



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



## **Your care in the best place**

At home, in your community and in our hospitals

Discussion event – xxxx January 2018

[www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

# Public consultation 30 Nov 2017 – 9 Mar 2018

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**Welcome!**

**Ian Stidston**

Accountable Officer, Castle Point and Rochford and Southend Clinical  
Commissioning Groups

**And clinical colleagues:**

- ***TBC***

# Why we need change

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## Increasing needs – mainly associated with ageing population

- Increase in long term conditions – lung disease, diabetes, heart disease, disability following stroke, mental health issues
- More people living with several conditions



- GP and community services under pressure
- Hospital emergency services under pressure e.g. in Southend:

Av no. of A&E  
attendances per day  
**Dec 2012 - 243**

Av no. of A&E  
attendances per day  
**Dec 2017 - 274**

# STP plan

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- Health and social care partners have **teamed up** to improve how people can get the right care they need, when they need it, and in the best place (home, community or in hospital)
- Plan aims to **meet the challenges** of today and demands of the future
- There are many examples of excellent care, but **we could do better**
- Our vision is to join up different health, care and voluntary services **around you and your needs** - physical, mental and social care
- Starts with help to **stay healthy** and avoid serious illness
- At home and in your community we are **building up GP and community services**, such as pharmacists, experienced nurses, physiotherapists and mental health therapists; and increasing our range of services available via GP practices

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



# Main benefits of proposed changes in hospital

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Sometimes our hospitals are blocked

Specialist expertise spread across 3 hospitals

We don't always achieve the highest standards

We don't always make the most of our talent

Sometimes better alternatives to hospital

- **Improvements in A&E will mean shorter waits, quicker treatment and shorter stays in hospital**
- **By bringing specialists together – easier to provide 24 cover**
- **Larger specialist teams see more patients – improves care quality and chances of good recovery**
- **Larger teams, better training – attracts, retains & develops staff**
- **Services closer to where you live – quicker to respond and more convenient**

## Five principles for our proposed future hospital services

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





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

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



300

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

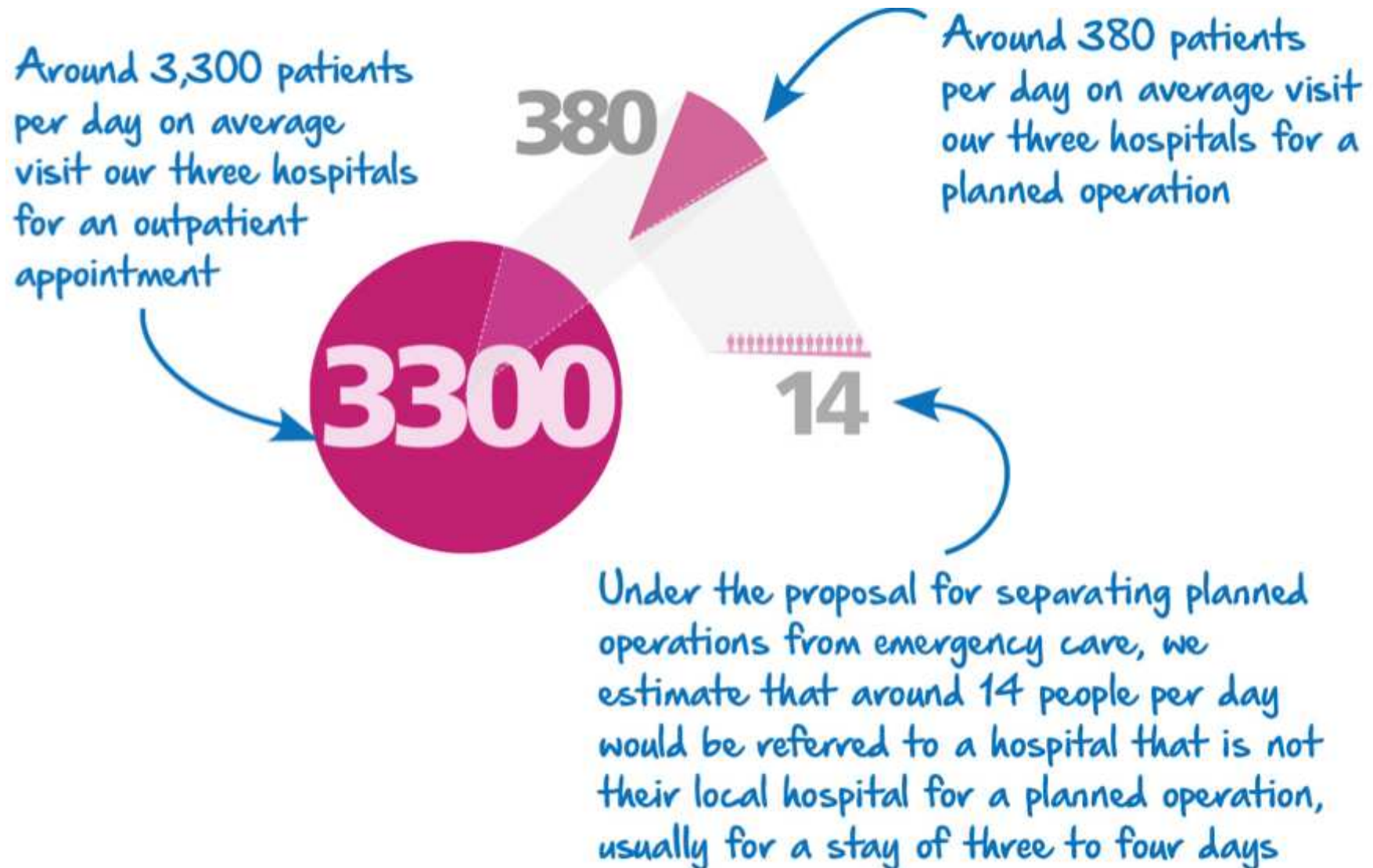
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Under the proposals for reorganising some specialist emergency services, we estimate that around 15 people per day would require a transfer from their local A&E to a specialist team in another hospital



