

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Joint Health Overview and Scrutiny Committee, Mid and South Essex Sustainability and Transformation Partnership (STP)

The meeting will be held at **7.30 pm** on **20 February 2018**

**Southend on Sea Borough Council, Council Chamber, Victoria Avenue,
Southend on Sea**

Essex County Council

Councillors Jo Beavis, Beverley Egan, Dr Richard Moore and Stephen Robinson
Substitute Members: Councillor Jill Reeves
Officer support: Graham Hughes

Southend on Sea Borough Council

Councillors Bernard Arscott, Anne Jones, Stephen Habermel and Cheryl Nevin
Substitute Members: Councillors Margaret Borton, Helen Boyd
Officer support: Fiona Abbott, Tobias Hartley

Thurrock Council

Councillors Graham Snell, Victoria Holloway, Gary Collins and Tony Fish
Substitute Members: None
Officer support: Roger Harris, Jenny Shade

Agenda

Open to Public and Press

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Report of Joe Cripps, Programme Director STP and presentation by representatives from STP.

6 Statements from members of the public

7 Questions from the Joint Committee on the presentation given by the STP - responses by the STP

8 Date of Next Meeting

The next meeting of the Joint Committee will be held on 13th March 2018, beginning at 7.30 pm and will be held at County Hall, Duke Street, Chelmsford.

Statements from members of the public - Guidance for members of the public for agenda item 6

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.

Queries regarding this Agenda or notification of apologies:

Please contact Fiona Abbott, by sending an email to committeesection@southend.gov.uk

Agenda published on: **8 February 2018**

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

PROPOSED TERMS OF REFERENCE

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: <ul style="list-style-type: none"> • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • 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

	<p>service, the Joint Committee will consider:-</p> <ul style="list-style-type: none"> • the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable. <p>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.</p>
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.

<p>4.</p> <p>4.1</p> <p>4.2</p>	<p>Co-option</p> <p>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.</p> <p>Any organisation with a co-opted member will be entitled to nominate a substitute member.</p>
<p>5.</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p>	<p>Supporting the Joint Committee</p> <p>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.</p> <p>The lead authority will act as secretary to the Joint Committee. This will include:</p> <ul style="list-style-type: none"> • 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; • providing administrative support; • organising and minuting meetings. <p>The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.</p> <p>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.</p> <p>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.</p> <p>Meetings shall be held at venues, dates and times agreed between the participating authorities.</p>
<p>6.</p> <p>6.1</p>	<p>Powers</p> <p>In carrying out its function the Joint Committee may:</p> <ul style="list-style-type: none"> • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals and to facilitate any site visits requested by the Joint Committee;

	<ul style="list-style-type: none"> • 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. • 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. • consider the NHS bodies' response to its recommendations; <p>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:-</p> <ul style="list-style-type: none"> ➤ it is not satisfied that consultation with the Joint Committee has been adequate in relation to content, method or time allowed; ➤ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed; ➤ that the proposal would not be in the interests of the health service in its area <p>the Joint Committee will consider the need for further negotiation and discussions with the NHS bodies and any appropriate arbitration.</p> <p>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.</p> <p>6.4 The power of referral to the Secretary of State is a matter which will not be delegated to the Joint Committee.</p> <p>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.</p>
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p> <p>7.5</p>	<p>Public involvement</p> <p>The Joint Committee will usually meet in public, and the agenda will be available at least five working days in advance of meetings</p> <p>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.</p> <p>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.</p> <p>Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.</p> <p>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</p>

	<p>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.</p>
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.

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.

20th February 2018	ITEM:
Joint Health Overview and Scrutiny Committee	
Update on Mid and South Essex Sustainability and Transformation Partnership (STP)	
Report of: Jo Cripps, Programme Director, Mid and South Essex STP	

Executive Summary

In line with the relevant regulations a Joint Health and Overview Scrutiny Committee comprising members from Essex County Council, Southend Council and Thurrock Council has been established to scrutinise issues relating to the Mid and South Essex Sustainability and Transformation Partnership (STP).

This paper provides an update on current progress and follows previous reports to the three individual local authority health overview and scrutiny committees

The Mid and South Essex STP launched a public consultation to run from 30 November 2017 to 9 March 2018. The consultation is seeking views on:

- The overall plan for health and care
- Proposals for hospital services in Southend, Chelmsford and Basildon
- Proposals to transfer services from Orsett Hospital in Thurrock to new centres closer to where people live

This update provides a summary of the process so far.

1. Recommendation(s)

The Joint Committee is asked to note the update and to consider the proposals published for consultation

2. Background and update

2.1 Following the agreement of the CCG Joint Committee, we have published a range of materials to explain proposals for change, including:

- A main consultation document (which benefited from input from all three scrutiny committees)
- Summary document and very short leaflet
- Feedback questionnaire, available online and in hard copy format
- Additional information, including:
 - summary sheets on common themes from pre-consultation discussions stroke, transport and financial plans and an easy read leaflet

- a summary of clinical evidence behind the proposals
- more detailed information on how we arrived at the proposals
- other background, such as details on travel times
- highlights of what is happening in the each CCG area

- 2.2 There is a dedicated consultation website for all of the above information and more, including blogs, frequently asked questions and details on the various ways to have your say. The website can be found at www.nhsmidandsouthessex.co.uk
- 2.3 We have also distributed printed documents, summaries and leaflets with the assistance of the CCGs, Hospitals, Councils, Healthwatch and CVS to public places including local libraries, GP practices and community centres.
- 2.4 Promoting links to the consultation website and the local discussion events via social media has been used to good effect in reaching and engaging large numbers of people.
- 2.5 A range of information is available in different formats and languages on request and specific focus groups held to target those groups with protected characteristics as set out in the Equalities Act 2010. This includes specific sessions with LGBT groups, diversity networks, faith groups, younger people and mothers to discuss any possible impact the proposals may have on them as a group.
- 2.6 Across the mid and south Essex area there has and continues to be a programme of open discussion events. Some 450 people have booked onto to these events.

In addition there are a number of discussions and focus groups organised with key representatives, including:

- Healthwatch
- The Stroke Association
- Anglia Ruskin University
- South Essex College

- 2.7 There is also a clear message in the consultation documents that meetings may be arranged on request, and we are adding activities all the time.

Summary of the key messages for consultation

- 2.8 We are consulting local people on some very specific proposals for changes in hospital services across mid and south Essex. This is only part of the overall plan for the next five years and, while considering the proposals for hospital changes, we need to keep sight of the wider picture of whole system change over the next five years.

2.9 The wider STP includes:

- Doing more to help people to stay healthy and avoid serious illness
- Building up GP and community services to improve access to care closer to where people live
- Joining up health and care services to provide local and more responsive physical, mental and social care together

2.10 The proposed changes to hospital services are based around five main principles:

- The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.
- Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of a good recovery.
- 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
- Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.
- Some hospital services should be provided closer to you, at home or in a local health centre

Please see separately attached a PDF copy of the main consultation document and copies of the summary sheets on transport, finance and stroke

An animation has also been produced with can be accessed here:

<http://bit.ly/STPanimation>

Current progress

2.11 Feedback so far includes positive reactions about the way that proposals have changed as a result of listening to local views during the previous engagement phases. In general, there are questions about funding for the NHS, in line with the current national debate. Access and transport remain a common theme for discussion.

2.12 Other common themes include access to primary and community care as an issue for the wider context, beyond the current proposals for hospital service change.

2.13 We are also consulting specific groups that are representative of people who may be affected by the proposed hospital service changes, with the aim of ensuring we hear specific insights on the potential impact of change and what

matters to patients and families – for example dedicated focus groups held in conjunction with the Stroke Association to gain insight from stroke survivors.

2.14 An independent telephone survey has been commissioned to undertake a questionnaire to a representative sample of 750 people from across the mid and south Essex footprint

3. Background papers

- PDF copy of main consultation document
- Three summary sheets covering transport, stroke and finance

For further background information please visit
www.nhsmidandsouthessex.co.uk

Report Author:-

Claire Hankey, STP Director of Communications and Engagement



Your care in the best place

At home, in your community and in our hospitals

A consultation document for discussion and views

30 November 2017 – 9 March 2018

Closing date for feedback: Friday, 9 March 2018

Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)

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A partnership of all health and care organisations for people living in Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Essex is a great place to live, Let's make it the place to live well.

Health and care services in mid and south Essex have formed a partnership to improve the quality of care over the next five years. This consultation needs your views to inform the plans.

In the first part of this consultation document, we explain why changes are needed in health and care services and then we outline the overall plan for developing services in mid and south Essex. In the second part, we summarise some specific proposals for changes to the services provided by hospitals in Southend, Orsett, Chelmsford, Braintree and Basildon.

We need to hear your views on the following main areas:



There is an online feedback questionnaire at:

www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

or you can complete a printed version of the same survey, which is available by email or post, and there is a programme of workshops where you can hear more and take part in discussions.

The closing date for feedback is 9 March 2018.

If you would like further information, including a summary of the clinical evidence we have considered and details on how we arrived at the current proposals, please visit our website, where you can also find out more about what is happening in your local area.

For information on how to send in your views and other ways to take part in the consultation, see **Section 7 How to have your say** along with our contact details.

This document, and a short summary version, is available from our website

www.nhsmidandsouthessex.co.uk

If you would like a summary of this document in large type, easy read, braille, audio format or another language, please contact us on 01245 398118

যদি আপনি এই ডকুমেন্টের একটি সংক্ষিপ্ত বিবরণ বড় অক্ষরে, সহজে পাঠযোগ্যভাবে, ব্রায়লে, অডিও ফরম্যাটে বা অন্য কোনো ভাষায় পেতে চান তাহলে 01245 398118 নম্বরে আমাদের সাথে যোগাযোগ করুন

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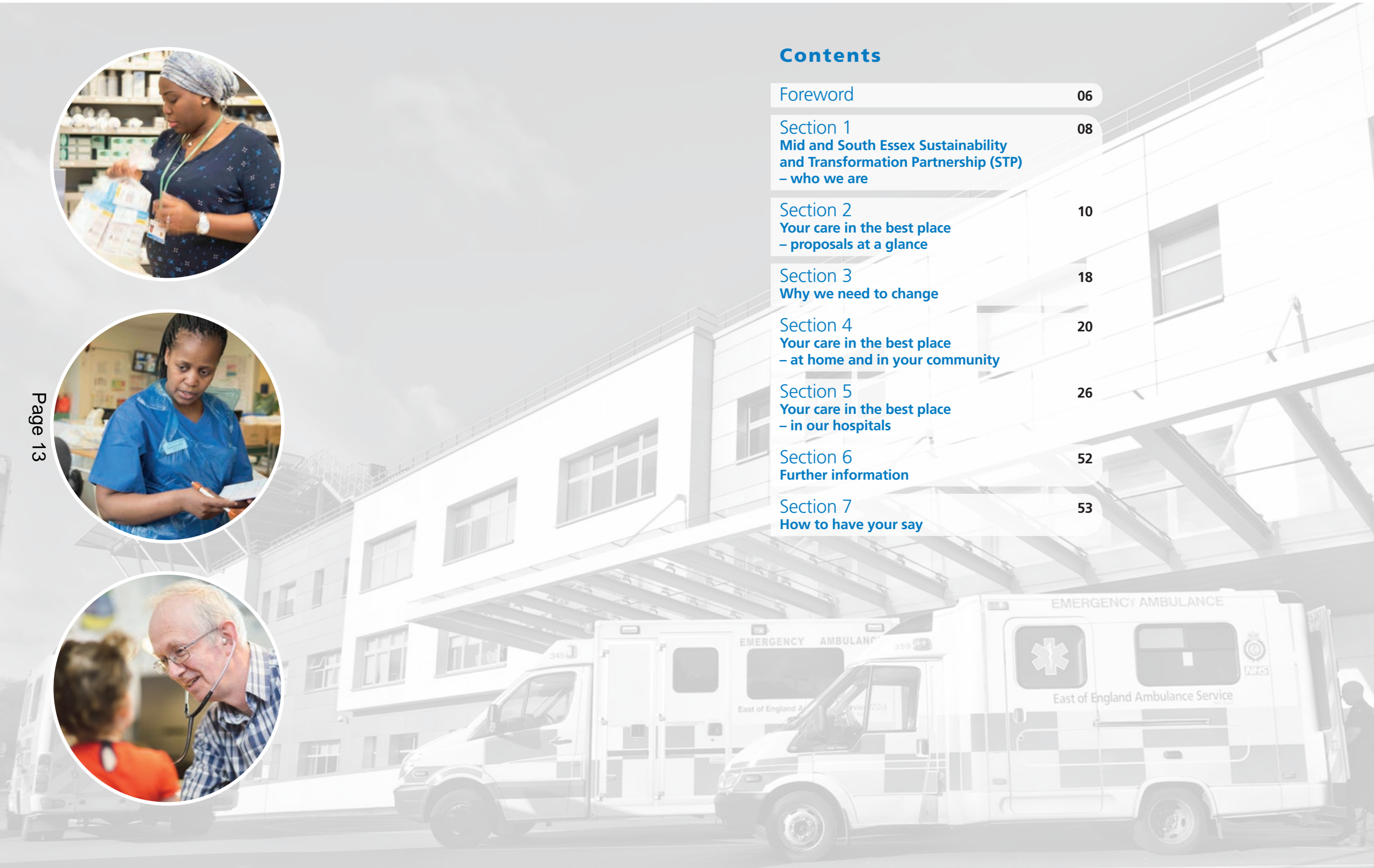
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FOREWORD

One partnership and one plan. Joined-up health and care in mid and south Essex



Dr Anita Donley OBE, Independent Chair
Mid and South Essex
Sustainability and Transformation Partnership (STP)

We all want the very best health and care for you and your family.

