in the post-consultation phase will also assist in identifying any further specific issues to support planning for any subsequent implementation.

**Transport and accessibility of services**

**Patients, Families and Carers**

The numbers of people potentially impacted by the proposed changes are relatively small in comparison with the daily attendances across each hospital site.

However in seeking to address concerns raised, even before the conclusion of consultation, a transport working group chaired by a patient representative was constituted.

The group is supporting on-going work to establish a robust non-emergency transport solution to support those patients and their carers/family members impacted by the proposed change, the recommendations arising from this group on steps that can be taken to help resolve concerns over transport and accessibility will be considered alongside the final proposed service changes.

It also recognises and seeks to address pre-existing accessibility issues identified at all three sites, for example car parking limitations.

**Clinical Transfer**

A small number of patients may be transferred from their local A&E department to receive more specialist care at a different site. We have been developing a detailed service specification for a dedicated emergency transfer service solely to convey these patients identified as benefitting for having on-going inpatient care delivered at specialist unit located at another site. The plans for the transfer service have been considered by the clinical senate and will also be revisited as part of the final decision making on the proposed service changes.

**Workforce**

Gaps in the workforce both in hospitals and community based services are one of the most significant challenges the system in mid and south Essex faces.

A key purpose for the proposed changes is to tackle some of the key workforce gaps that we have across our three hospitals by:

- Expanding the opportunities for training, sub-specialisation and greater experience from the creation of specialist centres across the three hospitals.

- Creating more sustainable rosters for staff working in specialist services to reduce current gaps in rosters or unsustainable working patterns that are currently faced by a number of clinicians within our hospitals.

- Providing a greater range of skills and professions available to patients over an extended seven day period through the creation of single specialist units within mid and south Essex to provide greater support and experience to support staff working in these areas.

We believe that this rationale holds true and as part of the East of England Clinical Senate stage two review, there has been a analysis of the proposed staffing arrangements for the specialist units.

**Finance**

The proposals and financial model underpinning the pre-consultation business case underwent local, regional and national NHS financial assurance approvals prior to the launch of the consultation.

The conclusion reached through this assurance, and through analysis by local NHS leaders is that successful delivery of these proposals will secure a more financially sustainable NHS for the people of mid and south Essex which will also deliver better care.

However, it was also recognised that in order to make these changes work there would need to be investment in our three hospitals in terms of buildings and equipment and as such £118m was allocated to the NHS in mid and south Essex in the 2017 Autumn Budget to support these changes.

### Next Steps

The opportunity to discuss the issues facing the heath and care system in mid and South Essex is to be welcomed alongside the willingness of the community to seek greater understanding and become more informed in the future of services both in the community and within the three hospitals.

The outcome of the public consultation is an important factor in decision making which needs to be fully taken into account. It is, however, one of a number of important factors for decisions.

The Joint Committee of the five clinical commissioning groups will review the findings of the outcome report as part of its decision making process in the summer, alongside evidence and reports which review clinical, financial and practical considerations.

Following decision making the Joint Committee Chair will formally write to the Joint Overview and Scrutiny Committee to inform them of the decisions made.

The JHOSC will then review and choose whether to provide feedback or make recommendations to the CCG Joint Committee.

Any subsequent implementation programme would be clinically-led and will involve clinical professions from all backgrounds and organisations.

This programme will be built on a principle of co-production. Patients, carers and members of the public will be invited to participate in the transition and implementation planning and will be included as key members of a proposed implementation oversight group

It is likely that a process of learning and review throughout the implementation stage will reduce further the concerns expressed through consultation.

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# *Your care in the best place*

## Independent analysis of consultation responses

## Draft report for NHS Mid and South Essex STP

**May 2018**

# CONTENTS

# 1 Executive summary

## 1.1 Background to the consultation

The Mid and South Essex Sustainability and Transformation Partnership (STP) is working together on a single plan to improve health and care for the rising number of people who need health services in the districts and boroughs of Braintree, Maldon, City of Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Over the next five years, the Partnership aims to unite its different health and care services around the needs and potential needs of the local population so that physical, mental and social care are working together to achieve the best possible outcomes for patients and their families.

As part of the approach to achieving this vison, the Partnership launched the *'Your care in the best place'* public consultation which asked for views on:

- what more could be done to make sure people and their families were supported to stay healthy, live well and avoid serious illness.
- how health and care provided locally by GPs and community services, such as pharmacists, experienced nurses, physiotherapists and mental health therapists could be improved to meet the needs of local people
- how the three main hospitals in Southend, Chelmsford and Basildon can work together to improve care for the local population
- Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood

The *'Your care in the best place'* consultation to get the public's views on these proposals was launched on 30 November 2017 and ran until 23 March 2018. The consultation was open to patients, potential users and anyone with an interest in services provided within the mid and south Essex area. People were offered a number of ways to respond including through a consultation questionnaire (supported by a consultation document), attendance at public discussion events or stakeholder meetings, taking part in a representative telephone survey, or by contacting the STP directly by mail, e-mail or phone.

By the end of the consultation, over 3500 people had given their views in the following ways:

- 1449 submitted a consultation questionnaire online (1325 responses) or by paper (124 responses).

- 276 submitted a specific consultation questionnaire distributed in Thurrock – this questionnaire had been developed during the consultation following feedback from the local Scrutiny Committee and residents, consultation questionnaires were developed specifically for Thurrock residents and distributed at discussion events in Thurrock to enable residents to comment specifically about the proposals to transfer services from Orsett Hospital to Hospital to new Integrated Medical Centres in Thurrock, Basildon, Billericay and Brentwood.
- 750 took part in a representative telephone survey – a telephone survey of local residents, broadly representative by geography and demographics, was conducted across Mid and South Essex.
- 683 participants took part in 15 public discussion events – members of the public were invited to have their say at discussions events held during the consultation period.
- participants took part in 13 statutory meetings and stakeholder briefings and 33 stakeholder workshops – a number of stakeholder meetings and deliberative workshops with local organisations took place during the consultation period
- 298 NHS employees took part in 6 NHS employee engagement events
- 169 written submissions in the form of letters and e-mails were also received of which 39 were from organisations and elected representatives and 130 were from individuals.

In addition, 623 comments were also made on the STP's Facebook and Twitter channels and in response to STP blogs. While technically many of these comments are not formal responses to the consultation, they are responses to conversations about the consultation and they have been analysed and reported.

## 1.2 Headline findings

An overview of the overarching messages and the headline themes for each of the main areas of the consultation are summarised below.

### Overall key messages to the STP

- There is broad agreement with the overall approach, outlined in the consultation, to provide care in the best place in the home and community settings and in hospitals. The principle of care provided closer to home was particularly appreciated by many.

- However, there are concerns raised consistently across all the responses about the following:
    - the feasibility of delivering such a plan given current staffing issues - including the difficulty in recruiting GPs, community nurses and the shortage of specialist hospital staff - and given the resource challenges that the NHS is facing.
    - the fact that the proposals are dependent on a strong transport infrastructure to support the changes
    - the need for more detailed and costed plans for patients, NHS staff and public to better understand how this vision will work in practice.
- There are a number of submissions from NHS organisations and other organisations (such as the Stroke Association) who support the proposals and offer expertise in making sure these improve outcomes for patients
- There are strong views expressed from groups and areas who feel they are most impacted by the proposals. These are mainly:
    - patients and residents from Thurrock who are concerned about the potential impact on the community if the proposals for Orsett Hospital go ahead
    - patients and residents from Southend who are concerned that services currently being provided at Southend Hospital are being downgraded and that patient outcomes will be impacted if current specialisms, in particular stroke services, are located elsewhere
    - older, more isolated and less mobile groups of patients who are concerned they will have to travel further to access hospital services
- There are a number of alternative suggestions that have been put forward for consideration by individuals and in public and stakeholder meetings for further exploration.

### 1.3 Concluding comments

As with all public consultations, the overall response cannot be seen as representative of the population but it is representative of interested parties who were made aware of the consultation and were motivated to respond. The telephone survey was undertaken with a randomly selected and representative cross-section of residents to ensure that the consultation process accurately captured the views of the wider population of mid and south Essex. However, while each of the options was explained to respondents, it must be noted that only 7% of respondents had heard of the consultation and 29% of them had read the

consultation document.[1] This should be borne in mind when comparing their responses with consultation survey respondents who have actively chosen to take part in the consultations because they have an interest in it, as well as those who were involved through targeted engagement.

It must also be noted that potential changes to services, particularly where perceived loss of services are involved, understandably cause apprehension among those who may be affected. There has been clear and vocal opposition where this is potentially the case (for example, in the Thurrock area where the future of Orsett Hospital is in question and to a certain extent in the Southend area where respondents feel they would have access to fewer hospital services as a result of the proposed changes).

It is important to recognise that the outcomes of the consultation process will need to be considered alongside other information available about the likely impact of each of the proposed options. The purpose of this analysis is to explain the opinions and arguments of those who have responded to the consultation but it is not to recommend any option or variations of these options. In their deliberations, the members of the Partnership's Joint Committee of Clinical Commissioning Groups (CCG), will review the evidence and considerations that have emerged during consultation while also taking account of all the other relevant evidence that will help them make their final decisions.

[1] This is in line with other known NHS consultations where representative telephone surveys have taken place, for example South and Mid Yorkshire, Bassetlaw and North Derbyshire Commissioners Working Together consultations on children's surgery and anaesthesia services and hyper acute stroke services (2017).

# 2 About the consultation

This section of the report describes the background to the consultation and the way in which the consultation was conducted. It provides a summary of the different types of responses that were received throughout the consultation period; the quantity of responses by each consultation method; the process that was carried out to collect and manage these responses and how they have been analysed to produce this report.

## 2.1 Background to the consultation

The Mid and South Essex Sustainability and Transformation Partnership (STP) brings together all the different NHS organisations and councils that are responsible for the health and care of people who live in Mid and South Essex.

The Partnership is working together on a single plan that aims to make the best use of available resources to improve health and care for the rising number of people who need health services in the districts and boroughs of Braintree, Maldon, City of Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

The Partnership includes:

- Five clinical commissioning groups (CCGs), which plan and buy health care services for residents in the area
- Three local authorities –Essex County Council, Southend-on-Sea Borough Council and Thurrock Council, which plan and buy social care
- Three hospital trusts providing the main hospitals at Southend, Chelmsford and Basildon
- Three organisations that provide community nurses, therapists and mental health services
- East of England Ambulance Service
- Other partners including Healthwatch Essex, Healthwatch Southend, Healthwatch Thurrock, Service User Advisory Group, NHS England, NHS Improvement and Health Education England.

Over the next five years, the Partnership aims to unite its different health and care services around the needs and potential needs of the local population so that physical, mental and social care are working together to achieve the best possible outcomes for patients and their families.

As part of the approach to achieving this vison, the Partnership launched the *'Your care in the best place'* public consultation in November 2017. Before this, to make

sure the consultation proposals were strongly shaped by staff and local people, the Partnership carried out five phases of engagement between 1 March 2016 and the end of November 2017.

Over this period of engagement, the options for potential changes in services across the three hospitals in Southend, Chelmsford and Basildon were narrowed down. From over 100 possibilities, five main options for organising services across the three hospitals were reached. By the end of phase four, the options appraisal phase, two additional options for more detailed development were identified. Both of these options involved designating Basildon Hospital as a specialist emergency hospital, which would take all patients travelling by "blue light" ambulance.

Following the options appraisal process, there was a strong view from the STP's Service Users Advisory Group and others that this theoretical approach should be sense checked to address local concerns. The result was a modification of the proposal, which would enable the majority of patients in need of emergency care to be treated initially at their local (or nearest) A&E and then, if needed, transferred to a specialist team, which may be in another hospital.

This changed the main principles upon which the proposals in the *Your care in the best place* for proposed hospital service change were based.

The *'Your care in the best place'* public consultation asked for views on:

- what more could be done to make sure people and their families were supported to stay healthy, live well and avoid serious illness.
- how health and care provided locally by GPs and community services, such as pharmacists, experienced nurses, physiotherapists and mental health therapists could be improved to meet the needs of local people
- how the three main hospitals in Southend, Chelmsford and Basildon can work together to improve care for the local population
- Proposals to transfer services from Orsett Hospital to new centres in Thurrock and existing facilities in Basildon, Billericay and Brentwood, enabling the closure of Orsett Hospital

More information about each of these issues and specific proposals was made available in a consultation document and on the STP website.

The *'Your care in the best place'* public consultation was launched on 30 November 2017. The consultation was open to patients, potential users and anyone with an

interest in services provided within the Mid and South Essex area. The original closing date for the consultation of 9 March 2018 was extended to 23 March 2018 to allow time for the events that had been postponed to be rescheduled.

More explanatory and supporting information about the proposals and the factors that were considered in determining these were made available in the consultation document and on the STP website. This included videos, blogs and factsheets which were made available during the consultation following feedback from the public.

## 2.2 The consultation process

### 2.2.1 Introduction

The Mid and South Essex carried out a programme of planned communications and engagement from December 2017 to promote this consultation. This included:

- 15 discussion events for members of the public across the Mid and South Essex area
- Promotion through media and social media
- Workshops, focus groups and meetings with stakeholders

This planned programme of engagement helped to:

- Raise awareness of the consultation to patients and members of the public
- Encourage participation in consultation events
- Encourage feedback, particularly through the consultation questionnaire
- Ensure communities were informed and had the opportunity to be involved, with efforts made to target patient groups.

### 2.2.2 Response mechanisms

The following channels were provided for people to respond throughout the consultation period:

- **Consultation questionnaire** available online and in print format. The questionnaire included some closed questions to measure levels of support around the proposals and a number of open questions around each of these proposals to allow respondents to express views in their own words. Supporting information was also available on Mid and South Essex STP's website (*http://www.nhsmidandsouthessex.co.uk/*) including the full consultation document, a link to the online questionnaire and further supporting information.

- **Representative telephone survey –** an independent telephone survey of 750 local residents, broadly representative by geography and demographics, was conducted across mid and south Essex.
- **Discussion events** – members of the public were invited to have their say at discussions events held during the consultation period (see Table 1 for details). Following feedback from the local Scrutiny Committee and residents, consultation questionnaires were developed specifically for Thurrock residents and distributed at discussion events in Thurrock to enable residents to comment specifically about the proposals to transfer services from Orsett Hospital to new centres in Thurrock and existing facilities in Basildon, Billericay and Brentwood.
- **Meetings, focus groups, workshops and other events** – a number of stakeholder meetings, NHS employee events and deliberative workshops with local organisations
- **Written submissions** in the form of letters and e-mails were also received.
- **Social media** – comments were received through Facebook, Twitter and comments on STP website blogs.

## 2.3 Responses to the consultation

By the end of the consultation over 3,500 people had given their views in the following ways. The number of responses received from different channels is shown in Table 1.

*Table 1: Responses to the public consultation*

| *Method* | *Total number of responses / events* |
|---|---|
| **Online consultation questionnaire** | 1325 |
| **Paper consultation questionnaire** | 124 |
| **Thurrock consultation questionnaire** | 276 |
| **Telephone survey** | 750 |
| **Submissions from individuals** | 130 |
| **Written submissions from organisations and elected representatives** | 39 |

| *Method* | *Total number of responses / events* |
|---|---|
| **Public discussion events*** | 15 events<br>(approx 683 participants) |
| **NHS staff meetings*** | 6 events<br>(approx. 298 participants) |
| **Statutory meetings and stakeholder briefings** | 13 meetings |
| **Stakeholder workshops** | 33 events |
| **TOTAL** | 2711<br>(3671 participants) |

**Attendance has not been captured at all meetings so the overall number of actual participants in the process is likely to be higher.*

There were also 623 comments (some from more than one individual) received in response to the STP's social media engagement which have been analysed. The key themes raised in these are also reported in this document. While technically many of these comments are not formal responses to the consultation, they are responses to conversations about the consultation and the themes should be noted.

A detailed profile of survey respondents is included in Appendix 1.

## 2.4 Interpreting the response

The Campaign Company was commissioned to provide an independent analysis of the consultation responses of each of the channels through which responses to the consultation were received. This report sets out the findings from this analysis.

The decision on the outcome of the consultation and next steps will be made by the STP's Joint Committee in summer of 2018. The findings from this consultation, as well as other relevant evidence, will be used to inform these decisions.

The Partnership collated responses made throughout the consultation. Anonymous data collected by the Partnership was shared with The Campaign Company for the purpose of this analysis.

The methods used to collect evidence are designed to allow everyone to contribute to the consultation, but the evidence collected is not necessarily representative of the population as a whole. Responses are self-selecting: only people who chose to give their views have had them recorded. Typically, in public consultations, responses tend to come from those who feel they are more likely to be impacted by any proposals and more motivated to express their views. The responses must therefore be seen as representative of those who wanted their views heard.

For the analysis of the consultation questionnaire, closed question responses are described as percentages. In places, percentages may not add up to 100 per cent. This is due to rounding. Due to a number of partially completed responses, the base number for many questions varies and is stated for each question.

Where net scores are referred to, this figure is calculated by subtracting the total percentage of negative responses from the total percentage of positive responses. Neutral answers and 'don't knows' are not included. For example, if 20 per cent of responses were 'strongly agree', 30 per cent 'agree', 10 per cent 'neither', 20 per cent 'disagree' and 20 per cent 'strongly disagree', the net score would be 10 (20+30-20-20).

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVivo), all text comments have been coded thematically to organise the data for systematic analysis. To do this, a codeframe was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response could be categorised accurately and could be analysed in context.

It is important to note that where open text comments have been analysed using qualitative methods, these aim to accurately capture and assess the range of points put forward rather than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. However, these do not indicate a specific number of responses that could be analysed quantitatively.

The analysis has been presented thematically based on the method through which the responses were received.

## 2.5 Late responses

A number of responses were received after the closing date on 23rd March 2018. These responses have not been included in the main analysis, but any main findings,

where issues raised differed from those in the wider consultation response, are summarised in a separate section.

Late responses comprised:

- 4 late formal responses from organisations, teams or elected representatives
- 3 paper surveys

# 3 Analysis of questionnaire responses

## 3.1 Introduction

This section reports on the response to the consultation questionnaires (both online and paper). There is also a separate analysis of the questionnaires tailored for people within the Thurrock CCG area. A consultation document was produced that provided information on the proposed changes. A consultation questionnaire was developed which sought views on the following main areas:

- the overall plan for health and care in mid and south Essex
- proposals for hospital services in Southend, Chelmsford, Braintree and Basildon
- proposals to transfer services from Orsett Hospital to new centres in Thurrock and existing centres in Basildon, Billericay and Brentwood.

The questionnaire was open to all members of the public and available to be completed online and on paper. A copy of the questions are in Appendix 2.

As with all public consultations, the response cannot be seen as representative of the population but rather a cross section of interested parties who were aware of the consultation and were motivated to respond. Because of the self-selecting nature of these consultations, it is therefore common to have polarised views (either for or against change) expressed by respondents who choose to respond.

Within the analysis, even though a consultation document was widely available, we cannot be clear of the extent to which responses are informed by the supporting information that has been provided.

This section breaks down each question by all of its elements (quantitative and / or qualitative). We have conducted analysis on the response using statistical software and coding software. Where there is a notable statistical difference we have included breakdowns of the data by geography and demographics. For quantitative data, we have included a base figure to highlight the number of responses.

## 3.2 Consultation questionnaire response

A total of 1449 consultation questionnaires were received. Of these 124 were paper copies. An additional 276 Thurrock-specific questionnaires were completed by

people in the Thurrock CCG area. Analysis of these surveys is summarised separately in this report.

The demographic profile of respondents is shown in Table 2. Totals vary due to the fact that not everyone chose to respond or disclose personal information in relation to the equality questions contained at the end of the consultation questionnaire. A more detailed breakdown of profile data collected is available in Appendix 1.

***Table 2: Geo-demographic profile of respondents (Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 754 from 1058)***

| | | % | n |
|---|---|---|---|
| Have you read the consultation document? | Yes | 88% | 904 |
| | No | 12% | 122 |
| In what capacity you are responding to this questionnaire: | Resident | 73% | 769 |
| | Patient and public representative | 8% | 84 |
| | Hospital clinician | 6% | 67 |
| | Hospital manager | 1% | 6 |
| | Voluntary organisation / advocate | 0% | 5 |
| | Councillor | 0% | 4 |
| | Community and mental health services representative | 0% | 4 |
| | GP / GP practice | 0% | 2 |
| | Social worker | 0% | 1 |
| | Other | 1% | 116 |
| What is your age? | 16-25 | 3% | 27 |
| | 26-35 | 9% | 99 |
| | 36-45 | 17% | 180 |
| | 36-55[2] | 2% | 26 |
| | 46-55 | 20% | 216 |
| | 56-65 | 22% | 233 |
| | 66-75 | 17% | 181 |
| | 76 and over | 7% | 71 |
| | Prefer not to say | 2% | 21 |
| What is your gender? | Male | 35% | 366 |
| | Female | 61% | 640 |
| | Other | 0% | 2 |
| | Prefer not to say | 3% | 36 |
| Is your gender different to that assigned to you at birth? | Yes | 4% | 44 |
| | No | 90% | 904 |
| | Prefer not to say | 6% | 62 |

[2] When the online survey initially launched, it contained the age category '36-55' instead of '46-55' in error. This was identified and corrected for the week commencing 18th December 2017.

| | | % | n |
|---|---|---|---|
| Are you married or in a civil partnership? | Yes | 67% | 696 |
| | No | 25% | 259 |
| | Prefer not to say | 8% | 81 |
| What is your sexual orientation? | Heterosexual | 81% | 832 |
| | Gay woman / lesbian | 1% | 6 |
| | Gay man | 2% | 17 |
| | Bisexual | 1% | 10 |
| | Other | 2% | 21 |
| | Prefer not to say | 14% | 146 |
| What is your religion or belief? | No religion or belief | 32% | 336 |
| | Buddhist | 1% | 9 |
| | Christian | 48% | 498 |
| | Hindu | 1% | 7 |
| | Jewish | 0% | 5 |
| | Muslim | 1% | 10 |
| | Other | 4% | 41 |
| | Prefer not to say | 13% | 132 |
| Ethnicity (Online Only) | White British/English/Northern Irish/Scottish/Welsh | 84% | 774 |
| | White other | 3% | 32 |
| | Mixed/multiple ethnic groups | 1% | 8 |
| | Asian/Asian British | 2% | 20 |
| | Black/Black British | 2% | 14 |
| | Other ethnic groups | 1% | 7 |
| | Prefer not to say | 7% | 67 |
| Do you consider yourself to have a disability or health condition? | Yes | 33% | 341 |
| | No | 57% | 590 |
| | Prefer not to say | 10% | 100 |
| Do you have caring responsibilities? If yes, please tick all that apply | None | 54% | 544 |
| | Primary carer of a child/children (under 18) | 18% | 184 |
| | Secondary carer (another person carries out the main caring role) | 9% | 90 |
| | Primary carer of older person | 7% | 69 |
| | Primary carer of disabled adult (18 and over) | 5% | 50 |
| | Primary carer of disabled child / children | 1% | 9 |
| | Other | 3% | 31 |
| | Prefer not to say | 7% | 75 |
| How would you normally travel to your local NHS hospital? | Drive yourself | 66% | 696 |
| | Public transport | 26% | 268 |
| | Taken by relative | 15% | 154 |
| | On foot | 9% | 97 |
| | Taken by friend | 5% | 50 |
| | Other | 6% | 66 |

| | | % | n |
|---|---|---|---|
| CCG | Basildon and Brentwood | 16% | 157 |
| | Castle Point and Rochford | 21% | 208 |
| | Mid Essex | 29% | 278 |
| | Southend | 30% | 289 |
| | Thurrock | 20% | 198 |
| | Other | 1% | 14 |
| | Refused | 0% | 4 |
| | Invalid postcode | 1% | 6 |

**Note on analysis by CCG analysis**

The consultation questionnaire asked respondents, if they wished, to leave the first half, and the first number of the second part, of their postcode. This was to preserve anonymity while also providing enough specificity to be able to estimate in which CCG area the respondent was most likely to reside.

Respondents recorded their postcodes to differing degrees of specificity, from just the postcode area (e.g. CM) to their whole postcode. We have analysed postcode data where it was left to categorise responses to one or more CCG areas.

Where respondents have left their entire postcode, they have been categorised in the single CCG in which their postcode sits. Where they have left less detail, and at least the whole first part of the postcode, they have been categorised in any and all of the five CCG areas in which their postcode could feasibly sit (e.g. SS2 5 covers parts of both NHS Castle Point and Rochford CCG and NHS Southend CCG areas), therefore in some cases there is crossover. **References to findings by CCG area should therefore be considered indicative rather than exact.**

Where postcodes appear to be invalid, they have not been included in the per-CCG analysis. Where this applies to postcode sectors that are not valid (e.g. SS1 4), the assumption has been made that respondents have entered just their postcode district instead (in this example, SS14), and have been categorised as such. Where postcode responses are or could be in a CCG area other than the five listed in the table, they have not been included in the per-CCG analysis.

### 3.2.1 Representativeness

As has been stated previously, public consultations are not representative exercises. Respondent profile data is normally compared against census profile information from the area to check the representativeness of the responses.

A comparison with 2011 census profile data for the CCG areas that were covered by the consultation shows that:

- women are over-represented (61% responded compared to 51% in the local population)
- respondents from the Thurrock CCG area are over-represented (20% responded compared to 14% in the local population)
- People aged 46 and over are over-represented compared to the wider population (66% responded compared to 52% in the local population)

Our analysis of the remaining findings is representative of the responses received and not of the population.

## 3.3 At home and in your community – key findings

The first part of the consultation questionnaire asked respondents to give their views on the Partnership's overall plan for providing the best care for people at home and in the community.

### 3.3.1 Overall views of the proposed approach

Just over half of the questionnaire respondents who answered this question agree or strongly agree with the proposed approach (51%), with 33% disagreeing or strongly disagreeing (Figure 1).

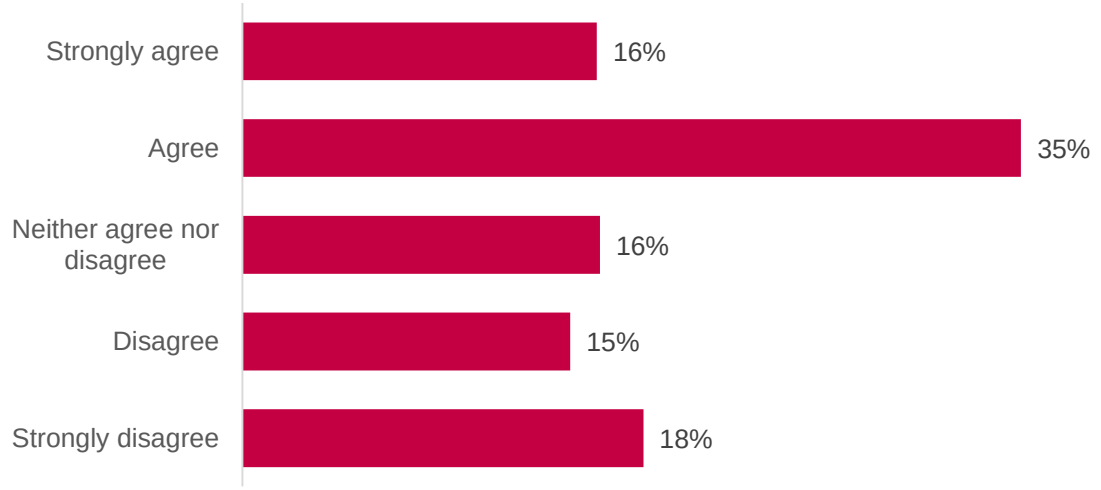


***Figure 1. What is your overall view of this proposed approach to developing health and care at home and in the community?***
***Source: TCC/MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1313***

There was more agreement with the approach from responses categorised in the Basildon and Brentwood CCG area (74%; net agreement score of 60.1) and less from those in the Southend CCG and Thurrock CCG areas (47% of respondents disagreed in each - net 9.1 and 12.8) (Figure 2).

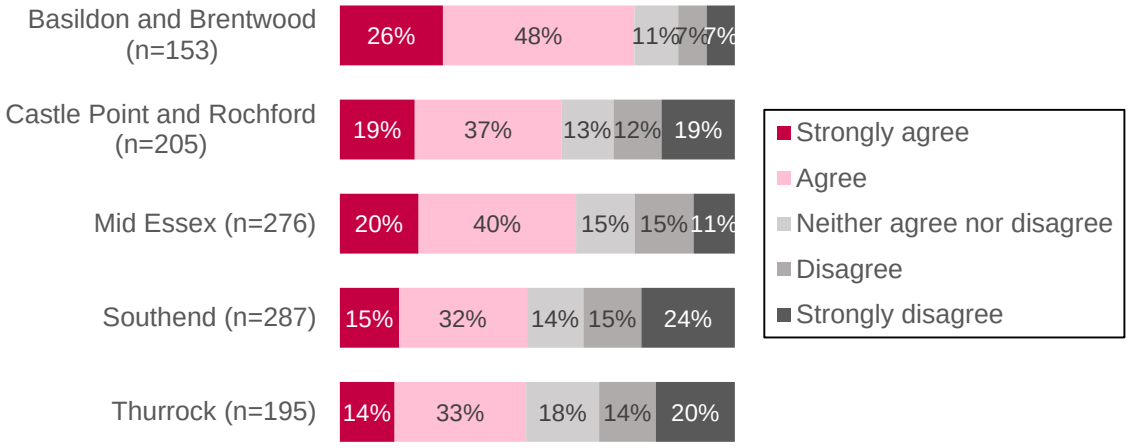


***Figure 2. What is your overall view of this proposed approach to developing health and care at home and in the community? by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 963***

People were invited to add any comments to explain their view. 761 comments were made.[3]

Many of the comments supported the overall approach with descriptions such as 'sensible', 'ambitious', 'balanced', and 'spot on' used regularly to explain their agreement and support for what some described as a 'necessary change given the current challenges the NHS faces'.

Some of the features of the approach that were welcomed by respondents included:

- **the aim to provide care at home as much as possible** – many recognised, or cited evidence, that providing care in familiar surroundings and close to family and friends was likely to lead to better health outcomes. Some also felt that there was less likelihood of catching hospital-based infections such as meticillin-resistant Staphylococcus aureus (MRSA).
- **care in the community approaches** – many felt that being able to access services in a range of community settings including pharmacies, not just in GP practices, would be better for the patient who could access services closer to

[3] While this question focussed on providing care at home and in the community, many of the comments – and particularly those who did not agree with the approach – linked their reasons to the proposals relating to care in the hospitals. So many of the critical comments were concerns about the future plans for Orsett Hospital or concerns that Southend resident would not have easy access to key specialist services (which could explain the higher levels of disagreement shown in Figure 2 from residents in both the Thurrock and Southend areas). These comments are referred to in section 3.4 of this report.

home but also would relieve pressure on the main hospitals in Essex and especially emergency services. Many felt this would also be better for older and more isolated people who might struggle to access services in hospital settings.

- **better integration of local services and closer collaboration between health and social care professionals** – it was recognised that a joined-up approach was an efficient way of sharing scarce resources, allocating them where they would be needed most and was more likely to lead to a more 'person-centred' approach of delivering care.
- **the focus on prevention and early intervention** – supporting people with the tools and skills to make changes that would improve their health and well-being and the knowledge to recognise signs and symptoms of chronic illnesses was welcome. It was also recognised that this might ease pressure on health services in the long-term because risk factors such as obesity and smoking for chronic illnesses such as diabetes, cancer, heart and cardiovascular disease would be better managed or eliminated.

Some people agreed in principle with the approach but had reservations. The main reservation was **whether there would be enough staff to deliver this model** (including GPs, mental health and community nurses, and social care staff) given the current shortages in these fields. There were also concerns about **how this would work in practice** and whether there would be enough financial and other resources to support this approach. Some welcomed the approach while also recognising that sometimes the best place for care is in hospitals so **this approach should not be at the expense of providing high quality secondary care provision**.

There were a number of other concerns raised by people who were not in favour of the approach who used descriptions such as 'unsafe', 'unrealistic' and 'unfeasible' to express their disagreement.

The main comments, in addition to the staffing issues and desire to see more detail about how this would work in practice, already mentioned include:

- concerns that **GP practices would not be able to cope with the extra demands** posed on them
- **operational concerns** including the need for the NHS 111 system to be working properly to support this; the need for good transport infrastructure; and the need for a good system of patient information exchange to be in place between different care agencies.

- a focus on providing more generalist services might lead to **specialisms being lost** and a downgrading of health care provision
- concern that **inter-agency working will be difficult** for a number of reasons including the struggle for multi-disciplinary agencies to work together to date and the complexity of the proposed care pathways.
- the feeling that **some areas across mid and south Essex will lose out** – residents in Maldon, Castle Point, Witham, Braintree, Benfleet, Thundersley, Hadleigh, Tilbury, Corringham, South Ockendon, Canvey Island and South Woodham Ferrers were concerned that their needs had not been recognised in the consultation document. Some residents in Basildon and Southend also expressed concern that their current primary care infrastructure would not be able to support these changes.

Additional questions posed included:

- how much would this cost
- how will this be promoted
- how long will it take to get established
- is the approach future-proofed for the planned population increases that are expected in areas such as Basildon, Billericay, Wickford and Thurrock.

### 3.3.2 You and your family living well

These questions asked for views on what respondents felt were the most important aspects of helping individuals and families to stay healthy. They were asked to choose from four aspects of helping people and families to stay healthy, which were most important, and which needed most improvement. The aspects were:

- Finding the right information about how to take care of yourself
- Use of online and smartphone devices to get information and support
- Getting help to spot the risks and signs of illness and act early to prevent illness developing
- Easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live

Respondents were asked to rank, from 1 to 4, where 1 was the most important and 4 the fourth most important, the aspects. Using a weighted score, the results are shown

in Figure 3 below[4]. Easier and earlier access to help from a range of health and care services, was the top choice, followed by getting help to spot the risks and signs of illness and act early to prevent illness developing.

[4] The weighted score is calculated by assigning a score of 4 to each aspect marked '1 (most important)'; 3 to each marked '2'; 2 to each marked '3'; and 1 to each marked '4' (fourth most important).

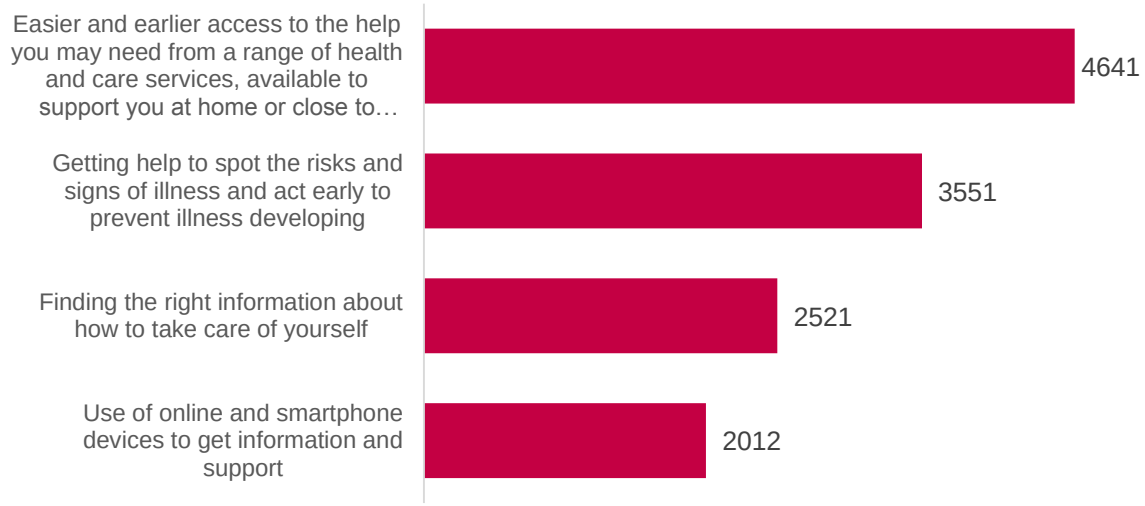


***Figure 3. Which of the following aspects of helping you and your family to stay healthy is most important to you? (Please rank them 1 to 4 in order of priority, where 1 is for the aspect you consider to be the most important and 4 is the least important) Source: MSETP 30 Nov 2017 – 23 Mar 2018; base n=1411***

Respondents were then asked which of the same four aspects they felt the STP most needed to improve. Easier and earlier access to help from a range of health and care services close to home was overwhelmingly the most frequently selected (74%), followed by getting help to spot the risks and signs of illness and act early to prevent illness developing (18%) (see Figure 4).

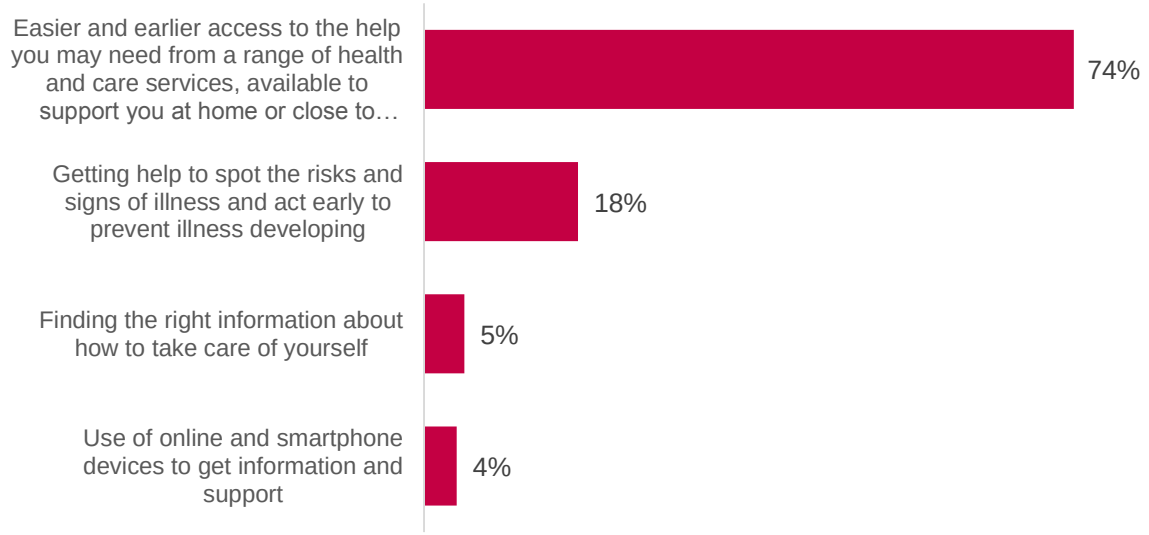


***Figure 4. In which of these aspects do you think we need to make the most improvement? (Please tick just one) – Categorical Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1396***

Respondents aged 35 or under were less likely to choose easier and earlier access (66%) and more likely to choose use of online and smartphone devices (10%) than others (Figure 5).