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

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# Summary of proposed changes in the south east

## Southend Hospital

### Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

### Existing specialist services that stay the same

- Radiotherapy & cancer centre
- Cancer surgery, including urological cancer surgery

### Proposed service changes

#### Emergency

Improved stroke care & rehabilitation (acute stroke unit)

Gynaecology surgery, including gynaecology cancer surgery

#### Planned

Orthopaedic surgery for south Essex patients

# Summary of proposed changes in mid Essex

## Broomfield Hospital

### Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

### Existing specialist services that stay the same

- Specialist centre for burns & plastic surgery
- ENT & facial surgery
- Upper gastro-intestinal surgery

### Proposed service changes

#### Emergency

Improved stroke care & rehabilitation (acute stroke unit)

Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services

More complex orthopaedic trauma surgery (e.g. serious fractures)

#### Planned

# Summary of proposed changes in south west

## Basildon Hospital

### Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

### Existing specialist services that stay the same

- Essex Cardiothoracic Centre

### Proposed service changes

#### Emergency

#### Planned

Specialist stroke unit

Improved stroke care & rehabilitation (acute stroke unit)

Specialist teams for complex lung problems, complex vascular problems, complex heart problems

More complex orthopaedic trauma surgery (e.g. serious fractures)

Specialist team for complex kidney problems

## Summary of proposed changes affecting south east

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- **All outpatients and majority of operations stay local**
- Planned orthopaedic operations proposed in **Southend**
- Specialist gynaecology, including cancer, proposed in **Southend**
- Specialist stroke unit proposed in **Basildon**
- Specialist teams in **Basildon** proposed for complex lung, vascular, heart and kidney problems
- Specialist teams in **Chelmsford** proposed for complex urology, abdominal surgery and gastroenterology

# Proposals for stroke

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**Around 85% due to blood clot – 20% may benefit from clot-busting drug treatment (thrombolysis)**

**Around 15% due to bleed in the brain - needs very specialist care**

## **Rationale for change**

- Clinical evidence for specialist stroke units = better chances of recovery
- The key is - intensive rehabilitation in first 72 hours
- Joined-up stroke teams = network of stroke care & specialist stroke unit
- Propose Basildon for close links with Essex Cardiothoracic Centre

