

Joint HOSC
30th August 2018
Statements from members of the public

Mike Fieldhouse.

I'm here this evening representing the Save Southend NHS campaign group.

The success of many of the sweeping changes to acute care proposed by the STP are contingent on the successful implementation of huge changes to the delivery, and the subsequent outcomes, of primary care in our area.

Some of the STP's predictions of these outcomes are truly astounding.

In their Pre-consultation Business Case, they claim that instead of the expected rise in hospital outpatient appointments of nearly 25% by 2020/21, their plans will in fact produce a reduction of almost 20% ! That means that instead of over 1.5 million appointments per year, there will be fewer than 1 million in mid & south Essex's hospitals. Similarly, elective surgeries will rise by a mere 0.4% rather than the expected 22.5%, whilst non-elective surgeries will actually see a fall of 0.2% on 2016/17 figures, compared to a predicted 16% increase.

Of course we'd all love to see a generally healthier & fitter population – but until that is a reality, it is not possible to cut back hospital services based purely on wishful thinking.

This evening we will hear all sorts of very valid and serious problems with the STP's plans, including: the lack of consideration and planning around inter-hospital patient transfer, the withdrawal of many services from individual hospitals, and the confusion over the provision and location of stroke services, amongst others. Additionally, and as highlighted at the last full meeting of Southend Council, there were serious shortcomings in the recent very limited and ineffectual public consultation on acute care reconfiguration.

The root cause of the systemic problems within the NHS, however, is the dire shortage of qualified staff. 43 other STPs in England are fighting over the same limited pool of talent and these plans will go nowhere near to solving that issue.

It is time our Councillors made a stand. It is time to refer the STP's plans back to the Secretary of State for Health and send a clear message that these plans are not fit for purpose and need to be independently reviewed.

Stephen Smith – a resident of Southend

This STP is not heading for accountable care but accountable business. It is about efficiency, cost, risk, service reduction, unnecessary patient travelling, procedure limitation and health worker stress. It is also about opening the door to more providers and share holders. The engagement has been inappropriate, dishonest and has never reached the bedrock of the population, missing out more than 1.9 million. The direction of travel and outcome were known in advance and now even

the need for consultation is being questioned. It should be sent back to the government before any further more open and proper engagement is attempted with the population.

Mr Ali – a resident of Southend

Time and again and at the various meetings I have attended, concerns were raised of the lack of wide public engagement and consultation regarding the sustainability and transformation plan (STP).

The five local CCGs are membership organisations whose members are keen to consult the public. As you are aware, each GP practice should have an active functioning Patient Participation Group (PPG) as required by their core contract. The PPGs are in a good position to reach out to the people on their registered list. Had that been done, there would have been no grounds for any group to feel that they were being left out or overlooked. What action do you recommend to improve membership of PPGs?

Pauline Amos – a resident of Southend

My concerns regarding the Public Consultation and (now approved by JSTPC) proposals

1. There were no 'options' put forward in the Business Case for public consultation. The NHS England guidelines state that the consultation has to happen when implementation options are being considered not when they are already settled. The only alternative presented was 'do nothing'.

2. The public response to the PCBC was referenced at the meeting, mostly demonstrating 55% in agreement. However, this equates to only 1 in 150,000 of the adult population in the STP footprint. (55% of 4000 responders is 2,200 showing agree or strongly agree, ie 0.15% of est 1.2m over 18 population) Yet the CCG/STP still approved 19 recommendations on 6th July.

Acute Reconfiguration and centralising specialisms

3. Essex has many rural roads, towns and villages. The impact of having to travel to a hospital out of region (eg. Halstead to Basildon) was not tested with live journeys for all involved - staff, patients, and their relatives have not been adequately considered. Centralisation will affect people going for follow-up appointments, tests, and consultations with the 'specialism' staff and resources being centralised. (This is already evident from a few conversations I have had with people at Broomfield having travelled from Basildon, and friends who have had to get to Basildon from Wickham Bishops, and Maldon). The 'special' circumstances where a patient will need the Treat and Transfer recommendation is totally dependent on having appropriately equipped and staffed ambulances available. There is nothing in place to facilitate this. East of England Ambulance service do not have enough crew members to meet current demand, frequently unable to provide appropriate timely care; they have even been reported to be asking for volunteer drivers.

There are other concerns, but the time constraint will not accommodate further comment from me.

Please do the appropriate thing for the public by referring the STP back to the Matt Hancock for referral to the IRP.

Thank you for listening.