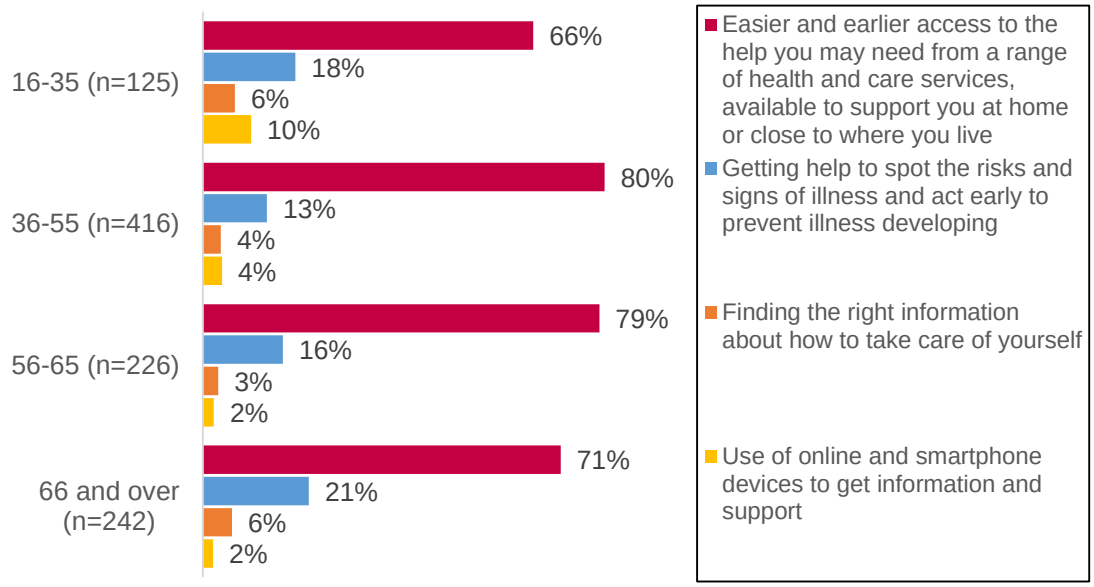


***Figure 5 In which of these aspects do you think we need to make the most improvement? (Please tick just one) - Categorical by Age (grouped)***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1009***

Respondents were asked to add comments to explain their view on aspects of helping them and their family to live well and stay healthy. 556 comments were left. The main themes closely aligned with the priority options chosen and have consequently been analysed by these themes. Although it should be noted not all of the comments given for the theme indicate support for them as either the option that is most important or most needs improving.

### *Accessing health and care services and facilities locally*

This was the subject area that generated most comment reflecting the findings in the fact that respondents found this the most important to them and the area that needed most improvement.

Most of the comments related to **the importance of being able to access GPs in an easier and timely way.** There were a number of reasons mentioned why this was an area that could be improved including:

- the **difficulty in making or getting an appointment** especially at short notice
- the **length of time to wait** before seeing a doctor
- **the booking system** itself – ringing at set times was not always ideal; online booking was not available in all GP practices; and other were not able to access online facilities in the first place
- the **difficulty in seeing GPs in the evenings or at weekends**, especially for working people.

- the **quality of care given by GPs** because they were under pressure to see people within '10-minute appointment slots'
- the **impact of cuts or lack of funding on current GP provision and other community services** including walk-in centres and district nurses which were no longer available in certain communities

It was recognised that the impact of not being able to access GPs easily sometimes led to unnecessary A&E visits or recourse to expensive private treatment or increased the chances of not seeing a GP at all which could lead to worse patient outcomes.

Other areas that were mentioned as in need of improvement included:

- **knowing what health and care services were available locally** – some people were not aware of what was available in their communities. Some also felt that gate-keepers such as practice staff were not always equipped to direct them to local sources of support either.
- **the lack of local facilities** - the importance of having locally available and accessible services was often mentioned. This includes the problems about accessing services when patients need to travel long distances, particularly if they are ill or relying on public transport. However, a small number did feel that they would be willing to travel further for better or specialist care.
- **the ability to access other health and care services quickly** – sometimes referrals from a GP to other services took a long time
- **community mental health services** – a number of respondents raise concerns about the delays for treatment, impersonal and inconsistent service, inadequate out of hours access and poor provision for young people.
- **recruiting and retaining GPs and community healthcare professionals** – many recognised that access to services was dependent on their availability and that it was therefore important to invest in the staffing of these services. A number of comments mentioned GP shortages as well as shortages of other staff including nurses and nurse practitioners, paramedics and ambulance staff. Some comments are made arguing the importance of having staff who feel valued and want to do their job, and are paid decently for it.

There was also support for a greater range of services being delivered at GP surgeries or local clinics, such as tests, x-rays or minor surgery, and calls for more to be made of community services include the suggestion of using community hospitals to house minor injuries units and walk-in centres.

### *Getting help to spot the risks and signs of illness and act early to prevent illness developing*

There was recognition of the importance being able to **spot the signs and symptoms of illness and early diagnosis is extremely important in saving lives**. Some also felt that it could **help the NHS money in the long term** as people live more healthily and manage conditions better, leaving less demand on GPs, hospitals and other services.

The **importance of prevention and information to promote healthy living** such as exercise and diet, stopping smoking and drinking less was seen as being extremely important in supporting this.

There was a recognition that **information should come from a range of sources** from GPs, community resources and online channels. Many felt that **GPs and GP practices should be better equipped to provide information to help people spot signs and symptoms of chronic illnesses** not just for themselves but for family members. Some also felt that there should **be better ways of getting early diagnosis** – quicker referrals to community-based specialists for example – once a potential sign had been observed by the patient.

Some also felt that they should be **more national or sub-regional campaigns to raise awareness of how to spot the signs and symptoms of a number of illnesses** including diabetes, different forms of cancer and Alzheimer's.

### *Finding the right information about how to take care of yourself*

It was felt **that a wide range of sources should be used to help people find information**. People could then use channels that suited their preferences (for example, online for some, face-to-face for others). The key was that **the information should be clear, accessible and accurate**. There was an impression that some services and healthcare providers in some cases, contradicted each other so it was difficult to know who to trust.

Some also recognised the value of good information in helping to reduce unnecessary GP and A&E attendances, as well as mentioning the importance of information on healthy lifestyles and diets. However, many were critical of some sources, for example NHS 111. Some of **the quality of information** was also criticised with a number not agreeing with materials that encouraged self-diagnosis and who felt that patients should go to their GP to get any illness diagnosed correctly.

### *Use of online and smartphone devices to get information and support*

Many felt **online information should be easy and accessible** and that **more could be done to use online services to improve health and well-being**. This included being able to make online bookings as well as using apps to monitor general health and wellbeing as well as help monitor signs and symptoms of illness (for example apps to remind you to self-check for breast or prostate cancer).

It was also felt that more could be done with digital technology to improve virtual or remote consultations GPs and healthcare providers.

Some mentioned **concerns about accessibility** suggesting that online and smartphone services are not accessible to all patients, including the older people and that some would need to be tailored to meet the needs of other groups such as the visually impaired.

It was also felt that while there was a role for online information, **it should not be used as a substitute for face-to-face advice from expert** healthcare professionals. There was a concern that this would impact more negatively on older people and other more vulnerable patients, including mental health patients and those who are more isolated.

### *Alternative suggestions*

A number of alternative suggestions were made to help people live well including:

- clusters of local GP surgeries opening out of hours on rota
- increased and improved use of telephone services to triage and signpost
- training frontline staff in other public community facilities such as libraries to spot illnesses and provide basic health advice;
- increased use of home care, district nursing, matrons
- a single point of referral for health and social care
- wellness coaching including online training.

### *Other comments*

Other comments included:

- the need for better funding of community health services. The argument was made that the early diagnosis and treatment of conditions, that can be provided in the community, can save money for the NHS in the long term.
- concern that developing clusters of larger GP practices with community services might make it harder for people to access services locally.
- concerns raised about aftercare and recovery in community settings and how this would be addressed considering that some of the proposals for care

in hospitals made specific reference to stronger links with the community to improve recovery closer to home.

### 3.3.3 Developing local health and care

These questions asked which aspects of local health and care were most important to respondents. As with the previous section, respondents were asked to rank those aspects they felt were most important, and then indicate the one area they felt the STP needed to make the most improvement. The four prompted options were:

- A wider range of health and care professionals to support you - this will include pharmacists, experienced nurses, physiotherapists and mental health therapists – so you won't always need to see a GP to get the help you need
- More appointments available and extended opening times (evenings and weekends)
- A range of tests, scans and treatments which were previously only available in hospital
- Specialist support and care planning for older people and people living with long term conditions

When ranked in terms of importance, using a weighted score, more appointments available and extended opening times was, by a small margin, the highest ranked aspect (Figure 6)[5]. A wider range of health and care professionals was also highly rated.

[5] The weighted score is calculated by assigning a score of 4 to each aspect marked '1 (most important)'; 3 to each marked '2'; 2 to each marked '3'; and 1 to each marked '4' (fourth most important).


***Figure 3. Which of the following aspects of developing local health and care is most important to you? (Please rank them 1 to 4 in order of priority, where 1 is for the aspect you consider to be the most important and 4 is the least important). Source: MSETP 30 Nov 2017 - 23 Mar 2018; base n = 1398***

Asked to select the aspect in which they felt the STP needed to make the most improvement, the most frequently selected aspect was 'more appointments available and extended opening hours' (37%), followed by 'a wider range of health and care professionals' (30%) (Figure 7).

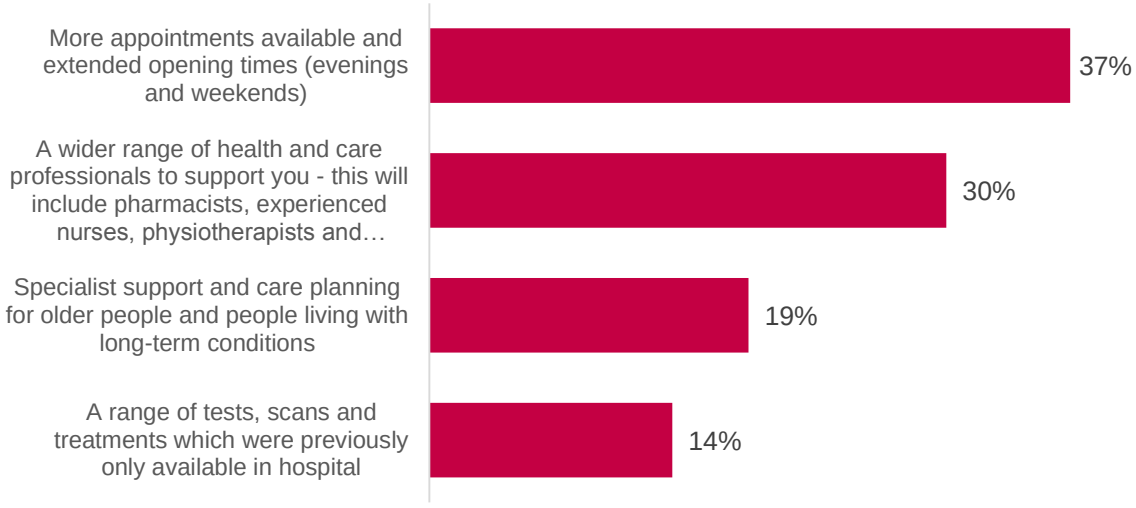


***Figure 7. In which of these aspects do you think we need to make the most improvement? (Please tick just one) Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1374***

Respondents were asked to add comments to explain their views on aspects of helping them and their family to live well and stay healthy. 477 comments were left.

The main themes closely aligned with the priority options chosen and have consequently been analysed by these themes. Although it should be noted not all of the comments given for the theme indicate support for them as either the option that is most important or most needs improving.

***A wider range of health and care professionals to support you - this will include pharmacists, experienced nurses, physiotherapists and mental health therapists***

The majority of responses that related to this theme gave a range of reasons in support of a wider range of health and care professionals being available.

A number of responses mentioned **the need for more mental health services**. These commented that services were currently understaffed with long waiting times and increasing demand. Particular problems were mentioned with the Child and Adolescent Mental Health Services, which was described as being particular under pressure. In addition to comments about the need for more services, a small number of responses also commented that current health services - through GPs and A&E - were not always best placed to deal with mental health problems.

There were a range of different comments with regard to **the role of pharmacies**. Some responses commented that they are more convenient and more facilities would improve care. However other responses mentioned concerns that pharmacies are often not set up with consultation facilities for private recommendations; that pharmacies are run by the private sector and should instead provide free services; that pharmacies are often not able to help with under 1's; and that sometimes there are sometimes problems with getting from pharmacists what GP's have prescribed due to different perspectives.

There were concerns about **the feasibility of wider health and care professionals being funded**. A number of responses mentioned concern that additional resources would be taken from hospitals and GP surgeries. A number of responses felt that it would be more important to invest in better GP access.

Additional comments included: that there should be wider referrals for back pain to alternative treatment providers such as chiropractors; that there should be increased use of dieticians and naturopaths; that the physiotherapy service has reduced its provision and that there should be a uniform referral process across the region for additional services.

***A range of tests, scans and treatments which were previously only available in hospital***

Responses centred on two main themes for why there should be a range of tests, scans and treatments available locally: **the convenience and accessibility of having more tests, scans and treatments locally** rather than having to visit a hospital; and that **this could ease some of the burden on hospitals**.

A number of responses described visiting hospital as challenging and inconvenient. And that if possible, they would prefer to **avoid visiting a hospital and to visit an alternative location instead**. The time it takes to travel and park at hospitals was mentioned by some responses, this was described as an inconvenience by some and others mentioned that this was difficult to fit around working hours. For disabled people getting to hospitals was described as a significant challenge. A number of responses mentioned that due to hospitals being further away, it would be faster for them to get health care testing or treatment conducted locally and that this would improve outcomes. It was also mentioned that it costs more money to get to hospital in travel and parking costs than a local facility such as a GP surgery, which is often within walking distance.

A number of respondents also felt that avoiding visits to hospitals would reduce hospital waiting times and improve hospital care.

There were comments about more services being provided locally. A small number of comments mentioned that there are currently **challenges filling vacancies for NHS staff** and improvements would require additional doctors and technicians that would not be possible to secure.

Additional comments included: that there had been problems with health test facilities being privatised and leading to poor outcomes, and that there could be better data sharing with local authorities to prevent unnecessary hospital admissions.

### *More appointments available and extended opening times*

The majority of responses that referenced appointment availability and extended opening times raised current levels of GP access.

Responses were divided between giving reasons why **there is a need for more GP appointments to available and extended opening times**, and reasons **why providing more appointments may cause problems**. In addition to this, a small number of responses referred to more appointments being available and extended opening times for other services.

A large number of responses described **problems currently accessing GPs**. They described long waiting times, and long waits over the telephone to book an

appointment that meant they incurred significant phone costs. A number of responses mentioned the challenges with having to call at 8am to get same day bookings since everyone was ringing at the same time so the phone was often engaged. The consequence was that people either could not get through and made alternative arrangements (eg going to A&E) or were too late for a same day appointment when they eventually did get through.

A number of responses mentioned **challenges currently attending GP appointments around work commitments.** This was described as providing a significant disincentive to seeing a GP and, as a result, reduces quick diagnosis of conditions and leads to poorer health outcomes. Long waiting times were also described as causing anxiety and harming patient wellbeing.

There were **different proposals for what would be appropriate times for GP appointments to be available.** These ranged from 7am to 8pm to 24-hour access to some form of primary care.

A number of responses described **issues with the quality of GP care linked to capacity pressures**. These included: shortages of GP's meaning poorer care provided by locums and increased use of telephone appointments that were thought to not be as a high quality.

There were a number of responses that felt that **extended opening times are either not possible or would not be the solution to GP access challenges** because this would spread the service more thinly and lead to more pressure on the service. Other responses felt that this would place additional pressure on staff. A number of responses were sceptical that it would be possible to recruit the staff and fund increased appointments.

Additional comments included: a need for more privacy when receptionists ask for reasons for appointments; a need for more walk-in centres; challenges getting referred for appointments with specialists at weekends; and that the main issue being increased population due to immigration.

### *Specialist support and care planning for older people and people with long term conditions*

A number of responses gave reasons for the importance of specialist support and care planning for older people and those with long term conditions needing to be improved. These centred around areas where care was thought to currently be poor or the benefits of more services in this area.

Some responses described **long waits for services and lack of capacity more generally**. These comments included: long ambulance waiting times; services run by long term conditions teams were described as being stretched thinly; and a need for more resources for older patients with complex multiple issues.

Some responses described **the quality of care as being poor for elderly people, particularly with regard to social care.** There were responses that described patients not knowing when carers would arrive, a lack of dignity and respect for elderly patients, and poor communication between GP's and social services.

A number of responses made particular reference to **dementia care**. They felt that current provision was inadequate and stated that demand was likely to rise and it would be essential for investment in these services to meet this demand.

The main benefit of increased specialist support for the elderly and people with long term health conditions, was that this could reduce readmissions from hospital/

***Additional comments***

A number of additional comments were also made in response to the question. A small number of responses expressed frustration with the limited options for the question. These responses included that the options were restricted, that there was no option to select all options or no options, or that they would prefer to have chosen an additional option.

There were more general comments made about the structure of healthcare in the region. These included: that there should be a single NHS trust that looks after all services in Essex; that there is over-specialisation of care within hospitals that leads to unnecessary referrals back to GP's; and that the referral system is too bureaucratic.

A number of responses commented on limited healthcare budgets.

### 3.3.4 Any other views

Respondents were invited to share any other views they had on ideas presented in the *Your Care in the best place - at home and in your community* section of the consultation document. 373 comments were made. (NB: A number of people made comments on issues raised in the *Your care in the best place – in our hospitals* section of the document so these have been analysed and reported elsewhere in this document).

A number of respondents used this as an opportunity to reinforce views made in the preceding questions. **Some reaffirmed their support for the approach and the proposals believing this would benefit patients in the long-term**. Specific aspects mentioned included welcoming the provision of more care in the community; supporting people at home; extended opening times at GP surgeries; an improved NHS 111 service; and more tests and scans available in community settings.

**Others highlighted previously stated concerns** including the worry that there would not be enough financial resources to deliver this plan; that finding sufficient motivated and well-trained staff to provide all the planned community services would be extremely challenging; recognition that a lot of planning and co-ordination among health and social care partners would be needed to make this work; the impact on GPs and their ability to take on more responsibilities; and that while there was a role for new technologies to support healthy living, this should not be at the expense of contact with healthcare professionals.

Some **broader concerns** raised by a small number of respondents included a belief that this was a cost-cutting exercise and not about improving patient care; that the consultation should have been more widely promoted because it currently feels like a tokenistic process; and that this situation was a consequence of the Government's agenda for reducing NHS services so it would be difficult to make these proposals work.

Some additional suggestions to help with the development of these proposals were made including:

- benchmark and learn from other comparable areas
- develop a public health information campaign alongside the changes to make sure that everyone knew what services they could now access and when, where and how they could access them. As part of this, provide specific information for families and carers of older people.
- provide bursaries or other types of support, including re-training to encourage more healthcare professionals to enter the profession
- invest in technology in GP practices
- proactively deal with Do Not Attends as a way of improving GP services including penalizing serial non-attendees.
- provide communication skills training for all GPs, nurses and other healthcare professionals in community settings so that they can effectively communicate with and listen to patients (and their families) and involve them in decisions about their care.

- use other experts such as pharmacists as gate-keepers of information to improve personal health and well-being and to act as care navigators.

A number of other issues raised for decision-makers to consider included:

- making sure that the needs of the growing population across mid and south Essex would be met
- making sure that everyone had access to the same primary care services wherever they lived
- making sure older people were not disadvantaged – either by losing out on digital solutions that they may not have access to or being too isolated / not mobile enough to access some of the specialist services that would be provided in further or unfamiliar locations
- making sure that the views of people who are working in or using the system, for example clinical staff and patients with long-term conditions, are sought and listened to throughout the process (and not just now)
- making sure the changes started quickly – current NHS services were already struggling to adequately meet patients' needs
- using this as an opportunity to improve services that vary in quality across the mid and south Essex area including home care, counselling, mental health and services for people with dementia
- Some area specific comments included the need to develop Canvey Primary Care Centre and using community hospitals in Brentwood, Orsett and Maldon to support these plans, for example as step down services.

Additional questions posed included:

- How will you recruit and fund 50 new GPs?
- How many vacant posts are there now in the area and for what roles?
- The financial model in the consultation document feels optimistic - where will the money come from?

## 3.4 In our hospitals – key findings

This part of the consultation sought views about care in hospitals where the key points of the plan were:

- developing A&E and a wider range of urgent care at each hospital to reduce delays for people coming into hospitals
- bringing specialist services together in one place- to ensure fast access to specialist care and better changes of making a good recovery
- Separating planned operations from emergency care to reduce delays in planned operations and improve care quality.

Respondents were asked to comment on five principles underpinning these changes and also some specific changes being proposed for each principle.

### 3.4.1 Principle 1 – key findings

Principle 1 proposes that *"The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances."*

#### *Overall views*

Respondents were asked what their overall view of the proposed approach in Principle 1 was.

The majority of respondents who responded to this question said that, overall, they strongly agreed with the proposed approach (59%), and a further 23 per cent said they agreed. 13 per cent disagreed overall, with 7 per cent strongly disagreeing (Figure 9).

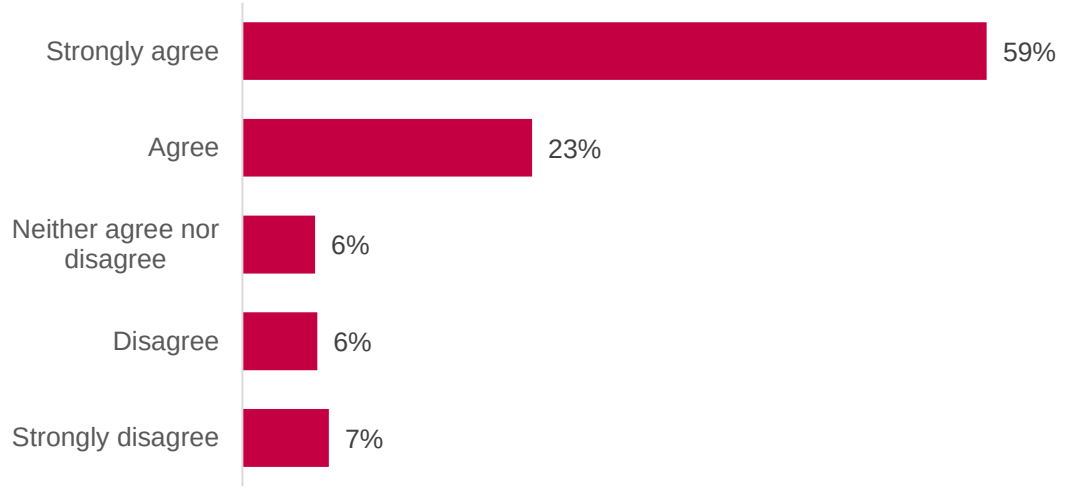


***Figure 8 What is your overall view of the proposed approach in Principle 1?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1099***

Respondents were invited to add any comments to explain their overall view on the proposed approach in Principle 1. In all, 445 comments were made. Of these 310 were from respondents who had expressed agreement (including strong agreement) with the principles; 97 were from people who had expressed disagreement (including strong disagreement) and 38 were from people with had not expressed a preference or had expressed a neutral view.

The majority of comments are in favour of the proposed approach. The main reason for supporting this is **the importance for patient safety of having access to A&E services locally and at all times of day and night**. Many felt that having access to A&E services nearby should they need it was reassuring as well as convenient.

Other features of the proposals that were welcomed included recognition that retaining A&E at all sites **was important to meet the needs of the growing local population** – this also included the aging population as well as the planned increases in local population due to new housing developments proposed across mid and south Essex.

Some of the main reasons given for disagreeing with the approach, including reservations expressed by those who agreed with the approach, were as follows:

- **concerns about transferring patients to specialist teams in different hospitals** – many felt that specialist services should be provided in the same hospitals; others were concerned about the risk to patients and the impact on their health especially given the congested transport routes and long travel times between hospitals
- **the need to clarify what "the majority of hospital care will remain local" actually means** – some wanted to know what was encompassed in 'the majority' because they felt this might mean a loss of key services at each hospital site which also went against the principle of providing care closer to home. Many therefore qualified their support for the principle on the basis that all services would remain local.
- **was this deliverable or sustainable in practice** – many felt that the current infrastructure (including capacity, numbers of beds, quality of care, transport and parking for visitors) and resources (including funding, the capacity of the East of England Ambulance Service and staffing levels) would have to significantly improve for this approach to be sustainable. Many mentioned long waiting times and mentioned how recent winter pressures had highlighted the current strain that the three main hospitals were under. Some were concerned about the costs of this approach including transfers and the provision of the free bus service and argued that this money could be spent on providing services at each hospital.

NB: Responses that made the case for or against specialist services have been considered in section 3.4.2 of this document which reports on the proposals for specialist services.

There were a number of other issues raised including:

- **accessible transport, traffic and parking** – traffic congestion and travel distances were mentioned by many as concerns both for residents who did not feel that Basildon, Southend or Broomfield Hospitals were local and for those who were concerned about transfers to specialist teams further away. The A127 which serves Southend and south Essex was specifically mentioned as being busy and prone to significant disruption which would be problematic for transfers to Basildon Hospital (for example, for specialist stroke or cardiovascular treatment when fast treatment is vital for successful patient outcomes). Some also felt that the lack of a good transport infrastructure,

including public transport, would also impact on the ability of friends and family to visit patients which is recognised as an important part of patient recovery. Parking at each of the hospital sites was also described as limited and / or expensive.

- **the impact of these proposals on elderly patients and visitors**. Those with lower incomes or residents who do not have their own transport are also identified in a few comments as being adversely affected as they are less likely to be able to afford to travel. The long journey times and distances are mentioned as affecting working people who would have to take more time off work to visit other hospitals.
- **the fairness of these proposals** since some people in areas such as Thurrock or Southend had further distances to travel to access specialist services in an emergency. Others felt it favoured patients in or near Basildon.
- **evidence to support change** - a number of respondents felt that more information on costs should be provided, and that gaps in information either made it difficult to give an opinion or did not inspire confidence the plan has been thought through. Others felt that more detail was necessary to off-set the impression that this consultation was driven by costs and not the desire to improve patient outcomes.

**Alternative suggestions** included:

- expanding the current provision of A&E to include other hospitals that were more local to them including community hospitals such as Orsett Hospital.
- having A&E services on one site since this would be more sustainable (an idea suggested previously) however many also advised against revisiting this approach.

### *Specific proposals*

Respondents were asked whether specific proposals raised issues for them and why. 34 per cent of those who responded said 'wider range of urgent care professionals in A&E' raised issues for them, and 39 per cent said 'four new assessment centres' raised issues (Figure 9).

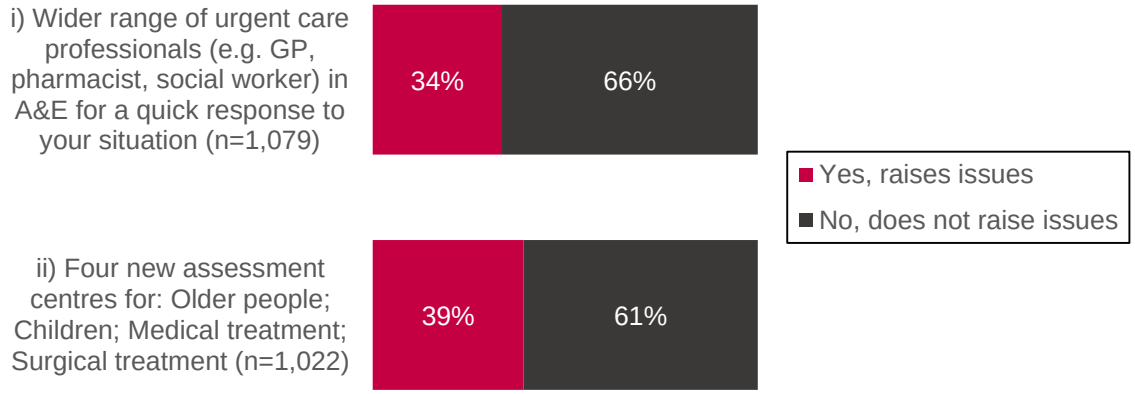


***Figure 9. Do any of the specific proposals below raise issues for you and why***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 1022 to 1079; total n = 1450***

Reasons given for why the specific proposals raised issues are summarised below.

### *SPECIFIC PROPOSAL: Wide range of urgent care professionals in A&E for a quick response to your situations*

Although more respondents indicated that the proposal did not raise issues for them overall, there were more comments recorded by those who said that it did raise issues for them – this is reflected in the summary below.

Comments supporting the approach included:

- this was an efficient way of freeing up consultants and A&E staff so that they could focus on emergency care
- this would help reduce waiting times

The issues raised included:

- questions about where the staff with the right training and expertise to fill these roles would come from, citing a national and local shortage of these professionals and given the proposals to provide more care in community settings which themselves would need to be staffed.
- how would these roles be funded especially if they had to be available 24 hours

- concern that this approach could delay access to treatment

Alternative suggestions for consideration included:

- the need for urgent care professionals to be located in the community rather than in hospital settings to reduce the numbers of people attending A&E
- locating more urgent care professionals in community hospitals rather than the main three hospitals

***SPECIFIC PROPOSAL: Four new assessment centres for older people, children. medical treatment and surgical treatments.***

Although more respondents indicated that the proposal did not raise issues for them overall, there were more comments recorded by those who said that it did raise issues for them – this is reflected in the summary below.

Many responses to this question reflected uncertainty about whether these assessment units were based at each hospital or if they would be on separate sites from hospitals, or independent 'centres. As a consequence, those who thought they would be independently located from hospitals were concerned about travel times to other emergency services after the assessment and lack of integration with other services.

Comments supporting the proposals included:

- the fact that this appeared efficient in principle
- this assessment process would allow A&E staff to focus on the task of providing emergency care
- qualified support based on assurances that funds and resources should not be taken away from other A&E or wider services, and services should not be reduced.

Other issues raised included:

- the ability to deliver this in practice given current funding and staffing challenges
- whether this was a priority given current constraints and whether resources could be better allocated to meeting other patient needs
- how people that needed more than one service would be assessed (eg an older person in need of urgent medical treatment or a child in need of urgent surgical treatment)

- concern about differentiating between immediate medical and surgical needs since these are inter-linked
- confusion about how the assessment centres would link in to community services, mental health and social care.

### *Alternative suggestions*

The following alternative suggestions for improving local emergency services were made in response to Principle 1.

- Investing in the recruitment, training and improvement of emergency staff
- Increasing or redirecting funding to make sure frontline services were adequately resourced
- Promoting non-emergency services as a first point of call to ease pressure on A&E services. These non-emergency services include GP and community health services, urgent care centres and minor injuries units, walk-in centres and drop-in clinics, NHS 111 and social care services.
- Enforcing policies that mean that only emergency situations get dealt with in A&E including redirecting non-emergencies to urgent care services or GP practices.
- Using alternatives such as telephone or internet consultations to assess need and reduce unnecessary A&E visits.
- Improving efficiency in the assessment of cases including better triaging to separate emergency from less urgent cases and re-directing to non-emergency services if necessary; a separate triage for ambulance admissions and releasing ambulances quickly; separate triaging of or spaces for drunk people; separate spaces for elderly or vulnerable patients; a virtual waiting room with online virtual face-to-face triage for non-emergency urgent care to manage admissions or redirect to alternative service.
- Improving elements of other A&E services including better discharge planning to free up beds; removing anti-social patients; more rapid response vehicles and small paramedic vehicles to support ambulances; better links to specialist support including mental health services, removing anti-
- Increasing A&E provision in certain locations including Thurrock, Maldon, Canvey Island, Dengie and Brentwood.
- Working with transport providers and commissioners to improve the local transport infrastructure required to support emergency transport.

- Training paramedics to make assessments that allow specialist emergency cases to go straight to the specialist centre rather than A&E

### 3.4.2 Principle 2 – key findings

Principle 2 proposes that ***"Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of making a good recovery"***

There is clinical evidence that where there are small numbers of patients requiring the care of highly trained specialists, there are benefits in concentrating these services in one place so that one team is able to treat the greatest number of patients each year.

So for some services that require specialist surgery and treatments that require a hospital stay the following is being proposed:

- Gynaecological surgery and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
- Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
- Renal services for people with complex kidney disease to be located at Basildon Hospital close to the Complex vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
- Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems at Basildon Hospital
- Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford.
- Complex general surgery (eg for abdominal problems) to be at Broomfield Hospital near Chelmsford.

#### *Overall views*

Respondents were asked for their overall view of the proposed approach in Principle 2.

55% of respondents either strongly agreed or agreed with the proposed approach in Principle 2 (see Figure 10) compared to 31% who disagreed or strongly disagreed.

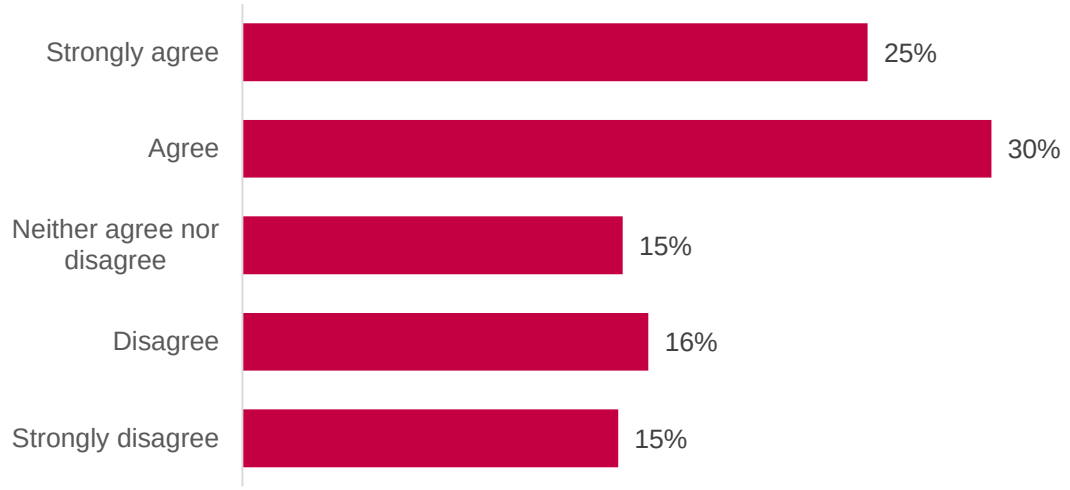


***Figure10. What is your overall view of the proposed approach in Principle 2?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1087***

Agreement with the proposed approach is lower among responses categorised in the NHS Southend CCG area (45%), and disagreement higher (41%) (see Figure 11). This creates a lower net score of 3.9, with Castle Point and Rochford responses also lower in net agreement (17.8) (see Figure 12).

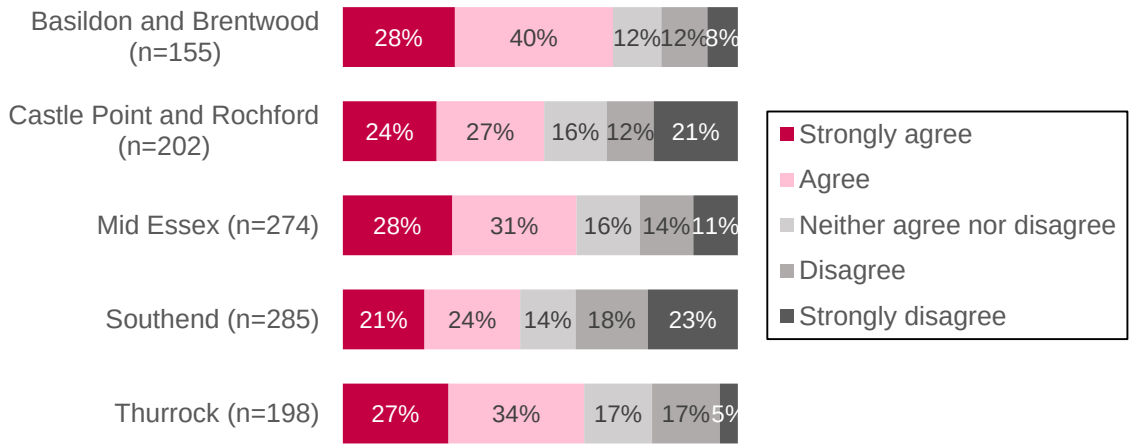


***Figure 11. What is your overall view of the proposed approach in Principle 2? by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 961***

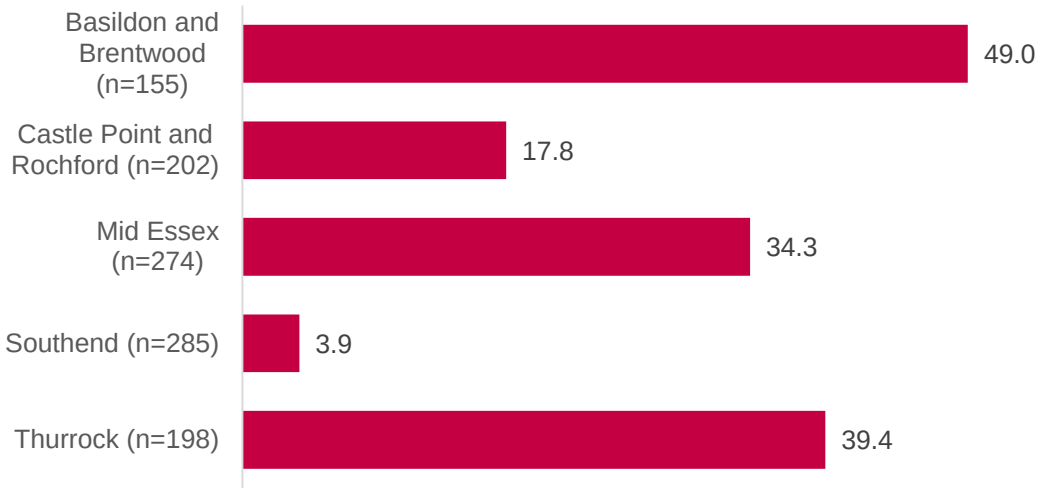


***Figure 12. What is your overall view of the proposed approach in Principle 2? - Net score by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 961***

People were asked to add any comments to explain their views if they wished. 539 comments were made. Of these 202 were from respondents who had expressed agreement (including strong agreement) with the principles; 254 were from people who had expressed disagreement (including strong disagreement) and 83 were from people with had not expressed a preference or had expressed a neutral view.