While there are many examples of excellent care in mid and south Essex, we know we could do better. We don't always reach the highest standards. We don't always achieve the best possible outcomes for patients. We don't always make the most of the talent we have in our workforce and the opportunities to find better ways of helping you and your family to stay well.

In this consultation, we want to face up to these challenges with an honest and meaningful discussion with you about how, together, we can improve.

For the first time, all of the different organisations that make up our health and care system have come together to work on a single plan to respond to the rising number of people who need health and care services.

What is the plan?

GPs provide the backbone of health and care in your area. Over the next five years, the plan is to build up GP and community services, such as community nurses, therapists and mental health nurses; and extend the range of professionals and services in your local GP practice. Our aim is to join up services around you to help you stay well.

At the same time, we need to change and improve the way our three main hospitals work. Sometimes our hospitals become blocked. Sometimes people wait for hours in A&E, wait to be admitted and wait to be discharged. Some of the proposals in this consultation will help in tackling these problems.

We are also looking at how we in mid and south Essex can continue to match up to increasingly high standards in specialist care. Every year, there are advances in medicine and technology. We can do more to save lives, but our three hospitals frequently reach their limits in terms of the availability of highly trained specialists 24 hours a day. Some of the proposals in this consultation aim to create larger specialist teams by bringing together the resources and expertise of the three hospitals.

This is the start of a five year transformation to connect every part of the system so that we can take on the future challenges of people living longer and with greater needs.

I look forward to hearing your views.



section 1 MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – WHO WE ARE

The Mid and South Essex STP is made up of the following health and care organisations:

NHS Clinical Commissioning Groups (CCGs), which plan and buy your healthcare with an annual allocation of funds from the Government

- Basildon and Brentwood CCG
- Castle Point and Rochford CCG
- Mid Essex CCG
- Southend CCG
- Thurrock CCG

The CCGs work closely with GP practices, pharmacies, social care and voluntary services in your area.

Local authorities, which provide social care and plan and buy services from care agencies, care homes and voluntary services

- Essex County Council
- Southend-on-sea Borough Council
- Thurrock Council

Organisations, which provide health services planned by CCGs

- Basildon and Thurrock University Hospitals NHS Foundation Trust, which provides services from Basildon and Orsett Hospitals
- Mid Essex Hospital Services NHS Trust, which provides services from Broomfield Hospital in Chelmsford, Braintree Community Hospital and St Peter’s Hospital in Maldon
- Southend University Hospital NHS Foundation Trust, which provides services from Southend Hospital
- East of England Ambulance Service NHS Trust

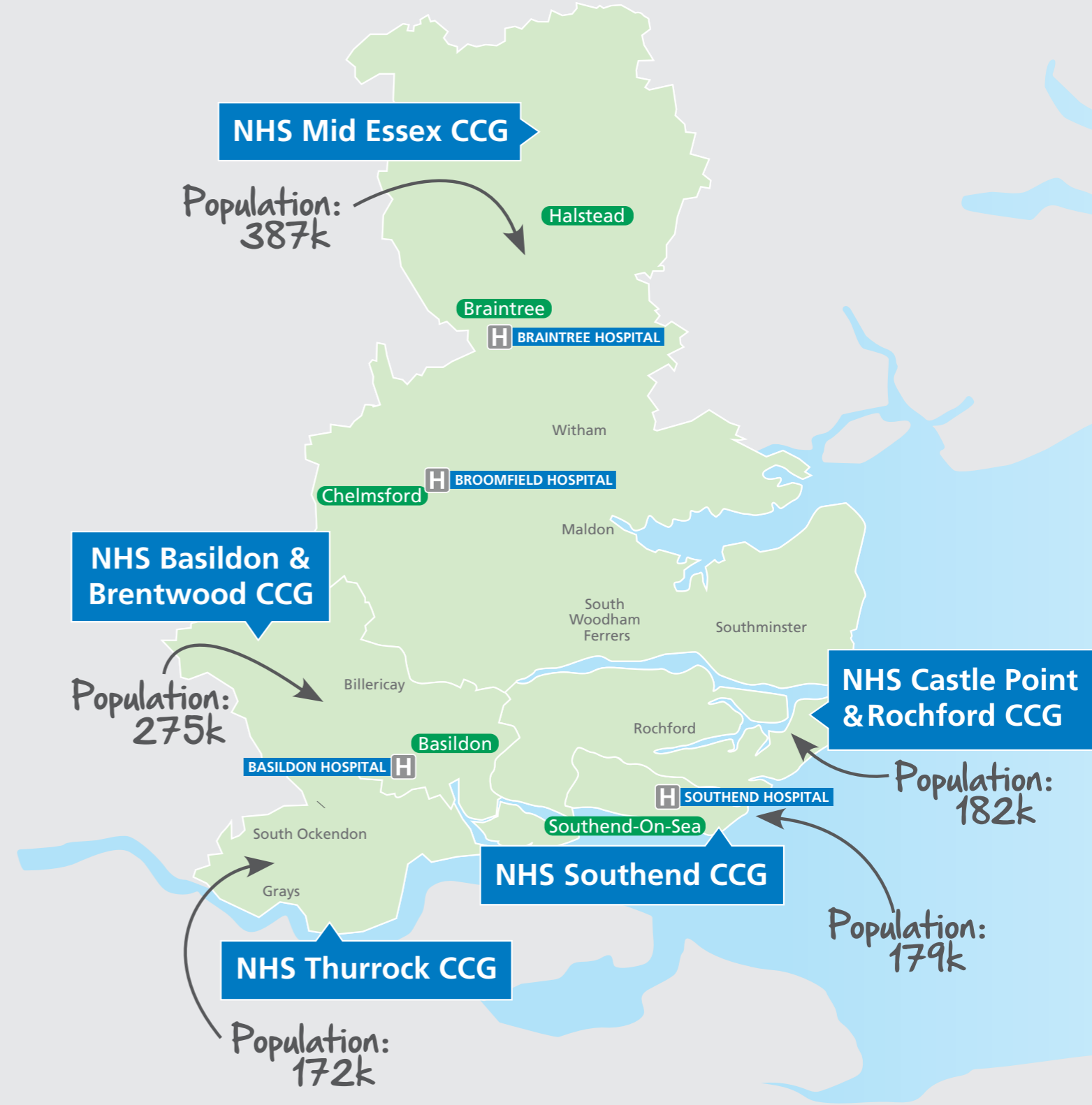
Organisations, which provide health and care services planned jointly by CCGs and local authorities

- Essex Partnership University NHS Foundation Trust, which provides community services, adult mental health services and inpatient children’s mental health services
- North East London NHS Foundation Trust (NELFT), which provides community services and children’s community mental health services
- Provide, which provides community and social care services

Other partners

- Your local independent watchdog bodies - Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock
- NHS England specialised commissioning, which buys the most specialised services for the whole of the midlands and east region
- Health Education England, which is responsible for the development of the NHS workforce
- NHS England and NHS Improvement, the national regulators of the NHS

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**section 2 YOUR CARE IN THE BEST PLACE
- PROPOSALS AT A GLANCE**

In this section, we explain the overall plan and the list of specific proposals for changes in hospital services.

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.

In five years' time, you will have:

A joined-up team of community nurses, mental health specialists and social care services to plan your care and help you at home, if you need it

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists



A wider range of health and care services at GP practices, such as pharmacists, physiotherapists and experienced nursing staff as well as your GP

More support to keep you healthy and prevent illness

The changes required to achieve this vision will develop over time and in different ways in each local area. You can find out more about plans in your area on our website at: www.nhsmidandsouthessex.co.uk

In our hospitals

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists for the best possible care, recovery and outcomes.

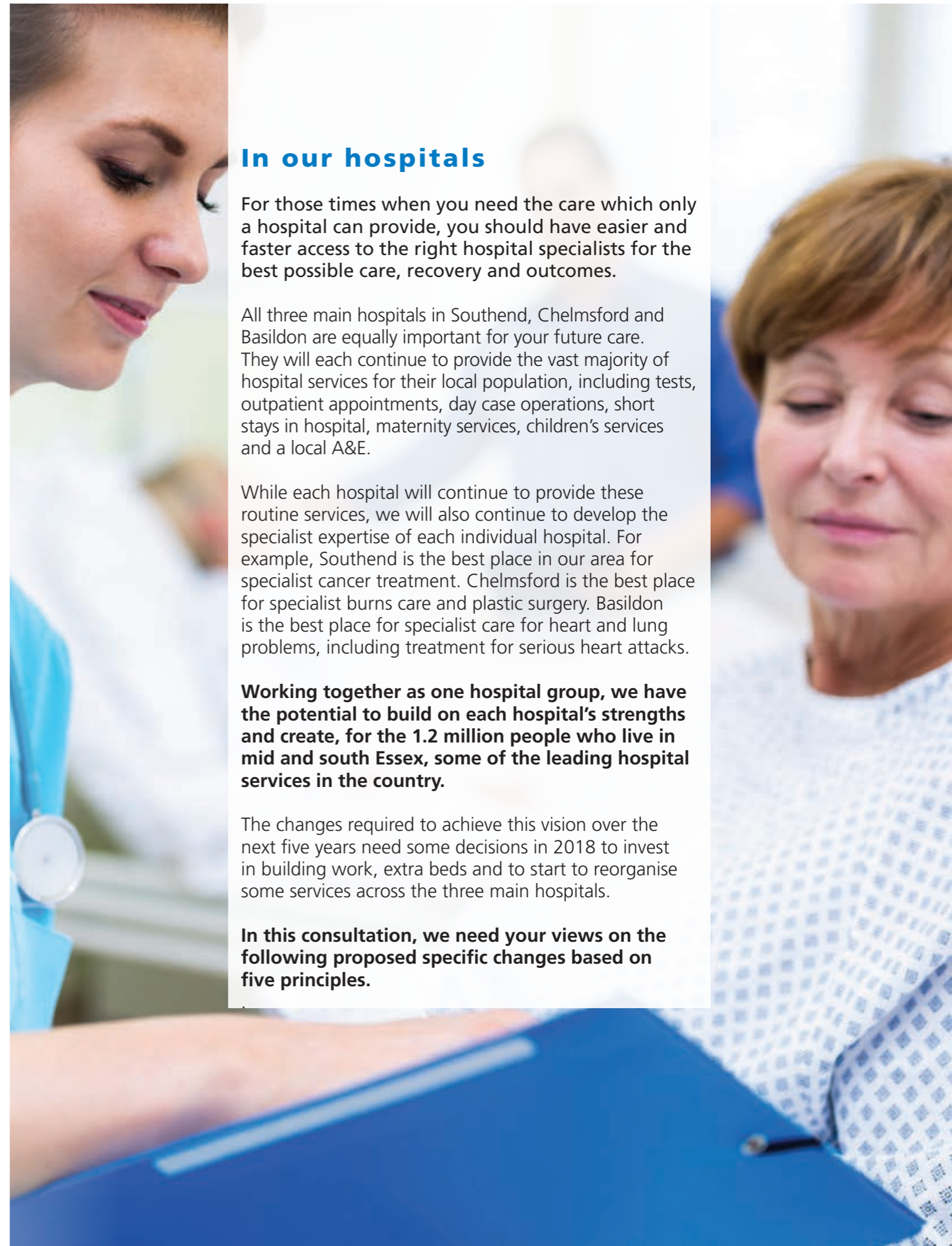
All three main hospitals in Southend, Chelmsford and Basildon are equally important for your future care. They will each continue to provide the vast majority of hospital services for their local population, including tests, outpatient appointments, day case operations, short stays in hospital, maternity services, children's services and a local A&E.

