



Sent via email

Mid and South Essex
Joint Commissioning Team

Cllr Bernard Arscott
Chair, Joint Health Overview & Scrutiny Committee

Tel: 01245 398760

9th July 2018

Dear Cllr Arscott

**Re: Your Care in the Best Place – CCG Joint Committee
Decision-Making**

Thank you for attending on the CCG Joint Committee meeting on Friday 6th July. As such, I recognise that you are aware of the outcome, however I am now pleased to write to you formally to confirm the decisions made by the CCG Joint Committee following the public consultation Your Care in the Best Place.

I have listed below the recommendations made and the decisions reached by the CCG Joint Committee.

I understand that the next formal meeting of the Joint HOSC will be 30 August 2018. It would be very helpful if the Committee could consider the decisions made in advance of that meeting and share with us the areas of focus for the Joint HOSC. This will enable the meeting on 30 August to be a productive one where we can hope to resolve any issues that the Joint HOSC may have and move forward into implementation.

Please could you respond to Jo Cripps at your earliest convenience so that system partners can prepare for the next meeting with you and your colleagues.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Mike Bewick
Independent Chair of CCG Joint Committee

cc. Caroline Russell, Lead AO for the CCG Joint Committee
Jo Cripps, Interim Programme Director, Mid & South Essex STP



Decisions made by CCG Joint Committee, 6 July 2018

Rec No.	Area	Recommendation	CCG Joint Committee Decision
1	Consultation Process	The CCG Joint Committee is requested to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made.	Confirmed
2	Consultation principles	The CCG Joint Committee is requested to note the five principles underpinning the future provision of hospital services for mid and south Essex, upon which the public consultation was based: <ol style="list-style-type: none"> 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. 2. Certain, more specialist, services which require an inpatient stay should be concentrated in one place, where this would improve care and chances of a good recovery. 3. Access to specialist emergency services, such as stroke care, should be via the nearest A&E department, where patients would be assessed, treated, stabilised, and if needed, transferred to a specialist team, which may be in a different hospital. 4. Planned operations should, where possible, be separate from patients arriving at hospital in an emergency. 5. Some hospital services should be provided closer to home (with specific changes to the services currently provided from Orsett Hospital). 	Noted
3	A&E Departments	The CCG Joint Committee is asked to approve that:	Approved
		3.1 Each of the three A&E departments (at Broomfield Hospital, Southend Hospital and Basildon Hospital) continue to operate 24 hours/day and receive blue light ambulances.	
		3.2 Each of the three hospitals (Broomfield Hospital, Southend Hospital and Basildon Hospital) develops	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		<p>Emergency Care Hubs with specially trained teams to meet the particular care needs of:</p> <ul style="list-style-type: none"> • Older and frail people • Children • Patients in need of urgent medical treatment • Patients in need of urgent surgical treatment 	
4	Treat & Transfer	<p>The CCG Joint Committee is asked to approve:</p> <p>4.1 The concept that a small number of patients with appropriate conditions who would benefit from the care and treatment of a specialist team are stabilised at their local A&E department, and if appropriate, are transferred, using a specialist Clinical Transport Service, to another acute hospital site to receive specialist care (termed the “treat and transfer” model).</p> <p>4.2 That implementation of service changes outlined in this decision-making business case are not commenced until a suitable clinical transfer service is in place that:</p> <ul style="list-style-type: none"> • Has defined clinical protocols in place to ensure the safe transfer of patients • Has identified clinical leadership, both across the three acute hospitals (at group level) and at each acute hospital site • Has clear clinical governance arrangements in place • Meets the standards prescribed by national bodies in relation to workforce, skills, equipment and resources. • Has the above considered and endorsed by the STP Clinical Cabinet. • Has appropriate assurance from the Intensive Care Society of Great Britain & Ireland 	Approved
5	Gynaecology	<p>The CCG Joint Committee is requested to approve that:</p> <p>5.1 Gynaecological cancer surgery be located at Southend Hospital, close to the existing cancer centre for mid and south Essex.</p>	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		5.2 Complex gynaecological surgery (including uro-gynaecology) requiring an inpatient stay be located at Southend and Broomfield Hospitals.	Approved
		The CCG Joint Committee is requested to note that all outpatient appointments, tests, scans and day case surgery for non-complex gynaecological conditions will remain available locally.	Noted
6	Respiratory	<p>The CCG Joint Committee is requested to approve that inpatient care for patients with complex respiratory conditions is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.</p> <p>The CCG Joint Committee is requested to note that all outpatient appointments, tests, scans, and short hospital stays for non-complex respiratory conditions will continue locally</p>	Approved Noted
7	Kidney	<p>The CCG Joint Committee is requested to approve that inpatient care for patients with complex kidney disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex kidney conditions, including dialysis, will continue locally.</p> <p>The CCG Joint Committee is further asked to note that very complex care, such as kidney transplants, would continue to be provided in specialised centres in London and elsewhere.</p>	Approved Noted Noted
8	Vascular	<p>The CCG Joint Committee is requested to approve, in line with guidance from the Vascular Society of Great Britain and Ireland:</p> <p>8.1 That a specialised vascular hub is developed at Basildon Hospital, close to the existing Essex Cardiothoracic Centre and aligned to interventional radiology services. This hub would offer a round the</p>	Approved