Many respondents thought this was a sensible and practical approach with the main reason given for supporting the approach being **the benefits of specialised centres and the positive impact on patient outcomes**. This included the fact that centralising skilled specialists would allow their expertise to continue developing; it was an efficient way of managing specialists (given the national shortage) and specialist technical resources; and this would allow patients to be treated more efficiently and would result in shorter hospital stays in the longer-term.

A number had anecdotal stories about how they or family members had benefited from some of the specialist services already in place in the area. Others recognised that **this specialist model already existed for burns treatment, cancer services and children's services** where there was evidence of successful patient outcomes. Some also felt that **they did not mind travelling further to access specialist expertise and equipment if it would result in better and quicker recovery**. There were also a number of respondents who felt this was the most pragmatic approach since it

would be financially and operationally impossible to have highly specialised services at each hospital.

There were a number of concerns raised, including from some people who agreed with the approach but had reservations. The main concern was the safe transfer of patients. Many felt that given the current transport infrastructure and especially the congested roads around Southend, that there could be **a risk to patient safety** of transferring people long distances to specialist centres in an emergency situation.

Other issues included:

- **the impact on visiting friends and families** – many thought that the transport limitations, including expensive and limited parking difficulties, might limit visits from friends and family which in turn might impact on the quick recovery of patients
- **the need for the necessary infrastructure (including bed spaces), staffing and finances** to make this work – many felt that this was not there yet
- the need for a well-resourced ambulance service to support this including the importance of having **trained paramedics to be able to make the right initial assessment** so that patients could be taken to the right place the first time rather than being moved around
- a need to see **more clinical evidence that this approach would work** – this would also allay concerns that these proposals are financially driven
- **the need for good after care** including the access to specialists after discharge. There was potentially a case to be made for community hospitals to provide step down services. The case was made for individual hospitals such as Orsett Hospital to be used for these purposes.
- the concern that Basildon Hospital was taking on too much of the burden of responsibility and that all services there would be impacted as a consequence
- **monitoring of specialist services** to make sure that high standards are maintained. This should also include the monitoring of patient transfers to these services.
- the process for triaging and treating **people with more than one condition**

Much of the disagreement with the proposal came from people who were **concerned about the distance they and their families would have to travel to attend specialist service**s. This was **felt particularly strongly by residents from Southend**.

Many felt that travelling to Basildon particularly for cardiovascular or stroke problems emergencies that needed access to fast treatment could risk patients' lives. Access for people from Thurrock, Rochford and Horndon on the Hill was also mentioned on a number of occasions. To mitigate this a number of suggestions were made including:

- reviewing the suggested locations. Broomfield Hospital in Chelmsford was frequently mentioned as being an alternative central location.
- have specialist services provided in all three main hospitals
- reconsider having a specialist stroke unit in Basildon when Southend Hospital has a stroke unit which has been independently been recognised as being excellent. The case was also made that since over 50% of patients in Southend would need a transfer then the stroke services should be located there.

### *Specific proposals*

Respondents were asked whether specific proposals raised issues for them. The proposals listed were:

- Women requiring gynaecological surgery who needed a hospital stay would be treated at Southend Hospital
- Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital
- Patients with complex kidney problems who needed a hospital stay would be treated in Basildon
- Patients with diseased arteries or veins would be treated at Basildon
- Patients who needed a hospital stay for specialist treatment of complex heart problems would be treated at Basildon
- Patients with complex gastroenterology problems who needed a hospital stay would be treated at Broomfield Hospital near Chelmsford
- Dedicated service at Broomfield Hospital for emergency general surgery that requires a hospital stay
- Transfer to a specialist team, which could be in another hospital (for around 15 patients a day). You would be safely stabilised and supported by a doctor or nurse

The proportion of respondents who said the proposals raised issues for them varies with the highest proportion 55 per cent who said 'dedicated service at

Broomfield Hospital for emergency general surgery that requires a hospital stay' raises issues, and the lowest proportion 39 per cent who said 'patients who needed a hospital stay for specialist treatment of complex heart problems would be treated at Basildon' (Figure 13).

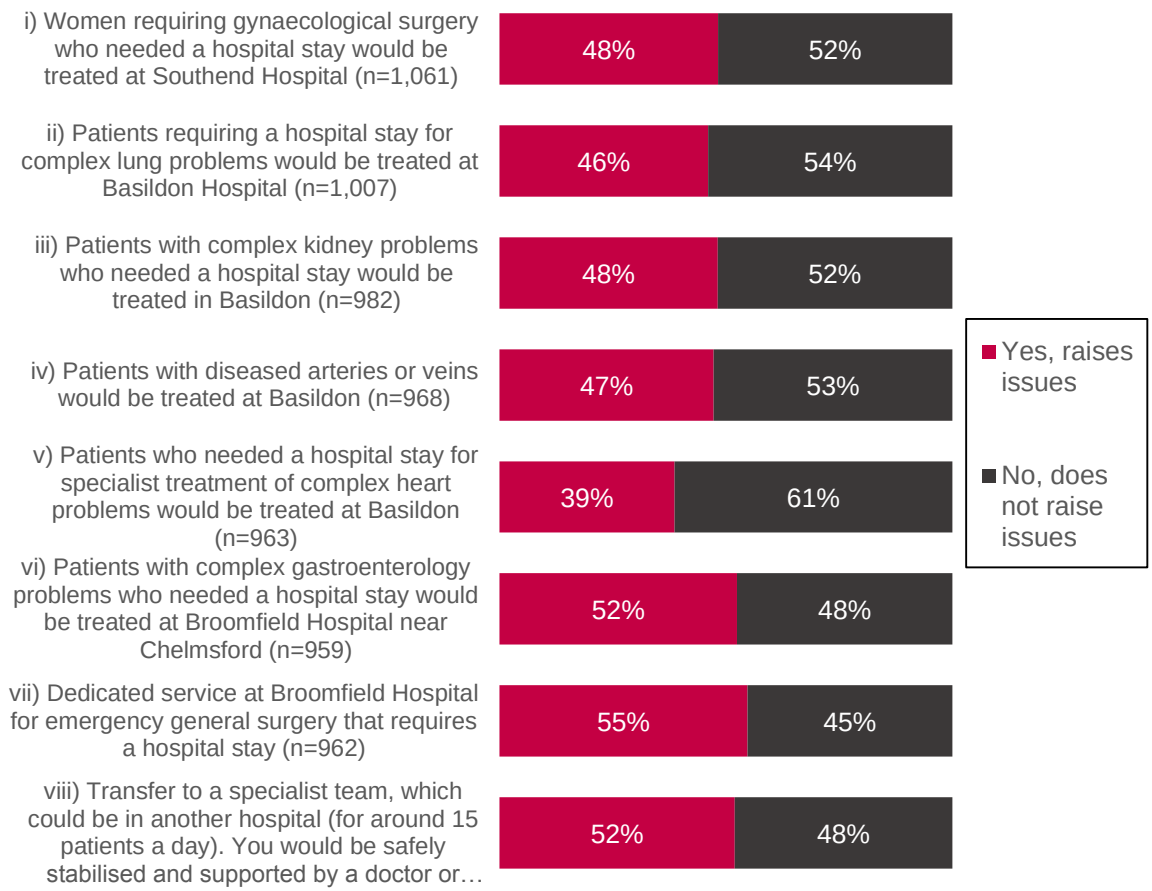


***Figure 13. Do any of the specific proposals below raise issues for you and why?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 957 to 1061***

The proportions of respondents saying each proposal raises issues for them varied substantially between responses categorised in each CCG area (Figure 14).

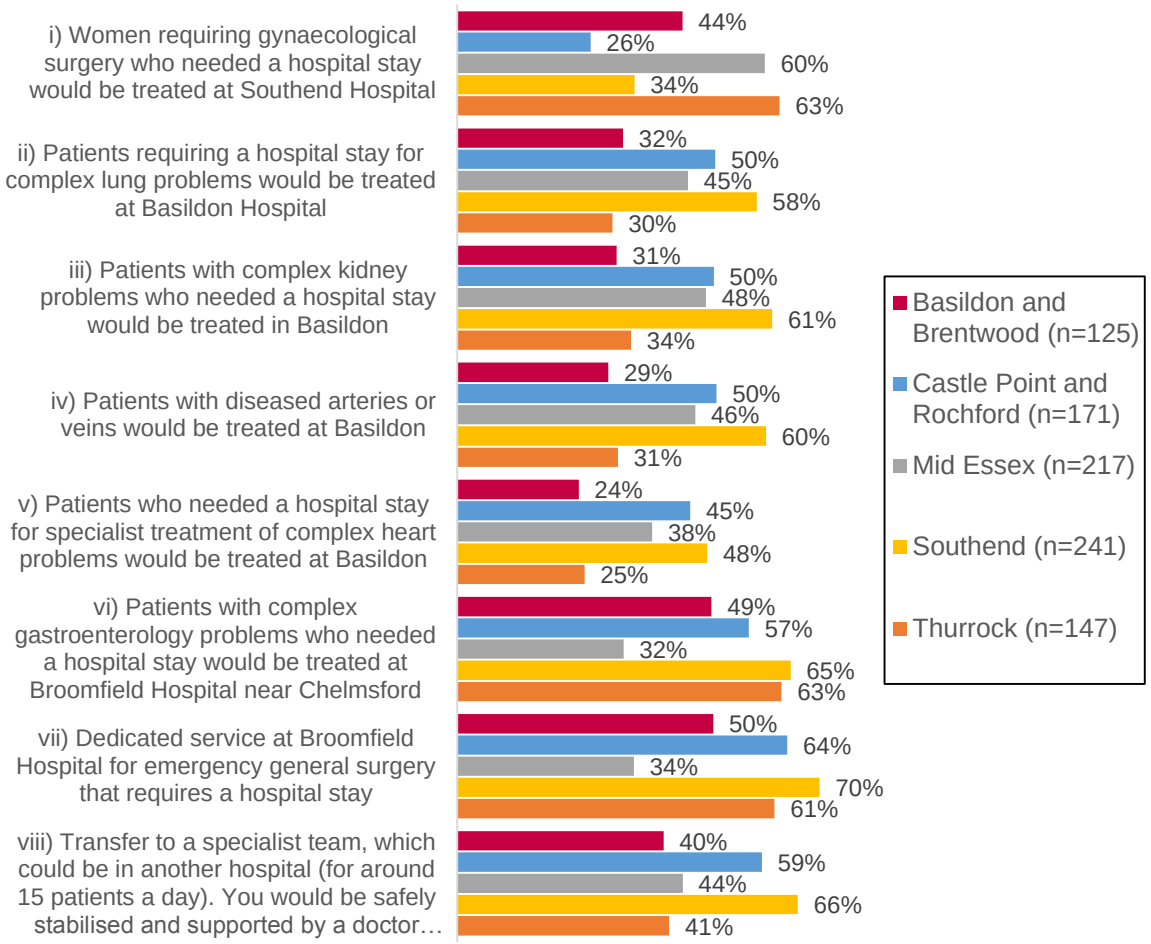


***Figure 14 Do any of the specific proposals below raise issues for you and why? - Yes, raises issues by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 775 to 939***

Reasons given for why the specific proposals raised issues are summarised below.

***SPECIFIC PROPOSAL:*** Women requiring gynaecological surgery who needed a hospital stay would be treated at Southend Hospital.

Comments supporting the approach included:

- It was a sensible way of managing resources
- Southend residents welcoming this because it was local to them

The issues raised included:

- concerns that this was too far for people to travel – especially patients in Thurrock or other parts of mid Essex
- this should be available in all hospitals

***SPECIFIC PROPOSAL:*** Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital

Comments supporting the approach included:

- it seemed sensible given that the specialist Essex Cardiothoracic Centre for heart and lung problems was located there
- Basildon was easy to get to

The issues raised included:

- concerns that this was too far for people to travel
- parking at the hospital and transport to Basildon was poor so would impact visiting family and friends

***SPECIFIC PROPOSAL:*** Patients with complex kidney problems who needed a hospital stay would be treated in Basildon

Comments supporting the approach included:

- it seemed sensible and some praised the renal unit there
- Basildon was easy to get to

The issues raised included:

- concerns that this was too far for people to travel
- concerns expressed by people receiving kidney dialysis or treatment at Broomfield Hospital and how this might impact on them

***SPECIFIC PROPOSAL:*** Patients with diseased arteries or veins would be treated at Basildon

Comments supporting the approach included:

- it seemed sensible given that the specialist Essex Cardiothoracic Centre for heart and lung problems was located there
- Basildon was easy to get to

The issues raised included:

- concerns that this was too far for people to travel
- parking at the hospital and transport to Basildon was poor so would impact visiting family and friends

***SPECIFIC PROPOSAL:*** Patients who needed a hospital stay for specialist treatment of complex heart problems would be treated at Basildon

Comments supporting the approach included:

- it seemed sensible given that the specialist Essex Cardiothoracic Centre for heart and lung problems was located there
- Basildon was easy to get to

The issues raised included:

- concerns that this was too far for people to travel
- parking at the Hospital and transport to Basildon was poor so would impact visiting family and friends

***SPECIFIC PROPOSAL:*** Patients with complex gastroenterology problems who needed a hospital stay would be treated at Broomfield Hospital near Chelmsford

Comments supporting the approach included:

- it seemed sensible allocation of overall resources given that Basildon Hospital was bearing a lot of the responsibility for providing specialist support
- Broomfield Hospital is quite central and easy to get to

The issues raised included:

- concerns that this was too far for people to travel
- Chelmsford was poorly served by public transport making it particularly difficult for people in rural areas to get to

***SPECIFIC PROPOSAL:*** Dedicated service at Broomfield Hospital for emergency general surgery that requires a hospital stay

Comments supporting the approach included:

- it seemed sensible allocation of overall resources given that Basildon Hospital was bearing a lot of the responsibility for providing specialist support
- Broomfield Hospital is quite central and easy to get to

The issues raised included:

- concerns that this was too far for people to travel
- Chelmsford was poorly served by public transport making it particularly difficult for people in rural areas to get to

***SPECIFIC PROPOSAL:*** Transfer to a specialist team, which could be in another hospital (for around 15 patients a day). You would be safely stabilised and supported by a doctor or nurse

Comments supporting the approach included:

- it seemed sensible but more detail was needed including where people would be transferred to

The issues raised included:

- whether this was workable in practice given current financial challenges
- the transfer should be to another accessible hospital
- whether this would add additional strain to the East of England Ambulance Service

### *Alternative suggestions*

Alternative suggestions include:

- Building a new centrally located hospital or specialist centre of excellence to provide all specialist services
- Have all specialist services in an existing hospital
- Have specialist services in each hospital
- Have additional specialisms for children integrated / including as part of these services
- Redistribute the specialisms so that Basildon Hospital does not carry the full burden of the proposals
- Keep the services as they are and invest in making what exists better
- Have ambulances taking patients directly to the specialist centre rather than A&E first
- Build a new hospital in Thurrock that can also provide specialist services to improve accessibility for local people and their families and support the other three acute hospitals
- Offer patients access to private treatment if they wish
- Improve the diagnosis of initial assessments by having doctors triaging rather than nurses
- Just focus on 'life-saving' transfers
- Run a shuttle bus between the three sites so patient's families can visit them

### 3.4.3 Principle 3 – key findings

These questions asked for views on the principle that access to specialist emergency services, such as stroke care, should be via patients' local (or nearest) A&E, where they would be initially assessed, stabilised, treated and, if needed, transferred to a specialist team which may be in a different hospital.

#### *Overall views*

62 per cent of those who responded said they agreed overall with the proposed approach, with 34 per cent strongly agreeing (Figure 15). 26 per cent said they disagreed overall, with 13 per cent strongly disagreeing.

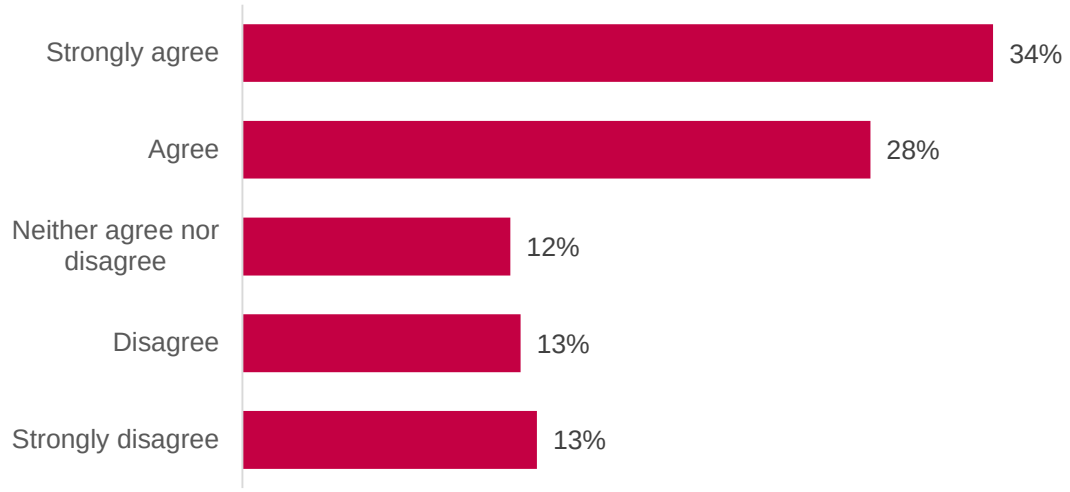


***Figure 15 What is your overall view of the proposed approach in Principle 3?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1085***

The balance was more skewed towards agreement in responses categorised in the NHS Basildon and Brentwood CCG and NHS Thurrock CCG areas, and more towards disagreement in those in the NHS Southend CCG area (Figure 16). This contributes to higher net agreement scores for Basildon and Brentwood (65.8) and Thurrock (59.1), and a lower score for Southend (12.2) (Figure 17).

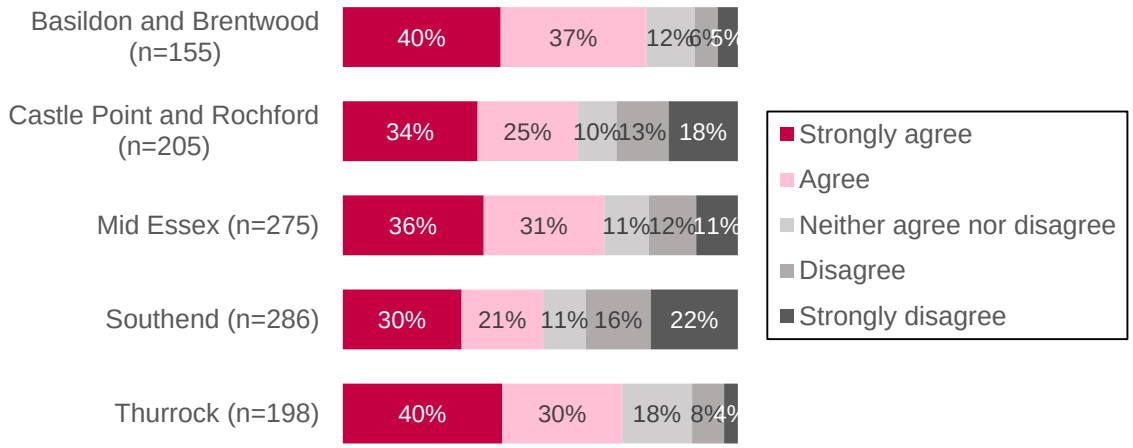


***Figure 16. What is your overall view of the proposed approach in Principle 3? by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 965***

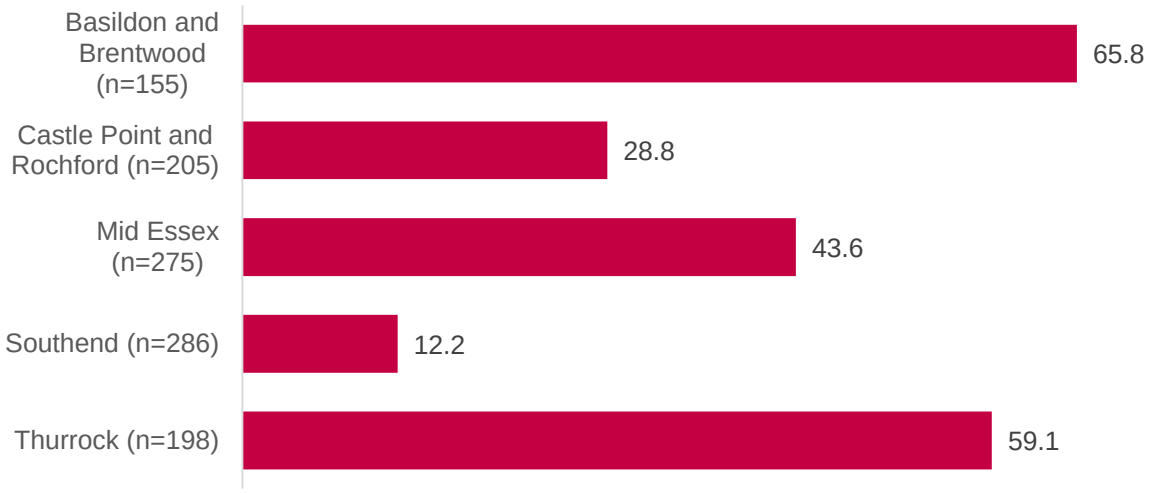


***Figure 17 What is your overall view of the proposed approach in Principle 3? - Net score by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 965***

In total, 473 respondents chose to provide a comment to explain their view. The majority of these expressed concerns and a much smaller number gave reasons for their support of the principle.

A small number of responses gave reasons for agreeing with the principle. These were mostly very brief and general indicating that **the approach seems sensible** or

that the principle is evidence based. For those that gave more detail, a key reason given was that they felt **the principle would ensure that patients would be likely to be treated rapidly** at their local hospital. Some also welcomed **the benefits of specialist centres** in terms of patient outcomes.

The main concerns, including those who agreed with the principle but had reservations, centred on **the transfer of patients in need of specialist stroke services to Basildon** and many emphasised the importance of getting fast treatment in the case of stroke. Other aspects relating to this that were mentioned included:

- the feeling that **the extra travel to a specialist stroke service would not be safe for patients** and could provide significant risk to their health and worsen outcomes. This was linked by some to the typically congested roads from Southend to Basildon and concern that traffic delays would lengthen the journey time and risk patient safety. It was also felt that for someone experiencing a stroke, a transfer would add an additional challenge at a frightening time for the patient and could affect their wellbeing.
- The potential **impact on visiting friends and families who may find it difficult to get to Basildon Hospital** in an instance where their friend or relative had been transferred there from other areas of Essex. Some responses mentioned traffic and parking issues and limited public transport systems especially from more rural areas. Some mentioned that patients and their visitors are likely to be elderly and have mobility restrictions that would make it harder for them to visit and that more vulnerable groups including people with learning difficulties may struggle. The importance on speed of recovery of having friends and family visit to recovery was also mentioned by a number of people.
- **Concern about the quality of transfers**. A number of responses commented that there would be challenges securing enough ambulances and staff for the additional routes and were sceptical that the resources would be available to invest and recruit in these capabilities. There was concern that this could reduce the available ambulances needed for other conditions. There were also questions raised about the level of specialism of staff and level of equipment on-board the transfer vehicle.

There were also a number of alternatives to the proposals suggested including:

- **Locating the specialist stroke centre at Southend Hospital** – a number of responses referred to stroke services at Southend being high performing currently and that services should only move from a hospital if it is not meeting

national standards. Many also felt that the proposed location of Basildon for the specialist stroke unit was too far for Southend's growing and ageing population who are more likely to need stroke services in the future. There were also many anecdotal stories of people who had experienced 'life-saving' and valued services at Southend Hospital and who were concerned that they might lose access to this. It was also felt that the case for locating the specialist centre in Basildon so that it could be next to the cardiothoracic centre is irrelevant for patient outcomes as for the first 72 hours they should be in a stroke unit.

- **Providing specialist stroke centres at all the hospitals** – many felt that this model would meet the needs of Essex's growing population.
- **Keeping things as they are** - a small number of responses were critical of the principle of centralising services and wanted to see more evidence that this was approach would improve patient outcomes. A small number of comments mentioned that stroke was a common condition that they felt all hospitals should be able to treat.
- **All ambulances taking patients directly to the specialist stroke hospital**. It was felt that this would prevent transfer from their nearest hospital to a specialist centre at a later date and would ensure higher quality care for the patient.

Other issues raised included:

- The need for all A&Es to be adequately prepared to deal with strokes (and not just as part of these proposals) and the feeling that this was not universally the case that
- Increasing the overall stay length of a patient in two hospitals did not appear to be efficient process and could negatively impact a patient's outcome.
- Concern that Basildon Hospital would not be able to cope with additional patients. The hospital was described as already experiencing capacity pressures, and that this would provide additional strain. This was felt to potentially lead to longer waiting times with stroke patients being unable to treated and having poorer outcomes.
- The need to do more to get additional funding to resource services rather than change them
- The impact on the environment of additional transfers
- More information about the location of rehabilitation services and also more information about the criteria that would be used to assess whether someone needed to be transferred to the specialist stroke unit.

### *Specific proposals*

Respondents were asked whether specific proposals raised issues for them. The proposals listed were:

- Developments in all three local A&E services to diagnose stroke and initiate treatment
- Development of a new high dependency specialist stroke unit in Basildon for treatment in the first 72 hours following a stroke. This is in addition to stroke care units in all three hospitals for further support and rehabilitation after treatment in the specialist stroke unit and also for patients with problems that are similar to a stroke.

84% of respondents said the proposals to support developments in all three local A&E services to diagnose stroke and initiate treatment did not cause issues for them. 61% said the development of a new high dependency specialist stroke unit in Basildon did not raise issues for them (Figure 18)

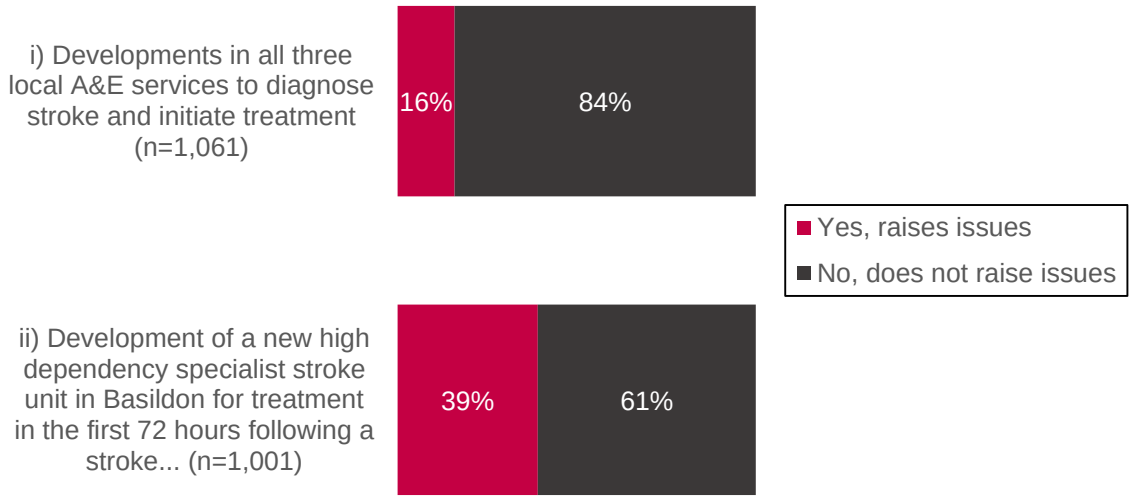


***Figure 18. Do any of the specific proposals below raise issues for you and why?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 1001 to 1061; total n = 1450***

Figure 19 shoes that many of the people for whom the development of a new high dependency specialist stroke unit would cause an issue came from the Southend area (54%) or the Castle Point and Rochford area (43%)

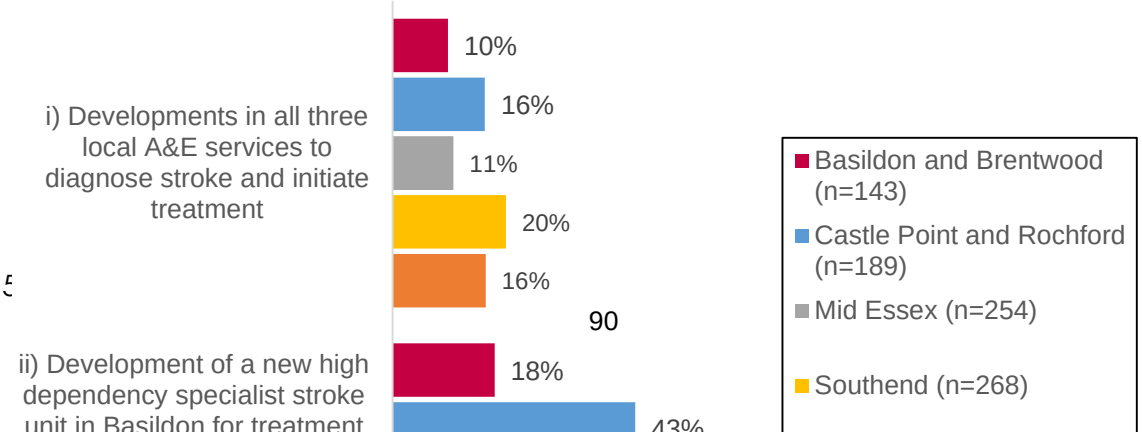

***Figure 19 ) Do any of the specific proposals below raise issues for you and why? - Yes, raises issues by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 887 to 946***

The responses to each are described below. Many responses repeated points made in support to the overall principle rather than address the specific proposals so they have been taken into account in the previous section.

### SPECIFIC PROPOSAL: Developments in all three local A&E services to diagnose stroke and initiate treatment

Comments supporting the approach included:

- this would ensure good practice would become routine in each of the local A&E departments
- it helps ensure the likelihood of (suspected) stroke patients being treated in line with 'FAST' principles

The issues raised included:

- whether there would be the right level of specialism and equipment at the three A&Es to do this in practice especially since specialist stroke staff are more likely to want to have roles in the specialist unit in Basildon
- the need for a thrombolysis service to be provided as well in these three hospitals
- the need to also ask experts their views on this

Alternative suggestions included:

- taking patients directly to the specialist stroke centre rather than to A&E since this is more likely to have a successful outcome

**SPECIFIC PROPOSAL: Development of a new high dependency specialist stroke unit in Basildon for treatment in the first 72 hours following a stroke.**

Comments supporting the approach included:

- the benefits of having a specialist stroke centre to support patients

Issues raised included:

- concerns about poor transport with Basildon hard to access for residents from other parts of Essex.
- Risk to patients of additional transfers to the high dependency unit
- Patients of Southend and Broomfield would be disadvantaged leading to suggestions of keeping things as they are or having a high dependency specialist unit in each of the Hospitals.
- Have it somewhere other than Basildon which many people felt lacked adequate or cheap parking This was described as making it harder for friends and relatives to visit. Some responses described capacity issues at Basildon and others described poor standards of care for stroke patients at the hospital currently.

***Alternative suggestions***

Alternative suggestions included:

- Specialist stroke units either at all three hospitals or specifically at Southend or Broomfield.
- Increased staff levels across the health service. There was reference made of the need to improve recruitment of staff through ongoing training and learning opportunities including cross site training secondments and placements, encouraging research and international recognition of results.
- Increased staffing levels across the NHS.
- There was a proposal for opening an A&E in community hospitals from 7:00 to 19:00.
- Having a control room that could liaise with ambulances and direct stroke patients to relevant facilities.
- Shuttle buses with capacity to transfer patients and visitors between hospitals in case of transfer.

- Ambulances with facilities and equipment to scan and begin treatment with reference to similar services being available in Germany.
- Bring back convalescent homes to reduce pressure on acute hospital beds.
- Build a new hospital in Thurrock.
- Improve parking facilities at Basildon Hospital.
- Reduce bureaucracy across the NHS to enable better funding of services.
- As strokes can cause sight loss, services should receive sensory awareness training and have a sensory champion within each service to provide the specialist support, advice and links for patients with those needs.

### 3.4.4 Principle 4 – key findings

These questions asked for views on the principle that planned operations should, where possible, be separated from patients who are coming into hospital in an emergency.

Three quarters of those who responded agree with the proposed approach (75%), with 36 per cent strongly agreeing (Figure 20). 10 per cent disagree overall, with 5 per cent strongly disagreeing.

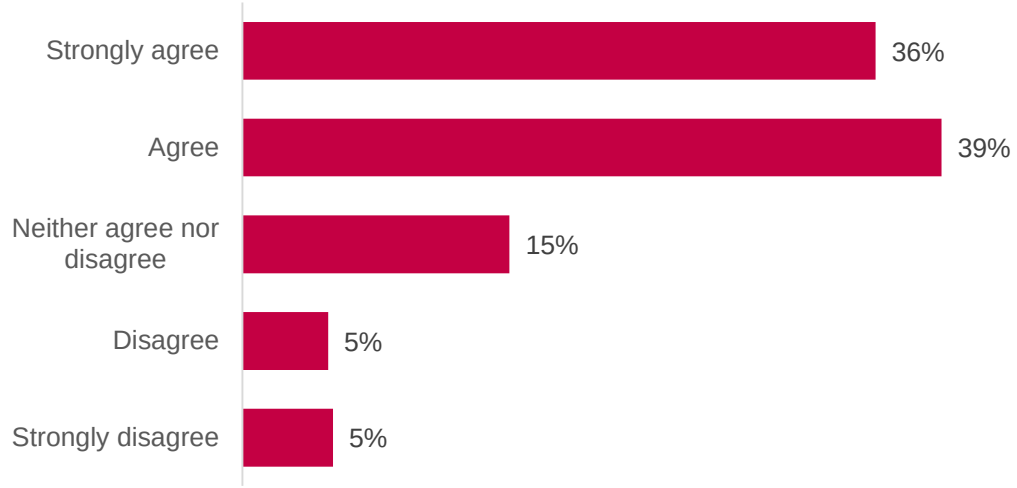


***Figure 20. What is your overall view of the proposed approach in Principle 4?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1077***

#### *Overall views*

Respondents were invited to add any comments to explain their overall view on the proposed approach in Principle 4. 367 comments were left in response to the question.

Many respondents supported this approach and particularly the potential it had **to reduce or eradicate cancellations of planned surgery**. Some of the benefits to patients identified in this approach included:

- **reducing the stress and anxiety associated with cancellations** and the impact on health outcomes of having to wait longer for a rescheduled appointment.
- **better planning might also lead to shorter waiting times** for operations.
- **reducing the risk of cross-infection** between emergency and planned surgery patients,

Some benefits to hospitals of separating planned and emergency surgeries were also identified. These included:

- recognition that this would **give staff more certainty about operations and their workload**, and therefore enable them to better prepare for them.
- the cost of cancellations to the hospital would be reduced

Concerns about this approach (including reservations from people who supported it in principle) included:

- **how feasible this approach was** without extra costly investment in staff and resources such as beds, wards or theatres, to make this work.
- **resources for emergency surgeries (including beds and staffing) would always be prioritised** over planned surgeries
- the **potential de-skilling of surgical teams** if they did not work across both emergency and planned surgeries
- **concerns to patient safety** if something goes wrong with planned surgery – it was noting that planned surgeries can become emergencies when complications occur and there may be no clinical back-up available if planned surgery was separated from emergency and other services especially if other specialists are based at different sites.
- **the need for more information** about the benefits of the approach and how it would work in practice

A number of responses suggested that **the current system should not be changed** as it appeared to manage demand for emergency and planned care effectively.

There were also a number of respondents who felt that **a mixed approach of planned and emergency care should be available at every site**. This would also **increase the chances of all patients and their visitors being able to conveniently access planned orthopaedic surgery as locally as possible** (in line with principles mentioned elsewhere in the hospital).

There were also people who did not approve of planned orthopaedic surgery only being available at certain sites.

There was also concern expressed from some that the division of services in this way could be a step towards either removal of emergency services at some sites or making it easier for separated 'chunks' of hospital services to be privatised in the future.

### *Specific proposals*

Respondents were asked whether specific proposals raised issues for them. The specific proposals were:

- Planned orthopaedic surgery that needs a hospital stay (e.g. for bones, joints and muscles) to be at:
    - Southend Hospital for people in south Essex
    - Braintree Community Hospital for people in mid Essex

- Some emergency orthopaedic surgery (e.g. for broken bones) to be at:
    - Basildon Hospital for people in south Essex
    - Broomfield Hospital in Chelmsford for people in mid Essex

  Surgery for most fractures, including a broken hip, would continue at all three local hospitals
- Urological surgery that needs a hospital stay (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (Urological cancer surgery would continue at Southend Hospital as now)

43 per cent of those who responded said 'urological surgery that needs a hospital stay to be at Broomfield Hospital' raised issues for them; 39 per cent said 'planned orthopaedic surgery that needs a hospital stay to be at Southend Hospital for people in south Essex and Braintree Community Hospital for people in mid Essex' raised issues for them; and 34 per cent said 'some emergency orthopaedic surgery to be at Basildon Hospital for people in south Essex and Broomfield Hospital for people in mid Essex' raised issues for them (Figure 21).