## **Patient pathway**

- Suspected of having a stroke – go by ambulance to nearest A&E
- In A&E - diagnosis, stabilisation - if blood clot, start treatment
- Transfer to specialist stroke unit for first 72 hours high dependency care
- Return home or to local hospital/community for continuing care and rehabilitation



# Clinical transfers and transport between hospitals

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Propose to invest in:

## New type of clinical transport between hospitals

- Clinical teams discuss with you, your family
- Clinical support during transfer
- Protocols for local hospital, specialist team and transport service
- If transfer not appropriate, specialist team supports local team

## Free bus service between hospitals

- Runs between hospitals, or other locations
- Review and adapt



# Investing in our hospitals

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## **Investing over £118 million in:**

- Around 50 extra beds
- New operating theatres
- Improving technology to make it easier to operate across three sites

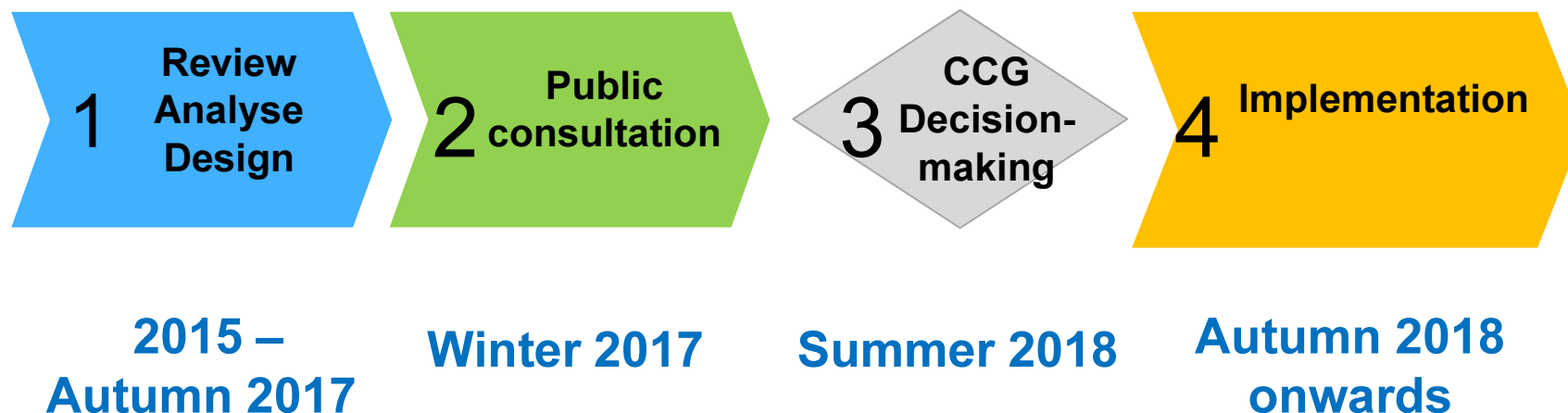
## **How each hospital would benefit from investment:**

- Southend Hospital - £41 million
- Broomfield Hospital - £19 million
- Basildon Hospital - £30 million

A further £28 million will be invested in additional technology

# What happens next?

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- § Currently at Stage 2 - public consultation 30 Nov 2017 to 9 March 2018
- § No decisions have yet been made – and won't be until summer 2018



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## Three trusts' merger plan

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- 3 trusts have **worked together since 2016**
- **Options appraisal** exercise in December to look at longer term
- Not essential for current proposals, but **merger is potentially preferred option** to strengthen and sustain hospital services for the future
- All three hospital boards have **agreed to start process** towards merger – separate from consultation led by CCG Joint Committee
- Merger enables right systems and processes to make the **most of resources, skills and expertise** across the three trusts
- **Next steps** – strategic case, business case, subject to approvals from Trust Boards, Governors of foundation Trusts, NHS Improvement and Competition and Market Authority (CMA).
- Aiming for new organisation in **April 2019**