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		<p>clock, consultant-led service for vascular emergencies including centralisation of complex surgery. In an emergency situation, patients would access the hub via their local A&E department, where they would receive assessment, stabilisation and initial treatment before being transferred, with appropriate support, to the specialised vascular hub.</p>	
		<p>8.2 That inpatient care for patients with complex vascular disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.</p>	Approved
		<p>8.3 The Abdominal Aortic Aneurysm (AAA) Screening service will remain located at Southend for the Essex population.</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex vascular conditions will continue locally</p>	Approved Noted
9	Cardiology	<p>The CCG Joint Committee is requested to approve that access to the range of treatments offered at the Essex Cardiothoracic Centre for patients with specialised heart disease is accelerated and that the treat and transfer model (see recommendation 4) is used to facilitate this.</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex heart conditions will continue to be available locally.</p>	Approved Noted
10	Gastroenterology	<p>The CCG Joint Committee is asked to note that the original proposal for patients with complex gastroenterology problems to be treated at Broomfield Hospital is not put forward for decision (see section 8 for further detail).</p> <p>Gastroenterology services (inpatient care, day case, outpatient appointments, tests and scans) will continue to be provided on all three sites, as currently.</p>	Noted



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11	General Surgery	<p>11.1 The CCG Joint Committee is requested to approve, subject to further external clinical review and validation by the East of England Clinical Senate, that:</p> <p style="padding-left: 40px;">Surgery for some complex emergency general surgical conditions such as upper gastrointestinal procedures which would require the patient to stay in hospital, will be located at Broomfield Hospital, and</p> <p style="padding-left: 40px;">Complex colorectal surgery requiring an inpatient hospital stay will be located at Broomfield and Southend Hospitals, provided by a dedicated emergency general surgical team.</p>	Approved
		<p>11.2 The CCG Joint Committee is asked to note that it will receive the report of the East of England Clinical Senate's further review of general surgery proposals by the end of December 2018.</p> <p>The CCG Joint Committee is asked to note that routine planned surgery, and emergency surgery which could be performed as a day case (with no requirement for a hospital stay), will continue to be undertaken at all three hospitals. Furthermore, all outpatient and follow-up appointments, tests and scans would continue to be available locally.</p>	Noted Noted
12	Stroke Services	<p>The CCG Joint Committee is requested to:</p> <p>12.1 Approve that access to care for patients showing symptoms of a stroke continues to be via the local A&E department, where patients would be assessed, stabilised and, if indicated, treated with thrombolysis. After the patient was stabilised, and after discussion between the patient/family and clinicians, the patient would be transferred to Basildon Hospital for a short (approximately 72 hour) period of intensive nursing and therapy support.</p>	Approved