While each hospital will continue to provide these routine services, we will also continue to develop the specialist expertise of each individual hospital. For example, Southend is the best place in our area for specialist cancer treatment. Chelmsford is the best place for specialist burns care and plastic surgery. Basildon is the best place for specialist care for heart and lung problems, including treatment for serious heart attacks.

Working together as one hospital group, we have the potential to build on each hospital's strengths and create, for the 1.2 million people who live in mid and south Essex, some of the leading hospital services in the country.

The changes required to achieve this vision over the next five years need some decisions in 2018 to invest in building work, extra beds and to start to reorganise some services across the three main hospitals.

In this consultation, we need your views on the following proposed specific changes based on five principles.



Summary of specific proposals under five main principles for our future hospital services

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.

- We would like to know your views on proposals to improve your local A&E – the development of an “emergency hub” at each hospital with a wider range of urgent care services – **see page 30.**

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 a good recovery.

- There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.
- This may involve going further than your local hospital for three to four days, to get the benefits only a larger specialist team can bring.
- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay – **see page 32.**
 - Gynaecological surgery (women’s services) 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 existing Essex Cardiothoracic Centre for heart and lung problems
 - 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
 - Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
 - Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

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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.

- The teams in all three A&Es would be equipped and able to diagnose and stabilise your condition and initiate treatment.
- Of the 960 or so people that attend our A&E departments each day, we estimate that, as a result of the proposals we have developed, around 15 people would need a transfer to a dedicated specialist team in another hospital. In general, this will be for people who will benefit most from complex specialist care to recover from their illness.
- If you needed to transfer to a specialist service, where you would have a higher chance of making a good recovery, we propose to invest in a new inter-hospital transport service with full clinical support, travelling with a doctor or a nurse, if appropriate, for a safe and rapid transfer to the care you need.
- We would like to know your views on this approach and on specific proposals for the development of a specialist stroke unit at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems – **see page 42.**

4 Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.

- By separating planned operations from emergency admissions, we may shorten waiting times, avoid cancellations, reduce infections and improve your recovery.
- The majority of routine and daycase operations would continue at your local hospital, but we are proposing to relocate some services that need a hospital stay of three to four days.
- We estimate that for around 14 people a day, this would mean travelling to a different hospital.
- We would like to know your views on proposals for the following operations that need a hospital stay – **see page 44:**
 - Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex
 - Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex. **Surgery for most people with a broken hip would continue at all three local hospitals.**
 - Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

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

- We would like to know your views on proposals to transfer 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) – **see page 48.**
- Only when new services are up and running, would it 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 requiring in excess of £10 million to bring the building up to standard.

Proposed future hospitals

The map below shows **services that stay the same** at each of the three main hospitals in Southend, Chelmsford and Basildon - details in the white panels. The details in the green panels show **proposed service changes**, listed by specialty.

We also show at the bottom right of the page opposite, an example of the potential impact on patients in terms of the number of people that could transfer between hospitals on a daily basis.

Broomfield Hospital, near Chelmsford

SERVICES THAT STAY THE SAME:

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

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Specialist centre for burns and plastic surgery
- ENT and facial surgery requiring a hospital stay
- Upper gastro-intestinal surgery requiring a hospital stay

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Improved stroke care and rehabilitation (acute stroke unit)	
Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services requiring a hospital stay	
More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures)	

Basildon Hospital

SERVICES THAT STAY THE SAME:

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

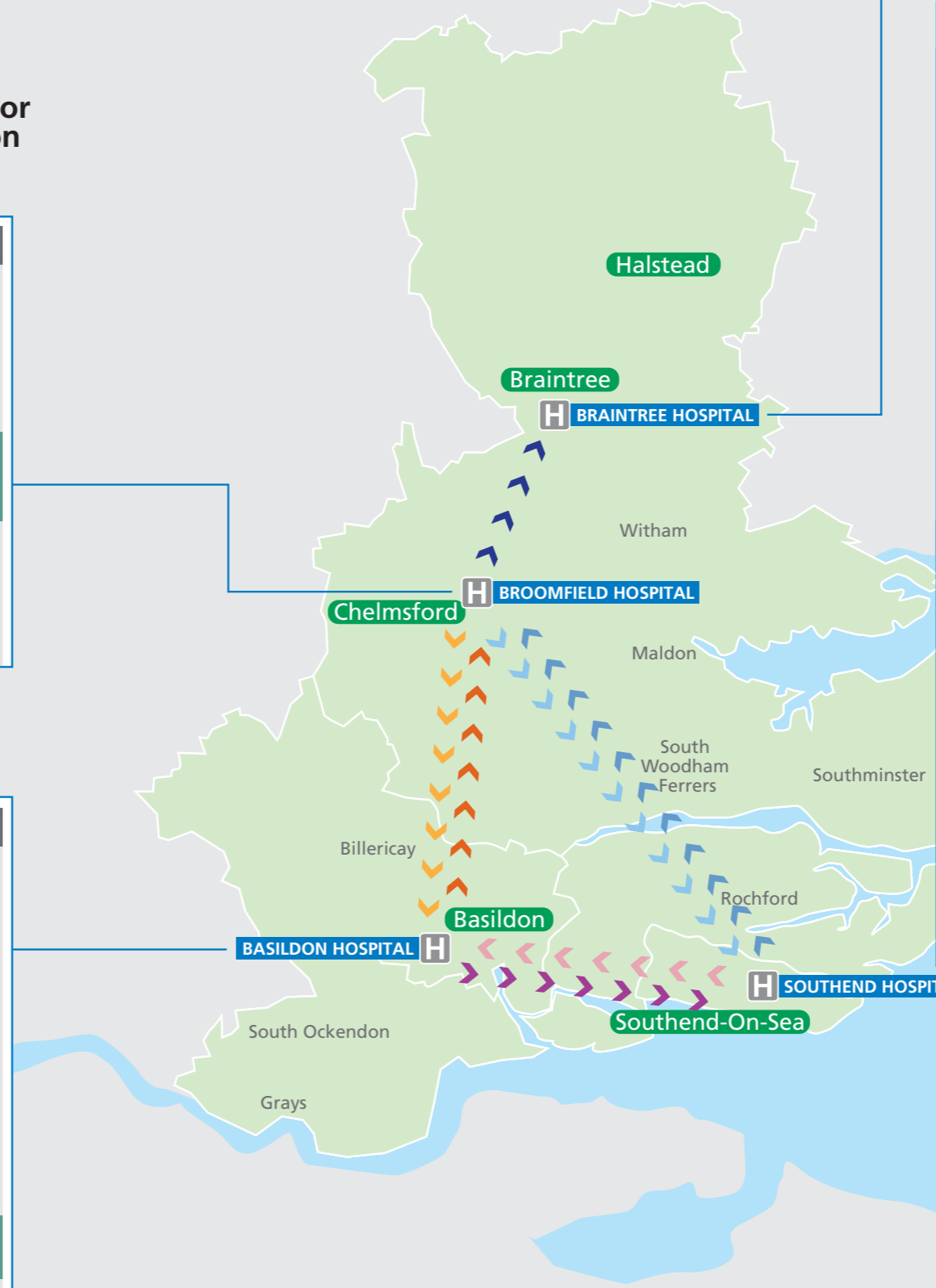
EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Essex Cardiothoracic Centre (for serious heart and lung problems)

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Specialist stroke unit	
Improved stroke care and rehabilitation (acute stroke unit)	
More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures)	
Specialist teams for complex lung problems, complex vascular problems, complex heart problems	
Specialist team for complex kidney problems	

Proposals for consultation



Braintree Community Hospital

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Planned

Orthopaedic surgery requiring a hospital stay for mid Essex patients (e.g. hip and knee operations)

Southend Hospital

SERVICES THAT STAY THE SAME:

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

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Radiotherapy and cancer centre
- Cancer surgery requiring a hospital stay, including urological cancer surgery

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Improved stroke care and rehabilitation (acute stroke unit)	
Gynaecology surgery requiring a hospital stay, including gynaecological cancer surgery	
	Orthopaedic surgery requiring a hospital stay for south Essex patients (e.g. hip and knee operations)

Potential impact - number of patients per day that could transfer between hospitals:

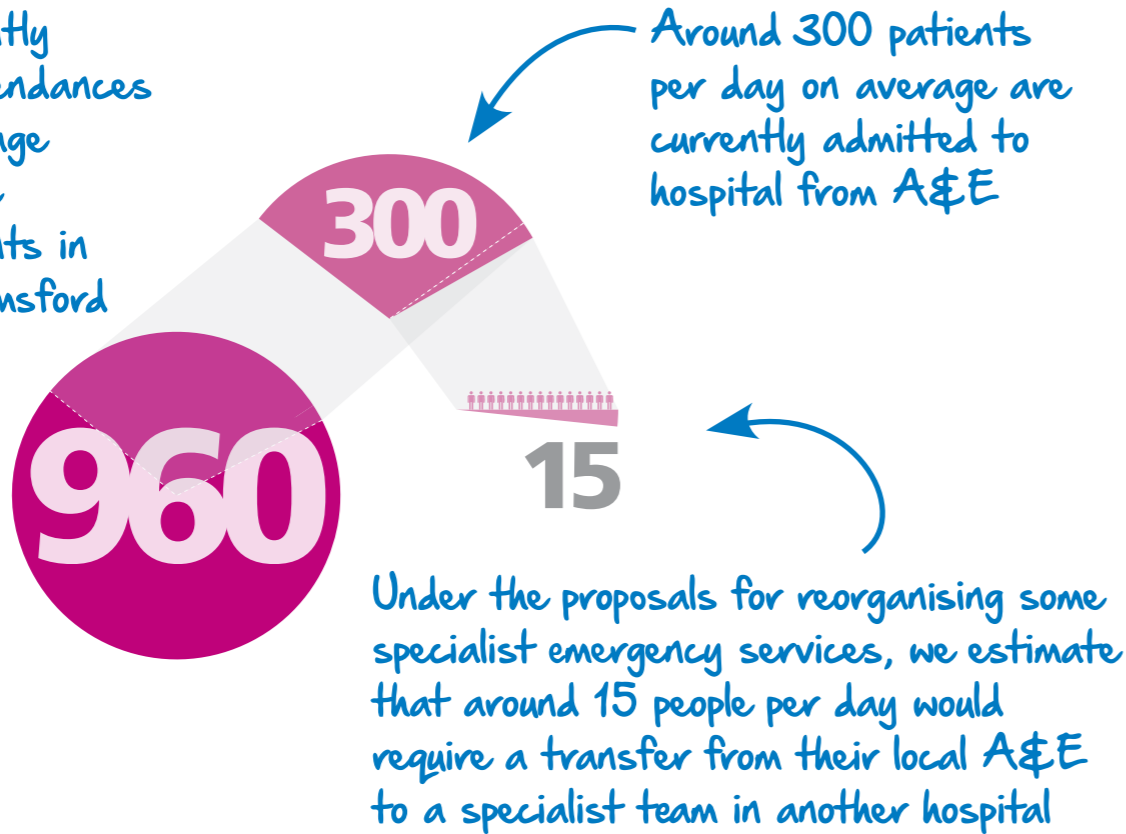
From	To	Emergency	Planned
Broomfield	Southend	0-1	1-2
Broomfield	Basildon	2-3	0-1
Southend	Broomfield	5-6	6-7
Southend	Basildon	3-4	0-1
Basildon	Broomfield	3-4	3-4
Basildon	Southend	0-1	1-2
Broomfield	Braintree	-	4-6

Please note: these figures are based on estimates and averages. Actual figures will vary daily depending on each person's individual needs.