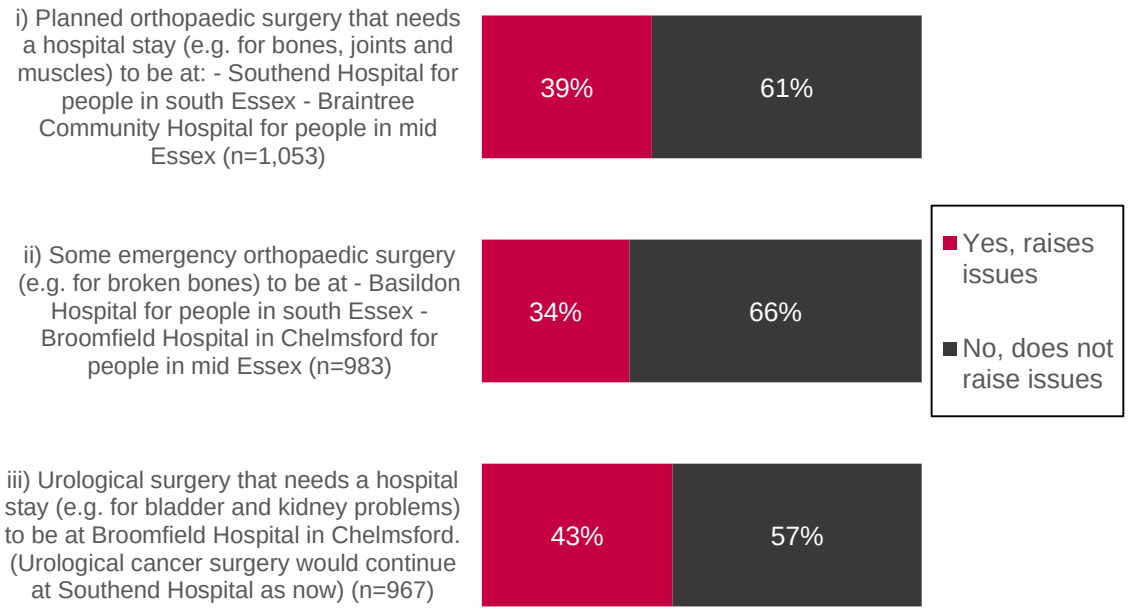


***Figure 21. Do any of the specific proposals below raise issues for you and why***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 967 to 1053***

Feedback on the specific proposals is in some ways aligned across all three, with comments on the same themes made in response to all three. In other cases, the issues are more specific to the individual proposals.

The main issues raised consistently across all three proposals centred around the proposed locations of the services. Concerns included:

- This includes the potential challenges of travelling further distances for patients and visitors to sites that were not local. Specific examples mentioned included: problems for Thurrock and south west Essex residents travelling to Southend; Southend and south east Essex residents travelling to Basildon, and those across south Essex travelling to Broomfield.
- the impact on older people or those with no personal transport
- arguments against centralising services
- Praise for the current services at specific hospitals which may now be lost, as well as a small number of concerns about the quality of care at specific hospitals.

Additional comments about each specific proposal are summarised below.

SPECIFIC PROPOSAL: Planned orthopaedic surgery that needs a hospital stay (e.g. for bones, joints and muscles) to be at: Southend Hospital for people in south Essex; Braintree Community Hospital for people in mid Essex

Comments supporting the approach included:

- the sites are local
- the sites are accessible to those who do not live locally

The issues raised included:

- concerns about surgery being based at Braintree because of its small size and the relative lack of other emergency and specialist services.
- whether there is the right level of specialism and equipment at the proposed sites to do this in practice

SPECIFIC PROPOSAL: Some emergency orthopaedic surgery (e.g. for broken bones) to be at: Basildon Hospital for people in south Essex; Broomfield Hospital in Chelmsford for people in mid Essex. (Surgery for most fractures, including a broken hip, would continue at all three local hospitals)

Comments supporting the approach included:

- the sites are local
- the sites are accessible to those who do not live locally

The issues raised included:

- emergency surgery in particular should be available in each patients' local hospital.
- the impact on patients' health outcomes of transferring to another hospital in the case of an emergency
- the need to clarify what 'some' emergency orthopaedic surgery would include

SPECIFIC PROPOSAL: Urological surgery that needs a hospital stay (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (Urological cancer surgery would continue at Southend Hospital as now)

Comments supporting the approach included:

- the sites are local
- it allows for means a better level of care from a specialist team

The issues raised included:

- questioning or being against the separation of urological cancer from other urological surgery.

***Alternative suggestions***

Alternative suggestions include

- Providing all surgery or services locally, or at all three hospitals (or at least emergency surgery at all three). This included suggestions of improving, maintaining or investing in services in specific locations, including:
    - Thurrock, including development of Orsett to offer hospital stays for planned operations, for day-case surgery or as a specialist or emergency surgery site
    - Southend
    - Maldon
    - Chelmsford
    - Basildon
    - Canvey
- Keeping things as they are
- Separate services in each hospital, or separation of planned surgery from emergency medicine rather than emergency surgery
- Alternative methods of booking planned surgery, including: booking in less planned surgery during winter to create spare capacity for emergencies, bringing planned operations forward where this is not needed; planned

surgery during quieter non-winter months, prioritising urgent and cancer surgery in winter; booking least urgent surgery at times of day where they can be more easily cancelled for emergencies; prioritising surgery for conditions causing more suffering; possibility of 'slotting in' emergency surgery where necessary; prioritising emergency surgery with a minimum timeframe in which a cancelled operation should then take place

- Complete separation of planned operations and emergency operations, including establishing a major orthopaedic centre and another for less demanding cases
- A new hospital(s) or centre(s), including an elective-only hospital with separate A&E sites
- Outsourcing planned operations
- Patients to have the option of planned surgery in their local hospital, waiting longer for this if necessary
- Vascular surgery on site with urology
- Surgical teams to travel between sites to delivery surgery locally for patients
- Using smaller local facilities more for smaller operations
- A team to operate a day a week in each of the three hospitals

### 3.4.5 Principle 5 – key findings

Principle 5 proposes that ***"Some hospital services should be provided closer to you, at home or in a local health centre."***

One example that views were specifically being asked for, related to health and care provision in Thurrock. Thurrock CCG and Thurrock Council had already consulted with local people on how care could be delivered closer to where people lived and feedback shows that people welcomed the development of new "integrated medical centres" where people could go to one place for GP services, health checks, tests and access to a wide range of advice and information. Four centres are planned for Tilbury and Chadwell; Purfleet and Aveley; Stanford and Corringham; and Grays over the next two years.

The proposals in this consultation suggest that centres could also be developed in Basildon, Brentwood and Billericay offering the opportunity to relocate tests, scans, outpatient appointments and treatments closer to where people live in south west Essex.

The consultation suggests that once the proposed new services are up and running, it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site.

NB: The findings in this section reflect only those from the main consultation questionnaire. Findings from the separate Thurrock-specific questionnaire are summarised in section 3.5 of this report.

### *Overall views*

Respondents were asked what their overall view of the proposed approach in Principle 5 was.

49% of respondents either strongly agreed or agreed with the proposed approach in Principle 5 (see Figure 22) compared to 26% who disagreed or strongly disagreed. A quarter of respondents had no firm views on this.

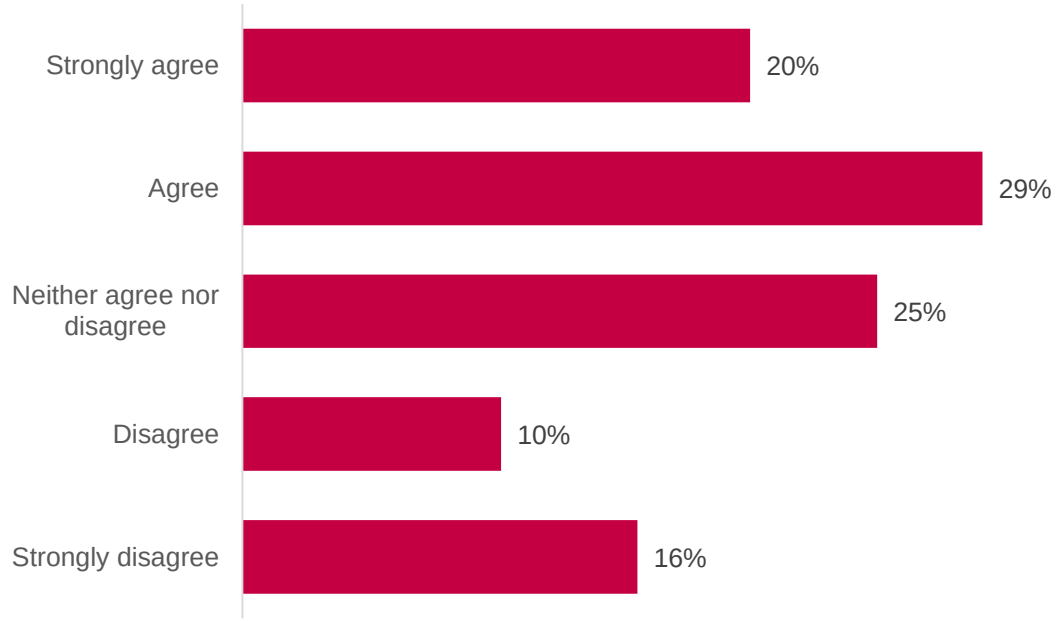


***Figure 42. What is your overall view of the proposed approach in Principle 5?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1059; total n = 1450***

A similar pattern of preferences is shown when looking at responses examined by different demographic and lifestyle variables. However, when looking at responses from residents who live across the different CCG areas it is clear that there is a much higher level of disagreement from people in Thurrock (see Figure 23). This response is not unexpected since the example for consideration in Principle 5 proposes the future closure of Orsett Hospital which is located in that area.

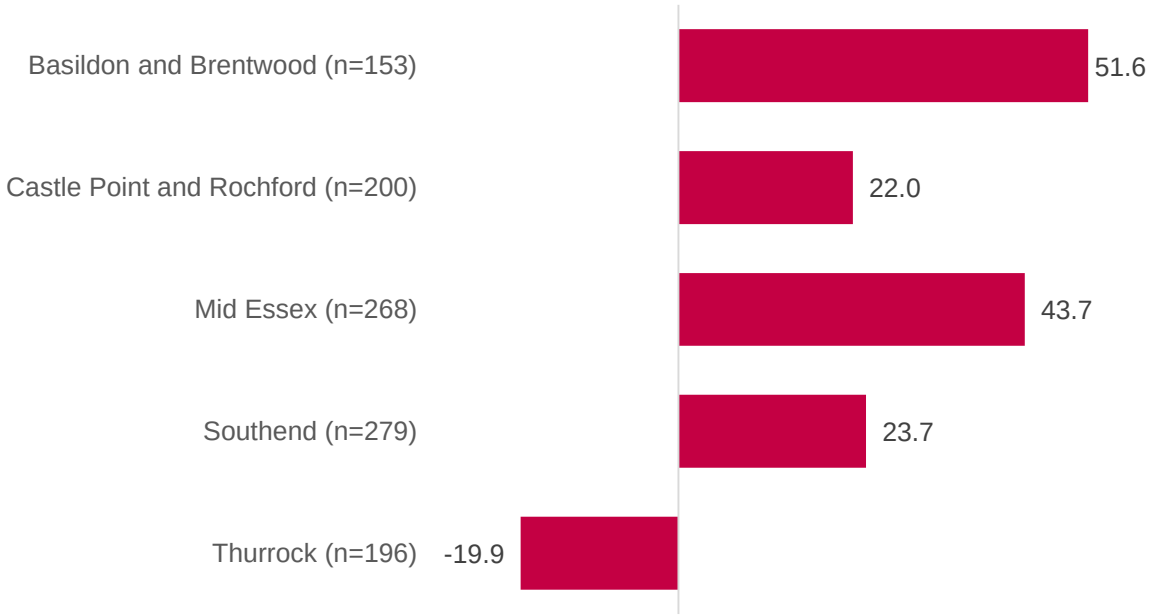


***Figure 23. What is your overall view of the proposed approach in Principle 5? - Net score by CCG***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 947***

People were asked to add any comments to explain their views if they wished. 462 comments were made. Of these 150 were from respondents who had expressed agreement (including strong agreement) with the principles; 204 were from people who had expressed disagreement (including strong disagreement) and 108 were from people with had not expressed a preference or had expressed a neutral view.

### *Agreement with Principle 5*

The support for this principle mainly centred on the fact that people wanted to have services closer to their homes. Some thought this would be better for older and more vulnerable patients and also parents with young children.

Many thought the approach of transferring some hospital services into community settings would make healthcare more accessible to a wider number of people.

A number also felt that any approach that would reduce the travel that patients and their families needed to take to access healthcare was welcome which is why they agreed with this principle.

However, it must be noted that a number of people who expressed agreement with the principle of providing hospital services closer to home, still did not agree with the proposal to close Orsett Hospital in the future.

Others also qualified their agreement by stating that all services offered locally should be equivalent so that everyone had a fair opportunity to access the same services.

### *Disagreement with Principle 5*

Most of the comments disagreeing with this principle focussed on the case for keeping Orsett Hospital open. Other reasons for not agreeing with this approach included:

- the feeling that centralised services were more easily accessible with all the clinical and specialist expertise in one place rather than a perception that local services would not be fully equipped
- concern that it is quite costly for the NHS to set up several integrated medical centres
- a concern about how this principle might apply in areas beyond Thurrock.

### *Key themes*

There are a number of key themes emerging from the responses that underpin people's attitudes and levels of agreement towards this principle. These are broadly expressed as views about:

- the case for Orsett Hospital to be retained
- agreement with closing Orsett Hospital
- wider impact of these proposals
- alternative locations for Integrated Medical Centres

These are summarised below.

#### *Case for keeping Orsett*

People who regularly used Orsett Hospital praised its services, the staff and the quality of care received. There were a number of anecdotal stories about the assistance they or their families had received from the Hospital and how much of a loss it would be if it did not exist anymore.

Many of the respondents also queried the claim in the consultation documentation that Orsett Hospital was difficult to access via public transport. There had been recent improvements in bus services from a range of nearby and many felt it was as easy to get to as some of the other centres and hospitals mentioned in areas such as Basildon, Billericay, Chafford Hundred and Brentwood.

Others felt that if transport had been cited as a key reason for closing the hospital then more should have been done to address this for example providing shuttle buses to and from neighbouring areas.

A number of respondents were also concerned about the loss of services that only Orsett Hospital provided in the Thurrock area if the hospital were to close. The key service mentioned was dialysis but others such as orthopaedic care, eye care and minor injuries unit were also mentioned. Patients receiving dialysis were particularly concerned by these proposals with some stating that the nearest alternative, Basildon Hospital, was quite difficult to get to for them.

There was also a case made by some that since Thurrock was a growing borough, with an extra 30,000 homes due to be built, including additional homes in the nearby Dunton Hills estate, that there was a case for keeping services at Orsett to be able to meet future need.

Many respondents felt that one of Orsett Hospitals strengths was its good parking provision – a feature which was not available at some of the other centres.

A small number of people also felt that the decision to close Orsett Hospital was driven by the financial benefit that could be made by selling the land off to developers since it was in a valuable location.

***Case for transferring services from Orsett Hospital to Integrated Medical Centres***

There were some respondents who agreed that Orsett Hospital was becoming difficult to maintain and that it was no longer fit for purpose and that investing in the new approach was the way forward.

There were a number who also felt that it was quite difficult to access from other areas so it would make since to transfer its services to a number of new centres closer to where people lived.

***Wider impact of these proposals***

Some thought the model would only work if there were good transport links to the proposed Integrated Medical Centres. However, many do not think that local transport networks, as they currently stand, are equipped to deal with this model. Some feel that because trains and buses do not adequately serve the proposed sites, this will cause extra difficulties for both patients and visitors and particularly those with mobility issues.

There is a concern that an approach that favours more local integrated medical centres might lead to an increased pressure on local transport systems.

Parking at these centres is another big concern raised by respondents. Many felt that parking was already lacking in a number of these centres (e.g. St Andrews in Billericay, Basildon Hospital, Thurrock Community Hospital and Brentwood Community Hospital) and that they would be under even more pressure in the new model. A small number also link this to the environmental impact that increased transport to these areas will make.

A small number who had experienced some of the new Integrated Medical Centres that had been established felt that they were already under pressure – some complained of long waiting times and felt they were already working to capacity.

Some anxiety expressed that this may lead to smaller GP surgeries closing and that people will have to travel further to go to IMCs instead.

***Alternative locations for IMCs***

Some people felt that other areas that could benefit from being developed into integrated medical centres included Mayflower Hospital in Billericay especially as an alternative to St Andrew's which suffers from a lack of parking.

Another proposal was to place the IMC in South Ockendon or Lakeside shopping area rather than Purfleet since they both have much better transport links.

***Specific proposals***

Respondents were asked whether specific proposals raised issues for them. The proposals listed were:

- General outpatient appointments eg for skin problems, ear nose and throat and breathing problems to be relocated to four new centres in Thurrock and three locations in Basildon, Brentwood and Billericay.
- Treatments for minor injuries to be developed as part of the services in GP practices
- Some treatments eg for skin problems to be relocated to treatment rooms in Basildon town centre, Brentwood Community Hospital, Purfleet integrated medical centre and Grays integrated medical centre
- Relocation of services for patients on dialysis – to be discussed

Figure 24 shows the responses to whether these proposals raise issues for them or not. Overall, each of the proposals does not raise issues except for the proposal to relocate services for patients on dialysis.

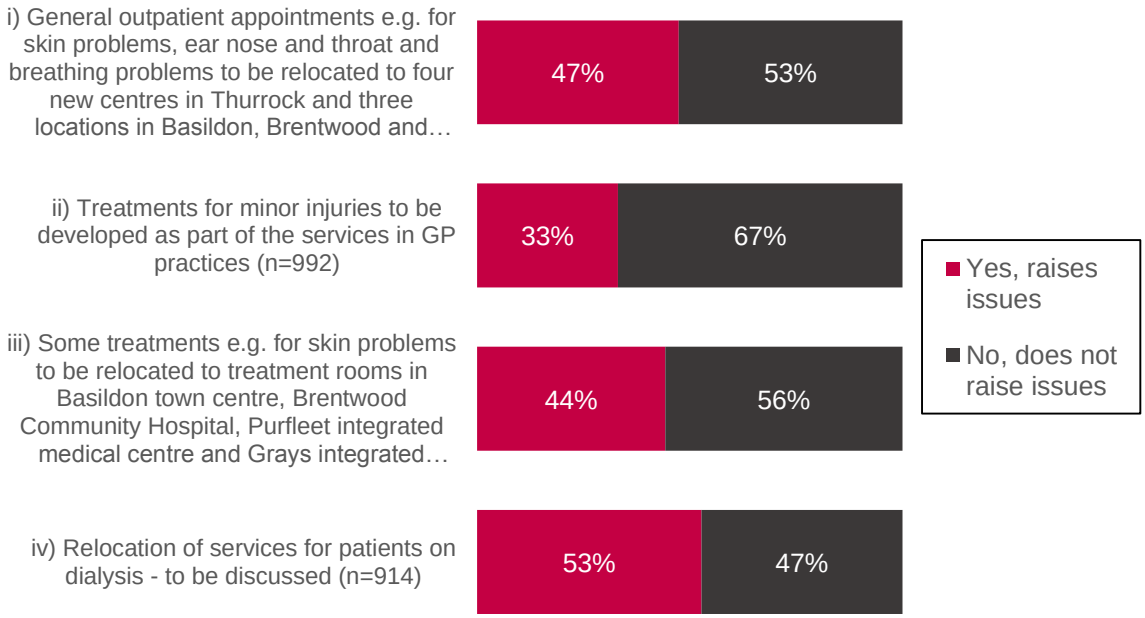


***Figure 24. Do any of the specific proposals below raise issues for you and why***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 914 to 1032; total n = 1450***

Reasons given for why the specific proposals raised issues are summarised below.

### SPECIFIC PROPOSAL: General outpatient appointments relocated to four new centres in Thurrock and three locations in Basildon, Brentwood and Billericay

A number of people felt this did not concern them because they did not live in the area. A number of respondents outside the Thurrock area questioned how this principle would be applied to their services in the future.

There were a number of people who agreed on the basis that it was sensible and would not impact on them too much although some qualified that agreement by stating that it would be conditional on the new centres being local.

Issues raised by those who might be impacted included:

- Concern that they would have to travel further to get to these centres
- The need for clarity about where the new centres would be
- Concern that these centres would be quite far to travel if you had breathing problems

### SPECIFIC PROPOSAL: Treatments for minor injuries to be developed as part of the services in GP practice

There was a lot of agreement with this in principle with many recognizing that it would also ease pressure on A&E services.

However, there were concerns raised primarily about whether GPs could cope with the additional burden in practice since many were already overstretched and working to capacity. There was some concern about whether this would impact on the quality of routine GP services too. In addition, it was felt that MIU would have to be provided OOH which GP services may not be able to deal with.

#### *Best location for kidney dialysis*

Most of the respondents suggested Orsett Hospital was the best location for kidney dialysis. This was also linked to the case for keeping Orsett open.

Other areas mentioned included:

- Basildon
- Grays / Thurrock Community Hospital
- Every hospital
- As close to home as possible
- A central location
- A mobile kidney dialysis unit
- GP practices

#### *Alternative suggestions*

Alternative suggestions that were made included:

- Keeping the status quo (the most commonly mentioned response)
- Improve Orsett Hospital and have the four proposed Integrated Medical Centres
- Build a new hospital in a central alternative location in Thurrock so that the people of Thurrock had a full working hospital
- Increase the number of Integrated Medical Centres so that the whole of the Thurrock community could be better served (for example, have some in Aveley, Ockendon and Orsett)
- Transfer all services to Thurrock Community Hospital
- Expand Basildon Hospital so that it can accommodate all the services

- Equip primary care services such as GP practices, polyclinics and walk-in centres to accommodate some services for example minor injuries and extend opening hours at these places for non-emergency care.
- Use mobile units to provide some services, for example, mobile eye unit

### 3.4.6 Transport

Survey respondents were asked to make suggestions on how a free bus service for patients' families and visitors running between the three hospitals and other main locations could best operate.

#### *Key findings*

Responses were generally positive about the idea of running a free bus service for accessing the hospital sites, although there were a few respondents who immediately dismissed the proposal; considering it to be impractical, unnecessary or impossible to deliver. Several respondents declined to provide detailed feedback on the grounds that they felt they had been provided with insufficient information.

Rather than broad statements of support or opposition, the majority of responses focused on the practicalities of running such a service, with any criticisms made by implication. The main areas responses focused on were how the service would operate, how it would be financed and the impacts upon stakeholders.

#### *Key themes*

***Running times***

By far the most frequently commented upon aspect of the proposal was around the hour it would operate and the regularity with which buses would depart from each hospital. Respondents proposed a wide range of different timings for both issues, although the idea of running the service twenty-four hours a day and at either thirty minute or fifteen minute intervals were by far the most common suggestions.

Other respondents highlighted the importance of the service operating at times when it was likely to see the greatest usage. For visitors this meant having a service available at the times it would be most convenient for them to visit, such as during the evenings and at weekends. A number of people also suggested that the service should operate at any time someone might be required to visit one of the hospital sites for an appointment or planned treatment.

The importance of the service operating with both a high level of regularly and reliably was expressed very clearly, with a small number indicating that they did not believe the service would be used if this was not the case.

***Pick-up points***

A large number of responses focused on the locations the bus service would run from. Alongside the hospitals, people suggested picking up from major town and village centres, existing transport hubs and sheltered housing. Various respondents also stressed the difficulty some faced in even accessing the nearest of the three hospitals and suggested more local pick-up points, potentially even door-to-door transportation. It was noted that the number and location of pick-up points would impact upon users' journey times. Alternatively, the potential for running a feeder service into the hospitals or operating a park and ride system away from hospital premises were raised.

***Time and distance***

Many respondents brought up the length of time and the distance involved in travelling between hospital sites. There were concerns that the times involved in accessing the required hospital site via bus would be too great, an issue worsened by traffic, poor local transport infrastructure and potentially bad weather, with a patient left a considerable distance from home at the end of the process. One of the issues highlighted was that if buses only ran in one circular route it would force passengers to go via a hospital site they did not need to visit, significantly adding to the length of their travel time.

***Parking provision***

Some of the responses chose to focus on parking provision at the hospitals. Several respondents expressed a preference for improving the level of parking provision or reducing charges over the provision of a free bus service. Others focused on the interplay between the bus service and parking space, with mixed views over whether the proposal would make parking at the hospitals better, worse, or potentially imbalanced between sites. Off-site parking for the bus service was suggested as one potential solution to the issue.

***Access***

Questions over who should be able to access the service came up in a number of responses, with several respondents confusing the proposed free bus service for families and visitors with other forms of patient transportation.

Many of the responses focused on ensuring that the bus would only be used by those genuinely seeking to access a hospital, with concerns raised that general users could pose a threat to vulnerable residents or result in overcrowding. It was recognised that this would require active management and a range of alternative ways for vetting people were suggested, with some discussion over whether NHS staff should be allowed to use the service.

Concerns were also raised about the service being overcrowded at peak times or having insufficient seats to deal with passenger volumes, with one suggestion of pre-booking made as a means of ensuring the right provision was made available at the right times.

***Impact upon stakeholders***

Some of the responses focused on the impact of the service on particular users. A bus service was viewed as being inconvenient or stressful for many and inappropriate for some vulnerable groups. Public transport was seen to be difficult for the elderly to use, and potentially excluding those with autism, social anxiety, mobility issues or severe arthritis

It also was seen to pose some health risks, with the impact of putting people who were unwell or who had visited those who were unwell in a confined space encouraging illness. Alternatively, for those seeking treatment, commuting by bus was viewed as being an unacceptable cause of delay in accessing treatment and posing risks to those returning home after a procedure while in a weakened state.

***Financial considerations***

Many respondents sought to comment on the financial considerations involved in running a free bus service. These comments were in large part questions over what it would cost, whether it represented good value for money and where the money would come from, particularly in the context of the financial challenges facing the NHS. A number expressed a preference that rather than running a free bus service, the money should be spent on medical care or some that form of charge should be levied upon free bus service users to help cover the costs.

A few respondents asked how long the free bus service would be provided few or suggested that the provision would be dropped in a subsequent reorganisation. Others focused on whether the service would be better run directly by the NHS, citing poor experiences with existing providers and concerns over profiteering by the

private sector, or if private delivery would be better, such as modifying the existing bus network routes to deliver the service.

***Alternative proposals***

Respondents suggested a range of different alternative options, including the proposal that there be no free bus service, but instead provision at each hospital should remain as it is now, removing the need for the service.

Different means of transportation were suggested, such as trams operating between sites, a shuttle bus to the local train station, free taxi rides, ride sharing or a volunteer driver service. Alternatively, having consultants move between hospitals or use technology to provide remote care was raised as an alternative to patients and visitors needing to travel. There was also a suggestion that the bus service should be extended to Orsett.

### 3.4.7 Any other considerations

People were asked if there were any other considerations that should be taken into account when making final decisions about these proposals. There were 483 responses to this open question.

There were four main areas of responses: comments on travel, accessibility and parking; funding and resourcing; and on specific services. In addition to this, there were a number of other considerations mentioned.

Comments on travel included that services should be more local, and that careful consideration of a range of travel times should be taken into account when making decisions on services. The condition of the roads, traffic and effect of poor bad weather on travel times was mentioned in relation to a number of areas covered by the proposals. One suggestion was that there should be dry runs of car, bus and ambulance travel times between hospitals at different times of day. There were also a number of comments about the importance of parking for patients. In particular, there was mention of the importance of disabled parking access and support for cheaper or free parking. One comment proposed park and ride schemes should be considered, as something that could benefit visitors, staff and patients. A number of responses mentioned that increased population would put extra pressure on parking and road congestion, these referenced population projections, migration and new residential developments.

The funding, capacity and resources of the health service in general was mentioned by a number of respondents. A number of responses felt that the main consideration

should be patient interest, whereas they felt that financial interests were being put first. The importance of more funding for the NHS was mentioned by a number of responses. A small number of responses advocated reducing the level of senior management pay to release funding to spend on services. Better recruitment and pay for NHS staff was mentioned by a number of responses, these mentioned the need for better job specifications and a focus on training local residents. How capacity would meet the rising demands of an increasing and older population was also mentioned.

A number of responses mentioned additional services that should be considered. Mental health provision was mentioned by a number of respondents. This included more regard to mental health provision in A&E's. A need to consider pain services was mentioned. A comment mentioned the importance of location for neurological services due to mobility issues and driving regulations meaning many neurological patients are not able to drive. There were also specific comments about retaining services in Southend and Orsett and the benefits of local services, where patients can build rapport and understanding over time with medical staff.

Additional comments included: considering the role of carers; a need to prevent needless A&E admissions; 111 directing services to GPs rather than A&E; considering the carbon footprint of the proposals; he role of visitors; need to stop privatisation of the NHS; data sharing protocol and technological infrastructure in light of recent cyber-attacks and data breaches; transport for staff; cost of services for the tax payer; role of walk in centres; importance of services for the elderly and children; the impact of social care; the strain on ambulance services; the pollution effects on increased travel between hospitals; better communication around changes; NHS to employ more people from a business background; a lack of staff support for the proposals; that the proposals should be scrutinised by the Consultant Medical Advisory Committee; that centralisation will lead to an organisation too big to be managed; that it would make sense to do more paediatrics and especially paediatric surgery at Broomfield due to the other services at the hospital; that it would be better to make the changes slowly over 5 to 10 years; the need to resolve how PFI contract costs will be shared; and the need to consider GP services as part of this.

**Additional comments on the consultation**

Throughout all questions there were a number of comments about the consultation process. The responses were mainly in four different areas: the consultation document and proposals; the consultation process; the consultation survey; and communications around the consultation.

Comments on the consultation document and proposals included that the proposals were unclear; that there is was not enough detail to explain the proposals; that there is a lack of evidence behind the proposals, in particular clinical evidence; that the choices given are too limited; and that the document has pictures of Basildon Hospital but not Southend or Broomfield.

The main criticism of the consultation process was that the decision was felt to have already been made. Many also felt that it had not been promoted widely and they had only heard about it through social media comments made by campaign groups or other organisations.

There was also a comment that there had not been enough opportunities for people to respond due to a perceived limited distribution and communication of the consultation. This included comments that there had not been enough media advertisements, limited time for responses and a lack of opportunities for black, Asian and minority ethnic (BAME) groups, vulnerable and older people to contribute, and over-reliance on online methods. Some responses proposed that there should have been a mail out to each household, advertisements in local newspapers, more materials in GP surgeries and hospitals, local newsletters, and other media.

A number of criticisms of the survey questions were made: of these the main comment was that questions were leading or biased. Other comments included that some questions appeared doubled barrelled, that the survey was too long, that questions had restricted options and should have included "none of the above", and that the ordering could have been improved.

Additional comments on the consultation included: an experience of being turned away from the consultation meeting at the Cliffs Pavilion when it was felt sufficient space could have been made for more people; that the pre-consultation business case consisted of 12 chapters but only 2 were consulted on; that public meetings had a lack of clarity on the proposals in practical terms and one was dominated by discussion of Orsett Hospital and another "degenerated into a shambles"; and that there was a confusion between consultation and engagement and a need for more engagement through the process. There were also comments describing problems completing the online survey.

## 3.5 Analysis of Thurrock questionnaires

Following feedback from residents and the local Scrutiny Committee, consultation questionnaires were developed specifically for Thurrock residents. A copy of the questions can be found in Appendix 3. These were distributed at discussion events in Thurrock and by Healthwatch Thurrock at a number of places, including community hubs, community centres, care homes and colleges, to enable residents to comment specifically about the proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood. 278 questionnaires were completed.

### 3.5.1 Improving specialist care

Respondents were asked their views on the proposal for the three hospitals working together to improve specialist care. 53% expressed disagreement and 32% agreed overall (Figure 25)

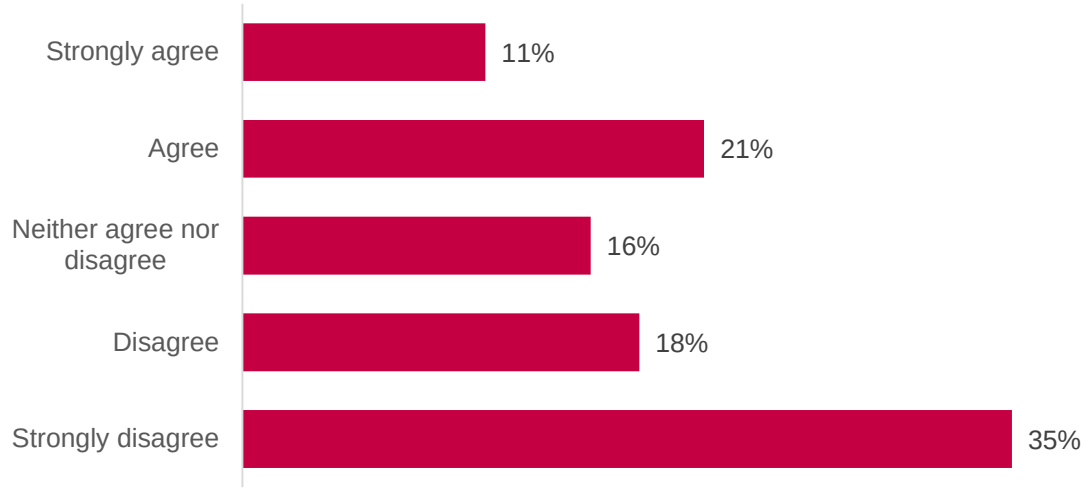


***Figure 25. What is your overall view on the proposal for the three hospitals working together to improve specialist care?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 274***

Respondents were also invited to explain their views if they wished. 217 respondents made comments.

Some of the arguments supporting the proposal included recognition that this approach:

- would improve the quality of care for people in Thurrock
- appeared to allow the best use of limited specialist resources and would also be beneficial for specialist staff as a consequence who could dedicate their time in one location rather than several

- overcame some of the limitations of Orsett Hospital in terms of the services currently provided and its location

However, many who agreed with the proposal in principle also qualified their responses: some wanted more detail on how this would work in practice with a number feeling unconvinced that collaboration across the three hospitals would work. Others also recognised that this approach would only work if there was a good transport infrastructure to support it – especially if patients and their families had to travel to Southend Hospital or Broomfield Hospital for specialist care.

A number also agreed with the principle on the basis that existing hospital services including those at Orsett Hospital and A&E services at each hospital site should be retained at each site.

There were a number of concerns expressed including:

- the cost of travel and parking at these Hospitals
- the fear that this would lead to job losses
- the ability for current infrastructure to support these changes – this includes ambulance services as well as adequate staffing (including support staff). Some also linked this to the case for keeping Orsett Hospital open as a consequence.
- the impact this would have for the more vulnerable including older people, people with disabilities, and the more economically disadvantaged
- potential reduction in patient care and patient experience with concerns about longer referral times and waiting times being expressed.
- the approach would not be able to meet the needs of a growing local population and the feeling that each hospital site should offer the same level of specialist services

Some also felt that if this approach were to happen then services should be prioritised for residents in mid and south Essex and not those from neighbouring areas or abroad.

A small number also did not understand the case for changing the approach – they felt the way things were working now was good enough or that the evidence that specialised centres improved health outcomes was missing.

### 3.5.2 Proposed transfer of services from Orsett Hospital to Purfleet, Grays, Corringham and Tilbury

Respondents were asked their views on the proposal to transfer services from Orsett Hospital to Purfleet, Grays, Corringham and Tilbury. 75% expressed disagreement

(with 57% of respondents saying they disagreed strongly) and 15% agreed overall (Figure 26).

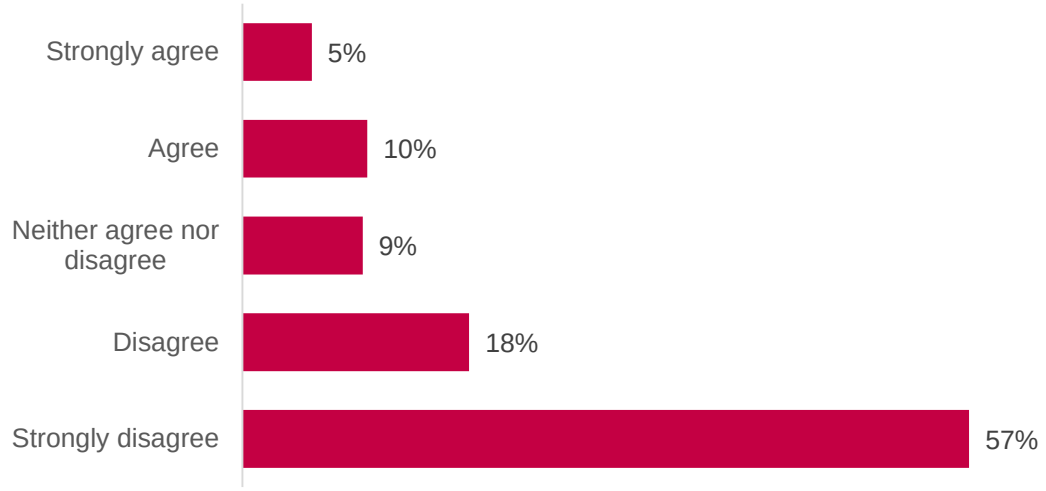


***Figure 26. What is your overall view on the proposed transfer of services from Orsett Hospital to Purfleet, Grays, Corringham and Tilbury?***
***Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 274***

Respondents were also invited to explain their views if they wished. 240 comments were made.

While most of the responses were disagreeing with the proposal, there were some who supported it for the following reasons:

- it was better for those who struggled to get to Orsett Hospital due to its location and poor transport links
- providing more services in community settings and therefore closer to people's homes was a good idea particularly for older and more isolated people and would more likely lead to better patient care and improved health outcomes
- Orsett Hospital was not a fit for purpose building anymore and alternatives were needed
- Tilbury and Purfleet would benefit from this approach

Some also qualified their support by wanting assurances that there would be no loss of services and that all the new Integrated Medical Centres would provide the same services including provision for minor injuries.