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		12.2 Note that, following a stroke and an inpatient stay at Basildon Hospital for a short period of intensive treatment, patients would be transferred home, if their condition had improved sufficiently, or back to their local hospital or community facility for on-going care and treatment. All follow-up outpatient appointments, tests and scans will continue to be offered at all three hospital sites.	Noted
		12.3 Note that, should a patient be confirmed as suffering from a bleed on the brain, they would continue to be transferred to a specialised designated centre, as now. This would either be Queen's Hospital, Romford, or Cambridge University NHS Foundation Trust in Cambridge.	Noted
		12.4 Strongly support the ambition to develop a Mechanical Thrombectomy service in mid and south Essex, such a service may be commissioned by NHS England.	Supported
13	Orthopaedics	<p>The CCG Joint Committee is requested to approve that:</p> <p>13.1 Some planned orthopaedic surgery, such as hip and knee replacements requiring a hospital stay, is provided at Southend Hospital for the south Essex population, and at Braintree Community Hospital for the population in mid-Essex. As such patients who would have used Basildon Hospital for planned orthopaedic inpatient surgery will no longer be able to access this care at Basildon and will be offered surgery at Southend. Patients who would have used Broomfield Hospital for planned orthopaedic surgery, and who meet the criteria for treatment at Braintree Community Hospital will no longer be able to receive their surgery care at Broomfield.</p> <p>The CCG Joint Committee is asked to note that the above arrangement would not preclude patients from choosing to have their planned orthopaedic treatment at another hospital, as per the NHS Constitution requirements on</p>	<p>Approved</p> <p>Noted</p>



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		<p>patient choice.</p> <p>13.2 Some emergency orthopaedic surgery, such as open lower-limb fractures that require a hospital stay is located at Basildon Hospital (for the south Essex population), and at Broomfield Hospital (for the mid-Essex population). This would ensure that emergency surgery is separated from planned surgery, thus ensuring faster access to theatre for patients requiring urgent care, and reduced cancelled operations for patients requiring planned care.</p> <p>13.3 Elective complex wrist surgery will be provided at Southend Hospital, and complex emergency wrist surgery at Basildon and Broomfield Hospitals. The Joint Committee is asked to note that simple wrist surgery will continue to be maintained at all three hospital sites.</p> <p>13.4 The Trusts test the viability of elective inpatient spinal surgery being undertaken at Broomfield and Southend Hospitals. During a 24 month period following implementation, the STP Clinical Cabinet will assess the success and sustainability of this mode.</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments and follow-ups, tests, scans and routine surgery for orthopaedic problems including day case knee, foot, wrist, ankle, shoulder and elbow procedures would continue to be available locally.</p>	<p></p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Noted</p>
14	Urology	<p>The CCG Joint Committee is requested to approve that:</p> <p>14.1 Patients requiring surgery for kidney, bladder and prostate cancer receive this at Southend Hospital, alongside the specialised cancer centre. The</p>	Approved



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		development of robotics to support this service should be an ambition aligned to the specialised cancer service commissioned by NHS England.	
		14.2 Complex (non-cancer) emergency urological conditions that require an inpatient stay be treated at Broomfield Hospital in Chelmsford, building on the specialist urological care already provided there.	Approved
		14.3 Complex uro-gynaecological treatment be located at both Southend and Broomfield Hospitals. The CCG Joint Committee is asked to note that all outpatient appointments, follow-ups, tests, scans and short hospital stays for non-complex, and non-cancer, urological conditions will continue to be available locally.	Approved Noted
15	Orsett Hospital	The CCG Joint Committee is asked to: 15.1 Approve the relocation of services currently provided at Orsett Hospital to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital. 15.2 Note that there will be a period of co-production with the local community through the establishment of a “People’s Panel” supported by Healthwatch organisations in Thurrock and Essex to determine the best site(s) to relocate these services to. 15.3 Note that, alongside the period of co-production, further detailed assessments will be undertaken on equality and health inequality impacts, and the quality impact of proposed service relocations. 15.4 Note that once the period of co-production is complete, and with the detailed work on impact assessment, the CCG Joint Committee will be asked to make a decision on which sites will provide the relocated services.	Approved Noted Noted Noted



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		<p>This Group will oversee the implementation of the decisions made by the CCG Joint Committee, ensuring that decisions are implemented in a safe and sustainable way, and specifically in line with the recommendations made by the CCG Joint Committee in relation to Clinical Transport (recommendation 4), Family/Carer Transport (recommendation 16) and plans to close Orsett Hospital (recommendation 15).</p> <p>The Implementation Oversight Group would report in to the CCG Joint Committee, the Trust Joint Working Board and inform the STP Board.</p>	
19	On-going Engagement	The CCG Joint Committee is requested to approve that the mid and south Essex system continues its communication and engagement on these plans within the STP with patients and the public, staff and key stakeholder organisations.	Approved