How many people would be affected by the proposed changes to hospital services

In emergency care:

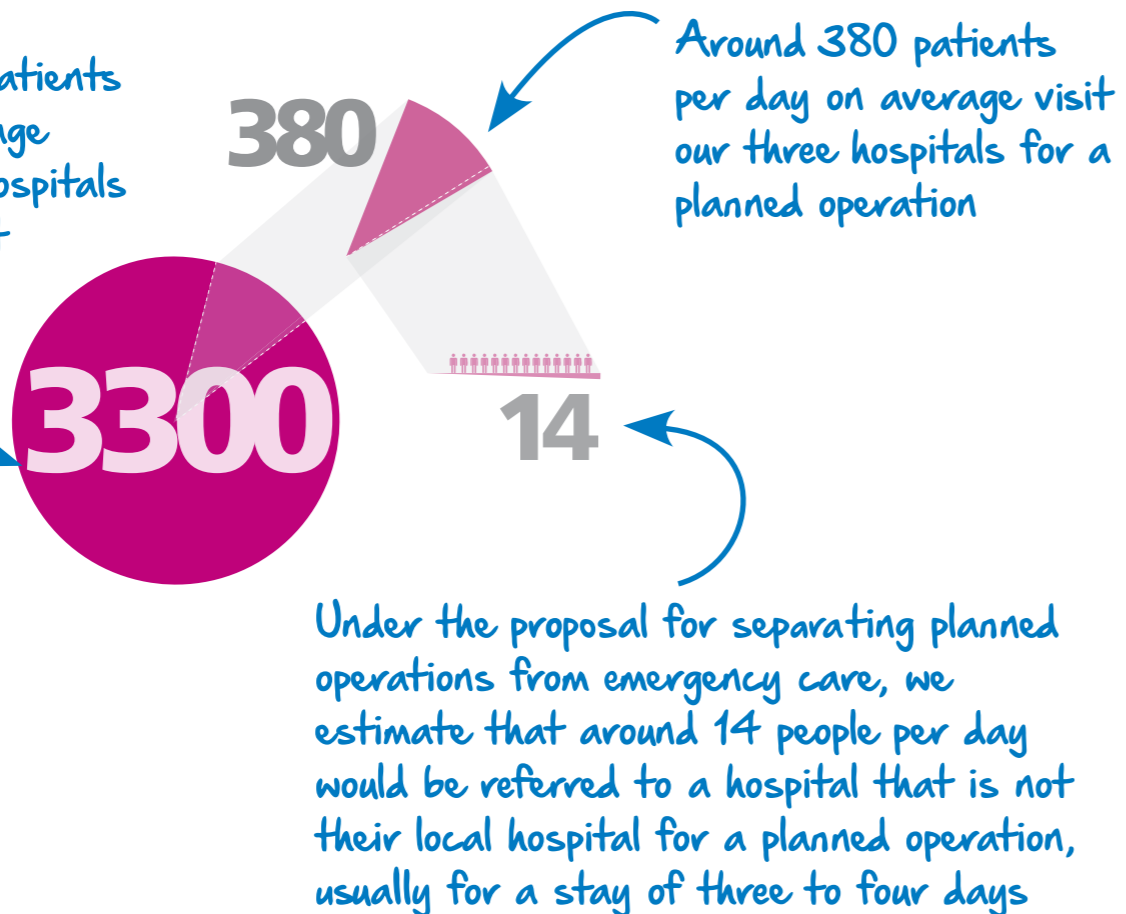
There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon



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In planned care:

Around 3,300 patients per day on average visit our three hospitals for an outpatient appointment



Proposal for managing transfers to emergency specialist services

Patients already transfer from our hospitals in mid and south Essex to other hospitals for emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

Transport for you if you needed to move to another hospital in an emergency

We have listened carefully to local concerns about the potential implications of having to travel from one hospital to another. As part of our plans, we propose to invest in a new type of clinical transport between the hospitals, which would be designed and staffed in consultation with patients and families to ensure the right support for every journey.

If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family whether a transfer is the right thing for you. For many patients, transferring to a more specialist centre would help to ensure you get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

For further information on estimated travel times between the three hospitals, see our background information pack available on our website at www.nhsmidandsouthessex.co.uk, or request a printed copy from our consultation team, contact details in Section 7 How to have your say.

Proposed investment for each hospital site

In order to make the changes we are proposing, we need to invest in all three of our hospitals. Our plans include investing £118m in order to:

- Increase the number of hospital beds (by about 50 in total)
- Build new operating theatres
- Ensure we have the best technology, so that all relevant information is available across all hospital sites



section 3 WHY WE NEED TO CHANGE

In this section, we set out a brief overview of why the services we provide in mid and south Essex need to change.

The very best health and care for you and your family

Our vision of securing the very best health and care now and in the future requires change, including for all of us as individuals as well as services.

Significant changes in the care we need and ways to provide it

- Some aspects of modern life are creating problems – poor diet and lack of exercise, for example, can lead to weight problems that cause serious illnesses, such as diabetes, heart disease and strokes.
- People are living longer, but many more people are living with many different and often serious health and care needs. Dementia, for example is one of the main causes of disability later in life.
- Health and care for people with complex needs requires physical, mental and social care. The many different services in mid and south Essex do their best, but the system should be more joined-up to make it simpler and quicker to provide the right care.
- At the same time, information technology and innovation in care is creating more opportunities for care at home and close to where you live. For example, there are new types of monitoring devices for people with long term conditions, such as breathing problems, to spot the signs that your health is getting worse so that you can get help quickly.
- **We need to adapt our behaviour and ways of working to stay well and make the most of new technology and advances in best practice.**

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Our current health and care system is becoming unsustainable:

- Our hospitals, GPs and community services are under pressure to meet the rising needs every year.
- We have a particular challenge in mid and south Essex to recruit and retain enough doctors, nurses, social workers and technical staff; and many people in our current workforce are reaching retirement age.
- This is not because we don't have the money to fund more staff. The NHS in mid and south Essex currently has about 2,500 funded vacancies.
- There are national shortages of GPs, nurses, social workers and specialists, and we compete with London and Cambridge to attract people into mid and south Essex.
- **In addition to the importance of recruitment schemes, apprenticeships and training programmes, we need to find new ways of strengthening our workforce through collaboration and teamwork and making the best use of each person's skills.**

Some of the challenges in our hospitals

- Our hospitals are seeing increasing numbers of people who come to the hospital with urgent needs. Sometimes, the only option available is to admit people into hospital, which may not always be the best answer to their problems. This can lead to people staying in hospital longer than necessary. At times, this delays appointments and bookings for people who are waiting for planned hospital treatment.
- In specialist services, advances in medicine bring new and ever higher standards that rely on teams of specialists being available round the clock. Currently, it is not always possible to ensure a full team of specialists available 24 hours a day at all three sites.
- This leads to inconsistency in the quality of care. In some of the very specialised services, including life-saving emergency care, we can see that we could provide better care.
- At the end of 2016/17, we overspent by £98.6 million in mid and south Essex, the majority of which was spent on hospital costs. If we did nothing to change and adapt to growing demands every year, the gap could continue to increase to an overspend of over £500 million in 2020/21.

The proposals in this consultation aim to meet the challenges in our hospitals by:

- 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.

section 4 YOUR CARE IN THE BEST PLACE – AT HOME AND IN YOUR COMMUNITY

In this section, we explain more about how we are developing and investing in your local GP and community services to help you to live well, prevent ill health, promote self-care and make it easier to get advice and support.

Listening to local people

During a programme of discussion events in the autumn of 2016, we asked people whether they thought our health and care system should change and what they thought our priorities should be. Two thirds of those who responded strongly agreed there is a clear need for change. People also identified 12 top priorities for change, of which the top three were:



We listened to a wide range of ideas on developing local health and care, which have helped to shape the overall view of what people could expect in the future.

What local health and care services could look like to you in five years' time

You and your family Living Well

We will help you to:

- Find the right information about how to take care of yourself.
- Use your online and smartphone devices to get information and support.
- Spot the risks and signs of illness and act early to prevent deterioration.
- Have 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.

Developing Local Health and Care

At or near your GP surgery increasingly there will be:

- A wider range of health and care professionals to support you – this will include pharmacists, experienced nurses, physiotherapists and mental health therapists – so, you don'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.



Developing our GP and community workforce

Our GP services offer great care, but many practices are under pressure caused by rising demands and a shortage of GPs coming to work in mid and south Essex.

Over the next two years, we expect to attract at least 50 new GPs across mid and south Essex. A new medical school is about to open at Anglia Ruskin University based in Chelmsford, and over time this will undoubtedly bring more doctors to our local area.

We know from recent national and local studies that up to a quarter of consultations with GPs do not need a GP's specialist skills – so we are working with GP practices to identify and train staff to meet your needs. This includes practice nurses, clinical pharmacists and physiotherapists.

We are providing additional training for GP reception and administrative staff to reduce the clerical burden on GPs. This will all help to release time for GPs to care for patients who most need them.

Helping you to live well

CCGs are working with local authority public health experts and other partners to develop schemes to help people to avoid illness. "Living well" starts before we are born and continues through childhood, with the early support of midwives and health visitors; through schools, who can promote a healthy diet and exercise; and continuing through teenage years to adults and older people.

We are introducing services to help you with information, advice and support, linked to the wider network of community and voluntary services in your area. This includes care navigators to help you find the right support, as well as health coaches, care coordinators and health trainers who can help you and your carers.

We are also exploring all that digital technology has to offer, like using online and smartphone applications to help people gain access to information and support to manage their condition.

Improving urgent and emergency care

We know from various studies that many people use A&E because they believe that this is the simplest and most effective way to deal with an urgent problem.

For those who need care urgently, our aim is to simplify the way you make contact with emergency services and make it easy to get the right care first time.

We are about to launch a new NHS 111 service, which gives you a 24 hour telephone helpline with connections to your GP surgery and out of hours services. We are increasing the number of doctors, nurses and pharmacists that will be available through dialling 111. They will help to assess your needs and put you in touch with the right service, whether this is your GP, community and mental health teams, ambulance or other services that you need.

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Supporting people with long term conditions

Many people now live with at least one long-term incurable condition, such as diabetes, heart failure, asthma and other chest problems.

We aim to help you to avoid developing any long-term conditions, through education and support to live well. If you do develop one of these conditions, we want to support you with a range of services and personal care planning which will help you maintain your quality of life and avoid deterioration.

This will include working with you to be the expert on your condition and to know when and how to get further support when you need it.

Mental health

Traditionally, mental health problems have been treated separately from physical health problems; however, the evidence of strong connections between physical and mental health continues to grow.

We also know that identifying mental health conditions such as anxiety and mild depression, and treating these early on, will prevent the development of more serious mental health conditions and physical illness. Mental health therapists working with GP practices will ensure fast access to therapies designed to support you.

There is already a single specialist mental health service across Essex, Southend and Thurrock for children and young people. This links to schools, colleges and other services in the community to help children and young people to stay well and avoid serious mental health problems in later life.

We are also planning for more mental health specialists to work within A&E and hospital wards to make sure that mental health and physical issues are addressed at the same time and with expert help where needed.

Care for older and vulnerable people

GPs and other practice staff can identify patients who either are or are becoming frail or living with several different health and care needs.

Should you be identified as living with high risks to your health and wellbeing, a team of different professionals – a multidisciplinary team - can work with you, your family and your carers to plan and manage the right care for you.

End of Life Care

At the end of life, we want you to have a range of health and care support that will enable you to make a choice about where you would prefer to be in your final stages of life. Most people would prefer to be at home, close to the people they love, however, on average, between 45% and 50% of people die in hospital.