The majority of comments were against the proposal with a number of anecdotal stories being shared about the valued services received at Orsett Hospital and the potential impact of no longer being able to be treated there. Some of the key arguments against the proposal included:

- concerns about the case of change – some felt that the proposals were too general and that the benefits to patients of having several hubs rather than one centralised site were unclear. The recent Care Quality Commission report stating that Orsett Hospital was meeting a number of essential standards of care was cited as evidence that should be taken into account when considering the case for change.
- the need to have Orsett Hospital functioning in addition to the proposed Integrated Medical Centres. Some felt this was particularly important given the growing local population and the plans to have 32,000 homes in the area which would have an additional effect on local health provision.
- the fact that Orsett Hospital provided support to the main three hospitals – especially as there is a perception that Basildon Hospital is already over-stretched
- the case for the status quo with a number of people maintaining that one central 'one-stop-shop' service similar to what was currently provided at Orsett Hospital would be better for current users – particularly older local people. They felt that instead of spending money on developing new Integrated Medical Centres that the money should be invested in making Orsett Hospital fit for purpose since it already had comprehensive and valuable services, was in a reasonable location with good parking facilities (unlike the proposed Integrated Medical Centres). Some also felt that dispersal of services might lead to a dilution of care.
- concerns that the current transport infrastructure would not be able to support those reliant on public transport.
- a feeling that there would be an overall loss of current services since the proposals were not clear where some of the services currently available at Orsett Hospital would be transferred to including kidney services, eye clinic, MS support and the minor injuries unit.
- the need to test the Integrated Medical Centre model before closing down Orsett Hospital

There were also a number of concerns that there would still be some communities within Thurrock who would be disadvantaged by the proposals including residents in Orsett, Ockendon and Aveley.

### 3.5.3 Best location for kidney dialysis

Respondents were asked their views on the best location for kidney dialysis. 193 comments were made.

While a number of respondents felt they were not qualified enough to make a suggestion since this did not apply to them, there were a number of locations suggested. These are listed in order of frequency with the most commonly mentioned listed first:

- Orsett – the most frequently mentioned with many also linking their reply to the case for keeping Orsett Hospital
- Basildon
- Every hospital
- As close to home as possible
- Grays / Thurrock Community Hospital
- A central location

A very small number also mentioned places such as Brentwood, Corringham, Stifford Hundred and Tilbury. The idea of a mobile kidney dialysis unit (similar to mobile breast cancer screening units) was also suggested.

Some people also felt that patients were the best placed to answer this question so they should specifically be consulted on this issue.

### 3.5.4 Alternative suggestions

Respondents were asked if they had any alternative suggestions for how to transfer services from Orsett Hospital. 208 comments were made.

Over half of these responses related to the wish to keep Orsett Hospital open and not transfer services anywhere else. Of these, many made the case for keeping it that they had mentioned elsewhere including the fact that they felt it was important to meet the needs of the growing population, the fact that the people of Thurrock had been promised a hospital, and a concern about the impact on older, less mobile and vulnerable people who would have to travel further to access services.

A number also agreed with the current proposals so did not offer alternatives. Some also questioned why there was a need to transfer services in the first place.

Alternative suggestions that were made included:

- Increase the number of Integrated Medical Centres so that the whole of the Thurrock community could be better served (for example, have some in Aveley, Ockendon and Orsett)
- Refurbish and improve Orsett Hospital with the money intended to create the Integrated Medical Centres

- Improve Orsett Hospital and have the four proposed Integrated Medical Centres
- Build a new hospital in a central alternative location in Thurrock so that the people of Thurrock had a full working hospital
- Transfer all services to Thurrock Community Hospital
- Expand Basildon Hospital so that it can accommodate all the services
- Equip primary care services such as GP practices, polyclinics and walk-in centres to accommodate some services for example minor injuries and extend opening hours at these places for non-emergency care.
- Use mobile units to provide some services, for example, mobile eye unit
- Provide some services in existing community locations (eg community centres, sheltered accommodation, etc)

Some also strongly felt that transport considerations should also be taken into account when making decisions.

There was concern about the question itself expressed by a small number of people who felt that the question seemed to assume the proposals were going to go ahead so it made them more distrustful of the consultation process.

### 3.5.5 Any other comments

Respondents were also given the opportunity to make any other comments if they wished. 181 comments were made.

Some people used this as an opportunity to reinforce some of the points previously mentioned including:

- The case for keeping Orsett Hospital
- Concern about where certain services such as the eye clinic, the hearing centre and kidney dialysis would be offered
- A feeling that the Integrated Medical Centres approach was a downgrading of health services in Thurrock and that there would be less access to specialist care
- The feeling that people without transport fail to benefit from the changes and even the offer of free transport is not helpful if you are ill and have to travel further
- The need for a fully costed and detailed plan for Integrated Medical Centres

Some people expressed their support for the proposals and the approach of having Integrated Medical Centres closer to home.

Other issues raised included:

- *Consultation aims* – there was a request by some to consider these plans carefully and genuinely listen to the views of patients and Thurrock residents as they felt the patient and public voice had not been listened to in previous consultations. A small number felt the decisions had already been made.
- *Serving the whole Thurrock community* – some thought that communities in Aveley, Ockendon and Orsett would have access to poorer health care as a result of these changes. Some were also concerned that moving planned surgeries to Southend would disadvantage the whole of Thurrock. The case was made for a strong health infrastructure to support current and future increases in population. A small number also felt that Thurrock was losing out because of the Government's agenda regarding the NHS.
- *The case for change* – some questioned the reasons for the proposals. A number felt that this appeared to be driven by financial gain rather than a commitment to improving patient care. A few were concerned that the land where Orsett Hospital was located would be sold for housing development and that this would be against the wishes of Sir John Whitmore's family who donated the land to provide the medical facilities for Thurrock. A number also felt that, in the absence of costed plans, the proposals for Integrated Medical Centres seemed an expensive alternative to keeping / or investing in Orsett Hospital.
- *Working with transport services* – there was a feeling that discussions needed to be taking place now with transport providers and the local authority to make sure there was a good infrastructure in place to support the changes which included adequate parking facilities near the proposed Integrated Medical Centres
- *Operational issues* – concern about job losses of staff at Orsett Hospital was raised and questions were posed about patient data and whether the new approach would allow seamless exchange of patient information between health and social care agencies but in a secure way. There was also recognition that any change would take time but that it was essential for regular and clear communications to everyone – staff, patients and public throughout the process.

# 4 Analysis of telephone survey

This section of the report describes the method and key findings from the representative telephone survey that was undertaken with 750 residents across mid and south Essex. A copy of the questions can be found in Appendix 4 and the full findings of the survey can be found in Appendix 5.

## 4.1 Introduction and methodology

- This report details results from a telephone survey of 750 residents across the five CCG areas that cover Mid and South Essex.
- The purpose of the telephone survey was to supplement the information provided by the other consultation channels. This method captures views of a more randomised sample of the population than other self-selecting consultation channels and provide findings that are representative of the population.
- A broadly representative sample was captured through a quota sample method, with quotas set for demographics and geography
- Closed questions have been analysed statistically with responses to each question compared by each demographic and other characteristic.
- Where differences are statistically significant they have been noted in the report text.
- Open questions have been analysed qualitatively with the themes for each question summarised.

## 4.2 Key findings

### 4.2.1 Awareness

- 7 per cent of respondents had heard of the 'Your care in the best place consultation', with 2 per cent having heard a lot and 5 per cent having heard a little.
- Of the 55 respondents who had heard about the consultation, the main way people heard about it was through local newspapers (38%).
- Of the 55 respondents who were aware of the consultation, 29 per cent have read the consultation document.

### 4.2.1 Views of principles

- 80% of respondents agree with Principle 1 (the majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department which receives ambulances) with more than a third agreeing strongly. Nearly one in ten (9%) disagree. Respondents in the NHS Thurrock CCG area were less likely to agree (71 per cent).

- Two thirds (67 per cent) of residents agree with Principle 2 (certain more specialist services which need a hospital stay should be concentrated in one place). 21 per cent of residents disagree. Respondents aged 65+ are more likely to agree (77%) compared to 56-65 who are the least likely to agree (61%).
- Two thirds (67%) of respondents agree with Principle 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, which may be in a different hospital). More than one in five (22 per cent) agree strongly. Just under a quarter disagree (23 per cent). A higher percentage of respondents agree in the NHS Thurrock CCG area (82 per cent) and the NHS Basildon and Brentwood CCG area (76 per cent). Whereas a significantly lower number agree in NHS Southend (51 per cent) and NHS Mid Essex CCG (60 per cent).
- Three quarters (75%) agree with Principle 4 (planned operations should, where possible, be separated from patients who are coming into hospital in an emergency) and 8 % disagree. Of the three quarters than agree, 22% agree strongly. Respondents in the Castle Point and Rochford CCG are more likely to disagree (14% compared to 8% overall).
- More than four in ten (42%) of respondents agree with Principle 5 (some hospital services should be provided closer to you, at home or in a local health centre), one in ten (10%) strongly agree. Just over a quarter (26%) disagree, 9% strongly disagree.

# 5 Analysis of submissions

## 5.1 Introduction

While the majority of responses to the consultations were via the questionnaires (online and paper) and telephone survey, a number of organisations and individuals chose to make separate written submissions. In total, 174 written submissions were received during the consultation period of which 137 were written submissions by individuals (received by post or e-mail) and 37 were from organisations or elected representatives.

As all of the written submissions received do not follow the format of the questionnaire, there is insufficient quantitative data across the letters and emails to provide a numerical breakdown of support for the options which have been proposed or details as to the demographic characteristics of respondents as a whole. It has also meant that many of the responses do not necessarily fit into the same sections as the qualitative responses provided to the questionnaire. Consequently, rather than looking at responses by letter and email alongside the questionnaires, they have been analysed separately and thematically. These findings are covered in this section of the report.

Although the analysis has not inflated any single response over another, it should be noted that there were some extended or more technical responses received, addressing the viability of the proposed changes and alternative proposals.

All of the original individual letter and email submissions have been received by NHS Mid and South Essex STP, and the detail taken into account by the decision-making bodies.

## 5.2 Analysis of individual submissions

The key themes arising from the e-mails and letters received from individuals are summarised below.

*Southend Hospital*

The majority of these submissions were from patients and residents in Southend who were concerned about potentially losing access to hospital services they valued. Many gave anecdotal stories about how they or family members had benefited from services at Southend Hospital.

Many said they considered the proposals were a merger or 'downgrading' of the hospital and were concerned that patients would have to travel further on roads

that were regularly gridlocked to access emergency services such as the proposed hyper-acute stroke service.

Some also queried why the hyper-acute stroke service was to be located in Basildon when Southend had an award-winning stroke unit.

*The business case*

The feasibility of the pre-consultation business case was challenged – especially the expectations in terms of staff recruitment, financial projections and the evidence that some of the assumptions are based on.

*Care at home and in the community proposals*

Comments made included:

- More clarity about the health, mental health and social care proposals - unrealistic timescales
- GP practice or home but concerned about the South Woodham Ferrer cut in funding
- Not sufficient money to implement this
- Concern about investing in apps and self-care technology as an alternative to replacing the doctor- patient relationship
- The need for more information

*Care in hospital proposals*

Comments made included:

- Unrealistic reliance on free bus service to make it feasible
- More pressure on East of England ambulance service

*Consultation process*

Comments made included:

- People were not aware of the consultation – the STP should have written to everyone
- Focus groups were not adequate for consultation and should not be seen as representative of the wider population.
- The survey was too technical and long
- Concern that the STP said at the meetings that this was about the need to find savings – this should be about improving patients' lives.

## 5.3 Analysis of submissions from organisations and elected representatives

Formal submissions were received from 39 organisations or stakeholders during the consultation. These include responses on behalf of groups, teams, organisations and elected representatives. The responses are individually summarised in this section, and the original responses are included in full in Appendix 6.

Submissions were received from the following organisations or stakeholders. An additional four submissions received after the consultation feedback deadline are also shown in the table and included in this analysis.

| | |
|---|---|
| **National organisations (2)** | |
| Kidney Care UK | The Stroke Association |
| **Staff groups (7)** | |
| Basildon Group of Gynaecologists<br>Essex Local Optical Committee<br>Essex Local Pharmaceutical Committee<br>GI Team, MSB Trust | North and South Essex Local Medical Committees<br>Three Hospitals Medical Directors<br>Thurrock GPs |
| **NHS bodies (13)** | |
| Barking, Havering and Redbridge University Hospitals NHS Trust<br>Basildon and Thurrock University Hospitals NHS Foundation Trust<br>Colchester Hospital University NHS Foundation Trust and The Ipswich Hospitals NHS Trust<br>East of England Ambulance Service<br>East of England Trauma Network<br>Essex Partnership University NHS Foundation Trust | Health Education England (East of England)<br>Kent and Medway STP<br>Mid Essex Hospital Services NHS Trust<br>NHS England, Midlands & East Specialised Commissioning Team<br>North East London NHS Foundation Trust<br>Southend University Hospital NHS Foundation Trust<br>Three Hospitals Group |
| **Elected Representatives (1)** | |
| Rt Hon Mark Francis, MP for Rayleigh and Wickford | |
| **Patient and Health Representation Groups (2)** | |
| Healthwatch Southend | Healthwatch Thurrock |
| **Community and Local Groups (4)** | |
| Dunton Community Association<br>Friends of Braintree Community Hospital | Save Southend NHS Committee<br>Southend Association of Voluntary Services |
| **Political groups (3)** | |
| Green Party South East Essex<br>Rayleigh Liberal Democrat Group | Southend Liberal Democrat Party |

| Local Authorities (9) | |
|---|---|
| Castle Point Borough Council | Rochford District Council Members |
| Chelmsford City Council | Southend Borough Council |
| Coggeshall Parish Council | Southend Health and Wellbeing Board |
| Essex Health and Wellbeing Board | Woodham Walter Parish Council |
| Joint Health Overview & Scrutiny Committee | |
| **Other experts and organisations (2)** | |
| Provide CIC | Southend Safeguarding Adults Board (SAB) |

### *National Organisations*

**Kidney Care UK**

A submission was received from Kidney Care UK. It commented on the opportunity that renal patients had had to contribute to the consultation; the level of comprehension required to understand the consultation document; and the online submission questions about dialysis.

The submission expressed a series of issues for clarification about patient safety, in particular bed availability and patient transfers; Peritoneal Dialysis, how patients would be prepared for this and how they would be cared for if complications arise; urological problems and what the rules around transfer for kidney patients would be; whether an impact assessment for kidney patients has been carried out; transfer times; and visitors for kidney patients.

**The Stroke Association**

A submission was received from The Stroke Association which commented on the stroke specific elements of the proposals.

The submission expressed support for the reconfiguration of acute stroke services in Mid and South Essex to a more centralised model and the creation of a specialist stroke unit in Basildon. It also expressed support for the proposal to transfer suspected stroke patients by ambulance to their local A&E to diagnose and initiate treatment and the proposal to diagnose and transfer patients with haemorrhagic stroke from their local hospital to Basildon or Cambridge or Romford. It welcomed the funded transport for family and friends between hospitals.

The submission further commented that The Stroke Association would like to see the STP develop plans for high quality post-acute and community rehabilitation services as well as evaluation of the model to understand its effectiveness, impact of patient

outcomes and experience. It recommended that TIA patients are explicitly considered to ensure timely access to treatment and support.

The submission commented that creating a specialist stroke unit will make most effective use of the existing specialist workforce but also stated that any workforce issues must be resolved in order to maintain a good level of service.

### *Staff groups and trade unions*

**Basildon Group of Gynaecologists**

A submission was received from the Basildon Group of Gynaecologists. It expressed general agreement that 'bread and butter' gynaecology services will remain the same at all three units. The submission stated that further discussion was needed regarding gynae oncology and complex urogynaecology services; further development of some specific gynaecology services (Medical TOP, EPAU weekend services and adolescent/paediatric gynaecology services) to benefit all three units; and identified maternal medicine subspeciality areas as another service development.

**Essex Local Optical Committee**

A submission was received from the Essex Local Optical Committee. It stated the view that community eye care has not been considered in the consultation. The submission commented that optometrists and the provider arm of the Essex Local Optical Committee, Primary Eyecare Essex Ltd, are not included amongst the listed partners and relevant diagrams at several points within the document and detailed the role optometrists could play in freeing up GP appointments and reducing attendance at A&E if a community Minor Eye Conditions Service was commissioned. It also stated that the closure of Orsett Hospital could impact negatively on secondary eye care in Thurrock and sought clarification on whether the outpatients eye clinic would be relocated in Thurrock.

**Essex Local Pharmaceutical Committee**

A submission was received from the Essex Local Pharmaceutical Committee. It expressed views on the proposals and on the role of community pharmacy.

The submission commented that developing centres of excellence is a good way of delivering care where specialist skills and knowledge are required but that routine treatment should be available close to home to aid recovery. It expressed concerns regarding the proposed changes including: understanding when a condition is complex requiring specialist care; the development of primary care services; and

that no consideration has been given to the role of community pharmacy. The submission further details how community pharmacy could be better integrated, thereby increasing capacity within a remodelled health system.

**GI Team, MSB Trust**

A submission was received from the GI Team across the MSB Trust. It expressed the views of the team following a series of meetings, these included: the interdependency on GI service at all sites with an ED and acute surgery, it was noted that in the current setting inpatient transfer would not enhance care but that, if adequately resourced, subspecialist inpatient pathways could be developed to facilitate this; the need to develop MSB Trust wide protocols to improve and standardise the quality of care; the aspiration to centralise specialist services to provide tertiary level care.

**North and South Essex Local Medical Committees**

A submission was received from North and South Essex Local Medical Committees. It commented that the reconfiguration of three acute trusts in the county was logistically challenging and expressed serious concern about the impact on patients, visitors and staff. It also expressed a view that the proposals relating to transport had not been costed. Lastly, it expressed the view that the changes being proposed are complex and members could foresee problems with emergency referrals, the sub-dividing of surgical specialties and the tracking of patient records.

**Basildon, Southend and Mid Essex Three Hospitals Group Medical Directors**

A submission was received from the medical directors of the three hospitals group. It expressed the view that the reconfiguration proposals are an early step in delivering safer, higher quality care and creating the environment within aligned clinical teams, of critical mass, to continually redesign and improve services. The submission commented that the historically competitive environment has prohibited service development and that small sub-scale specialties have struggled to recruit and retain high calibre staff and provide training opportunities.

It further stated that clinical and research and development teams are already working more closely together and that improved recruitment and confidence in network arrangements has led to the commencement of a seven day interventional radiology service. It commented that the principles of the consultation will create a critical mass of staff and expertise in order to improve sustainability of existing services and increase specialisation, allowing the introduction additional services that are not available locally.

**Thurrock GPs**

A submission was received from a group of Thurrock GPs. It stated that Thurrock GPs could only support the changes if there is tangible and parallel investment in primary care.

### *NHS Bodies*

**Barking, Havering and Redbridge University Hospitals NHS Trust**

A submission was received from Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). It commented that the proposals were broadly in line with the work underway in the North East London STP footprint and it welcomed the free patient and family transport between sites.

It stated that there were a number of aspects which impact on BHRUT and that greater engagement would be welcomed in the following areas: to work through the models of care proposed to ensure equity of care in neighbouring boroughs; to have greater insight into the workforce modelling, patient flow analysis and transition plans for the new specialist stroke unit at Basildon Hospital; to understand the patient flow analysis and likely impact for BHRUT for Essex patients admitted to BHRUT's specialist services; to liaise regarding the impact on ambulance use of the transfers between hospitals for specialist treatment; to liaise regarding the patient flow modelling given the potential for emergency ambulance conveyances to be reduced for Essex patients coming to BHRUT if the proposals are successful. The submission also requested the opportunity to review how Essex patients can be effectively repatriated following specialist treatment at BHRUT and to share BHRUT's strategic plan for maternity services.

**Basildon and Thurrock University Hospitals NHS Foundation Trust**

A submission was received from Basildon and Thurrock University Hospitals NHS Foundation Trust. It expressed its full support for the proposals. It also outlined how the Trust and local clinicians had been involved in the development of the future models of care and stated that the proposals align with the Trust's clinical strategy.

It further detailed responses to the five main principles of the consultation, including: the opportunity to advance assessment and ambulatory expertise, working closer with community services, within principle one; commitment to the successful development of services centred on the site within principles two and three; commitment to continue to work with commissioners in developing transport arrangements; support for separating planned and emergency activity under

principle four; and support for moving hospital services into local communities where there is need and it improves accessibility, including the proposed changes to Orsett Hospital.

The submission, which is largely similar to the responses received from Mid Essex Hospital Services NHS Trust and Southend University Hospital NHS Foundation Trust, stated that the Trust considers the proposals can be best delivered through merging Mid Essex Hospital Services NHS Trust, Southend University Hospital NHS Foundation Trust and Basildon & Thurrock University Hospitals NHS Foundation Trust.

**Colchester Hospital University NHS Foundation Trust and The Ipswich Hospitals NHS Trust**

A submission was received from Colchester Hospital University NHS Foundation Trust and The Ipswich Hospitals NHS Trust. It expressed full support for the vision behind the proposals for change and stated views on the specific principles. This included: full support for principle one, with an interest in seeing operational proposals for the four assessment units as they are developed; within principle two, the centralisation at Basildon Hospital and Southend Hospital is supported but the rationale to create a dedicated service at Broomfield Hospital for emergency surgery that requires a hospital stay is not fully understood; support for the creation of a HASU at Basildon Hospital, adjacent to the Essex Cardiothoracic Centre, with an interest in seeing detailed proposals for the inter-hospital transport service; full support for principle four but the financial rationale for creating a new elective orthopaedic inpatient centre at Braintree Community Hospital is not understood; and full support for principle five, including the development of integrated medical centres to provide the services currently delivered at Orsett Hospital.

**East of England Ambulance Service**

A submission was received from the East of England Ambulance Service (EEAST). It detailed views on the proposals, which included: workforce challenges and whether the Paramedics represented within the scope of a General Practice Care Navigator would be a role that was recruited to; a recommendation that the commissioners of the Independent Service Review (ISR) of EEAST are fully sighted of any potential deviations from the ISR; further detail regarding the modelling behind the inter-hospital transfer numbers and the impact this would have as well as ensuring EEAST's involvement in future discussions; whether there was an intention to commission capacity for the repatriation of patients back to local hospitals; further information regarding the changes to simplify access to contact emergency services and how

EEAST can contribute, as well as the aims for care improvement and outcomes for emergency patients; a recommendation that ambulance modelling be carried out by appropriate experts; the notification EEAST would require should there be changes that affect the way patients are transported to the specialist centres of care; HCPC registered Paramedics are obliged to take patients to the nearest available service that will provide the care that the patient needs, this takes no account of borders or planned pathways, and should be taken into account in any modelling; a recommendation that demand management and a recognition of the need to reduce emergencies be considered.

**East of England Trauma Network**

A submission was received from the East of England Trauma Network. It welcomed the focus on the safe transfer of patients between hospitals and the opportunity to work with the STP and others in the creation of a service fit-for-purpose across our region.

It stated the view that there is nothing in the proposals to change the status of Broomfield Hospital, which is covered by the East of England Trauma Network, as a Trauma Unit but that there may be a knock-on effect for trauma patients if the status of Southend and Basildon (covered by the North East London Trauma Network) were to change.

**Essex Partnership University NHS Foundation Trust**

A submission was received from Essex Partnership University NHS Foundation Trust. It expressed support for the direction of travel set out in the consultation. It stated the view that the proposed changes will help address some of the financial and clinical pressures on the health and care system.

**Health Education England (East of England)**

A submission was received from Health Education England for the East of England. It expressed support for the public consultation in respect of the proposed options for change and welcomed Health Education England's involvement.

It stated the view that the initial allocation of 100 medical places at Anglia Ruskin's University new medical school in Chelmsford, supports the plans to provide doctors in the specialities and places that patients need long into the future.

**Kent and Medway Sustainability and Transformation Partnership (STP)**

A submission was received from the Kent and Medway STP. It expressed support for the case for change and ambition to improve services and outcomes for local people through enhanced local care where appropriate and centralisation of

specialist services where necessary. It stated the view that there would be no impact on services in Kent and Medway.

**Mid Essex Hospital Services NHS Trust**

A submission was received from Mid Essex Hospital Services NHS Trust. It expressed its full support for the proposals. It also outlined how the Trust and local clinicians had been involved in the development of the future models of care and stated that the proposals align with the Trust's clinical strategy.

It further detailed responses to the five main principles of the consultation, including: the opportunity to advance assessment and ambulatory expertise, working closer with community services, within principle one; commitment to the successful development of services centred on the site within principles two and three; commitment to continue to work with commissioners in developing transport arrangements; support for separating planned and emergency activity under principle four; and support for moving hospital services into local communities where there is need and it improves accessibility. The submission expressed slight disappointment that more emphasis had not been placed on community health and social care services.

The submission, which is largely similar to the responses received from Basildon and Thurrock University Hospitals NHS Foundation Trust and Southend University Hospital NHS Foundation Trust, stated that the Trust considers the proposals can be best delivered through merging Mid Essex Hospital Services NHS Trust, Southend University Hospital NHS Foundation Trust and Basildon & Thurrock University Hospitals NHS Foundation Trust.

**NHS England Midlands and East Specialised Commissioning Team**

A submission was received from the Midlands and East Specialised Commissioning Team. It stated support for the strategic direction of travel and the five principles of the consultation. It also commented that, following the outcome of the consultation, the pathways for specialised and highly specialised services should be clearly articulated to ensure maximum access for local people.

The submission expressed views in relation to the five principles, including: support for the proposals within principle one and the view that there may be further opportunities to consolidate patient pathways; support for principle two and the view that consolidation will result in more care closer to home; support for a specialist stroke centre at Basildon Hospital aligned to the Cardiothoracic Centre within principle three, with further planning required regarding the Mechanical

Thrombectomy pathway and clarification regarding the transfer of patients out of Essex where appropriate; support for principle four as it will assist patient flows and there may be further opportunities to consolidate urological services; and support for principle five, which will enable hospitals to be used for the most complex and poorly patients, improving access for specialised patients.

**North East London NHS Foundation Trust**

A submission was received from North East London NHS Foundation Trust (NELFT). It expressed support for the proposed changes across the acute care pathway. The submission also commented that an integrated approach to the delivery of services and a focus on community based care should be at the heart of any further development work across the health economy of Mid and South Essex.

**Southend University Hospital NHS Foundation Trust**

A submission was received from Southend University Hospital NHS Foundation Trust. It expressed its full support for the proposals. It also outlined how the Trust and local clinicians had been involved in the development of the future models of care and stated that the proposals align with the Trust's clinical strategy.

It further detailed responses to the five main principles of the consultation, including: the opportunity to advance assessment and ambulatory expertise, working closer with community services, within principle one; commitment to the successful development of services centred on the site within principles two and three; commitment to continue to work with commissioners in developing transport arrangements; support for separating planned and emergency activity under principle four; and support for moving hospital services into local communities where there is need and it improves accessibility.

The submission, which is largely similar to the responses received from Basildon & Thurrock University Hospitals NHS Foundation Trust and Mid Essex Hospital Services NHS Trust, stated that the Trust considers the proposals can be best delivered through merging Mid Essex Hospital Services NHS Trust, Southend University Hospital NHS Foundation Trust and Basildon & Thurrock University Hospitals NHS Foundation Trust.

**Three Hospital Group**

A submission was received from the three hospital group, Mid Essex Hospital Services NHS Trust, Southend University Hospital NHS Foundation Trust and Basildon & Thurrock University Hospitals NHS Foundation Trust. This was received in addition to the individual trust responses. It stated the view that the proposals provide the first step

towards enabling the group to deliver its vision. It also expressed support for the need to rebalance resources within the health and care system towards prevention, primary care and proactive management of long term conditions and that the fundamental principles, particularly those to create specialist centres of excellence, will create the critical mass of staff and expertise needed to improve sustainability of NHS services but also provide the platform for increased specialisation, allowing for the introduction of additional services.

### *Elected representatives*

**MP for Rayleigh and Wickford, Rt Hon Mark Francois**

A submission was received from the MP for Rayleigh and Wickford, Rt Hon Mark Francois. It commented on the merit of specialisation at the three hospitals and the provision of a 24 hour 'blue light' service being available at each of the three local A&E departments. The submission raised a question about how the transfer service would be provided and sought reassurance about the level of service provided by each of the stroke units. It also commented on the degree of housebuilding in Mid and South Essex and the need to plan for the additional capacity needed in the future.

The submission expressed broad support for the proposals and requested further information on how the proposals would work in practice, in particular regarding the transport of patients between hospitals.

### *Patient and health representation groups*

**Healthwatch Southend**

A submission was received from Healthwatch Southend. It detailed the engagement, communication and events undertaken by Healthwatch Southend during the consultation.

The submission commented that whilst the public are aware that the current service is under strain and needs to change, the main concerns heard from the public were regarding the following aspects of the proposals:

- The inter-hospital transport system
- Existing staffing and retention issues / additional new staff required
- Any evidence base and statistics that the STP proposals have been based on
- Sufficient finance to support the proposals not only for capital expenditure but staffing and transport too
- Insufficient details for a final informed decision to be taken and implemented in autumn of this year.

**Healthwatch Thurrock**

A submission was received from Healthwatch Thurrock. It stated how Healthwatch Thurrock had informed the development of the STP proposals and detailed the role it had played in raising awareness of the consultation exercise.

The submission commented that, whilst individuals had been encouraged to formally respond to the consultation, a number of emerging key themes had been identified that reflect wider anecdotal evidence. These include:

- Service accessibility – concerns mainly focussed on the travel between sites and some regarding fragmented service provision.
- Funding and finances – concerns largely relating to funding being reinvested into Orsett Hospital and some which felt it was a cost saving exercise.
- Capacity – concerns that the closure of Orsett would create capacity challenges elsewhere.
- Quality of service – comments recognising the quality of the service provided by Orsett Hospital.
- Concerns that the decisions had already been taken by the STP.
- Other comments on the merit of the consultation and generic criticism of the proposals.

It also sought reassurance that the final proposals would provide commitments for high quality and accessible services; co-ordinated services available in the same location where practicable to reduce the need for travel; and for delivery of proposals to take place with no adverse impact on current waiting times.

### *Community and Local Groups*

**Dunton Community Association**

A submission was received from Dunton Community Association. It commented on the level of planned housing and other development in the local area, and the potential population increase.

It stated that as changes to health care provision are considered; those changes put the health service in the best position to deal with the large anticipated increase in demand in South Essex due to the planned developments.

**Friends of Braintree Community Hospital**

A submission was received from the Friends of Braintree Community Hospital. It stated agreement with the proposed approach to developing health and care at home and in the community and expressed views in relation to the proposals. These included: the role of self-care, community and primary care in effecting change; how to support patients, friends and families in visiting hospitals; the importance of

effective IT and communications across hospitals and general practice; the need for joined up working across the whole health system.

It raised questions regarding how clinicians would work together; why the progress on waiting times has stalled; where cancer services would be provided; the support available for people with mental health issues; further detail on finances and additional spend; and the future of services closer to home across mid Essex and at Braintree Community Hospital.

**Save Southend NHS Committee**

A series of emails were received from the Save Southend NHS Committee. They noted a number of issues and questions for clarification, these included: the transport proposals, the impact on staffing levels and involvement of East of England Ambulance Service; the development of the internal transfer service, how this would save money and evidence of the traffic study; the standard of stroke care at each hospital; evidence of engagement plans, in particular with minority groups, and communications plans, including the role of the Facebook page; why the consultation covers plans which have not been clinically agreed; the reliance of primary care given the high GP vacancy rate; the future of orthopaedic provision in Southend; the staffing levels required to run the hub and spoke model; what would happen in the case where a patient or patient's doctor refuses to transfer; how the plans would save money; and staff insight regarding willingness to travel.

They also expressed concerns regarding the levels of awareness about the consultation and the use of social media and the appointment of the Essex Echo Editor as independent chair for the Southend public consultation event and further sought clarification on the definition of an 'emergency hub' and whether 'blue light' ambulances will be accepted at each hub.

**Southend Association of Voluntary Services**

A submission was received from the Southend Association of Voluntary Services. It included views on a range of issues relating to the proposals, including: transport and visiting times; workforce; finances and how the proposed savings are going to be achieved; the changes proposed being dependent on changes in preventative and community care and that these are currently not happening.

The submission also commented on the quality of the consultation and felt that there was insufficient detail and evidence as to how decisions had been made and lack of consultation with the most vulnerable affected groups. It also posed specific

questions about the impact on those with Asperger's; the plans for treating someone at more than one site; and how the ambulance service has been involved.

### *Political groups*

**Green Party South East Essex**

A submission was received from the Green Party South East Essex. It expressed views on the proposals and sought clarification on a range of issues. These included: transfer of services to the social care sector and the reliance on primary care to prevent hospital admission; requesting further information regarding the 'reduction and restriction of low value procedures' and the integrated neighbourhood hubs; and concerns regarding investment in apps/self-care technology and the impact on patients, in particular the older generation; comments on the finances behind the proposals and questions on the impact of this on infrastructure, redundancies and end of life care.

The submission further expressed concerns regarding the evidence base to support the proposed changes and a request for assurance over its independence and the confidence it offers members of the public. It also stated concern that there is not a specific local knowledge within the Senate Council and is lacking clinicians from the three sites under reconfiguration. It also posed questions regarding maternity services and paediatric services as well as concerns regarding the funding of the planned HASU. It expressed concerns regarding the plans for transport and raised a series of questions relating to how they would operate.

It stated opposition to the current proposals and expressed concern that they lack sufficient detail, do not have adequate support from clinicians based at the sites and that they are not solely in the interest of patients. The submission stated the view that decisions should be delayed until a further public consultation on plans, evidence-based detail and support from clinicians.

**Rayleigh Liberal Democrat Group**

A submission was received from Rayleigh Liberal Democrat Group. It commented on the consultation process with Rochford District Council and low levels of awareness amongst residents.

The submission also expressed concerns regarding the proposals for patient transport; the increased clinical risk to life of transferring patients; issues with relatives visiting patients; and a staff survey to offer insight on recruitment and retention issues if the proposed model is put in place.

**Southend Liberal Democrat Party**

A submission from the Southend Liberal Democrat Party. It commented on the lack of provision of information to allow residents to understand the detail of the proposals and the basis on which they are made; appropriate staffing levels across all hospitals; and transport between the hospitals.

The submission expressed concern that adequate staffing cover would be in place at each of the hospitals and that the pull on staff to move to the Basildon 'super-stroke' unit would create a vacuum in Southend. Further, the submission welcomed each hospital having an MRI scanner but was concerned that there is no guarantee of funding for the equipment and specialist staff required. Lastly, the submission sought further clarification on how the CCG in Southend would manage the new regime.

It stated opposition to the proposals and expressed concern that it is not a complete and meaningful consultation at this stage.

### *Local Authorities*

**Castle Point Borough Council**

A submission was received from Castle Point Borough Council. It expressed views on the proposals and commented that the Council supports the need to adapt service provision to meet the increasing health needs associated with an ageing population, and the importance of primary and community care services to help keep people well. Views on the proposals covered transport and the transfer of patients between hospitals, including the need for clarification on how the transport service would work and that the system of providing beds for patients at the receiving sites would need to be robust, and whether the proposed separation of planned operations and emergency admissions would result in tangible improvements and whether additional staff would be required.

**Chelmsford City Council**

A submission was received from Chelmsford City Council. It included views on each of the five main principles of the consultation and broadly welcomed the proposals.

The submission sought clarification that patients would be able to walk-in to A&E, not only arrive by ambulance; that patients would not necessarily first be given treatment at the nearest A&E; that free transport be provided from Broomfield to

Braintree Hospital; and further information on transforming GP services within Chelmsford.

**Coggeshall Parish Council**

A submission was received from Coggeshall Parish Council. It commented on the significant housing developments around the county and expressed concern about the additional pressure this will place on NHS services. It also expressed concerns about the accessibility of specialist services if they are to be concentrated in single locations, with particular regard to the current transport links for small towns and villages across Essex.

The submission asked for further demonstration that the concerns relating to accessibility will be addressed.

**Essex Health and Wellbeing Board**

A submission was received from the Essex Health and Wellbeing Board. It expressed the view that the proposals offer the prospect of better clinical outcomes by ensuring the concentration of specialist skills at the three hospital sites. It commented on the benefits of this centralisation, locally and in other areas of the country. It also commented on the need for robust transport options and welcomed the transport proposals.

It expressed support for the proposals within the public consultation.

**Joint Health Overview & Scrutiny Committee**

A submission was received from the joint Health Overview and Scrutiny Committee. It expressed a range of views on the consultation and the proposals. These included: comments on the consultation process and concern about the range of scope of the consultation; concerns that the primary care strategy, which is key to the success of the proposals, has not been prioritised and developed in conjunction with plans for hospital reconfiguration; a request for further details about the proposals for community health provision, including the utilising of community hospitals across the footprint (with the exception of Orsett) and a detailed implementation plan for the transfer of services from Orsett; comments on the development of a joint workforce strategy to address the challenges faced across the sector; concern around the logistics of clinical transfers and the issue of clinical supervision of patients and a request for further detail on both patient and workforce transport; concerns that the consultation did not provide a clear enough financial overview of the challenges and a request for further detail on this; a comment that a request for further information on stroke services has already been submitted.

It expressed support for the STP progressing its proposals and stated that the JHOSC reserves the right to continue its scrutiny in line with the comments made in the submission.

**Rochford District Council Members**

A submission was received from Rochford District Council Members, a cross party response with contributions from the Rochford District Conservative Party Group and the Green and Rochford District Residents Group. It commented on the communications between the council and the STP during the consultation and a belief that Rochford District Council had not had an opportunity to discuss the proposals.

The concerns raised in the submission included: the East of England Ambulance Service and patient transfer and sought clarification on the East of England Ambulance Service's position and capacity to provide increased inter-hospital transfers as well as further evidence to support the proposals; clarification on whether a recommendation would be made to specialist commissioners regarding the level of stroke service provided; a serious concern that the process is not clinician led and includes plans which do not have clinician approval or agreement; a request for clarification and further evidence with regards to the transfer of respiratory patients; and clarification concerning the plans being consulted on for cardiology.

The submission further commented on the consultation process, the reliance on primary care in avoiding admissions, workforce challenges and the evidence that has been presented in the consultation. It also stated that the plans for the merger between Southend, Basildon and Broomfield Hospitals is a serious concern and undermines the consultation process.

**Southend Borough Council**

A submission was received from Southend Borough Council. It stated that the planned investment for the acute hospitals within the STP proposals was welcomed, specifically the investment for Southend Hospital, and expressed views on the proposals. These included: an outline of the council's understanding of the model for stroke services and a request for clarification if this is incorrect; comments on the future of a thrombectomy services; concerns regarding the viability of the acute reconfiguration should Localities not receive the appropriate investment; and a report that the council and Southend CCG had an agreement in principle for the council to financially support the development of St Luke's and Shoebury's Health Centres. It also stated that the council cannot support the proposals until a detailed

proposal for transport and transfers is published and consulted on and requested further detail regarding how the consolidated discharge and repatriation process would work.

The submission requested more detail regarding the investment plan for Southend Hospital and the workforce challenges faced across the system. It stated that support from Southend Council was subject to the satisfactory conclusion of the comments noted.

**Southend Health and Wellbeing Board**

A submission was received from Southend Health and Wellbeing Board. It commented on the proposals and the consultation where the Health and Wellbeing Board had reached a consensus view. It accepted the need for change in health and care services and expressed the view that the residents should be at the centre of any transformation. It welcomed the investment in Southend Hospital and requested further detail. It also noted concern that investment in both primary and community care takes place alongside the investment in acute services.

The submission commented that, within the future approach to stroke services, it supports having hyperacute assessment teams in each of the three hospitals and the development of thrombectomy services. It further stated that the Health and Wellbeing Board would expect to be involved in further development with regard to transport and transfer proposals, and that a commitment to minimise the impact on patients would be included, as well as further development of the plans for the recruitment and retention of staff.

It expressed conditional support for the proposals, based on the consideration of and responses to the points raised within the submission.

**Woodham Walter Parish Council**

A submission was received from Woodham Walter Parish Council. It expressed views on the proposals relating to transport arrangements between Woodham Walter and Southend, Basildon and Broomfield. It commented that the transport arrangements have not been considered effectively but that overall the business proposition for local healthcare was sensible.

***Other experts and organisations***

**Provide Community Interest Company**

A submission was received from Provide CIC. It expressed support for the proposed changes across the acute care pathway.

It commented that these changes should be complemented by changes within the community and that an integrated approach to the delivery of services and a focus on community based care should be central to further development work.

**Southend Safeguarding Adults Board (SAB)**

A submission was received from the Southend Safeguarding Adults Board. It commented on concerns regarding consistent safeguarding practice across Mid and South Essex and sought assurance on this point.

The submission also sought assurance that the final model of hospital services would not go ahead without adequate community services and support in place and that there are plans for both acute and community mental health services to be in place if proposals are approved.

# 6 Analysis of meetings

## 6.1 Introduction

Throughout the consultation period, a number of public discussion events, statutory meetings and stakeholder workshops were held at different locations across the region. Each meeting was attended by representatives of NHS Mid and South Essex STP. The key issues discussed are summarised below. The summaries focus on issues, concerns or suggestions raised rather than questions from attendees.

## 6.2 Issues raised at Public Discussion Events

15 discussion events with the public took place in a range of locations throughout the consultation period (Table 3)

***Table 3: Dates and locations of public discussion events***

| Area | Dates and locations of public discussion events | Attendees |
|---|---|---|
| Basildon and Brentwood | 7pm on Tuesday 16 January 2018 Wick Community Centre, Wickford | 30 |
| | 1.30pm on Wednesday 17 January 2018 Chantry House, Billericay | 35 |
| | 6.30pm on Wednesday 21 February 2018 Brentwood Community Hospital | 30 |
| | 1.30pm on Tuesday 27 February 2018 The Gielgud Room, Towngate Theatre, Basildon | 25 |
| Castle Point, Rochford and Southend-on-Sea | 6.30pm on Thursday 8 February 2018 Cliffs Pavilion, Westcliff-on-Sea | 150 |
| | 2.30pm on Tuesday 20 February 2018 Oysterfleet Hotel, Canvey Island | 50 |
| | 2.30pm on Wednesday 7 March 2018 Audley Mills Education Centre, Rayleigh | 28 |
| | 6.30pm on Wednesday 7 March 2018 Cliffs Pavilion, | 90 |

| Area | Dates and locations of public discussion events | Attendees |
|---|---|---|
| | Westcliff-on-Sea | |
| Mid Essex | 6.30pm on Tuesday 9 January 2018 Chapter House, Cathedral Walk, Chelmsford, CM1 1NX | 25 |
| | 1.30pm on Wednesday 31 January 2018 Anglia Ruskin University Chelmsford campus | 30 |
| | 6.30pm on Wednesday 7 February 2018 Braintree Town Hall (main room), Market Place, Braintree, CM7 3YG | 30 |
| | 6.30pm on Thursday 8 March 2018 Trinity St Mary's School, South Woodham Ferrers | 25 |
| | 7.00pm on Wednesday 21 March 2018 Maldon Town Hall, Maldon | 30 |
| Thurrock | 6.30pm on Wednesday 24 January 2018 Civic Hall Blackshots Lane, Grays | 60 |
| | 1.30pm on Tuesday 6 March 2018 Civic Hall Blackshots Lane, Grays | 45 |
| | Approximate total number of event attendees | **683** |

***Basildon and Brentwood Public Discussion Events***

***Public Discussion Event at Wick Community Centre, Wickford, 16th January 2018***

30 attended this event and the following topics were discussed:

**A&E –** issues raised include that A&E is currently at capacity. Needs highlighted to take into account include the ageing population; people with multiple needs; improving diagnostics and response; educating the public on when to use A&E; people with mental health problems; separating people with alcohol-related issues from others.

**Funding –** comments around privatising or outsourcing healthcare, with comments that quality of care provided by private sector is worse. Needs highlighted include addressing the wastage of missed GP appointments and unneeded ambulance use.

**Other Services –** issues raised include closure of Orsett hospital; staffing issues; transfer

of care between professionals; NHS 111 defaulting to hospital. Needs highlighted include training for care navigators; improving patient discharge; provision for people with learning disabilities and mental health problems; greater integration of health and social care; local outpatient follow-ups; more localised diagnostics.

**Primary Care –** issues raised include increasing pressure on services; limited capacity; limited access to primary care; speed of access; impact on other services; GP quality varies; administrative staff being involved in triaging; staff being undervalued; deteriorating provision of home visits; impact of population growth; excessive travelling. Needs highlighted include providing clear information to patients visiting different sites; privacy of patients and their information. Suggestions included extending opening hours, particularly for working people; providing more services over the phone.

**Transport –** issues raised included logistics of transport plan, including vehicle numbers, who could use them, how it would be staffed and funded; difficulty accessing the new locations; reliability and coverage of public transport; infrastructure. Comments included support for the free bus proposal. Needs highlighted include staff use of transport; timetabling around peak flows. Suggestions included using more voluntary drivers.

***Public Discussion Event at Chantry House, Billericay, 17th January 2018***

35 attended this event and the following topics were discussed:

**General –** support for proposals in a show of hands. Comments suggested that attendees were reassured that changes were not as drastic as they initially thought.

**GPs –** issues raised included that GP services are currently under pressure; importance of access to GPs to limit pressure on hospitals.

**Hospitals –** issues raised around the care navigator plans and staffing for this; cancelled operations; communications between departments, particularly in the context of internal reorganisation; comms moving further away from senior management. Suggestions included increasing the number of hospitals; moving specialists out of hospitals so that they can be seen locally.

**Social/community care –** needs highlighted included recognising the importance of social care; integrating health and social care; improving communications between different areas of care; improving the discharge process. Suggestion made to move rehabilitation for the elderly from hospital to home; and to make outpatient follow

ups more localised.

**Resources –** issues raised around outsourcing to the private sector; and who services would be allocated to. Needs highlighted include ensuring joined-up thinking between different services; making sure the technology is in place from the start to support clinical teams; improving transfer of records. Suggestions included making use of technology on the frontline.

**Transport –** comments include parking; transfers causing delays; impact on patients of being in an ambulance; delays caused by assessing whether road or air ambulance is needed. Needs highlighted include how the emergency transport is staffed so as to avoid draining other services; staff transport needs.

***Public Discussion Event at Brentwood Community Hospital, Brentwood, 21st February 2018***

30 attended this event and the following topics were discussed:

**Consultation comments** – issues raised include that it may take longer than planned to deliver on plans. Needs highlighted include careful planning before implementing.

**Facilities** – issues raised around growing and aging population and impact on facilities; pressures caused by inappropriate use of A&E; limited parking.

**Primary/community care** – issues raised around accessibility of appointments; gatekeeping; missed appointments; access to urgent care. Needs highlighted include offering out of hours appointments; care navigators being appropriately trained; access to patient records; offering diagnostics locally; better connections between services; using patient groups more effectively.

**Locality** – needs highlighted include importance of accessing care nearby for elderly, particularly those with co-morbidities.

**Transport** – issues raised include the lack of public transport to new hospitals; long waits and delays on public transport. Needs highlighted to consider include transport difficulties for people living in villages and rural areas; staff, carers' and visitors' transport needs; ensuring convenient pick-up points; ensuring a frequent service.

**Quality of care** – issues raised around discharge procedure; support for isolated people; reliance on technology to provide information to patients; mental health care.

**Staff** – issues raised include the current level of vacancies.

***Public Discussion Event at Towngate Theatre, Basildon, 27th February 2018***

25 attended this event and the following topics were discussed:

**Consultation comments** – issues raised include the extent to which the consultation was publicised; survey questions being leading; information missing; decisions having already been made; doubt that the proposals will be implemented successfully.

**Facilities** – issues raised include limited number of beds; capacity of Basildon stroke unit.

**Community/primary care** – issues raised include limited access to GPs; involvement of private sector; staffing of community services. Needs highlighted include better signposting; more services provided over the phone.

**Transport** – issues raised include safety of patients during transfers; cost of parking; possibility that the service may be cancelled. Needs highlighted include the particular needs of people with disabilities; visitors' transport needs; convenient pick-up points. Suggestions include introducing a park and ride service.

**Staff** – needs highlighted include better training for care navigators and receptionists.

**Quality of care** – issues raised around quality of stroke unit at Basildon. Needs highlighted to consider include unequal treatment of BME patients; support for dementia patients; a greater focus on prevention.

***Castle Point & Rochford and Southend Public Discussion Events***

***Public Discussion Event at Cliffs Pavilion, Westcliff-on-Sea, 8th February 2018***

150 attended this event and the following topics were discussed:

**Consultation comments** – comments around whether or not public opinion will be considered; the type, amount, source and quality of evidence provided as part of the consultation, including on transfer numbers; quality of survey in getting accurate responses; accessibility of public events; whether or not attempts have been made to engage ethnic minority communities; whether or not the decision makers have sufficient local knowledge; plans that do not have the support of all clinicians, such as transfer of people on non-invasive ventilation; whether clinicians across all hospitals have been consulted. Comments made include lack of trust in the

proposals and their implementation.

**Finances** – comments around sufficient funding for proposals; funding for transfers; financial motivation for proposals; insufficient funding for all services; prioritising saving money; moving towards privatisation of health services, and the impact on quality of services, with reference made to a private company involved in delivering pathology services at Southend Hospital; whether or not the proposals are cost effective; it being unclear how financial plans will achieve needed savings.

**Staffing** – issues raised around staff numbers; staff morale; working conditions; numbers of specialist staff; recruitment and training of nurses, specialists and other staff, and adequate funding for this; job losses resulting from consolidation of specialist teams, and the cost of this; equity of staff pay across hospitals; retention; the possibility that more rather than fewer staff would be required for the proposals. Needs highlighted include careful planning of workforce; impact of removing specialist services from Southend on staff morale and recruitment. Suggestions include: increasing staff pay to improve retention.

**Stroke** – issues raised around quality of treatment; transfers of stroke patients, and evidence to support doing this; speed of treatment; when the proposed stroke services will be in place. Comments made include the importance of stroke services for people in Southend.

**Transport** – comments around recruitment and retention of qualified staff for new transport; impact on ambulance service staffing; impact of travel distance and time, including for visitors; speed of access to urgent care; impact of transfers on patients and staff, including continuity of care; safety of transfers, including for those on non-invasive ventilation; the possibility of transfer delays as a result of waiting for medication; quality of road networks between hospitals; the possibility of transport being provided by a private company; lack of information about plans; whether staff have been consulted about travelling between sites. Needs highlighted include minimising travel time for unpaid carers; providing additional care at hospitals if unpaid carers are unable to make the journey; providing transport for patients to get home.

**Community** – issues raised around there being a shortage of staff, including GPs, district nurses and health visitors; lack of primary and social care provision, and impact of this on plans; prevention services having already been cut. Needs highlighted include ensuring close working across voluntary, social and health services; ensuring care in the community is in place before changes are made to

acute care; include support for older people to remain independent.

**GPs** – issues raised around access for full-time workers; availability of appointments; care navigation not being coordinated by GPs; GP shortages and impact on hospitals.

**Care navigation –** issues raised include response times and impact of delays on care; who is responsible for triaging referrals. Needs highlighted include better utilising staff to improve response times;

**Hospitals –** issues raised include quality of care; hospitals becoming overstretched; not having a full range of services at each hospital; whether or not services will be able to work together effectively

**Specialist services –** issues raised include medical cases which require several specialities; quality of care; provision for mental health care.

***Public Discussion Event at Oysterfleet Hotel, Canvey Island, 20th February 2018***

50 attended this event and the following topics were discussed:

**Consultation comments** – comments around duration of consultation period; level of information provided to community; level of attention to responses

**Community care** – comments around care navigation; the likelihood of success of moving care into community. Needs highlighted include focus on prevention.

**Demography** – needs highlighted include considering deprivation index; ensuring equal access to technology; considering population growth.

**Finances** – concerns around prioritising money saving over outcome; cuts at each hospital.

**GP services** – issues raised around access to appointments, in terms of booking systems and capacity.

**Canvey** – issues raised include that the unique situation of Canvey was not addressed in the consultation; services not being offered locally.

**General** – comments around efficient information sharing between hospitals.

**Pharmacists** – issues raised include delays in receiving medication; problems with accessing medication.

**Staffing** – issues raised include staff shortages. Needs highlighted include valuing staff;

introducing flexible working; skilled staff for triage.

**Transport** – issues around journey times; transport not being properly planned yet; parking; ambulance delays. Needs highlighted include planning of pick-up points; transport running 24-hour; considering traffic issues specific to Canvey.

***Public Discussion Event at Audley Mills Education Centre, Rayleigh, 7th March 2018***

28 attended this event and the following topics were discussed:

**Consultation comments** – issues raised around the data being used to inform plans. Needs highlighted include getting the views of senior clinical staff.

**Staff** – issues raised include staffing on transfer vehicles; morale; recruitment and retention; balance between management and clinical staff.

**Funding** – issues raised include whether there is sufficient funding for the plans; impact of population growth; the focus on new services rather than investment in existing systems.

**Quality of care** – issues raised around mental health services; continuity of care. Needs highlighted include better communication between services; improved patient record sharing; better IT systems; investment in elderly care; needs of ethnic minority patients; improved health education and information for self care.

**Locality** – comments around Southend being downgraded; difficulty in accessing other hospitals.

**Transport** – issues raised included quality of public transport; reliability of transfer service; parking. Needs highlighted include keeping family informed about any transfers; visitors' transport needs; transfer vehicles being appropriately equipped; convenient pick-up points for bus service.

***Public Discussion Event at Cliffs Pavilion, Southend, 7th March 2018***

90 attended this event and the following topics were discussed:

**Finances –** issues raised around lack of funding, including for ambulance services, and investment in local infrastructure; cuts being made to hospital services; cost of employing locums and bank staff; privatisation of services. Comments made include that the focus should be on funding the NHS adequately and improving public services.

**Transport –** issues raised around accessibility of transport for people with disabilities;

travel times between hospitals; whether or not transport for patients will be staffed by appropriately trained staff; there not being a detailed transport plan, and the resulting difficulty for members of the public in commenting on proposals; potential for misuse of transport; cost of providing transport between hospitals; affordability of transport, especially for those receiving benefits; the impact of longer journeys on visitors and patients, including those who are seriously ill; how long the transport service for family members will last; the level of funding for the family transport service. Needs highlighted include importance of visitors to aid recovery. Suggestions made include looking at other transport models, such as the hopper bus between different hospital sites at the National Royal Orthopaedic Hospital in London.

**Staffing –** issues raised around staff shortages and numbers, including administrative, clinical, for ambulance services and for transfers between hospitals; staff conditions, including the number of hours they work; staff pay, including equity of pay across hospitals, and impact on retention; recruitment and retention, including of senior medical staff; underfunding of staff training.

**Hospitals –** issues raised around emergency surgery no longer being offered at Southend Hospital; difficulty accessing Broomfield hospital for people attending this public event; specialist units being concentrated at Basildon and the impact this will have on other hospitals, including retention and specialism of staff; impact of closing Orsett hospital on other hospitals; rationale for these three hospitals working together. Needs highlighted include avoiding premature discharge; that all hospitals have links with social care across the whole area.

**Specialist services** – issues raised around patients having to travel long distances to access specialist services, including renal care; patients with multiple needs, requiring different specialisms; lack of information about children's services and mental health services; location of stroke services and kidney dialysis; who would be making decisions to transfer a patient to a different hospital. Needs highlighted include the importance of beginning development of stroke services soon;

**Community –** issues raised around the feasibility of implementing proposed community plans, including in terms of staffing and funding; provision of convalescence facilities. Needs highlighted include ensuring that adequate social care and community support is in place before other changes are made; increasing recruitment for community services.

**Systems and resources** – issues raised around number of beds, including for stroke patients; bed blocking; whether there is sufficient resource to meet the needs of a

growing population as well as tourists and non-permanent residents; parking issues at hospitals. Needs highlighted include ensuring that appropriate IT systems are in place for information transfer; considering additional winter pressure; ensuring that there everyone is able to access services, including those without access to the internet and people with dementia.

**Consultation comments** – issues raised around partiality of event facilitators; whether the decisions have already been made; awareness of the consultation seeming limited, including amongst NHS staff and minority groups; quality of engagement efforts, including responses on social media; there being too little information offered on patient transfer arrangements in response to questions at the first Cliffs Pavilion meeting; quality of evidence provided in consultation documents, including around transfer times and stroke care; the motivation for change; the possibility that people were turned away from the public meeting; there seeming to be differences of opinion amongst senior clinicians on proposals; level of involvement of patients in developing the proposals. Comments made include lack of trust in current proposals, particularly as a result of previous proposals to redirect some ambulances from Southend to Basildon Hospital. Needs highlighted include further information on transport plans, funding, and plans for Southend Hospital; listening to concerns of staff around relocation; informing patients about changes.

***Mid Essex Public Discussion Events***

***Public Discussion Event at Chapter House, Chelmsford, 9th January 2018***

25 attended this event and the following topics were discussed:

**Community Services –** comments over level support for home care for the elderly; funding; and staff levels. Suggestion made to open a convalescent home to prevent bed blocking.

**Emergency Provision –** issues raised included those about staffing to deliver the proposed model; diminishing effect on one site; and its impact on harder to reach groups. Needs highlighted included protection of local services and staffing; training to provide nurses and paramedics; and patient involvement in co-design of services.

**Primary Care Provision –** issues raised including difficulty booking appointments; and staff numbers. Needs highlighted include effective triaging to the right service; better provision for patients with different frequency and needs of service use; easy access to patient information for staff. Suggestions included co-location of different services

in health centres; sharing of services between GPs and NHS 111; local training by GPs; training of receptionists; utilising technological advancements.

**Stroke Services –** issues raised around language issues in emergencies. Comments included support for Basildon as the place to assess patients. Needs highlighted include after care and rehabilitation services, including those provided in the community; clear information; advocacy for people who don't have relatives; and patient involvement in co-design of services.

**Transport –** issues raised around staffing levels; and the vague nature of proposals. Particular needs highlighted of those who are geographically isolated, live in deprived areas, or are financially disadvantaged. Suggestion made to use voluntary drivers.

***Public Discussion Event at Anglia Ruskin University, Chelmsford, January 31st 2018***

30 attended this event and the following topics were discussed:

**A&E –** issues raised around intensive care beds being relocated to a single hospital.

**Cancer –** issues raised around specialism of staff in dealing with people with cancer if they have emergency needs involving side effects or comorbidities. Needs to consider include having an oncologist or closer links with cancer specialists at A&E; providing oncology services locally.

**Children's Services/Mental Health Care –** issues raised include that mental health care was not mentioned in the consultation. Needs highlighted include improving care for teenagers; improving education for parents around how to access services; building relationships between family and children's care; training staff at A&E in dealing with people with mental health problems. Suggestions included having mental health specialists or closer links to them in A&E.

**Community and Social Services –** issues raised include that social services weren't part of the consultation. Needs highlighted include recognising links between services, such as health, social care, and education; improving communications with social services; increasing staffing and services for preventative care; importance of community care for long term health issues, such as dementia.

**Renal Care –** issues raised include dialysis patients' experience; availability of beds. Needs raised for consideration include retaining the relationships that patients have with staff who understand their individual needs; improving diagnosis to avoid long

delays.

**Maternity Services –** suggestions made include bringing maternity services closer to Essex.

**Primary Care –** needs highlighted include continuity in GP services; having a diverse workforce so that patients can see different health professionals in one place; improving telephone systems; ensuring triage process is effective; GP home visits for the elderly.

**Resources –** issues around re-structuring and the impact on energy, money and morale; staff pay; the difficulties in keeping staffing abilities up when specialising. Needs highlighted include improving the administration of services; recognising the importance of relationships with staff. Suggestions made include investing in nurses' pay; improving recruitment of nurses.

**Stroke** – comments were made in support of moving towards a specialist unit. Needs raised for consideration include ongoing support for post-acute care; retaining staff; developing specialist services in Essex; prioritising patient outcomes and not just saving money; resolving clots in strokes on-site.

**Transport** – Concerns raised include traffic and accidents causing potential transfer time delays; impact of delays on patients; impact of more ambulances, cars and buses; cost of transport increasing; public transport being poor, especially at weekends; clogging of bus transport during visiting times; parking difficulties. Needs to consider include ensuring vehicles support those with disabilities; additional support for travel for people from further away; people being accompanied; people getting home. Suggestions made included the county council investing in improving traffic and transfer times; potential for more volunteer drivers; 'blue lighted' transport for patients and carers to avoid traffic.

***Public Discussion Event at Braintree Town Hall, Braintree, 7th February 2018***

30 attended this event and the following topics were discussed:

**Braintree services** – issues raised include what the long-term plans are for Braintree Community Hospital, Braintree orthopaedic services and operating theatres; the loss of services from Braintree, including minor injuries and mental health; how patients will know where to access services; getting referrals; Braintree Hospital being overlooked

**Consultation Comments –** issues around quality of data and evidence provided in

the supporting information for the consultation; changes being realistic and dates planned carefully.

**GPs –** points made about inadequate GP capacity; difficulty of making appointments; the need to tackle non-attendance of appointments; importance of continuity of care for patients and relatives; impact of population growth; access for full-time workers; improving recruitment and retention of GPs.

**Mental Health –** issues include inadequacy of provision in mental health services; support for making mental health provision more local.

**Preventative action –** issues around lack of education on health matters; support for the CCG doing more with preventive medicine.

**Resources** – issues around inefficiency in the system; privatisation of health services; the cost of the process; lack of coordination between services and hospitals and impact on treatment; where funding will come from; bed numbers; bed blocking due to care home provision.

**Stroke services** – issues raised include ensuring links with other stroke associations and discharge services; capacity; loss of Broomfield services; quality of care; number of transfers required.

**General –** issues around inadequacy of children and crisis care, and IAPT; people attending A&E inappropriately. Needs to consider include tests being more localised to prevent people getting ill; public access to maximum medical information; making technology more accessible.

**Transport** – issues include impact upon those who cannot drive; parking; traffic and accidents; accessibility for visitors.

***Public Discussion Event at Trinity St Mary's School, South Woodham Ferrers, 8th March 2018***

25 attended this event and the following topics were discussed:

**Consultation comments** – issues raised around involvement of private sector.

**South Woodham Ferrers** – issues raised around impact of population increase; the impact of an ageing population.

**Primary care/local services** – issues raised include whether local services will be adequately funded; funding of South Woodham local services having been taken away; capacity of GP practices; accessibility of online information for patients;

access to GP appointments. Needs highlighted include investment in self care; improved facilities, such as for blood testing; Suggestions include using Orsett as an IRF.

**Staff** – issues raised around recruitment plans.

**Transport** – issues raised include difficulty accessing new hubs, particularly for elderly or immobile; difficulty in accessing Southend Hospital from South Woodham; impact of traffic; journey times on public transport; parking difficulties; cost of travel for patients, staff and visitors; increased pollution.

**Hospitals** – issues raised around capacity of hospitals, including bed numbers; what is being lost from each hospital; waiting times for stroke patients. Needs highlighted include offering an out of hours GP service within hospitals; reducing non-attendance of appointments; allowing patient choice.

***Public Discussion Event at Maldon Town Hall, Maldon, 21st March 2018***

30 attended this event and the following topics were discussed:

**Consultation comments** – needs highlighted include considering the views of the public; providing more information around how the plans will work.

**Hospitals** – issues raised around impact of population growth. Needs highlighted include reducing unnecessary attendance; improving discharge services; improving education around when to use A&E;.

**Primary and community care** – issues raised include difficulty in making GP appointments, especially out of hours; mental health services; Needs highlighted include employing a more diverse workforce; improving training of community service staff and pharmacists; offering treatment for minor injuries; making better use of technology; accessing specialist staff remotely.

**Staff** – issues around staffing levels. Needs highlighted include recruitment plans; retention of Anglia Ruskin University trainees.

**Transfers** – issues around moving stroke patients and the impact on their health; patients' consent to be transferred; staff on transfer vehicles; impact on visitors. Needs highlighted include informing family of any transfers.

***Public Discussion Event at Civic Hall, Blackshots Lane, Grays, 24th January 2018***

Approximately 60 people attended this event and the following topics were discussed:

**Consultation comments –** issues raised include lack of confidence in the consultation process; whether the decision had already been made; lack of understanding of proposals.

**Access/Primary care –** issues raised include insufficient GP capacity in Thurrock at present; speed of access. Needs highlighted include offering care closer to home; using triage nurses to improve services.

**Orsett –** issues included lack of confidence around whether services would be replaced; the speed of change; reliance on local transport to access relocated services; the growing and ageing population. Needs highlighted include offering local rehabilitation services after operations; improving local transport to access relocated services; getting people back into their own homes with the right community support. Comments made include recognition of the need to modernise; support for consolidation of services; preference for four hubs. Suggestions included maintaining or redeveloping existing services, including Orsett; releasing any capital back into Thurrock.

**Resources –** Issues raised include the pressures of staffing and resourcing four centres rather than one, such as purchasing four x-ray machines; staff retention, particularly in the light of Brexit, the pay cap and cuts to training budgets; insufficient capacity at the hubs; insufficient beds meaning that operations are being cancelled. Needs highlighted include improvement to nursing home facilities, rehab and nursing provision; making better use of technology to provide services more efficiently.

**Stroke –** Issues include patients being discharged too early; services upon discharge, which vary; time it takes to transport patients between hospitals. Needs raised include ensuring that families are able to visit; offering reassessment after discharge and continued therapy. Comments raised include that the proposals made sense.

**Transport –** Issues raised include parking; transport issues in accessing the hospitals and impact this could have on people's health; access issues for patients and visitors in the light of reductions in public transport, particularly for elderly visitors who may not be able to drive and for those living in more geographically remote areas; how

transport between hubs will be managed; cost of bus service. Suggestions made include introducing shuttle buses that come via village areas and are well-publicised.

***Public Discussion Event at Civic Hall, Blackshots Lane, Grays, 6th March 2018***

45 attended this event and the following topics were discussed:

**Consultation comments** – issues raised around questions asked in the survey; reliability of the consultation documents; involvement of the private sector; whether the decision has already been made; whether the views of the public will be considered; whether young people have been involved; the cost of consultation; the analysis of the consultation; inequality for people in Thurrock. Needs highlighted include separate engagement and consultation for Orsett and the hubs.

**Thurrock** – issues raised around cost, location and services offered at the new hubs; impact of new housing developments in South Ockendon and resultant population growth; capacity of Basildon to support all Thurrock residents. Needs highlighted include better access to GPs, blood tests and mental health services.

**Transport** – issues raised around access to hospitals via public transport; impact of traffic and accidents; journey times, particularly for stroke patients; increased pollution; the possibility of the transport service being cancelled. Suggestions raised include using helicopters.

**Staff** – issues raised around balance between managers and clinical staff; numbers of specialist staff; recruitment, including of local people.

**Primary care** – issues raised around access to appointments.

**Quality of care** – issues raised around losing good quality services in Orsett; accessibility of online information for patients. Needs highlighted include focusing on prevention; improving 111; improved communication between services; improved dementia support.

**Alternative proposals** – suggestions include maintaining Orsett Hospital; using Orsett Hospital as a hub; providing A&E services in hubs; ensuring that the hubs are fully functioning before closure of Orsett Hospital.

### 6.3 Issues raised at meetings with statutory organisations and stakeholder briefings

Summaries of 13 meetings with statutory organisations and stakeholder briefings held during the consultation period capture key concerns or issues raised by meeting attendees. They do not capture the atmosphere, include assessments of the strength of support for the proposals in the meetings, or include points made by the facilitators in response to comments from attendees.

| Date | Details |
|---|---|
| 6 December 2017 | Health & Wellbeing Board of Southend-On-Sea Borough Council |
| 8 December 2017 | Mid and South Essex STP Partnership Board meeting |
| 15 January 2018 | Rayleigh Town Council |
| 16 January 2018 | Joint Health and Wellbeing Chairs |
| 17 January 2018 | Essex Health and Wellbeing Board |
| 18 January 2018 | Thurrock Health and Wellbeing Overview and Scrutiny Committee |
| 24 January 2018 | Castle Point Health and Wellbeing Board |
| 24 January 2018 | Health and Wellbeing Board of Southend-On-Sea Borough Council |
| 24 January 2018 | Castle Point Council |
| 30 January 2018 | Thurrock Health and Wellbeing Board |
| 20 February 2018 | Joint Health Overview and Scrutiny Committee |
| 13 March 2018 | Joint Health Overview and Scrutiny Committee |
| 21 March 2018 | Health & Wellbeing Board of Southend-On-Sea Borough Council |

A meeting of the **Health & Wellbeing Board of Southend-On-Sea Borough Council** was held on 6 December 2017. Issues were raised around: transport; population growth; recruitment and retention; evidence supporting stroke services being based at Basildon. Comments made included: the need for investment in primary care and the acute sector.

A **Mid and South East Essex STP Partnership Board** meeting was held on 8 December 2017. Issues were raised around: sustainability of the proposals in the light of population growth; impact on staff having to move between sites; provision of social care; patient transfers. Comments made included: the need for improving communications with staff around proposals.

A meeting of **Rayleigh Town Council** was held on 15 January 2018. Concerns were raised around: transfers between hospitals; inter-hospital communications; patient records; impact of availability of GP appointments on A&E; population growth; provision of local clinics for elderly patients; ambulance response times; stroke services; transport for visitors; waiting for hospital prescriptions causing delays in patient discharge.

A **Joint Health and Wellbeing Chairs** meeting was held on 16 January 2018. Concerns were raised around staffing. An update was provided on the consultation, including the engagement activities conducted.

A meeting of the **Essex Health and Wellbeing Board** was held on 17 January 2018. Issues raised around the impact of longer journeys on stroke patients. Broad support was given to the proposals.

A meeting of the **Thurrock Health and Wellbeing Overview and Scrutiny Committee** was held on 18 January 2018. Issues raised included: location of dialysis unit; funding for transportation proposals; patient information management; impact of proposals on older residents; whether capital gained from sale of the Orsett site would be reinvested into Thurrock; parking problems. Comments made included the importance of communicating with visitors; support for the direction of the proposals.

A meeting of the **Castle Point Health and Wellbeing Board** was held on 24 January 2018. An update was provided on the consultation.

A meeting of the **Health and Wellbeing Board of Southend-On-Sea Borough Council** was held on 24 January 2018. Concerns were raised around: transport issues in

Southend, for patients and staff; the rationale for situating specialist stroke services in Basildon; transfer numbers.

A meeting of **Castle Point Council** was held on 24 January 2018. Concerns were raised around: deficit in the STP; bed availability; non-necessary use of A&E; transport issues, Comments made included: difficulty understanding consultation documents; insufficient communications around consultation. Suggestions made included: better messaging to the public on NHS plans; an option to deliver drugs at home instead of waiting in hospital; and making changes in the community first and then the hospitals once capacity is in place.

A meeting of the **Thurrock Health and Wellbeing Board** was held on 30 January 2018. Concerns were raised around: accessibility of the consultation; responsiveness to people's concerns; plans for the Orsett Hospital site.

A **Joint Health Overview and Scrutiny Committee** meeting in public was held on 20 February 2018. Topics of discussion included: planned operations; stroke services; patient numbers factored into planning; duration of consultation period; concern around quality of engagement in Thurrock; the reach of the consultation; primary care strategy; concern around pressure on community services; locations of relocated services; patient information management; transport issues. Comments made included: the need for more clinical evidence to support proposals.

A meeting of the **Joint Health Overview and Scrutiny Committee** was held on 13 March 2018 in public. Issues raised included: STP engagement activities; plans for transport service; financial sustainability of the proposals; lack of information on stroke services. Comments made included the need for investment in localities.

A meeting of the **Health & Wellbeing Board of Southend-On-Sea Borough Council** was held on 21 March 2018. The board noted the report, that a response needed to be submitted by 23 March 2018, and delegated powers to the Chair and Vice-Chair to agree the report on behalf of the board.

### 6.4 Issues raised at workshops and other meetings

Summaries of 33 workshops held during the consultation period capture key concerns or issues raised by members of the public. They do not capture the atmosphere, include assessments of the strength of support for the proposals in the workshops, or include points made by the facilitators in response to comments from the public.

| Date | Details |
|---|---|
| 12 December 2017 | Mid & South Essex STP Service User Advisory Group |
| 9 January 2018 | Castle Point & Rochford CCG patient group |
| 17 January 2018 | Thurrock Commissioning Reference Group |
| 17 January 2018 | Basildon and Brentwood Patient & Community Reference Group |
| 22 January 2018 | Edward Bear Group |
| 23 January 2018 | Partnership BIC Patient Engagement Group (Basildon and Brentwood CCG) |
| 23 January 2018 | Mid Essex CCG Patient Reference Group |
| 26 January 2018 | Transgender people and family organised by Transpire |
| 29 January 2018 | Mid Essex Young Mothers |
| 2 February 2018 | South Essex Managed Care Patient Engagement Group Meeting |
| 5 February 2018 | Horndon on the Hill community lunch club |
| 8 February 2018 | Patient and public representatives in Thurrock |
| 8 February 2018 | Basildon and Brentwood CCG Annual Patient Engagement Event |
| 12 February 2018 | Thurrock Over Fifties Forum |
| 13 February 2018 | Orsett Residents and Orsett Forum |
| 13 February 2018 | Elizabeth Gardens Extra Care and Sheltered Housing |
| 14 February 2018 | Stroke Association Focus Group |
| 14 February 2018 | Chalkwell Residents Association |
| 19 February 2018 | Southend Association of Voluntary Services |
| 21 February 2018 | Building Health Partnerships |
| 22 February 2018 | Southend Learning Difficulties Forum |

| Date | Details |
|---|---|
| 26 February 2018 | Basildon and Brentwood CCG CVS |
| 26 February 2018 | South Essex College Students |
| 26 February 2018 | Thurrock Coalition |
| 26 February 2018 | Basildon Stroke Group |
| 26 February 2018 | Basildon, Brentwood and Wickford Association of Voluntary Services |
| 6 March 2018 | Southend Ethnic Minority Forum |
| 13 March 2018 | Young people at South Essex College |
| 15 March 2018 | Maldon and the Dengie Stroke Group |
| 19 March 2018 | Transport Patient Forum |
| 20 March 2018 | Irritable Bowel Disorder support group |
| 22 March 2018 | Renal focus group meeting, Southend Hospital |
| 22 March 2018 | Southend Patient Participation Group Forum |

A meeting of **Mid & South Essex STP Service User Advisory Group** was held on 12 December 2017. Issues were raised around: the reasoning for the geographical areas covered by the proposals; a lack of social care involvement in the plans; problems with transport, including staff travel times; workforce shortages; location of eye clinics; poor discharge rates. Comments made included: the need for investment in staff training, including for district nurses and practice managers; the importance of informing the public. Suggestions made included: free parking for some patients; potential for consultants to run clinics at each hospital on different days.

A workshop was held at a meeting of the **Castle Point & Rochford CCG patient group** on 9 January 2018. Comments, opinions and concerns raised included: journey times for emergency care; pressures on A&E; staffing; losing quality of nursing care; transportation for people living in isolated areas, people on lower incomes, young families, cancer patients and older people; homeless patients; access to IT; impact on people with sensory impairments or learning difficulties; communication

between services; making better use of technology; planning for discharge. Suggestions made included: making use of community transport; separate A&E hospitals.

A workshop was held at a meeting of **Thurrock Commissioning Reference Group** on 17 January 2018. Comments made included: that not enough had been done to make the consultation publicly available and accessible for people with learning difficulties and hard to reach groups; that it had been poorly designed; that proposals for Orsett were underdeveloped and that it was wrong to combine them with the wider consultation around the STP.

A workshop was held at a meeting of the **Basildon and Brentwood Patient & Community Reference Group** on 17 January 2018. It was attended by 11 members of the public. Concerns were raised around: shortages of GPs; closure of Orsett; transport to local hospitals; car parking fees. Comments made included: the need to keep patients out of A&E; importance of receiving help to take responsibility for own health.