We have some excellent end of life services across mid and south Essex and we want to build on the best of these to support you and your family at end of life.

For further information on what is happening in your local CCG area to develop GP and community services, please visit our website at www.nhsmidandsouthessex.co.uk or request a copy of our background information pack.



**section 5 YOUR CARE IN THE BEST PLACE
– IN OUR HOSPITALS**

In this section, we explain more of the thinking behind the proposals for changes in hospital services.

We have summarised in a separate document the evidence we have looked at in developing these proposals. To see the summary of clinical evidence, please visit our website at: www.nhsmidandsouthessex.co.uk/background/further-information

What stays the same in all three main hospitals

All three main hospitals in Southend, Chelmsford and Basildon are equally important to providing your care in the right place.

Each hospital will continue to provide:

- a full A&E service, led by a consultant, open 24 hours a day
- outpatient appointments, routine scans, tests and consultations
- day case and short stay treatments and operations – these cover most routine treatments and operations
- maternity services
- children’s services, except for some specialist treatments and operations
- older people’s services, except for some specialist treatments and operations
- intensive care.

All three A&Es will continue to receive people arriving by “blue-light” ambulance, 24 hours a day.

In a small number of cases, if you have a serious emergency condition, the hospital team may decide, with you and your family, that your chances of survival or recovery would be better if you transferred to a specialist team, which could be at another hospital. We explain more about this in each of the proposals later in this section.

If you live closer to other hospitals, such as Addenbrooke’s in Cambridge or Colchester General Hospital, in general you will continue to use those hospitals.

Each of the three main hospitals will continue to provide the following specialist centres, as they do now:

- Cancer and radiotherapy centre at Southend Hospital
- Essex Cardiothoracic Centre for complex heart and lung treatments at Basildon Hospital, which treats acute heart attacks and serious heart and lung problems
- St Andrew’s Plastics and Burns Centre at Broomfield Hospital in Chelmsford



How our proposals aim to improve your hospital care

Current challenges

Sometimes long waiting times in A&E and delays in admissions

Specialists are not always available round the clock, so you may have to wait, sometimes until the next day; or another doctor may treat you.

Long waiting times and frequent cancellation of your planned operation, if there are emergency cases that take priority.

Future improvements

Developments in A&E and a wider range of urgent care at each hospital

Offers consistent, faster access to the attention you need in A&E and quicker access to specialist services

Improvements by bringing specialist services together in one place

Rapid access (even with a transfer between hospitals) to the right specialist team for your needs and technological facilities for specialist scans and treatment.

Evidence shows this is likely to improve your outcome and chances of making a full recovery

Improvements by separating planned operations from emergency care

Shorter waiting times for your hospital operation and cancellation unlikely.

Better quality of care after your planned operation, away from the potential risk of cross-infection

This will safeguard your rapid recovery and reduce the chances of any complications

Issues raised by local people

In local discussions over the period that we have been developing these proposals, many people have highlighted concerns about the feasibility of managing services across three hospitals and travelling between them.

Three main issues have already been raised in our programme of public discussions:

Would a transfer be safe, particularly for seriously ill patients?

How would the proposed change affect families and carers, particularly those who are vulnerable and those without their own transport?

How would the changes affect staff? Is it feasible and affordable for staff to travel between hospitals? Would the changes deter staff from working in our local hospitals?

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Safe transfers for patients

If needed, the A&E teams and specialists would work together and discuss with you and your family the safest arrangements for your transfer. Should it be decided that a transfer was not the right decision for you, the specialist team would support the A&E team to give you the best possible care.

If you and your hospital team were to decide a transfer should go ahead, then you would only transfer if your condition was clinically stable, and you would have the support you need, including a senior doctor or nurse travelling with you, if necessary.

Our proposal is to introduce a new type of inter-hospital clinical transport, in addition to the ambulance services that we already commission from the East of England Ambulance Service.

Transport and support for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed.

Support for patients and families is high on the list of issues to address in planning service change. During this consultation we will be listening carefully to more of your views on this.

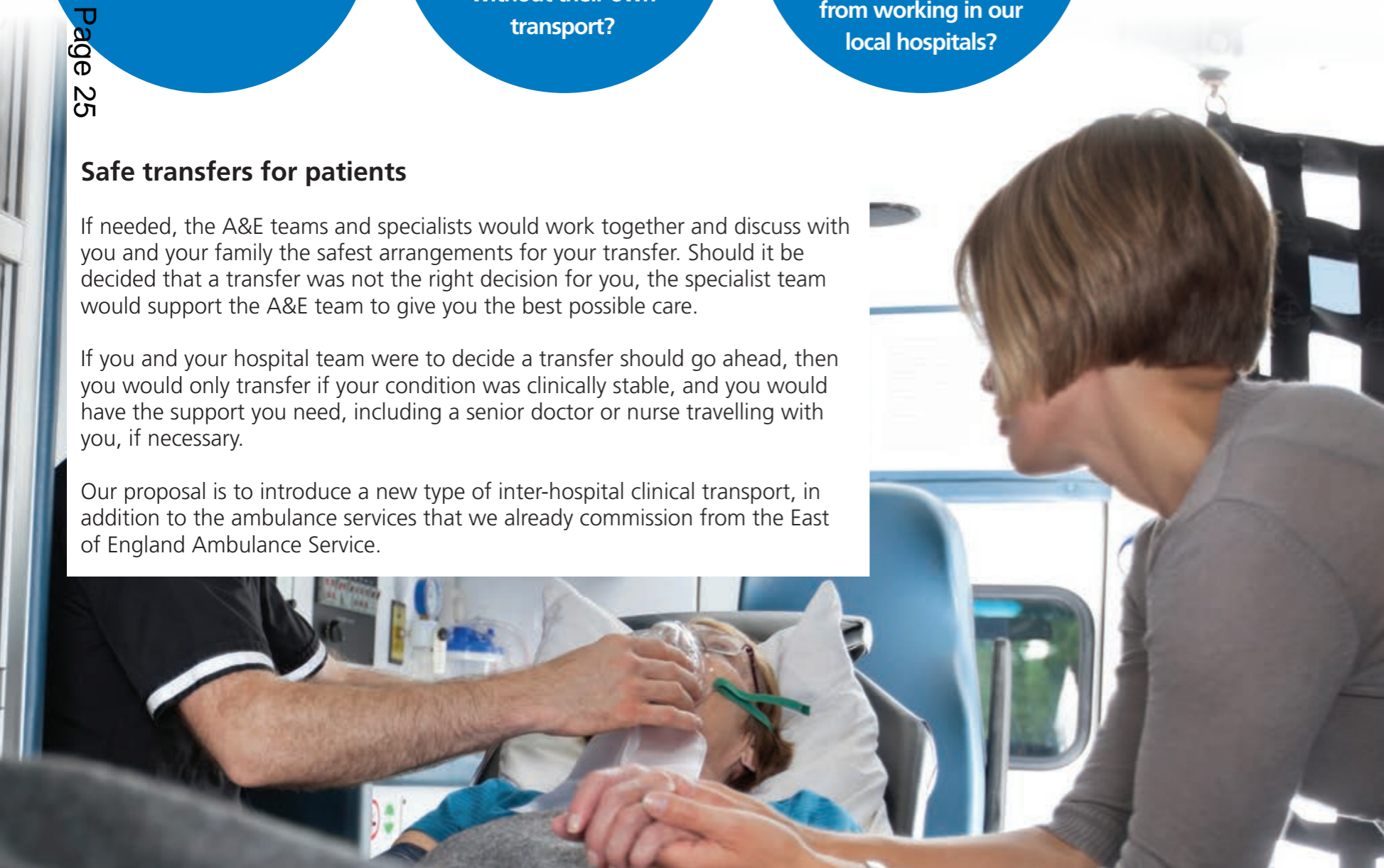
Implications for staff

Changes in the workplace can be extremely challenging for people. We will continue to discuss the changes with staff and are committed to involving as many staff as possible in designing detailed plans.

There are potential benefits for staff in many of the proposals. The creation of larger specialist teams, able to achieve higher standards of excellence has the potential to offer better opportunities for training, experience and career progression. The networking of services across three hospitals has the potential to give staff a chance to work in different locations, learn new skills and experience a wider range of care than they might otherwise have had in one hospital.

To enable patients and staff to move between the three hospitals, it will be important to improve information sharing and technology, as well as shared systems and standards.

During the consultation period we will be holding discussion events with staff on what the proposals mean for them, and what should be taken into consideration in making any changes.



Detailed proposals under the five principles for hospital services

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.

- We would like to know your views on proposals to improve your local A&E – the development of an “emergency hub” at each hospital with a wider range of urgent care services

Background

Current A&E services are frequently overcrowded and people sometimes have to wait too long to be seen. By improving the flow of patients through A&E, we can better manage the pressure on the whole hospital and improve your care. To do this we are proposing the development of an “Emergency Hub” that would operate in the same way across each of the three hospitals.

The proposed changes

- **A quick assessment of your emergency situation**

A senior doctor or nurse would assess your needs quickly. They may book an appointment for you with other services, such as a GP working in A&E or your own GP, a pharmacist, a mental health practitioner or social care professional. They may arrange for further assessment through a dedicated assessment unit.

- **Specially designed units for further assessment**

Alongside A&E, four assessment units will have specially trained teams to meet the particular care needs of:

- o Older and frail people
- o Children
- o Patients in need of urgent medical treatment
- o Patients in need of urgent surgical treatment

The aim of these units will be to assess and treat your condition, getting you back home as soon as possible. Strong links to community services, mental health and social care will support this aim. Each unit will have beds for those who may need a short stay in hospital.

- **Transfers to specialist teams**

In a small number of cases, if you have a serious condition, you would be stabilised and transferred to a specialist team, which could be in another hospital. The hospital team treating you will take this decision with you and your family, and make arrangements for a safe transfer. We estimate that up to 15 patients per day across all three hospitals may be transferred to a different hospital for their care. There would also be a new free transport service to help family and friends to travel to a different site.

This already happens for some services and has for many years – e.g. patients with serious burns are transferred to the St Andrew’s Centre in Broomfield Hospital near Chelmsford, and patients who may have had a serious heart attack are currently transferred to the Essex Cardiothoracic Centre in Basildon.

In a very few cases, it may be better to go direct by ambulance to the specialist centre. This already happens now for people in Essex who experience a serious heart attack. They go direct by “blue light” ambulance to the Essex Cardiothoracic Centre at Basildon.



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.

- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:
 - o Gynaecological surgery (women's services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
 - o 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
 - o Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o 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
 - o Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems at Basildon Hospital
 - o Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
 - o Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

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Background

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.

This means:

- A larger specialist team can make sure that the right number and level of skilled staff are available should you need specialist care at any time of the day or night, 365 days of the year, providing fast access to the highest quality care for patients.
- By seeing more patients, specialists can further develop their knowledge and skills to achieve better results.
- A larger team can develop as a centre of excellence and be in a better position to be involved in research and innovation.
- A larger team has greater opportunities for development, training and career progression. This can improve our ability to attract and retain talented people and deliver the best care for you.

In each proposal, the principle applies that routine services, such as outpatient appointments, tests, and surgery and treatment that can be done in a day would continue at all three local hospitals.

Our proposed changes are only concerned with specialist surgery and treatments that require a hospital stay.

Our proposed locations for bringing together specialist services are based on:

- Where there are already established specialist teams, together with facilities and equipment.
- Where there are important links between different specialist services which require shared expertise and close relationships between expert teams.

2 The proposed changes

Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital

- Currently, emergency and routine gynaecological services are offered from all three main hospitals.
- Southend Hospital is developing a range of surgical expertise in cancer and some patients already travel from Basildon to Southend for gynaecological cancer treatment.
- We propose to bring together specialist gynaecology expertise at Southend Hospital for all women who need a hospital stay of more than 48 hours.

What this means:

- Routine outpatient, day case and short stay gynaecology services would continue to be available at all three main hospitals for both emergency and planned care.

The proposed change mainly affects women in mid Essex who need specialist gynaecological surgery who would go to Southend Hospital and not to Broomfield Hospital, as they do now.

- Southend is the proposed location because it makes sense to bring specialist gynaecology surgery together with the existing expertise in cancer treatments at Southend.

Gynaecological surgery covers surgery on the female reproductive system. Most procedures are done in a day and this would continue at your local hospital. The proposed change is for more complex operations that would require a hospital stay of more than two days.

Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital

- There are good standards of care for breathing problems in all three hospitals, but respiratory specialists are not always available 24 hours a day in all three hospitals.
- A round-the-clock specialist inpatient service for patients with complex lung problems would improve care and recovery and help people to avoid long term problems, such as becoming immobile.
- We propose to maintain the majority of services for respiratory care at all three hospital sites, with the addition of a specialist respiratory ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you were very poorly as a result of breathing problems, you would be taken to your nearest hospital, where you would be seen and stabilised in A&E.
- Following stabilisation, we would expect to be able to treat your condition within a day or with a short hospital stay of 24 or 48 hours.
- Should you need more specialist care and a longer stay in hospital, then you may be transferred to the specialist respiratory ward in Basildon. Here you would receive treatment and a team of specialists would be able to plan your ongoing care.
- The reason for choosing Basildon as the location is that we could maximise our expertise with links to the Essex Cardiothoracic Centre in Basildon.

Complex respiratory problems could include severely collapsed lung, disease of the lung lining or lung disease with complex oxygen requirements.

Patients with complex kidney problems who need a hospital stay would be treated in Basildon

- There are good standards of care for people with kidney problems in all three hospitals, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients and minimise the degree of kidney injury.
- We propose to maintain the majority of kidney services at all three hospital sites, with the addition of a specialist ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including haemodialysis.
- The specialist team at Basildon would be able to support clinicians in each local hospital, including the A&E team, to ensure consistently high quality local care.
- If you needed a hospital stay and specialist treatment you would transfer to the specialist team at Basildon.
- The reason for choosing Basildon as the proposed location is that there are strong links between kidney and cardiovascular services, so it makes sense to have specialist services on the same site as the Essex Cardiothoracic Centre.
- Very complex care, such as kidney transplants, would continue to be provided in London and other specialist centres, as they are now.

Complex kidney problems could include problems following a kidney transplant, or a serious kidney injury.

Patients with diseased arteries or veins would be treated at Basildon

- Emergency specialist vascular services are not always available on all three hospital sites. Specialist emergency care rotates between the three sites, which means that patients currently go to whichever hospital is providing specialist vascular expertise on that day.
- There is evidence nationally that a joined-up vascular team from several hospital sites improves care quality and patient outcomes, because of the greater number of patients they treat.
- Given the important links between cardiac care and complex vascular services, we propose that a specialist vascular hub should be located near the Essex Cardiothoracic Centre for heart and lung operations in Basildon. This would also be close to interventional radiology, a type of camera-guided surgical technique, which avoids the need for open surgery.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you needed a complex vascular operation that required a hospital stay, your GP would refer you to the proposed vascular hub in Basildon.
- In an emergency situation, you would go to your local A&E for assessment and stabilisation, and then transfer to the vascular hub for specialist surgery.
- Your surgery in the vascular hub would usually require only a short stay of up to 48 hours, after which you would return home or to your local hospital for further support and recovery.
- Routine operations, such as treatment of veins in the legs, would continue at all three hospitals as day cases and short stay operations.

Vascular disease is caused by inflammation of the blood vessels, which can interfere with the blood flow to vital organs. Vascular disease is a common cause of strokes and blockages in arteries.

Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon

- Currently, all three main hospitals offer outpatients and short stay heart treatments.
- The Essex Cardiothoracic Centre in Basildon has been established for over 10 years as the specialist centre for heart and lung problems. Patients from all over Essex have been going to the centre for both emergency and planned interventions, and this has improved outcomes.
- Patients who experience a serious heart attack are already taken to Basildon, usually direct by ambulance for life-saving care.
- We propose to build on the expertise of the Essex Cardiothoracic Centre to give you quicker access to this specialist service.

What this means:

- Outpatients and short stay treatments would continue to be available locally. For example, treatments for chest pain and erratic heartbeat would be at your local hospital.
- For more complex problems, such as needing a pacemaker, or unblocking arteries, you would in future be referred quicker than now to the Essex Cardiothoracic Centre in Basildon.
- Patients who experience a serious heart attack would continue to go to the Essex Cardiothoracic Centre, either via your local A&E or direct by ambulance as they do now.
- The Essex Cardiothoracic Centre would continue to provide complex planned operations, such as coronary artery bypass as it does now.
- Most people would stay only two to three days in the Essex Cardiothoracic Centre, after which they would go home or back to their local hospital for further care and cardiac rehabilitation.

Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford

- There are good standards of care in all three hospitals for people with gastroenterology problems, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients.
- We propose to maintain the majority of gastroenterology services at all three hospital sites, with the addition of a specialist ward at Broomfield Hospital, near Chelmsford.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including endoscopy.
- A specialist team at Broomfield, would be able to support clinicians in each local hospital, including the A&E team to ensure consistent high quality local care.
- If you needed a hospital stay and specialist treatment, you would transfer to the specialist ward at Broomfield.
- Very complex care, such as liver transplants, would continue to be provided in the London specialist centres, as they are now.

Complex gastroenterology problems could include severe liver failure, intestinal failure requiring nutritional support or pancreatitis.

Proposals for a dedicated service at Broomfield Hospital, near Chelmsford, for emergency general surgery that requires a hospital stay

- All three sites currently offer a wide range of inpatient, outpatient and daycase general surgery services and this will continue.
- There are sometimes delays for people who need complex emergency surgery, which could be avoided if there was a single dedicated emergency surgical team and theatre facilities in one place.
- In order to separate some emergency from planned surgery, we propose that some complex emergency operations should be provided from a dedicated emergency general surgical team at Broomfield Hospital, which already leads on some complex general surgery.

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Some complex surgery is already provided at Broomfield as the lead for all three main hospitals. This includes:

- o Ear nose and throat and facial surgery which needs a hospital stay
- o Upper gastro-intestinal surgery which needs a hospital stay
- We propose to add to this arrangement, for example, complex surgery for bowel problems (except for cancer which would continue at Southend).
- Routine planned and emergency surgery, which could be performed as a day case, with no requirement for hospital stay, would continue at all three hospitals.

What this means:

- If you had severe stomach pains, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed an abdominal operation that required a hospital stay, you would transfer to Broomfield Hospital in Chelmsford.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

General surgery that requires a hospital stay would include major operations on the abdomen.



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.

- We would like to know your views on this overall approach and on specific proposals for the development of a specialist stroke unit to be provided at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems.

Background

Our stroke services compare well with the best in many ways, but we could do better. We know from significant national and international evidence that patients who are treated in a highly specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and making a good recovery.

Clinical evidence shows that fast action 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 specialist doctors, nurses, therapists and technicians, then people could avoid long lasting debilitating effects.

None of our three hospitals currently has the right number of specialists to provide the level of specialist stroke unit that we are proposing.

By joining together our stroke teams across the three hospitals, we could provide a specialist stroke unit to lead the network of stroke services, and continue to provide stroke care at each of our three hospitals.

A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For 85% of cases this is because of a blood clot. In around 15% of cases this is because of a burst blood vessel causing a brain haemorrhage.

The proposed changes

- We propose to develop a specialist stroke unit at Basildon Hospital. The reason for choosing Basildon is that high dependency stroke services should have close links with the specialist skills of the existing Essex Cardiothoracic Centre for heart and lung problems.
- The local A&E team would be equipped and able to diagnose and stabilise your condition and initiate treatment. Advanced imaging and initial treatment for the majority of strokes would continue to be available at each local A&E. Most strokes (around 85%) are as a result of a blood clot blocking the flow of blood to the brain and some can be treated with drugs to dissolve the clot – a treatment known as thrombolysis.

What this means:

- If it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital. Following a diagnosis in A&E, you would start the thrombolysis treatment, if appropriate, before going by rapid transfer to the specialist stroke unit in Basildon.
- If your stroke were due to a bleed in the brain (which affects around 15% of cases), you would be transferred immediately for treatment either at Basildon, if appropriate, or to a higher specialised centre in Cambridge or Queen's Hospital in Romford, which is what happens now.
- Your stay in the specialist stroke unit would be up to 72 hours, after which you would either go home, if you made a good recovery, or return to your local hospital for further rehabilitation.
- The specialist stroke team would provide a clear plan to support your recovery, including physiotherapist support and speech and language therapy.

Principle 4

Planned operations should, where possible, be separated from patients who are coming into hospital in an emergency.

- We would like to know your views on proposals for the following operations that need a hospital stay:
 - o Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex
 - o Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital near Chelmsford for people in mid Essex.
Surgery for most people with a broken hip would continue at all three local hospitals.
 - o Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital near Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

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Background

National guidelines from the British Orthopaedic Association tell us that surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

The evidence of this has been gathered for more than 30 medical specialties.

Among various findings, the evidence tells us that:

- separating planned operations from emergency is a way to increase service efficiency, reduce cancellations and improve outcomes for patients.
- dedicated beds for planned operations protect surgical patients from the risk of cross-infection from emergency medical patients.

The proposed changes

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

- Planned orthopaedic surgery that needs a hospital stay would be available at Southend Hospital for south Essex residents and at Braintree Community Hospital for mid Essex residents.
- Braintree Community Hospital is a purpose-built facility with operating theatres, which have previously been under-used. Currently, the hospital provides care for patients who need a short stay overnight or for those who require a period of care following discharge from the main hospital at Broomfield. Mid Essex CCG is currently discussing with local people how this type of care could be better for people if it was at home or closer to home.

What this means:

- For most routine operations that could be done in a day, your GP would refer you to the hospital of your choice and you would be given a date to come into hospital.
- If your diagnosis showed that you needed a more complex operation requiring a hospital stay, you would be referred either to Southend Hospital or to Braintree Community Hospital.
- Everyone who needs a planned operation can make a choice about where to go from the options available; for example, if you live closer to Addenbrooke's in Cambridge or Colchester General Hospital, you could continue to go to these hospitals for your operation, as happens currently.
- Two to three days after your operation you would go home if you had made a good recovery, or return to your local hospital for further care and rehabilitation.

Orthopaedics is concerned with muscles, ligaments, bones and joints

Some emergency orthopaedic surgery that needs a hospital stay (e.g. for broken bones) would be at Basildon Hospital for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex

Orthopaedics is concerned with muscles, ligaments, bones and joints.

- All three main hospital sites currently offer a wider range of inpatient, outpatient and day case orthopaedic services e.g. for fractures, hip and knee operations, but there are wide variations in waiting times for admission and lengths of hospital stay.
- In order to separate emergency from planned surgery, we propose that some emergency operations, that require a hospital stay, e.g. for more complex fractures and injuries, should be offered at Basildon Hospital for south Essex patients and at Broomfield Hospital near Chelmsford for mid Essex patients.

What this means:

- You would continue to go to your local hospital with a suspected fracture or other injury.
- Surgery for simple fractures and other routine surgery that could be performed within 24 hours would continue at all three local hospitals.
- Surgery for most people with a broken hip would also continue at all three local hospitals.
- If the diagnosis in A&E was that you needed a more complex operation requiring a hospital stay, you would then transfer to either Basildon Hospital or Broomfield Hospital near Chelmsford.
- If you had severe multiple injuries, such as injuries caused by a serious road traffic accident, you would continue to go directly to a major trauma centre either in Cambridge or London, which is what happens now.

Proposals for urological surgery at Broomfield Hospital in Chelmsford and Southend Hospital (for cancer)

Urological surgery is concerned with bladder and kidney problems.

- Currently, emergency urological services are provided at all three hospital sites, as is most planned surgery.
- Last year it was agreed that Southend Hospital should provide specialist surgery for urological cancer. People already travel to Southend for this service and this will continue.
- We propose to bring together the most complex urological surgery (non-cancer) at Broomfield Hospital near Chelmsford. Broomfield already has the most expertise in urological surgery and it makes sense to build on that.