A workshop was held at a meeting of the **Edward Bear** group on 22 January 2018. The group was attended by 15 mothers of pre-school-age children. Concerns were raised around: difficulties for visitors, including young children, if further away; variety in quality of GP services; parking issues; issues around breastfeeding whilst far away from family. Comments made included: support for improving care through locating specialist services in one place, especially gynaecological. Suggestions made included: support for family like sleep over facilities; improved parking; and more information for parents when dealing with child's condition.

A workshop was held at the **Partnership BIC Patient Engagement Group** (Basildon and Brentwood CCG) Meeting on 23 January 2017. The group was attended by 9 people. Issues raised included: the potential closure of Orsett Hospital and impact on services. Comments made included: difficulty accessing Orsett via public transport.

A workshop was held at a meeting of the **Mid Essex CCG Patient Reference Group** on 23 January 2018. It was attended by 19 members of the group. Concerns were raised around: number and safety of transfers; local oncology services; staffing shortages; impact on hospital budgets; joint commissioning; orthopaedic services; transport.

A workshop was held at a meeting with transgender people and family organised by **Transpire** on 26 January 2018. The group was attended by approximately 50

people, and attendees provided feedback in one-to-one and small group discussions. Concerns raised included: health professionals' awareness of transgender issues; long waiting times; staffing; staff pay; journey times and transport for patients and visitors; availability of transgender specialists; communication and information sharing between different services. Comments included: preference for having specialists in one place and a free bus service.

A workshop was held at a meeting **o**f **Mid Essex Young Mothers** on 29 January 2018. The group was attended by vulnerable women (single mothers, women with low income). Concerns were raised around: relocation of gynaecological services; stress involved in accessing A&E, including wait times and travel distance; those unable to travel easily and the elderly. Comments made included: understanding of the potential for improvements in care as a result of proposals; a willingness to travel for greater specialisation in planned treatment; not perceiving any disadvantage related to being a woman or mother; hospital services being difficult for mothers regardless of location; that long waiting times are difficult for mothers with small children. Suggestions made included: providing more information in advance of accessing services; improving speed of test results; improving communications between teams at different hospitals to ensure consistency in the event of a transfer; having someone liaising with the patient and family as their sole job in an emergency situation.

A workshop was held at the **South Essex Managed Care Patient Engagement Group** meeting on 2 February 2018. The meeting was attended by 9 people. Concerns were raised around: impact of population growth; transportation for patients; visitors having to travel further; plans for renal dialysis; mental health services; patient records. Comments included support for more specialist centres in order to achieve better outcomes.

A workshop was held at a meeting of **Horndon Hill community lunch club** on 5 February 2018. The group was attended by 30 people. Concerns were raised around: transportation issues, especially for isolated areas such as Horndon on the Hill where there are few buses; location of services such as eye care; whether the Orsett Hospital site is being sold off for housing. Comments made included scepticism around views of the public being considered.

A workshop was held with **patient and public representatives in Thurrock** on 8 February 2018 to discuss the separation of planned operations. It was attended by approximately 30 people from patient participation groups, Healthwatch, the voluntary sector, Thurrock Council and community forums. Concerns were raised

around: waiting times; accuracy of information in consultation documents; transportation to and from hospital, between the hubs and the hospitals, and for patients and visitors; parking; funding for transport plans; support in the community after discharge; closure of Orsett Hospital. Comments made included: the importance of taking into account particular needs of carers and people with learning difficulties; the need for better communication between services.

A workshop was held at the **Basildon and Brentwood CCG Annual Patient Engagement Event** on 8 February 2018. The group was attended by 20 people. Comments made included: importance of communication between social care and health care; importance of providing clear information to patients about services and staff roles; support for extended access hubs; importance of having a named practitioner and protecting GP practices.

A workshop was held at a meeting of **Thurrock Over Fifties Forum** on 12 February 2018. The group was attended by approximately 20 people. Concerns were raised around: Orsett Hospital services; whether equivalent Orsett services will be provided elsewhere; limited public transport in Thurrock; shortage of GPs; parking at Thurrock Community Hospital. Comments made included: scepticism around Orsett Hospital facilities being of a low quality.

A workshop was held at a meeting of **Orsett Residents and Orsett Forum** on 13 February 2018. The workshop was attended by approximately 47 people. Concerns were raised around: closure of Orsett Hospital; pressure on GP services; population growth; parking; services provided at the IMCs; location of IMCs; privatisation of services; staffing shortages. Comments made included the belief that decisions had already been made and that the consultation questionnaire is biased.

A workshop was held at **Elizabeth Gardens Extra Care and Sheltered Housing** on 13 February 2018. The group was attended by 24 people, including residents, their carers and staff working in the home. Concerns were raised around: bus services being cut; issues with current hospital and public transportation services; parking; difficulties making appointments; quality of NHS111 service; replacement of Orsett services; funding. Comments made included: scepticism around services being offered at Thurrock Community Hospital.

A **Stroke Association** focus group was held on 14 February 2018. It was attended by 17 people, including stroke survivors, carers, and Stroke Association representatives. Concerns were raised around: number of beds; quality of community support after discharge; pressures on ambulance services; parking; transport for patients and

visitors; information provided upon discharge; rehabilitation services; stroke prevention.

A workshop was held at a meeting of the **Chalkwell Residents Association** on 14 February 2018. Issues were raised around: safety and availability of clinical transport; transportation for visitors; impact of population growth; staffing for increased access to GP surgeries.

A workshop was held at a meeting of the **Southend Association of Voluntary Services** on 19 February 2018. The meeting was attended by 20 people. Concerns were raised around: transportation for patients and visitors; issues with traffic; staffing levels; budget cuts; prevention work; communication between social care and health services; quality of information in consultation document; impact on patients with complex needs; impact on ambulance service. Comments made included: the need to develop services in community before making changes to hospital services; importance of consultation with hard to reach groups.

A workshop was held at the second partnership session between Mid & South Essex STP and the social enterprise **Building Health Partnerships** 21 February 2018. 20 group members attended including representatives of Breath Easy and Puffers. A concern was raised about the ease with which the online survey could be completed. Questions were raised around a number of specific respiratory issues, including: information on the future of Royal Brompton and Royal Addenbrooke's; definitions of 'complex' and 'specialist'; and need for explanations for why only 24-48 hour observation of respiratory patients is provided.

A workshop was held at a meeting of the **Southend Learning Difficulties Forum** on 22 February 2018. The workshop was attended by about 20 people, including some carers and advocates. Comments made included: the need for sufficient and accessible transport; the need for support offered to people with learning difficulties if transferred to an unfamiliar hospital; the importance of communication with patient's family; the importance of taking into account the needs of people with learning difficulties. Suggestions made included: providing accessible information about hospital care and transport between hospitals; assistance for people with learning difficulties to use transport; inviting the group to feed into transport plans.

A workshop was held at a meeting of the **Basildon and Brentwood CCG CVS** on 26 February 2018. Issues were raised around: access to services, including for staff; transport; care navigation; mental health services. Comments made included: the

need for education around self-care; the importance of considering local differences; making better use of the voluntary sector.

A workshop was held at a meeting of **South Essex College** students on 26 February 2018. The group was attended by around 40 students aged 16-17. Concerns were raised around: the impact of Orsett closure on bus routes and travelling further for treatment; financial viability of the proposals; misuse of A&E. Comments made included: the benefit of locality-based centres and health hubs; the importance of training care navigators; and the need to maintain GP diagnostic standards. Suggestions made included: encouraging good public health/self-care; better GP opening hours; improving A&E waiting conditions; introducing more walk-in centres; health education in schools.

A workshop was held at a meeting of **Thurrock Coalition** on 26 February 2018. Concerns were raised around: transportation and access issues; staffing levels; impact of housing development on demand for healthcare; the proposed triage system; how hospitals can work seamlessly without IT or Data Protection issues. Comments made included: opposition to the closure of Orsett Hospital; potential for expanding provision at Thurrock Hospital; need for accessible parking. Suggestions made included: expanding services at Orsett; having a Memorandum of Understanding with Anglia Ruskin so new doctors remain in Thurrock; locating relocated services at Grays as a more central location; keeping people informed about plans; involving renal patients in plans for kidney dialysis.

A workshop was held at a meeting of the **Basildon Stroke Group** on 26 February 2018. The group was attended by 10 stroke survivors and their partners. Concerns were raised around: impact of transferring patients on recovery; difficulties getting to Basildon and length of time; parking at Basildon. Comments made included: approval of keeping Brentwood hub and all current stroke units open and moving patients to get specialist care; approval of proposals from a patient's perspective. Suggestions made included: a park and ride scheme; more pick-up points on bus routes; health record sharing; volunteers to advertise any changes to patients in wards.

A workshop was held at a meeting **of Basildon, Brentwood and Wickford Association of Voluntary Services** on 26 February 2018. Approximately 20 people took part in discussions as part of a broader event aimed at local voluntary services. Concerns were raised around: care navigation; lack of out of hours appointments. Comments made included: approval that majority of hospital services would remain local; need for more joined up services; need to engage with and use expertise of the third

sector better. Suggestions made included: making better use of technology and pharmacies; better education around self-care; investing in mental health services for children and young people.

A workshop was held at a meeting of the **Southend Ethnic Minority Forum** on 6 March 2018. The workshop was attended by 9 people. Concerns were raised around: the duration of the consultation period although these were felt to have been partly allayed by the extension; lack of information about the consultation process; transportation plans and impact on poorer families; potential impact on older family members in the ethnic minority community who may struggle with transport and not have good command of English; ambulance journeys on the A130 and A127; language barriers in using public transport; stroke services. Comments made included the belief that decisions had already been made.

A workshop was held at a meeting with young people at **South Essex College, Southend campus** on 13 March 2018. The group was attended by approximately 40 students, aged 16-17. Concerns were raised around: availability of local cancer services; safety of transfers and transfer times; recruiting nurses; A&E waiting times; staffing; accuracy of diagnoses.

A workshop was held at a meeting of **Maldon and the Dengie Stroke Group** on 15 March 2018. The workshop was attended by about 25 people, including stroke survivors, volunteers and carers. Concerns were raised around: visitor access, accommodation and transportation; quality of stroke care in Basildon; staffing; transport. Comments raised included: the importance of taking into account the needs of stroke patients and carers; the need for communication across all stroke services. Suggestions included: providing local services for after discharge; more services such as therapy services to be provided at St Peter's in Maldon.

A workshop was held at a meeting of the **Transport Patient Forum** on 19 March 2018. The group was attended by approximately 25 people from patient participation groups. Concerns were raised around: staffing and logistics of transportation between hospitals; transportation after discharge; privatisation of the ambulance service; impact on ambulance service; transport for visitors; unfair use of transport; areas that are particularly isolated. Suggestions made included: a thorough review of transport issues such as current and planned bus routes; introducing transport schemes like Care Cars in Southend or DART in the Dengie; that transport should be direct from pick up to drop-off rather than around robin service; possible use of railways as they are often quicker than road and buses and shuttles could run to and

from stations; apps could help book transport; priority should be given to current black spots.

A workshop was held at a meeting of the **Irritable Bowel Disorder support group** on 20 March 2018. The group was attended by 20 members of the group, including patients and carers. Concerns were raised around: accessibility for visitors; transportation issues, especially for those in isolated areas and for those with a long-term condition; parking; availability of emergency treatment; provision for convalescence; impact of population growth. Comments made included: support for improving care through locating specialist services in one place in principle; importance of continuity of care for people with long term conditions; importance of good communication between hospitals; need for better information for patients on services. Suggestions made included: offering a park and ride; improving parking; ensuring there is provision for transferring notes; trialling the plans; using voluntary and community drivers.

A workshop was held at a **renal focus group at Southend Hospital** on 22 March 2018. The workshop was attended by 7 people. Concerns were raised around: low levels of awareness of proposals amongst renal patients; transport for visitors; specific transport needs of renal patients, for example those with cognitive impairments. Comments made included: benefits for transplant patients in being able to access follow up care closer to home; support for beds being identified specifically for renal patients; support for proposals from a transplant care perspective; request for further information around plans for specific treatments.

A workshop was held at a meeting of the **Southend Patient Participation Group Forum** on 22 March 2018. The workshop was attended by 18 people representing 16 practices in addition to two members of Healthwatch Southend. Concerns were raised around: transport between hospitals for patients, staff and visitors; recruitment of staff to Southend; and getting appointments at Basildon or Broomfield. Comments made included the importance of involving GPs in proposals.

### 6.5 Issues raised at staff engagement events

The following staff briefings took place during the consultation period:

- Basildon Hospital, 22nd January 2018, attended by approx. 170
- Orsett Hospital, 22nd January 2018, attended by approx. 40

- Southend Hospital, 8th December 2017, attended by 88
- Southend Hospital, 26th January 2018
- Southend Hospital, 21st February 2018
- Southend Hospital, 22nd February 2018
- Basildon and Thurrock University Hospitals, 19th March
- Mid Essex Hospital Services NHS Trust, 20th March

Issues raised at staff briefings included:

- **Transport** – questions asked about progress made on transport plans; transportation for staff.
- **Specialist services** – questions around the potential for introducing new services that are not currently offered at any of the three trusts; whether there will be any changes to cardiac pathways; the plan for stroke services; plans for renal services; plans for women's and children's services; plans for diagnostic services.
- **Hospitals** – questions on plans for Orsett Hospital. Concerns around feasibility of merger.
- **Community services** – questions around plans for community services, and the pace at which they are developing.
- **Staffing** – questions around whether staff will be relocated; whether staff will have to work across different sites; the plan for corporate services; staff pay and alignment across sites. Concerns around recruitment; retention, particularly of nurses.
- **Systems and processes** – questions around amalgamation of IT and communications systems; whether Southend will move onto Agenda for Change; the plan for corporate services. Concerns raised around managing and sharing of information.
- **Care navigation** – questions around patient choice; providing information for patients to support them in navigating the system. Concerns around the specific needs of patients with learning difficulties and hard to reach patients.
- **Facilities** – questions around numbers and locations of beds.
- **A&E** – questions around the proposed A&E model.
- **Funding** – questions around when the promised investment would become available. Concerns around privatisation of health services.
- **Consultation comments** – questions around what can be done about negative media coverage; how particular groups are being involved in the

consultation, including people with learning disabilities. Concern raised about there being a lack of information and communication to staff around plans.

Members of staff were also encouraged to complete the online survey so that they could raise more detailed issues directly as part of the consultation.

# 7 Analysis of other responses

## 7.1 Introduction

As part of the STP's engagement programme to raise awareness of the consultation, a number of social media posts were made on Facebook, Twitter and blogs. There were 623 comments made by members of the public in response to these. These came from the following channels:

- Facebook – 558 responses
- Twitter – 52
- Blog comments - 13

These have been analysed and the key themes raised in these are also reported in this document. While technically many of these comments are not formal responses to the consultation, they are responses to conversations about the consultation and the themes should be noted.

## 7.2 Key issues raised

Posts and comments left on the STP's Facebook page and Twitter feed focused on the following main themes:

- **Consultation process.** Some comments focused on the fact that the public's views would not be taken into account as they felt that decisions had already been made. Some also felt that there was a lack of background information to enable considered responses, particularly with regards to the rationale for the proposals and further evidence to support the proposed changes. There were also comments in support of the information that was made available, including the use of video – though some felt this was over simplified.

  Other comments made were around the opportunity to take part, including: the general low level of awareness raising (online and offline); the short notice, timing, venue and format for public meetings and the logistics of being able to attend; the engagement of minority groups and communities; the design of the questionnaire and its compatibility with some devices. Comments also mentioned: that there were very few responses from the STP on the Facebook page; that the consultation should have been extended for longer than two weeks; and questioned the cost of the consultation.

- **Access/ambulance/proximity.** Comments were made regarding access to services and the use of ambulances. They included the following issues: requests for further evidence regarding transporting seriously ill patients, with

stroke mentioned in particular; experience of recent longer transfers than are outlined in the consultation; clarity requests for how family and friends would be supported in travelling to the hospitals and how long this support would be in place for.

Comments also mentioned the need to address isolation and issues of rurality; the plans for patient transfers when roads are congested, there are roadworks or in severe weather; and how those with mobility issues (elderly, ill and those who do not drive) as well as those requiring regular treatment would be impacted.

- **Staff.** Comments were made with regards to staffing in relation to the proposals. These covered: the shortage of paramedics, and plans to use ambulance staff in other ways, and the impact of this on transport proposals; the shortage of current GPs, the length of time it takes to train new GPs, and the impact of this on community healthcare; and a need for a planned recruitment and retention strategy in order for the implementation plans to work. Comments were also made with regards to how staff would work within the proposed changes, including: would staff be expected to travel between the sites for work; some felt that staff would leave the hospitals eventually if services are centralised elsewhere leading to further problems; and whether staff had been consulted and supported the proposed changes.

  More generally, some comments recognised that the NHS is built by its staff but it has a long history of treating staff poorly.
- **Other.** Comments were made with regards to mental health funding, with a sense that this had not been addressed, and IVF funding and how these would both be impacted by the proposed changes.
- **Funding and finances.** Comments were made relating to funding. These covered: the proposed changes being a result of cuts and a lack of funding with little evidence it would be better for patients; the consultation really being about privatisation of the NHS; the plans being from central government aimed at cutting costs and a rationalisation of services. Other comments made stated that better funding would lead to transformation and requests for clarification regarding which procedures are deemed to be of 'low value'.
- **GPs.** A range of comments were made with regards to GPs and the service they provide. These covered: the length of time it takes to train as a GP should be taken into account; GPs should remain as GPs – not be used in other parts of the health service to triage or be involved in commissioning - as

people want to see a GP, not a digital appointment or a phone call; patients do not want to talk to receptionists, they want to speak to and see a GP.

- **Safety.** The safety of patients being transported to other hospitals was a clear theme amongst comments. Some mentioned the length of time it would take to get seriously ill patients to the right place, particularly for time sensitive conditions, as the main safety concern and felt that the proposed changes would impact negatively.

- **Service capacity.** Capacity within current and future services attracted a range of comments, covering the following issues: services need to change to accommodate population changes and growth due to new housing developments; the ambulance service is already overstretched and will not be able to cope with the additional capacity expected through the impact of the changes; current lack of community infrastructure, particularly for step down, discharge and after care, could not deliver the shift from hospital to community care; Basildon is already working at full capacity and would not cope with patients from Southend and Thurrock.
- **Suggestions.** A suggestion made within some comments was to build new hospitals rather than rationalise the existing ones.
- **General agreement.** Some comments expressed general agreement with the proposals and welcomed the changes, stating that similar centralisation, for example with cardiac services, has worked in the past and a recognition that things need to change within the current system.
- **Orsett Hospital.** Orsett Hospital attracted a range of comments, which included: praise for the current services and staff; requests to keep the hospital open, in particular to accommodate the anticipated population rises; and that the decision has already been made to close the hospital. Some comments stated that it is difficult to get to other hospitals, particularly with current transport links and for elderly people, and that Basildon would not cope with the additional patients. Some comments mentioned that the hospital is dated and needs to change if it is to serve the local area but that it has potential, some stated it was time for Orsett to close. Other comments mentioned that the land has already been sold for development and that the decisions being made are based on money, but that the land has a clause stating it should be used for the NHS.

A range of comments were also left relating to the blogs published during the consultation. These expressed a range of views, which included:

- **Rationale for change.** Comments expressing the view that the proposed changes are being driven by cost, not patient outcomes. Requests for clarification regarding the supporting clinical evidence for the proposed centralisation of services and further information regarding how the transport plans will be delivered, including how many patients will be transferred.
- **Capacity and staffing.** Staff recruitment is an ongoing issue, which will make delivery of the proposals difficult to achieve.
- **Patient safety.** Concern for the safety of patients being transported between hospitals, particularly with regards to travel times and planned road improvements which will affect congestion in the coming years.
- **Support for relatives and visitors.** Requests for further information regarding how the subsidised transport scheme for relatives and friends would be delivered and a concern that elderly relatives in particular would struggle to make the journeys to other sites.
- **Inequality of proposed changes.** Plans seem to disproportionately affect Southend patients – both in numbers of transfers to other hospitals and in stroke services.
- **Primary care access.** A comment that bringing additional multidisciplinary teams into general practice would be a positive step but not if it leads to reduced access to GPs and concerns also raised about where the funding is coming from for the proposed changes to primary care.

## Appendix 1: Profile of consultation questionnaire respondents

The demographic profile of respondents, as obtained through the consultation questionnaires, is shown in the table below. Totals vary due to the fact that not everyone chose to respond to these questions.

***Table 1. Geo-demographic profile of respondents (Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = from 754 to 1058)***

| | | % | n |
|---|---|---|---|
| Have you read the consultation document? | Yes | 88% | 904 |
| | No | 12% | 122 |
| In what capacity you are responding to this questionnaire: | Resident | 73% | 769 |
| | Patient and public representative | 8% | 84 |
| | Hospital clinician | 6% | 67 |
| | Hospital manager | 1% | 6 |
| | Voluntary organisation / advocate | 0% | 5 |
| | Councillor | 0% | 4 |
| | Community and mental health services representative | 0% | 4 |
| | GP / GP practice | 0% | 2 |
| | Social worker | 0% | 1 |
| | Other | 11% | 116 |
| What is your age? | 16-25 | 3% | 27 |
| | 26-35 | 9% | 99 |
| | 36-45 | 17% | 180 |
| | 36-55[6] | 2% | 26 |
| | 46-55 | 20% | 216 |
| | 56-65 | 22% | 233 |
| | 66-75 | 17% | 181 |
| | 76 and over | 7% | 71 |
| | Prefer not to say | 2% | 21 |
| What is your gender? | Male | 35% | 366 |
| | Female | 61% | 640 |
| | Other | 0% | 2 |
| | Prefer not to say | 3% | 36 |
| Is your gender different to that assigned to you at birth? | Yes | 4% | 44 |
| | No | 90% | 904 |
| | Prefer not to say | 6% | 62 |
| Are you married or in a civil partnership? | Yes | 67% | 696 |
| | No | 25% | 259 |
| | Prefer not to say | 8% | 81 |

[6] When the online survey initially launched, it erroneously contained the age category '36-55' instead of '46-55'. This was identified and corrected for the week commencing 18th December 2017.

| | | | |
|---|---|---|---|
| What is your sexual orientation? | Heterosexual | 81% | 832 |
| | Gay woman / lesbian | 1% | 6 |
| | Gay man | 2% | 17 |
| | Bisexual | 1% | 10 |
| | Other | 2% | 21 |
| | Prefer not to say | 14% | 146 |
| What is your religion or belief? | No religion or belief | 32% | 336 |
| | Buddhist | 1% | 9 |
| | Christian | 48% | 498 |
| | Hindu | 1% | 7 |
| | Jewish | 0% | 5 |
| | Muslim | 1% | 10 |
| | Other | 4% | 41 |
| | Prefer not to say | 13% | 132 |
| Ethnicity (Online Only) | White British/English/Northern Irish/Scottish/Welsh | 84% | 774 |
| | White other | 3% | 32 |
| | Mixed/multiple ethnic groups | 1% | 8 |
| | Asian/Asian British | 2% | 20 |
| | Black/Black British | 2% | 14 |
| | Other ethnic groups | 1% | 7 |
| | Prefer not to say | 7% | 67 |
| Do you consider yourself to have a disability or health condition? | Yes | 33% | 341 |
| | No | 57% | 590 |
| | Prefer not to say | 10% | 100 |
| Do you have caring responsibilities? If yes, please tick all that apply | None | 54% | 544 |
| | Primary carer of a child/children (under 18) | 18% | 184 |
| | Secondary carer (another person carries out the main caring role) | 9% | 90 |
| | Primary carer of older person | 7% | 69 |
| | Primary carer of disabled adult (18 and over) | 5% | 50 |
| | Primary carer of disabled child / children | 1% | 9 |
| | Other | 3% | 31 |
| | Prefer not to say | 7% | 75 |
| How would you normally travel to your local NHS hospital? | Drive yourself | 66% | 696 |
| | Public transport | 26% | 268 |
| | Taken by relative | 15% | 154 |
| | On foot | 9% | 97 |
| | Taken by friend | 5% | 50 |
| | Other | 6% | 66 |
| CCG | Basildon and Brentwood | 16% | 157 |
| | Castle Point and Rochford | 21% | 208 |
| | Mid Essex | 29% | 278 |
| | Southend | 30% | 289 |

| | | | |
|---|---|---|---|
| | Thurrock | 20% | 198 |
| | Other | 1% | 14 |
| | Refused | 0% | 4 |
| | Invalid postcode | 1% | 6 |

The question asking how respondents were responding to the questionnaire only allowed for a single selection on the online survey, so a number of respondents selected 'other' and specified that they were responding in more than one capacity. Similarly, some of those who made paper survey responses chose more than one option, so have been categorised in the table above as 'other' to maintain consistency with the online version. A breakdown of respondent capacity, including those who answered 'other' and those who gave more than one response, is shown in Table 2 below.

***Table 2. In what capacity you are responding to this questionnaire (including multiple responses and coded other responses) (Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 1058)***

| | % | n |
|---|---|---|
| Resident | 76% | 803 |
| Patient and public representative | 9% | 97 |
| Hospital clinician | 7% | 71 |
| Staff member (NHS/hospital/other) | 5% | 50 |
| Patient/service user | 2% | 19 |
| Voluntary organisation / advocate | 1% | 8 |
| Hospital manager | 1% | 8 |
| Team or organisation | 1% | 6 |
| Councillor | 0% | 5 |
| Community and mental health services representative | 0% | 4 |
| Carer | 0% | 3 |
| GP / GP practice | 0% | 2 |
| Social worker | 0% | 1 |
| Other | 2% | 18 |

The paper version of the survey did not show the same ethnicity groupings as the online survey, with only the specific categories shown, therefore it is not possible to analyse these alongside the online responses to this question. The breakdown of paper version responses to this question is shown in Table 3 below. This includes responses where respondents selected more than one option.

***Table 3. What is your ethnicity? (paper surveys) (Source: MSESTP 30 Nov 2017 - 23 Mar 2018; base n = 124)***

| | % | n |
|---|---|---|
| English | 66% | 82 |
| Scottish | 2% | 2 |
| British | 10% | 13 |
| Any other Asian background | 2% | 2 |
| White and Asian | 1% | 1 |
| White and Black African | 1% | 1 |
| Any Other | 1% | 1 |
| English and British | 12% | 15 |
| English and Irish | 1% | 1 |
| English and White and Asian | 1% | 1 |
| British and White and Asian | 1% | 1 |
| English, British and White and Asian | 1% | 1 |
| Prefer not to say | 2% | 3 |

## Appendix 2: Consultation questionnaire questions

**YOUR CARE IN THE BEST PLACE - At home, in your community and in our hospitals**

This questionnaire supports the 'Your care in the best place' consultation being carried out by NHS Mid and South Essex Sustainability and Transformation Partnership. It asks for your views on the following main areas:

1. The overall plan for health and care in mid and south Essex

2. Proposals for hospital services in Southend, Chelmsford, Braintree and Basildon

3. Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood.

The consultation document, and a short summary version, is available from our website www.nhsmidandsouthessex.co.uk. Please read these before completing this questionnaire.

The closing date for feedback is 9 March 2018.

**Your care in the best place - at home and in your community**

In section 4 of the consultation document, we outline our overall plan for providing the best care for you at home and in your community.

Over the next five years, our vision is to unite our different health and care services around you and all of your potential needs, with physical, mental and social care working together. The plan is to give you more support to keep healthy; develop a wider range of health and care services at GP practices; and establish joined-up teams of community nurses, mental health specialists and social care services to plan care and help you at home, if you need it.

1. What is your overall view of this proposed approach to developing health and care at home and in the community?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

1. a) Please add any comments to explain your view, if you wish.

{ }

***YOU AND YOUR FAMILY LIVING WELL***

2. Which of the following aspects of helping you and your family to stay healthy is most important to you? (Please rank them 1 to 4 in order of priority, where 1 is for the aspect you consider to be the most important and 4 is the least important)

- Finding the right information about how to take care of yourself { }
- Use of online and smartphone devices to get information and support { }
- Getting help to spot the risks and signs of illness and act early to prevent illness developing { }
- Easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live { }

2. a) In which of these aspects do you think we need to make the most improvement? (Please tick just one)

- Finding the right information about how to take care of yourself
- Use of online and smartphone devices to get information and support
- Getting help to spot the risks and signs of illness and act early to prevent illness developing
- Easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live

2. b) Please add any comments to explain your view, if you wish.

{ }

***DEVELOPING LOCAL HEALTH AND CARE***

3. Which of the following aspects of developing local health and care is most important to you? (Please rank them 1 to 4 in order of priority, where 1 is for the aspect you consider to be the most important and 4 is the least important)

- A wider range of health and care professionals to support you - this will include pharmacists, experienced nurses, physiotherapists and mental health therapists - so you won't always need to see a GP to get the help you need. { }
- More appointments available and extended opening times (evenings and weekends) { }

- A range of tests, scans and treatments which were previously only available in hospital { }
- Specialist support and care planning for older people and people living with long term conditions { }

3. a) In which of these aspects do you think we need to make the most improvement? (Please tick just one)

- A wider range of health and care professionals to support you - this will include pharmacists, experienced nurses, physiotherapists and mental health therapists - so you won't always need to see a GP to get the help you need.
- More appointments available and extended opening times (evenings and weekends)
- A range of tests, scans and treatments which were previously only available in hospital
- Specialist support and care planning for older people and people living with long term conditions

3. b) Please add any comments to explain your view, if you wish.

{ }

4. Do you have any other views you wish to share with us on the ideas described in section 4 of the consultation document?

{ }

**Your care in the best place – in our hospitals**

These questions relate to Section 5 of the consultation document, Your care in the best place – in our hospitals, where the key points of the plan are:

- Developing A&E and a wider range of urgent care at each hospital – to reduce delays for people coming into hospital
- Bringing specialist services together in one place – to ensure fast access to specialist care and better chances of making a good recovery
- Separating planned operations from emergency care – to reduce delays in planned operations and improve care quality

After reviewing the details in Section 5 of the consultation document, we would welcome your views on the principles and also the specific changes we are proposing for each of the principles.

***PRINCIPLE 1: The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances***

5. What is your overall view of the proposed approach in Principle 1?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. a) Please add any comments to explain your view, if you wish.

{ }

5. b) Do any of the specific proposals below raise issues for you and why?

*i) Wider range of urgent care professionals (e.g. GP, pharmacist, social worker) in A&E for a quick response to your situation*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*ii) Four new assessment centres for: Older people; Children; Medical treatment; Surgical treatment*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

5. c) Do you have any alternative suggestions for how we improve your local emergency services?

{ }

***PRINCIPLE 2: Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of making a good recovery***

6. What is your overall view of the proposed approach in Principle 2?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. a) Please add any comments to explain your view, if you wish.

{ }

6. b) Do any of the specific proposals below raise issues for you and why?

*i) Women requiring gynaecological surgery who needed a hospital stay would be treated at Southend Hospital*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*ii) Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*iii) Patients with complex kidney problems who needed a hospital stay would be treated in Basildon*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*iv) Patients with diseased arteries or veins would be treated at Basildon*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*v) Patients who needed a hospital stay for specialist treatment of complex heart problems would be treated at Basildon*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*vi) Patients with complex gastroenterology problems who needed a hospital stay would be treated at Broomfield Hospital near Chelmsford*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*vii) Dedicated service at Broomfield Hospital for emergency general surgery that requires a hospital stay*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*viii) Transfer to a specialist team, which could be in another hospital (for around 15 patients a day). You would be safely stabilised and supported by a doctor or nurse*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

6. c) Do you have any alternative suggestions for how we make sure specialist services are located in a way that improves your care and chances of making a good recovery?

{ }

***PRINCIPLE 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, which may be in a different hospital.***

7. What is your overall view of the proposed approach in Principle 3?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

7. a) Please add any comments to explain your view, if you wish.

{ }

7. b) Do any of the specific proposals below raise issues for you and why?

*i) Developments in all three local A&E services to diagnose stroke and initiate treatment*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*ii) Development of a new high dependency specialist stroke unit in Basildon for treatment in the first 72 hours following a stroke. This is in addition to stroke care units in all three hospitals for further support and rehabilitation after treatment in the specialist stroke unit and also for patients with problems that are similar to a stroke.*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

7. c) Do you have any alternative suggestions for how we make sure stroke care and other specialist emergency services are provided in the best way?

{ }

***PRINCIPLE 4: Planned operations should, where possible, be separated from patients who are coming into hospital in an emergency.***

8. What is your overall view of the proposed approach in Principle 4?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

8. a) Please add any comments to explain your view, if you wish.

{ }

8. b) Do any of the specific proposals below raise issues for you and why?

*i) Planned orthopaedic surgery that needs a hospital stay (e.g. for bones, joints and muscles) to be at:*

*- Southend Hospital for people in south Essex*

*- Braintree Community Hospital for people in mid Essex*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*ii) Some emergency orthopaedic surgery (e.g. for broken bones) to be at*

*- Basildon Hospital for people in south Essex*

*- Broomfield Hospital in Chelmsford for people in mid Essex*

*Surgery for most fractures, including a broken hip, would continue at all three local hospitals*

- Yes, raises issues

- No, does not raise issues

Why?

{ }

*iii) Urological surgery that needs a hospital stay (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford. (Urological cancer surgery would continue at Southend Hospital as now)*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

8. c) Do you have any alternative suggestions for how we make sure planned operations and emergency operations are managed in the best way?

{ }

***PRINCIPLE 5: Some hospital services should be provided closer to you, at home or in a local health centre.***

*Current example for your views:*

The development of new "integrated medical centres" in Thurrock over the next two years and the development of health centre locations in Basildon town centre, Brentwood Community Hospital and St Andrew's at Billericay, offers the opportunity to relocate tests, scans, outpatient appointments and treatments closer to where people live in south west Essex.

Once the proposed new services are up and running, it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site.

9. What is your overall view of the proposed approach in Principle 5?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9. a) Please add any comments to explain your view, if you wish.

{ }

9. b) Do any of the specific proposals below raise issues for you and why?

*i) General outpatient appointments e.g. for skin problems, ear nose and throat and breathing problems to be relocated to four new centres in Thurrock and three locations in Basildon, Brentwood and Billericay*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*ii) Treatments for minor injuries to be developed as part of the services in GP practices*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*iii) Some treatments e.g. for skin problems to be relocated to treatment rooms in Basildon town centre, Brentwood Community Hospital, Purfleet integrated medical centre and Grays integrated medical centre*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

*iv) Relocation of services for patients on dialysis - to be discussed*

- Yes, raises issues
- No, does not raise issues

Why?

{ }

9. c) Please let us know your view on the best location(s) for kidney dialysis?

{ }

9. d) Do you have any alternative suggestions for how to transfer services from Orsett Hospital?

{ }

10. Do you have any other views you wish to share with us on the ideas described in this section (section 5) of the consultation document?

{ }

**TRANSPORT AND OTHER COMMENTS**

11. We are proposing a free bus service to support families and visitors, which could run between the three hospitals or other main locations. What are your views on how this service could best operate?

{ }

12. Are there any other considerations you think we should take into account when making final decisions about these proposals?

{ }

**ABOUT YOU**

You are not obliged to answer the questions in this section but if you are able to do so it would help us to better understand the impact of any potential service changes upon different groups of people.

Could you please begin by giving us your postcode omitting the last two letters? For example, if your postcode is CM1 7ET, enter "CM17".

My post code is:

{ }

13. Have you read the consultation document?

- Yes
- No

14. In what capacity you are responding to this questionnaire:

- Resident
- Patient and public representative
- Councillor
- Voluntary organisation / advocate
- Local authority officer
- GP / GP practice
- Social worker
- Community and mental health services representative
- Hospital clinician
- Hospital manager
- Other (please state): { }

If you are responding on behalf of a team, group or organisation, please state name of your team / group / organisation:

{ }

15. What is your age?

- 16-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76 and over
- Prefer not to say

16. What is your gender?

- Male
- Female
- Other
- Prefer not to say

17. Is your gender different to that assigned to you at birth?

- Yes
- No
- Prefer not to say

18. Are you married or in a civil partnership?

- Yes
- No
- Prefer not to say

19. What is your sexual orientation?

- Heterosexual
- Gay woman / lesbian
- Gay man
- Bisexual
- If other, please write in: {  }
- Prefer not to say

20. What is your religion or belief?

- No religion or belief
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- If other, please write in: {  }
- Prefer not to say

21. What is your ethnicity?

- White
    - English
    - Welsh
    - Scottish
    - Northern Irish
    - Irish
    - British
    - Gypsy or Irish traveller
    - Any other white background, please write in: {  }
- Mixed / multiple ethnic groups
    - White and Black Caribbean
    - White and Black African
    - White and Asian
    - Any other mixed background, please write in: {  }

- Asian / Asian British
    - Indian
    - Pakistani
    - Bangladeshi
    - Chinese
    - Any other Asian background, please write in: { }
- Black / African / Caribbean / Black British
    - British
    - African
    - Caribbean
    - Any other Black background, please write in: { }
- Other
    - Other (please write in): { }
- Prefer not to say

22. Do you consider yourself to have a disability or health condition?

- Yes (If you wish to give further information about your condition please do
- so here:) { }
- No
- Prefer not to say

23. Do you have caring responsibilities? If yes, please tick all that apply

- None
- Primary carer of a child/children (under 18)
- Primary carer of disabled child / children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Other (please write in): { }
- Prefer not to say

24. How would you normally travel to your local NHS hospital

- Drive yourself
- On foot
- Public transport
- Taken by friend
- Taken by relative
- Other (please write in): { }

## Appendix 3: Thurrock questionnaire

**1) What is your overall view on the proposal for the three hospitals working together to improve specialist care?**

( ) Strongly agree

( ) Agree

( ) Neither agree nor disagree

( ) Disagree

( ) Strongly disagree

**2. Please add any comments to explain your view:**

_____

_____

_____

_____

**3. What is your overall view on the proposed transfer of services from Orsett Hospital to Purfleet, Grays, Corringham and Tilbury?**

( ) Strongly agree

( ) Agree

( ) Neither agree nor disagree

( ) Disagree

( ) Strongly disagree

**4. Please add any comments to explain your view:**

_____

_____

_____

_____

**5. Please let us know your views on the best location(s) for kidney dialysis:**

_____

_____

_____

_____

**6. Do you have any alternative suggestions for how to transfer services from Orsett Hospital?**

_____

_____

_____

_____

**7. Please add any other comments:**

_____

_____

_____

_____

## Appendix 4: Telephone survey questions

**Awareness**

1. Have you heard about the 'Your care in the best place' consultation?

| | | |
|---|---|---|
| Yes – heard a lot | Yes – heard a little | No – not at all |

2.a) If Yes, where did you hear about it? (select all that apply)

| | | | | |
|---|---|---|---|---|
| Staff information | Local newspapers | Radio | Information in healthcare setting (eg. GP/hospital waiting room) | Newsletters/leaflets in community |
| Public meetings | Community noticeboards | Word of mouth | Social media | Other (please state) |

2.b) If yes, have you read the consultation document?

| | |
|---|---|
| Yes I have | No I have not |

**Your care in the best place – in our hospitals**

NHS Mid and South Essex Sustainability Transformation Partnership, which is responsible for the health services provided in your area, wants the very best health and care for you and your family. To do this in the best way, the NHS Partnership wants to understand what is important to you.