What this means:

- If you had a urinary tract infection, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed a more complex operation, such as the removal of a stone, you would transfer to the urology hub in Broomfield Hospital.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

Principle 5

Some hospital services should be provided closer to you, at home or in a local health centre.

- We would like to know your views on proposals to transfer 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).
- Only when new services are up and running, would it 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 requiring in excess of £10 million to bring the building up to standard.

Background

Thurrock CCG and Thurrock Council have already consulted with local people on changes to the way in which health and care services are provided locally, with an emphasis on delivering most care closer to where people live.

Feedback shows that people welcome the development of the new “integrated medical centres” where people can go to one place for GP services, health checks, tests and access to a wide range of advice and information, such as for healthy living, advice on housing, benefits and social care services, including voluntary services.

Four centres are planned for Tilbury and Chadwell, Purfleet and Aveley, Stanford-le-Hope and Corringham and Grays.

- Each centre would be open seven days a week, from early morning until the evening.
- Each centre would house a combination of health, council and voluntary services.
- Each centre would develop a strong connection to its local community.

Current status

Tilbury and Chadwell: Thurrock Council has agreed to develop a new build Integrated Medical Centre on the Tilbury Square site. The Council has already commissioned a design team with the expectation of securing planning permission in 2018 and building work to start later in that year.

Purfleet and Aveley: The proposed new build Integrated Medical Centre is part of an existing regeneration programme. It will be located in the heart of the new Purfleet town centre, with an expectation of building work starting in 2018.

Stanford and Corringham: The proposal is to develop the unused Graham James site, again with the expectation of work starting in 2018.

Grays: The plans to develop the Thurrock Community Hospital site.

Similarly, in the **Basildon, Brentwood** and **Billericay** areas we have an opportunity to develop buildings at Brentwood Community Hospital, a new location in Basildon town centre and St Andrew’s at Billericay.

The proposed changes

The detail of which services should operate from which centre is a key part of this consultation. We know from local engagement that people support the concept of the proposed new centres, which are much closer to where people live. We also know that people have concerns about whether the new services will be in place before closing Orsett Hospital. Thurrock CCG and Thurrock Council have already formally agreed to ensure that the new services are in place before there could be any changes to Orsett.

The outline plan is for the new centres to open in 2020/2021, and only after a successful transfer of services would Orsett close.

This consultation period gives us an opportunity to develop the detailed plans with patients and local people, starting with the following proposed locations for tests and treatments:

Potential options for the future of services currently provided at Orsett:

IMC means *Integrated Medical Centre*

Proposed future services	Purfleet IMC	Thurrock Community Hospital, Grays IMC	Corringham IMC	Tilbury IMC	Brentwood Community Hospital	Basildon town centre	St Andrew's Billericay
Diagnostic services e.g. blood testing	✓	✓	✓	✓	✓	✓	✓
General outpatient services e.g. for skin problems; ear, nose and throat; breathing problems; children's services; orthopaedics (bones, muscles and tendons)	✓	✓	✓	✓	✓	✓	✓
Treatment facilities e.g. minor procedure rooms	✓	✓			✓	✓	

For further background information on proposals to transfer services from Orsett Hospital, please visit our website: www.nhsmidandsouthessex.co.uk/background/further-information

Or request a copy from the consultation programme office - details in *Section 7 on How to have your say*.

Investment and expansion in our future hospitals

Investment of over £118 million is planned for our hospitals' buildings and sites

A common misunderstanding that came up in discussions with local people over the last year was that plans for service change were about making service cuts.

As part of our plans we intend to invest £118m in improving our local hospitals. This money will be spent to:

- Increase the total number of hospital beds by about 50.
- Build new operating theatres.
- Improve technology to make it easier to work across three hospital sites.

All three hospitals will benefit from this additional investment as follows:

- Southend Hospital – £41 million.
- Basildon Hospital – £30 million.
- Broomfield Hospital near Chelmsford – £19 million.

A further £28 million will be invested in additional technology and facilities that will benefit all three hospitals, such as ensuring shared records across all sites.

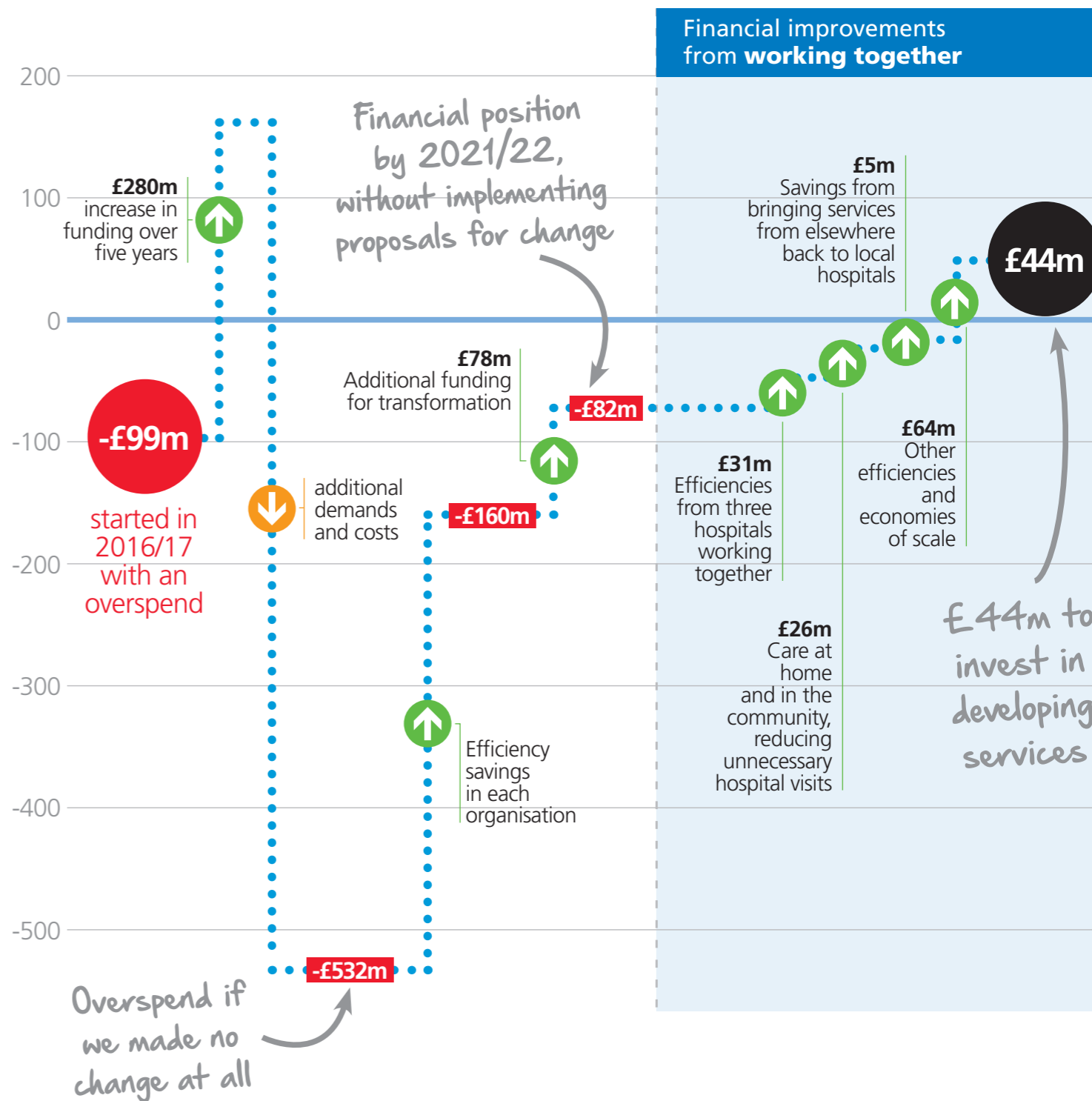


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How our overall plan for change brings our NHS back into financial balance

The current cost of our NHS in mid and south Essex, of which the largest spend is on hospital care, is much greater than the funding available. In 2016/17, this created an overspend of £99 million.

If we made no change at all over the next five years, the additional demand for health and care could increase the overspend to over £500 million by the year 2021/22.

















section 6 FURTHER INFORMATION

Please visit our website for a list of background documents:
www.nhsmidandsouthessex.co.uk

Or request a document from the consultation programme office
- details in *Section 7 on How to have your say*.

List of available documents:




-  Background information, including more detail on local CCG plans, how we arrived at our proposals and additional information on topics such as travel times
-  More detail on the proposals for Thurrock, Basildon and Brentwood and Orsett Hospital
-  A pre-consultation business case, assured by NHS England and other national regulators
-  Reports following reviews of our proposals from the East of England Independent Clinical Senate in:
 -  June 2016
 -  October 2016
 -  September 2017
 -  October 2017
-  Summary of the clinical evidence that we have reviewed in developing these proposals
-  Report from Eastern Academic Health Sciences Network following a review of relevant national and international clinical evidence
-  Independent report from UCL Partners on national and international clinical evidence on stroke care
-  STP report on the views of local people from engagement phases in 2016/17
-  Heathwatch Thurrock report on local views in Thurrock
-  Healthwatch Essex report on a study of citizens' views on A&E services

section 7 HOW TO HAVE YOUR SAY

The Joint Committee of Clinical Commissioning Groups (CCGs) will meet early in the summer of 2018 to consider the feedback from this consultation. The Joint Committee will then make the key planning decisions necessary to take forward the proposed changes, taking into account the views of staff, partners and local people.

We hope you will take the opportunity to send us your views.

There are a number of ways to feedback, or get involved in discussions – see below.

 Online survey	 Written feedback	 Meetings
<p>You can give your views through our survey which is available online at: www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP</p> <p>It is also available in print form on request from our consultation team – see contact details below.</p>	<p>If you would rather submit a response in the form of a letter or email, you can do this too and your comments will be included in the review of feedback – see contact details below.</p>	<p>If you belong to a group or organisation with an interest in a specific issue related to these proposals, you can submit a request for a meeting to discuss this with you.</p>

How to contact us

Email: **meccg.stpconsultation@nhs.net**

Phone: **01245 398118**

Address: **Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF**



Discussion events

Across mid and south Essex, we will be running a number of public engagement events where you will be able to hear more about our proposals and have the opportunity to tell us what you think. These will be an important opportunity for your voice to be heard.

Basildon and Brentwood

6.30pm-8.30pm on Tuesday 16 January 2018
Wick Community Centre,
Wickford, Essex SS12 9NR

6.30pm-8.30pm on Wednesday 21 February 2018
Brentwood Community Hospital, Crescent Drive,
Brentwood, Essex CM15 8DR

1.30pm-3.30pm on Tuesday 27 February 2018
The Gielgud Room, Towngate Theatre,
St. Martins Square, Basildon, Essex SS14 1DL

Castle Point, Rochford and Southend-on-Sea

6.30pm-8.30pm on Thursday 8 February 2018
Maritime Room, Cliffs Pavilion,
Westcliff-on-Sea Essex SS0 7RA

2.30pm-4.30pm on Tuesday 20 February 2018
Oysterfleet Hotel, 21 Knightswick Road,
Canvey Island Essex SS8 9PA

2.30pm-4.30pm on Wednesday 7 March 2018
Audley Mills Education Centre,
57 Eastwood Rd, Rayleigh, Essex SS6 7JF

Mid Essex

6.30pm-8.30pm on Tuesday 9 January 2018
Chapter House, Cathedral Walk,
Chelmsford, Essex CM1 1NX

1.30pm-3.30pm on Wednesday 31 January 2018
Michael Ashcroft Building (1st Floor),
Anglia Ruskin University, Chelmsford Campus,
Bishop Hall Lane, Chelmsford, Essex CM1 1SQ

6.30pm-8.30pm on Wednesday 7 February 2018
Braintree Town Hall (main room), Market Place,
Braintree, Essex CM7 3YG

6.30pm-8.30pm on Wednesday 28 February 2018
Plume Academy School, Fambridge Road,
Maldon, Essex CM9 6AB

Thurrock

6.30pm-8.30pm on Wednesday 24 January 2018
Civic Hall Blackshots Lane
Grays, Essex RM16 2JU

1.30pm-3.30pm on Tuesday 6 March 2018
Civic Hall Blackshots Lane,
Grays, Essex RM16 2JU

We hope you will be prepared to take an active part

For details of our discussion events see our website:

www.nhsmidandsouthessex.co.uk/have-your-say/events

To book your place, visit: **<http://bit.ly/2Agdnpr>**

or contact us using our details on the previous page.

Mid and South Essex
Sustainability and Transformation Partnership (STP)

***Your care in the best place
at home, in your community and in our hospitals***

Consultation 30 November 2017 – 9 March 2018

Safe transfers between hospitals

Patients already transfer between hospitals, with support to stay clinically stable. This includes transfers with Essex and to emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

Access to specialist emergency services, such as stroke care, would continue to 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. The teams in all three A&Es would be equipped and able to diagnose and stabilise your condition and initiate treatment before the transfer.

Additional journeys

Of the 960 or so people that attend our A&E departments each day we estimate that, as a result of the proposals we have developed, around 15 people may need a transfer to a dedicated specialist team in another hospital. In general, this will be for people who will benefit most from complex specialist care to recover from their illness.

The best care

For many patients, transferring to a more specialist centre would help to ensure they get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

If you and your hospital team were to decide a transfer should go ahead, then you would only transfer if your condition was clinically stable, and you would have the support you need, including a senior doctor or nurse travelling with you, if necessary.

Proposed new clinical transport service

As part of our plans, we propose to invest in a new type of clinical transport between the hospitals, which would be designed and staffed in consultation with clinicians, patients and families to ensure the right support for every journey. If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family

whether a transfer is the right thing for you. This would be in addition to the ambulance services that we already commission from the East of England Ambulance Service.

Transport for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed. Support for patients and families is high on the list of issues to address in planning service change.

Have your say

During our consultation on proposed hospital changes, we are keen to hear your views on proposals for transport. Please visit our website for full details on this and other proposals, and the various ways to feedback, including a list of events where you can join the discussion.

There is a feedback survey online at www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

Or you can contact us at:
meccg.stpconsultation@nhs.net
Tel: 01245 398118

***Your care in the best place
at home, in your community and in our hospitals***

Consultation 30 November 2017 – 9 March 2018

Summary sheet on proposals for stroke

Some relevant facts

- Stroke is the fourth most common cause of death in the UK.
- A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For around 85% of cases, this is because of a blood clot. In around 15% of cases, this is because of a burst blood vessel causing a brain haemorrhage.
- The recommended treatment for cases involving a blood clot is rapid assessment and, for around 20% of these patients, the administration of a drug to help dissolve the clot – a treatment known as thrombolysis, ideally within three hours of the start of symptoms.
- It is also possible with specialist vascular surgery to remove a blood clot, which may be a beneficial treatment for some patients. This requires advanced technology, specialist scanning equipment and specialist surgical expertise, which is usually only available in a specialist stroke unit.
- Care provided by a specialist stroke unit is associated with better patient outcomes than general hospital settings.
- There is emerging clinical evidence that suggests very little difference in outcomes between patients going straight to a specialist stroke unit and patients going to their nearest A&E for assessment and initiation of treatment, if appropriate, followed by transfer to a specialist stroke unit.

What happens now and what we propose in mid and south Essex

- Currently, all three hospitals in Southend, Chelmsford and Basildon treat people for stroke.

- Given the size of our population, this means we have three relatively small stroke teams, compared with some of the larger specialist stroke units that have been established elsewhere, such as in London and Manchester.
- Each local stroke team provides excellent services, but our stroke specialists propose that we could improve stroke care by joining these services together as one team. This would create a network of services and facilities, working to the same high quality standards.
- By joining the three teams together, it would be possible to establish a specialist stroke unit to lead the network. This would be in addition to continuing stroke care in each of the three hospitals.
- The proposed location for the specialist stroke unit is Basildon Hospital, close to the specialist skills associated with the Essex Cardiothoracic Centre.

Benefits of proposed change

- A network with a specialist stroke unit would ensure the highest quality specialist expertise instantly available 24 hours a day, which is not always the case currently.
- By working together, stroke specialists have the opportunity to improve rapid assessment, diagnosis and treatment at each hospital and in the proposed new specialist stroke unit.
- The benefits of the proposed specialist stroke unit itself come from there being a larger team to provide intensive care and rehabilitation, particularly for those patients who may not be eligible for thrombolysis (some 80% of cases where there is a blood clot).
- The proposed specialist stroke unit offers the opportunity to develop a specialist stroke endovascular service for treatment where a clot is physically removed from a blood vessel. This type of treatment is not currently available to all patients in Essex.
- The proposed new network would also help to improve wider stroke services, such as links with GP and community services and new developments in ambulance services.

What this means for patients

- Under the proposals for stroke care describe above, if it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital A&E.

- The A&E team would be able to assess the nature of your condition and make a diagnosis. If appropriate the A&E team could initiate treatment, in consultation with the specialist stroke team.
- If necessary, you would be transferred to the proposed new specialist stroke unit in Basildon.
- Your stay in the specialist stroke unit would be up to 72 hours, after which you could go home if you made a good recovery, or return to a local community service for further rehabilitation.
- For some families, we acknowledge it may be difficult to make the journey to Basildon Hospital to visit their loved one in hospital during this part of their care. We propose to invest in a free bus service between our hospitals, or possibly other locations; and we are keen to hear your views on this.
- The major potential benefit is that future stroke care in mid and south Essex could improve patients' chances of survival and making a good recovery.

Have your say

During our consultation on proposed hospital changes, we are keen to hear your views on proposals for stroke. Please visit our website for full details on this and other proposals, and the various ways to feedback, including a list of events where you can join the discussion.

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References for further information

To see national information on best care for stroke, please visit:

www.england.nhs.uk/rightcare/products/

To see an independent report from UCL Partners on national and international clinical evidence on stroke care, please visit our website at

<http://www.nhsmidandsouthessex.co.uk/background/further-information/>

For further information on all proposals for consultation, please visit our website at

www.nhsmidandsouthessex.co.uk

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Mid and South Essex
Sustainability and Transformation Partnership (STP)

***Your care in the best place
at home, in your community and in our hospitals***

Consultation 30 November 2017 – 9 March 2018

**Summary sheet on financial benefits of proposed
system changes over the next five years**

Are we cutting services to save money?

- Our aim is to secure a better NHS to meet the increasing needs of our ageing population.
- We are not proposing to cut services; but to improve the way we use the resources available. We spend around £1.95 billion for health services in mid and south Essex, and a total of around £2.5 billion on health and social care combined. We can be more effective, meet increasing needs, and keep people well for longer.
- There are three important parts to achieving this aim:
 - The first is to take every opportunity to **improve our quality of care** and outcomes for patients – by different services working together across the whole health and care spectrum
 - The second is to **develop our workforce**, so that each individual is able to work to their full potential and that we attract and keep the best talent in mid and south Essex
 - Thirdly, we need to **use our limited resources in the best way** by helping people to stay well, avoid serious illness and avoid unnecessarily costly stays in hospital.

This means shifting investment into the community and primary care to support people in a better way.

How much do we need to save to reduce the year on year increase in costs?

- Our current allocation for NHS services is around £1.85 billion per year. In 2016/17 we overspent by around £99 million.
- If we made no change at all over the next five years, the rising demand for health care could increase that overspend to over £500 million by the year 2021/22.

How are we going to avoid this £500 million overspend over the next five years?

- While increasing demands and sometimes new treatments drive up the costs of healthcare every year, there are also new ways to improve efficiency every year – through advancing technology and different ways of working.
- All health and care organisations are able to make efficiencies every year by doing this differently and more efficiently. Even before our proposed STP plan for the next five years, we have identified 7-8% efficiency savings across both CCGs and providers over the next five years, totaling around **£370 million**.
- A further **£78 million** is anticipated in additional funding in 2020/21 from the Government's Service Transformation Fund.
- The following shows how we are planning financial gains from working together over the next five years:
 - **£31 million** from efficiencies the hospitals can make from three hospitals working together e.g. by having a one leadership team and single corporate teams (such as finance, human resources) and by reducing spend on agency staff.
 - **£64 million** from a range of efficiencies across the whole health and care system from working together at scale.
 - **£5 million** from providing services in our local hospitals that mean that people no longer have to travel to these services in London and elsewhere.
 - **£26 million** from providing care in the right place that will help people to stay well and avoid serious illness. **This will require investment of around £30 million in community and primary care services and new technology.**

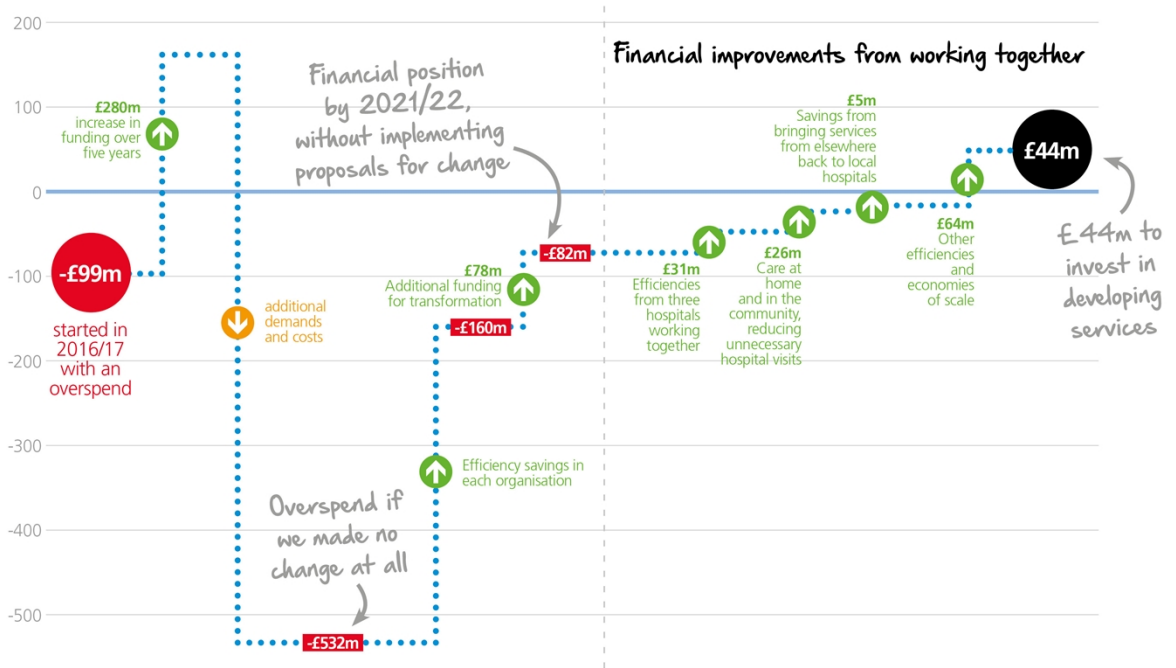
The current average hospital stay in an emergency costs £2,000.

If we invested half that amount in the community, we could provide better and more personalised support to help people avoid having to go into hospital.

Isn't the answer that the system needs more money?

- More money for mid and south Essex is always welcome and we will continue to take every opportunity to secure additional funding.
- We do expect an increase in funding over the next five years of around **£280 million**, plus an additional **£78 million** of system transformation funding as shown in the diagram on the next page.
- However, more money is not the only answer. We have a major workforce programme to attract and retain staff and improve training, skills development and career progression. In both community and hospital services, we are creating new roles that will enable talented people to reach their full potential and provide care in new and better ways.
- We know that by joining up health and care services and by taking advantage of innovation and technology, we can improve our services and the quality of life for the people of mid and south Essex.

The diagram on the next page shows the plan to bring the system into financial balance over the next five years:



Have your say

Please visit our website for full details on proposals for consultation, and the various ways to feedback, including a list of events where you can join the discussion.

For further information on all proposals for consultation, please visit our website at www.nhsmidandsouthessex.co.uk

For a summary of the STP financial plan, please visit: <http://www.nhsmidandsouthessex.co.uk/current-proposals/investment-and-finance/>

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