One of the issues we are keen to hear your view on is how the NHS Partnership can provide care in the best place in the hospitals in the area.

There are five specific principles that we would welcome your views and comments on. We will describe each of these in a bit more detail.

3. **Principle 1 is about improvements in A&E.** The majority of hospital care will remain local, and each hospital will continue to have a 24-hour A&E department that receives ambulances**.** As well **as** this, there will be four assessment units with specially trained teams to meet the needs of older and frail people, children, and patients in need of urgent medical or surgical treatment.

What is your overall view of this proposed approach?

| STRONGLY AGREE | AGREE | NEITHER AGREE NOR DISAGREE | DISAGREE | STRONGLY DISAGREE | (DON'T PROMPT) DON'T KNOW |
|---|---|---|---|---|---|
| | | | | | |

4. Please add any comments to explain your view or any issues that you think this approach might raise for you?

| |
|---|
| |

5. **Principle 2 is about some specialist services being brought together in one place.** There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team in a hospital, for example if you had a complex heart, lung or kidney problem, or required gynaecological surgery. We are proposing that these specialist services, that usually require surgery and / or a hospital stay, should be provided in one place, where this would improve your care and chances of making a good recovery. You would stay with the specialist team for around three or four days, after which you would go home if you had made a good recovery, or return to your local hospital for further care and rehabilitation. What is your overall view of this proposed approach?

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | (don't prompt) Don't know |
|---|---|---|---|---|---|
| | | | | | |

6. Please add any comments to explain your view or any issues that you think this approach might raise for you?

7. **Principle 3 is about improving access to specialist stroke care.** Clinical evidence shows that fast action after a stroke prevents the brain damage caused by a stroke. If this is followed by a short period of the highest dependency care, provided by a team of specialists, then people can make a good recovery. At the moment none of the main hospitals (Basildon, Southend and Broomfield) has the right number of specialists to provide the level of care we are proposing. We want to continue to provide stroke care in each of the three hospitals but place the specialists we have in one specialist stroke unit in one of the hospitals (Basildon Hospital). What is your overall view of this proposed approach?

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | (don't prompt) Don't know |
|---|---|---|---|---|---|

8. Please add any comments to explain your view or any issues that you think this approach might raise for you?

9. **Principle 4 is about separating some planned operations from emergency cases.** Evidence suggests that planned operations (such as those for bone fractures, bladder and kidney problems) should, where possible, be separated from patients who are coming into hospital in an emergency because it reduces delays in the planned operations and improves the quality of care. What is your overall view of this proposed approach?

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | (don't prompt) Don't |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| | | | | | know |

10. Please add any comments to explain your view or any issues that you think this approach might raise for you?

| |
|---|
| |

11. **Principle 5 is about transferring services from Orsett Hospital to a number of new centres closer to where people live in Thurrock, for Thurrock residents, and to Basildon, Brentwood and Billericay, for residents of those areas.** Some hospital services should be provided closer to you, at home or in a local health centre. The development of new "integrated medical centres" in Thurrock over the next two years and the development of health centre locations in Basildon town centre, Brentwood Community Hospital and St Andrew's at Billericay, offers the opportunity to relocate tests, scans, outpatient appointments and treatments closer to where people live in south west Essex. Once the proposed new services are up and running, it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site. What is your overall view of this proposed approach?

| | | | | | |
|---|---|---|---|---|---|
| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | (don't prompt) Don't know |

12. Please add any comments to explain your view or any issues that you think this approach might raise for you?

| |
|---|
| |

**Transport and other comments**

13. We are proposing a free bus service to support families and visitors, which could run between the three hospitals or other main locations. What are your views on how this service could best operate?

14. Are there any other considerations you think we should take into account when making final decisions about these proposals?

Finally we have a few questions about you, which help us to better understand the impact of any potential service changes upon different groups of people.

15. Could you please begin by giving us your postcode?

16. In what capacity you are responding to this survey?
    - Resident
    - Patient and public representative
    - Councillor
    - Voluntary organisation / advocate
    - Local authority officer
    - GP / GP practice
    - Social worker
    - Community and mental health services representative
    - Hospital clinician
    - Hospital manager
    - Other (please state):

17. What is your age?
    - 16-25
    - 26-35
    - 36-45

- 46-55
- 56-65
- 66-75
- 76 and over
- Prefer not to say

18. What is your gender?
    - Male
    - Female
    - Other
    - Prefer not to say
19. Is your gender different to that assigned to you at birth?
    - Yes
    - No
    - Prefer not to say
20. Are you married or in a civil partnership?
    - Yes
    - No
    - Prefer not to say
21. What is your sexual orientation?
    - Heterosexual
    - Gay woman / lesbian
    - Gay man
    - Bisexual
    - If other, please specify:
    - Prefer not to say
22. What is your religion or belief?
    - No religion or belief
    - Buddhist
    - Christian
    - Hindu
    - Jewish
    - Muslim
    - Sikh
    - If other, please specify:
    - Prefer not to say
23. What is your ethnicity?
    - **White**
        - English
        - Welsh
        - Scottish
        - Northern Irish
        - Irish
        - British
        - Gypsy or Irish traveller
        - Any other white background, please write in:
    - **Mixed / multiple ethnic groups**
        - White and Black Caribbean
        - White and Black African

        - White and Asian
        - Any other mixed background, please write in:
    - **Asian / Asian British**
        - Indian
        - Pakistani
        - Bangladeshi
        - Chinese
        - Any other Asian background, please write in:
    - **Black / African / Caribbean / Black British**
        - British
        - African
        - Caribbean
        - Any other Black background, please write in:
    - **Other**
        - Other (please write in):
        - Prefer not to say

24. Do you consider yourself to have a disability or health condition?
    - Yes (If you wish to give further information about your condition please do
    - so here:)
    - No
    - Prefer not to say

25. Do you have caring responsibilities? (tick all that apply)
    - None
    - Primary carer of a child/children (under 18)
    - Primary carer of disabled child / children
    - Primary carer of disabled adult (18 and over)
    - Primary carer of older person
    - Secondary carer (another person carries out the main caring role)
    - Other (please specify):
    - Prefer not to say

26. How would you normally travel to your local NHS hospital? (all that apply)
    - Drive yourself
    - On foot
    - Public transport
    - Taken by friend
    - Taken by relative
    - Other (please write in):

# Appendix 5: Telephone survey – detailed findings

### Introduction and Methodology

This report details results from a telephone survey of 750 residents across the five CCG areas that cover Mid and South Essex. It was commissioned by Mid and South Essex Sustainability Transformation Partnership as part of the "Your care in the best place" consultation.

The purpose of the telephone survey was to supplement the information provided by the other consultation channels. This method captures views of a more randomised sample of the population than other self-selecting consultation channels and provide findings that are representative of the population.

A broadly representative sample was captured through a quota sample method, with quotas set for demographics and geography. The sample has not been weighted. The sample breakdown is provided below, with comparisons between the sample secured and the Census 2011 demographics for age, gender, CCG area, and ethnicity.

The surveys and sampling methodology was developed by Mid and South Essex Sustainability Transformation Partnership with fieldwork, analysis and reporting conducted by The Campaign Company. The questions and script were adapted from the self-completion consultation survey to be appropriate for telephone survey use. This included the use of scripted text to enable respondents to have sufficient information to provide their responses.

The full questionnaire including scripted question introductions can be viewed in Appendix 1.

Analysis of closed and open questions have been analysed differently. Open questions have been coded to organise responses into key themes and then analysed qualitatively to accurately summarise the views of provided. Quotes are provided in italics alongside these summaries. The quotes have been selected as responses that most accurately represent the responses for each theme.

Closed questions have been analysed statistically with responses to each question compared by age, gender, ethnicity, postcode, and whether the respondent has a disability. The headline responses for each question are provided, followed by these breakdowns. Where differences are statistically significant they are noted in the text.

## Sample profile

### Sample characteristics and quota

Below are the characteristics of the sample where quotas were set based on the 2011 Census. The target quota and achieved sample are shown.

#### *CCG area*

| | Census 2011 | Set Quota | Achieved Surveys | Achieved surveys |
|---|---|---|---|---|
| NHS Basildon and Brentwood CCG | 22% | 164 | 22% | 164 |
| NHS Castle Point and Rochford CCG | 16% | 116 | 15% | 116 |
| NHS Mid Essex CCG | 16% | 252 | 33% | 250 |
| NHS Southend CCG | 34% | 116 | 15% | 116 |
| NHS Thurrock CCG | 14% | 102 | 14% | 104 |

#### *Age*

| | Census 2011 | Target Quota | Achieved Sample (%) | Achieved Sample (count) |
|---|---|---|---|---|
| 16-25 | 14% | 108 | 10% | 78 |
| 26-35 | 15% | 113 | 14% | 108 |
| 36-45 | 18% | 138 | 17% | 130 |

| | | | | |
|---|---|---|---|---|
| 46-55 | 17% | 128 | 17% | 131 |
| 56-65 | 15% | 114 | 16% | 121 |
| 66-75 | 11% | 80 | 11% | 86 |
| 76 and over | 9% | 69 | 9% | 68 |
| Prefer not to say | N/A | | 4% | 28 |

***Gender***

| | Census 2011 | Target Quota | Achieved Sample (%) | Achieved Sample (count) |
|---|---|---|---|---|
| Male | 49% | 368 | 45% | 334 |
| Female | 51% | 383 | 54% | 402 |
| Other | 0% | 0 | 0% | 1 |
| Prefer not to say | N/A | | 2% | 13 |

***Ethnicity***

| | Census 2011 | Target Quota | Achieved Sample (%) | Achieved Sample (count) |
|---|---|---|---|---|
| White English, Welsh, Scottish, Northern Irish, British | 90% | 673 | 90% | 673 |
| White Irish | 4% | 27 | 1% | 7 |
| Gypsy or Irish Traveller | 0% | 0 | 0% | 0 |

| | | | | |
|---|---|---|---|---|
| Other White | 0% | 0 | 1% | 4 |
| Mixed and multiple ethnic group | 2% | 12 | 1% | 8 |
| Asian and Asian British | 3% | 19 | 1% | 7 |
| Black African and British Caribbean | 2% | 17 | 1% | 4 |
| Other ethnic group: Total | | 3 | 0% | 0 |
| Prefer not to say | | | 6% | 47 |

**Additional sample characteristics**

| | Achieved Sample (%) | Achieved Sample (count) |
|---|---|---|
| Heterosexual | 87% | 656 |
| Gay woman / lesbian | 0% | 2 |
| Gay man | 0% | 3 |
| Bisexual | 0% | 1 |
| If other, please specify: | 0% | 0 |
| Prefer not to say | 12% | 88 |

| | Achieved Sample (%) | Achieved Sample (count) |
|---|---|---|
| No religion or belief | 33% | 246 |
| Buddhist | 0% | 2 |
| Christian | 56% | 417 |
| Hindu | 0% | 2 |

| | | |
|---|---|---|
| Jewish | 0% | 1 |
| Muslim | 0% | 1 |
| Sikh | 0% | 1 |
| If other, please specify: | 1% | 5 |
| Prefer not to say | 10% | 75 |

***Do you consider yourself to have a disability or health condition?***

| | Achieved Sample (%) | Achieved Sample (count) |
|---|---|---|
| Yes | 26% | 197 |
| No | 70% | 524 |
| Prefer not to say | 4% | 29 |

## Findings

### Awareness

***Have you heard about the 'Your care in the best place consultation'***

7 per cent of respondents had heard of the 'Your care in the best place consultation', with 2 per cent having heard a lot and 5 per cent having heard a little.

Respondents in the Basildon and Brentwood CCG were the least likely to have heard about the consultation, with 98 per having not heard of the consultation at all.

There were no other significant differences in responses by demographic or other characteristics.

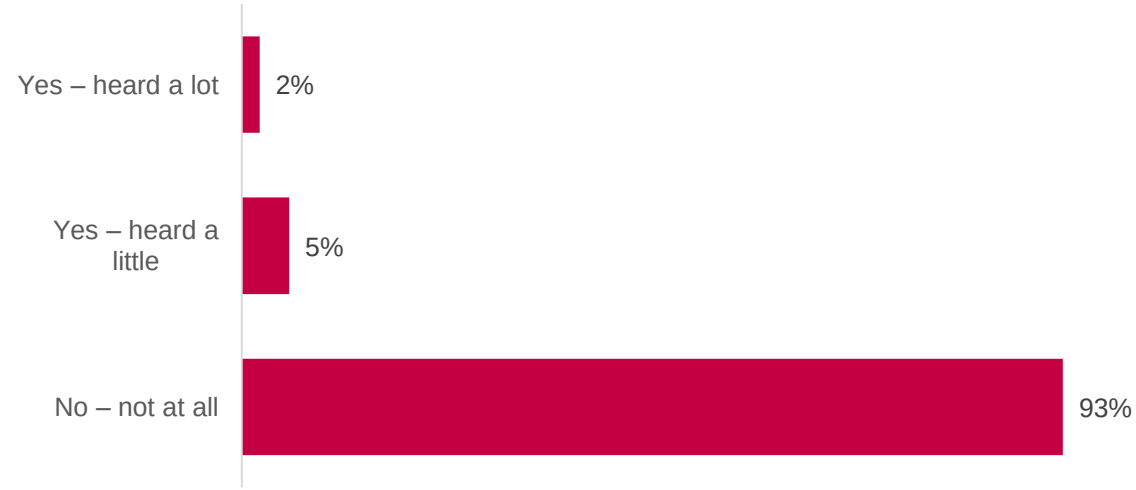


***Figure 5. Q1. Have you heard about the 'Your care in the best place' consultation? Total sample; Unweighted; base n = 750***

## *If yes, where did you hear about it?*

Of the 55 respondents who had heard about the consultation, 38%heard through local newspapers. 16% (representing 9 people) heard through each of the following channels: staff information, newsletters/leaflets in community and word of mouth.

There were no significant differences in responses by demographics or other characteristics.

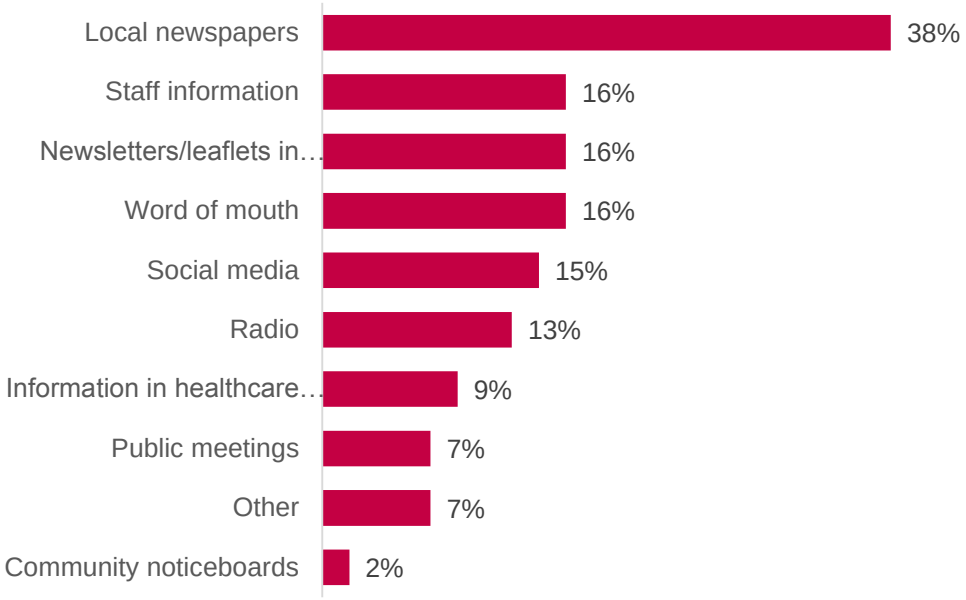


***Figure 6. Q2A. Where did you hear about it***
***Total sample; Unweighted; base n = 55; total n = 750; 695 missing***

### *If yes, have you read the consultation document*

Of the 55 respondents who were aware of the consultation, 29 per cent have read the consultation document. There were no significant differences in responses by demographics or other characteristics.

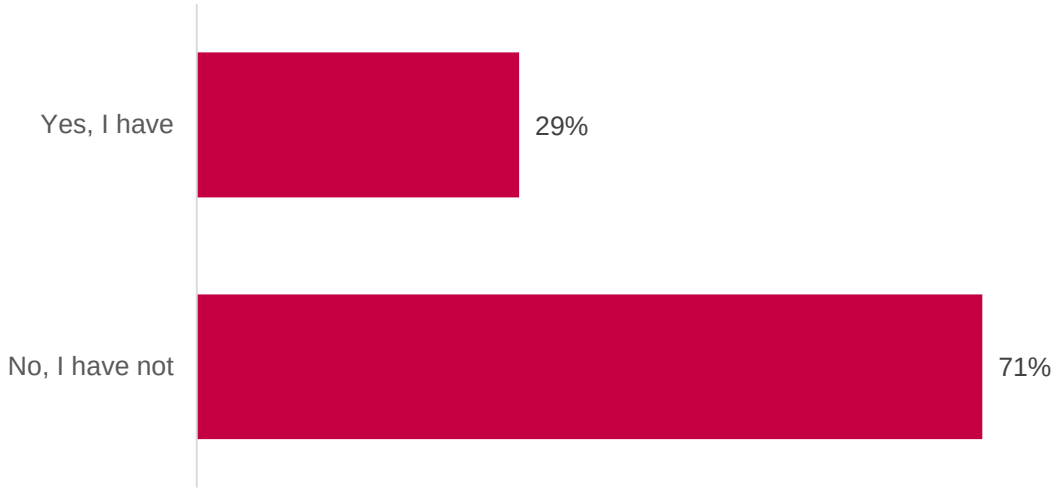


***Figure 7. Q2B. Have you read the consultation document?***
***Total sample; Unweighted; base n = 55; total n = 750; 695 missing***

## Views on principles

***Principle 1 is about improvements in A&E. The majority of hospital care will remain local, and each hospital will continue to have a 24-hour A&E department that receives ambulances. As well as this, there will be four assessment units with specially trained teams to meet the needs of older and frail people, children, and patients in need of urgent medical or surgical treatment. What is your overall view of this proposed approach?***

Four in five (80%) respondents agree with Principle 1. More than a third strongly agree. Nearly one in ten (9%) disagree.

Residents aged 46-45 are significantly less likely to agree (72%compared to 80 per cent overall). Respondents aged over 65 were most likely to agree (86 per cent). Respondents in the NHS Thurrock CCG area were less likely to agree (71 per cent).

There were no other significant differences in responses by demographics or other characteristics.

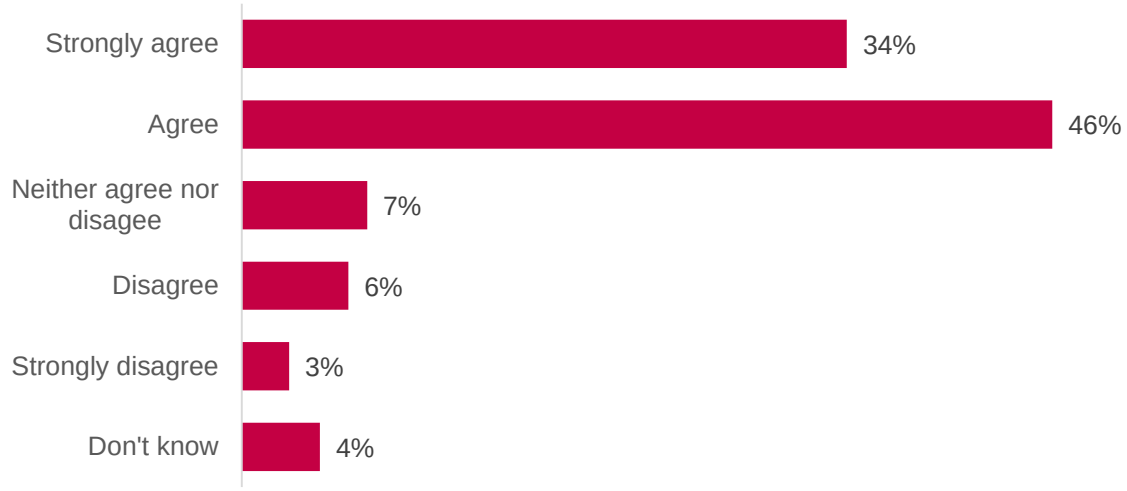


***Figure 8. Q3. What is your overall view of this proposed approach? - Principle 1***
***Total sample; Unweighted; base n = 750***

407 respondents provided additional comments to explain their view or raise issues.

The main reasons given for agreeing with principle 1 were the importance of having an A&E in each of the hospitals or that with limited information the proposal seems a good idea or an improvement. The comments that gave reasons for disagreeing included: that it will lead to fragmentation of the service; concern about closing down hospitals; and that it will create another system and additional bureaucracy.

A large number of comments raised specific concerns about the NHS or provided suggestions for changes. Concerns were raised around waiting times; services meeting the demand of an increasing population; a need for more ambulances; problems with social services causing avoidable hospital admissions; and problems with outsourcing of NHS services. The following changes were suggested: each hospital having 24/7 A&E services; a new hospital being built in the south of Essex; Orsett to have an A&E department; A&E patients only being able to be accompanied by a single visitor to reduce waiting rooms being filled up; more funding for Southend Hospital; higher wages for NHS staff; and more public education about when patients should use an A&E.

***Principle 2 is about some specialist services being brought together in one place. There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team in a hospital, for example if you had a complex heart, lung or kidney problem, or required gynaecological surgery. We are proposing that these specialist services, that usually require surgery and / or a hospital stay, should be provided in one place, where this would improve your care and chances of making a good recovery. You would stay with the specialist team for around three or four days, after which you would go home if you had made a good recovery, or return to your local hospital for further care and rehabilitation. What is your overall view of this proposed approach?***

Two thirds (67 per cent) of residents agree with Principle 2.21 and 16 per cent of resident disagree.

Respondents aged 65+ are more likely to agree (77%) compared to 56-65 who are the least likely to agree (61%)

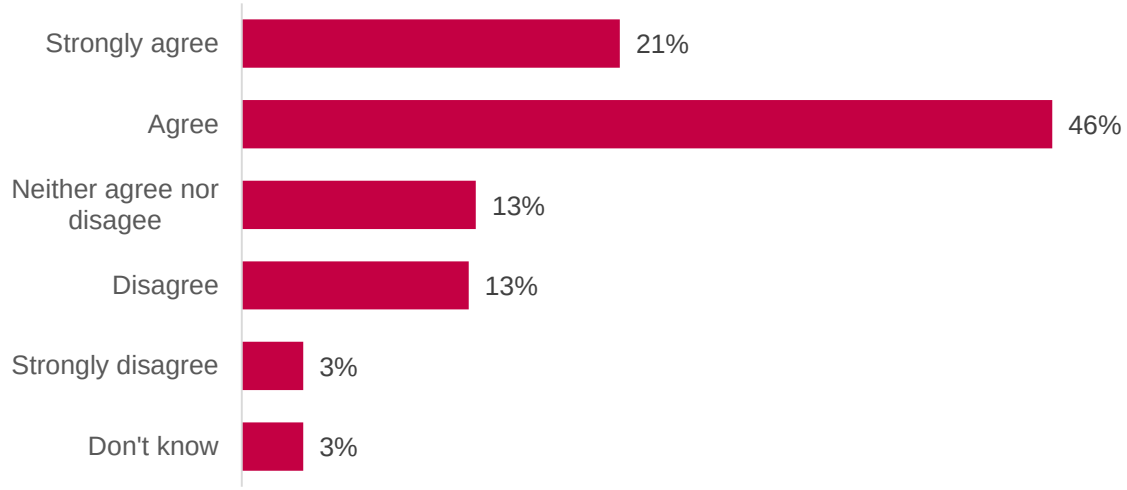


***Figure 9. Q5. What is your overall view of this proposed approach? - Principle 2***
***Total sample; Unweighted; base n = 750***

435 respondents provided additional comments to explain their view or raise issues.

The main reasons respondents gave for why they agree with principle 2 were around the benefits of specialisation being in one place and positive experiences of Basildon hospital. Respondents commented that healthcare outcomes would improve by having the appropriate technology, expertise and equipment in one place, and that this could offer a more streamlined service. There was also a view that Basildon was a hospital that is high performing - in particular there were a number of positive references to heart treatment at the hospital. Other comments expressed that they felt the solution was the best given funding constraints.

The main concern raised regards the location of the specialist centres. This was felt to potentially be too far away to treat patients in other parts of the catchment area, particular in the case of stroke and heart patients in need of fast treatment. Also, a number of comments referenced potential challenges with public transport, and the importance of family being able to easily visit patients. Some responses gave a preference for other hospitals, such as Broomfield being made into a specialist centre.

***Principle 3 is about improving access to specialist stroke care. Clinical evidence shows that fast action after a stroke prevents the brain damage caused by a stroke. If this is followed by a short period of the highest dependency care, provided by a team of specialists, then people can make a good recovery. At the moment none of the main hospitals (Basildon, Southend and Broomfield) has the right number of specialists to provide the level of care we are proposing. We want to continue to provide stroke care in each of the three hospitals but place the specialists we have in one specialist stroke unit in one of the hospitals (Basildon Hospital). What is your overall view of this proposed approach?***

Two thirds of respondents agree with Principle 3. More than one in five (22 per cent) agree strongly. Just under a quarter disagree (23 per cent).

A higher percentage of respondents agree in the NHS Thurrock CCG area (82 per cent) and the NHS Basildon and Brentwood CCG area (76 per cent). Whereas a significantly lower number agree in NHS Southend (51 per cent) and NHS Mid Essex CCG (60 per cent).

Respondents aged 16-25 are the least likely to disagree (9%).

There were no other significant differences in responses by demographics or other characteristics.

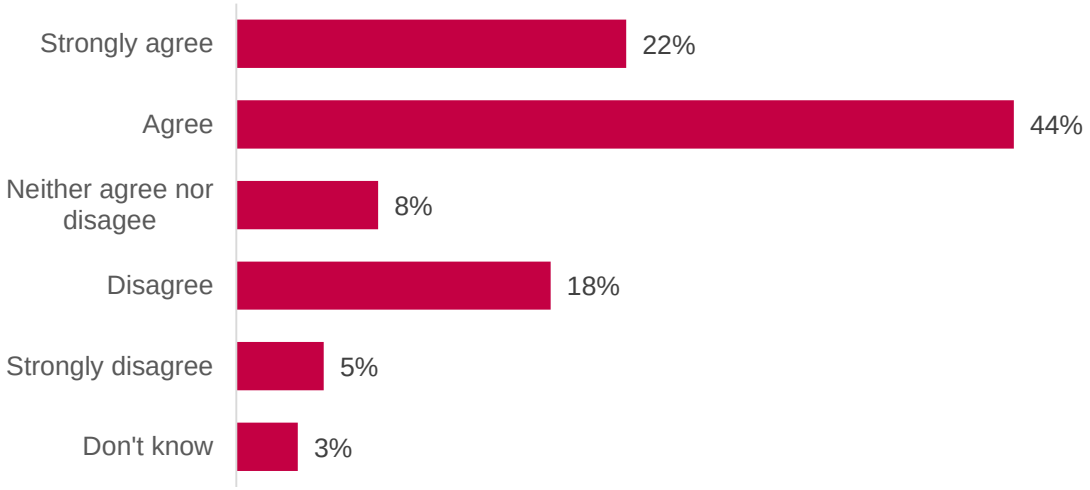


***Figure 10. Q7. What is your overall view of this proposed approach? - Principle 3***
***Total sample; Unweighted; base n = 750***

450 respondents provided additional comments to explain their view or raise issues.

There were a small number of comments given for why respondents agreed with the principle. These centred on the benefits of having a specialist centre in terms of patient outcomes and the service provided.

A number of concerns were raised. The main concern mentioned was that the travel to Basildon in the case of a stroke could be too far and this could be dangerous. There was a feeling that traffic was a problem travelling to Basildon and the distance would make it hard for friends and family to visit. There were also concerns about the capacity pressures that the changes might put on Basildon Hospital - some responses mentioned that there was insufficient resources in terms of funding

and staffing to manage additional patients. The capacity of the carpark was also mentioned.

Additional comments included the view that Basildon is not a good hospital and it would be better delivering less rather than more services. A number of responses felt that the services should be provided at all hospitals; that the status quo should be maintained; or gave a preference for Southend Hospital or Broomhill to become the specialist centre.

***Principle 4 is about separating some planned operations from emergency cases. Evidence suggests that planned operations (such as those for bone fractures, bladder and kidney problems) should, where possible, be separated from patients who are coming into hospital in an emergency because it reduces delays in the planned operations and improves the quality of care. What is your overall view of this proposed approach?***

Three quarters (75%) of respondents agree with Principle 4 and 8 % disagree. Of the three quarters that agree, 22% agree strongly.

Respondents in the Castle Point and Rochford CCG are more likely to disagree (14% compared to 8% overall)

Respondents aged 56-65 are more likely to disagree (12%).

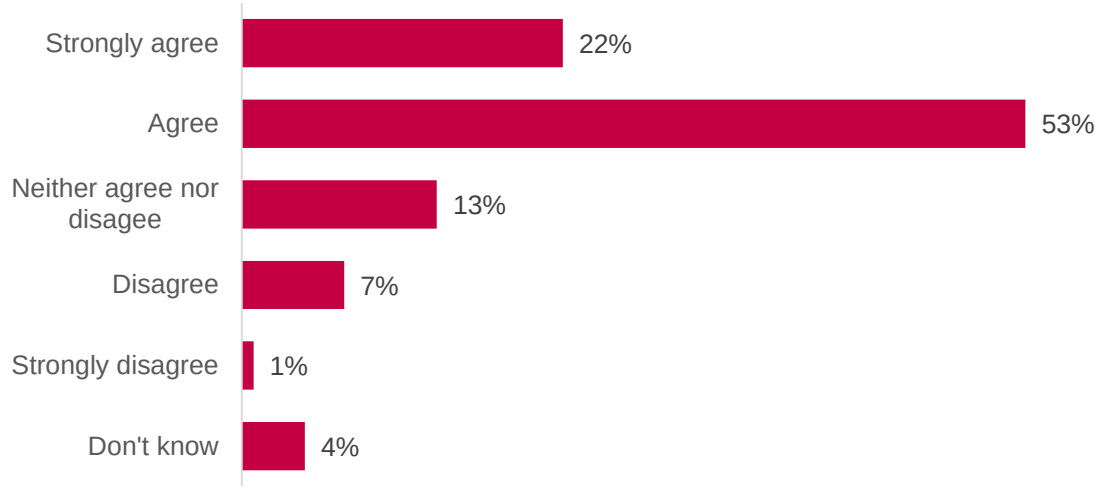


***Figure 11. Q9. What is your overall view of this proposed approach? - Principle 4***
***Total sample; Unweighted; base n = 750***

286 respondents provided additional comments to explain their view or raise issues.

The main reasons that respondents gave for supporting the changes was that this would lead to fewer cancellations. This was felt by many respondents to be a

common sense approach that would be likely to be more efficient and reduce waiting times. Some responses included that they felt it would be beneficial to the quality of both to urgent and planned treatments to be separate.

There were concerns around how the proposal would have sufficient resource and would not diminish the standard of treatment for existing operations. There were also concern about doctors needing to travel between locations. Some gave preferences to having all services in a single hospital.  Another comment made by a number of respondents was that emergency patients should come first and be the top priority.

***Principle 5 is about transferring services from Orsett Hospital to a number of new centres closer to where people live in Thurrock, for Thurrock residents, and to Basildon, Brentwood and Billericay, for residents of those areas. Some hospital services should be provided closer to you, at home or in a local health centre. The development of new "integrated medical centres" in Thurrock over the next two years and the development of health centre locations in Basildon town centre, Brentwood Community Hospital and St Andrew's at Billericay, offers the opportunity to relocate tests, scans, outpatient appointments and treatments closer to where people live in south west Essex. Once the proposed new services are up and running, it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site. What is your overall view of this proposed approach?***

More than four in ten (42%) of respondents agree with principle 5, one in ten (10%) strongly agree. Just over a quarter (26%) disagree, 9% strongly disagree.

Respondents in NHS Basildon and Brentwood CCG are are the most likely to agree (57%) and respondents in NHS Thurrock CCG area are most likely to disagree (62%).

Respondents aged 26-35 are more likely to agree (56%). Over 65's are most likely to disagree (32%).

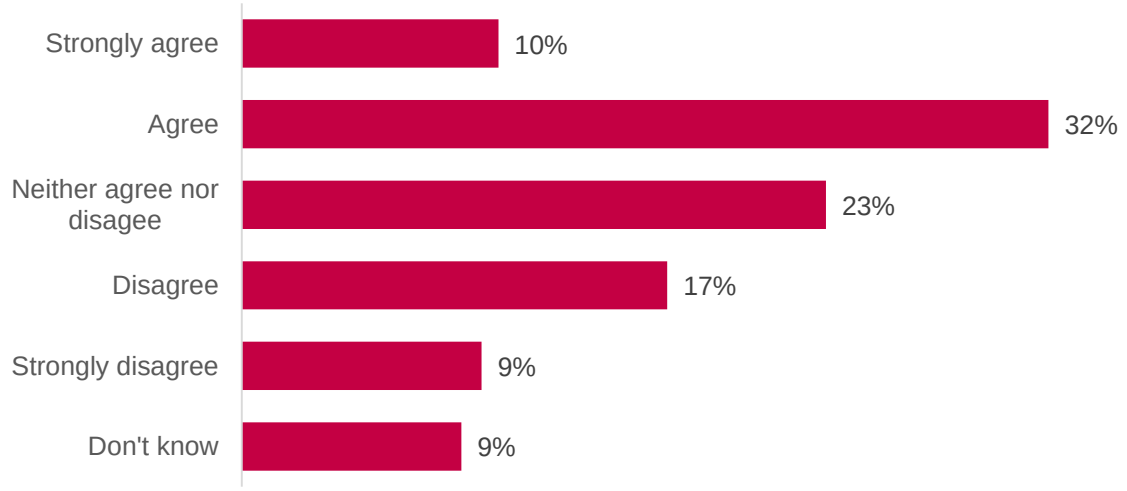


***Figure 12. Q5. What is your overall view of this proposed approach? - Principle 5***
***Total sample; Unweighted; base n = 750***

434 respondents provided views on the principle. Of those that did not, many stated that this was because it did not affect them or they did not know about the area because they live in other areas.

Positive comments about the principle, centred around the preference for local and easily accessible services. A number of comments described poor experiences of Orsett and that the hospital currently is difficult to access, has poor availability of parking and is not in good condition. Some respondents also made the comment that additional more local services would alleviate pressure on the hospital. A number of respondents were positive about the proposal but with the caveat that changes should only be made to Orsett Hospital once additional services are in place in the community.

There were a number of concerns raised about the principle. A number of these included positive views of Orsett Hospital and its current services, which were described as providing good services and having lots of facilities for outpatient services. A number of respondents were concerned about the funding needed to implement this principle. There were concerns about the impact on capacity and waiting times of any changes to Orsett Hospital, which was described as currently very busy.

Other comments include that there should be hubs in Thurrock instead; that localised services should be provided alongside maintenance of current services at Orsett Hospital; and that Orsett Hospital should be redeveloped.

#### Views on free bus service

605 respondents offered a comment on the proposal.

There was a wide mixture of comments positive and negative about the proposed free bus service. The main reason given in support was that this would be beneficial for those who do not drive and the elderly. Other comments also mentioned that this might reduce parking pressure at Basildon hospital and that a free service would be reduce their costs in visiting hospitals.

There were a number of comments that were generally supportive of the proposal but had reservations. These included that the bus would need to have sufficient capacity and be frequent enough to be useful - how frequent respondents felt was necessary varied from once an hour 9-5 to 24/7 every 15 minutes.

A number of comments felt that the proposal was not a good idea. The main reason given was that it was a waste of money that would be better spent on health services. Other concerns included that the roads were in disrepair and had too much traffic for the bus to be useful; that the bus would not be accessible enough for the disabled or people with young children to use; that it would be mainly used

by the elderly who already have a free bus pass so would not make much difference; and that the money would be better spent on free parking.

A number of alternative suggestions were made. These include that a needs assessment should be conducted first to establish how many people would use the bus; that a more personalised taxi service would be preferable; and that there should be a health professional on board.

### Other considerations

398 respondents provided additional views of considerations that should be taken into account when making a final decision about these proposals.

The majority of responses included considerations given in response to previous questions. The main themes for these were around the importance of parking, adequate funding and staffing, road structures and traffic, service demand needing to meet population growth, and problems with roads and traffic.

Additional considerations raised include: a need for more attention and changes to mental health services; hospitals to make better adjustments for people with disabilities; reducing waste through reducing pay for NHS management; better resident involvement and consultation around significant changes, including referendums; more focus on preventative health; better communication between hospitals; and that experts should make the decisions.

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