

Mid and South Essex
Sustainability and Transformation Partnership (STP)



Your care in the best place

At home, in your community and in our hospitals

A summary of proposals for consultation
30 November 2017 – 9 March 2018

Closing date for feedback: Friday, 9 March 2018

For a full consultation document and further information,
please visit our website www.nhsmidandsouthessex.co.uk

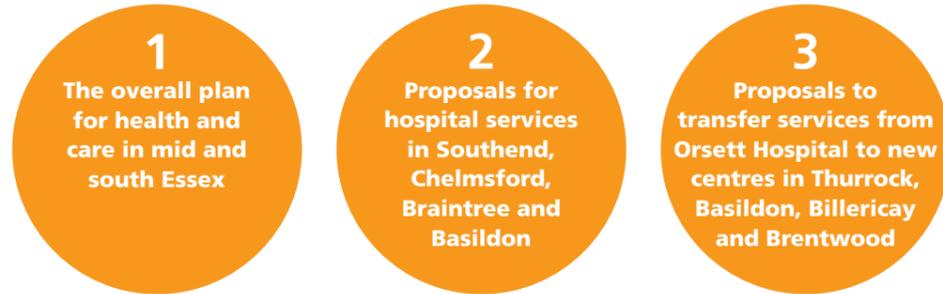
Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)

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.

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



For further information and a copy of our full consultation document, please visit our website at: www.nhsmidandsouthessex.co.uk

Or contact our consultation team – see our contact details on page 15.

1 HOW TO HAVE YOUR SAY

We are inviting you to give your views between now and 9 March 2018. All of your feedback during the consultation will be considered in March and April to inform planning decisions early in the summer of 2018.

There are a number of ways to have your say:

By completing a survey
Our survey is available online. Please visit: www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

Or contact our consultation team (details on page 15) to request a printed version of the same survey.

You can write to us
Please send your views by post or email, if you prefer – see our contact details on page 15.

Request a meeting
If your group or organisation would like to arrange a meeting with us, please contact the consultation team – see our contact details on page 15.

Group meetings
We are arranging various meetings with patient participation groups and other local representatives, including Healthwatch and the Stroke Association. If you are a member of a voluntary group, ask your group organiser to get in touch with us.

Join one of our open discussion events
At each of our discussion events, you will be able to hear more from senior doctors and nurses who have been involved in developing proposals for service change. The main aim of these sessions is to explore with you what the proposed changes would mean for patients and families.

We hope you will be prepared to take an active part

See page 15 for a full list of events and booking details.

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

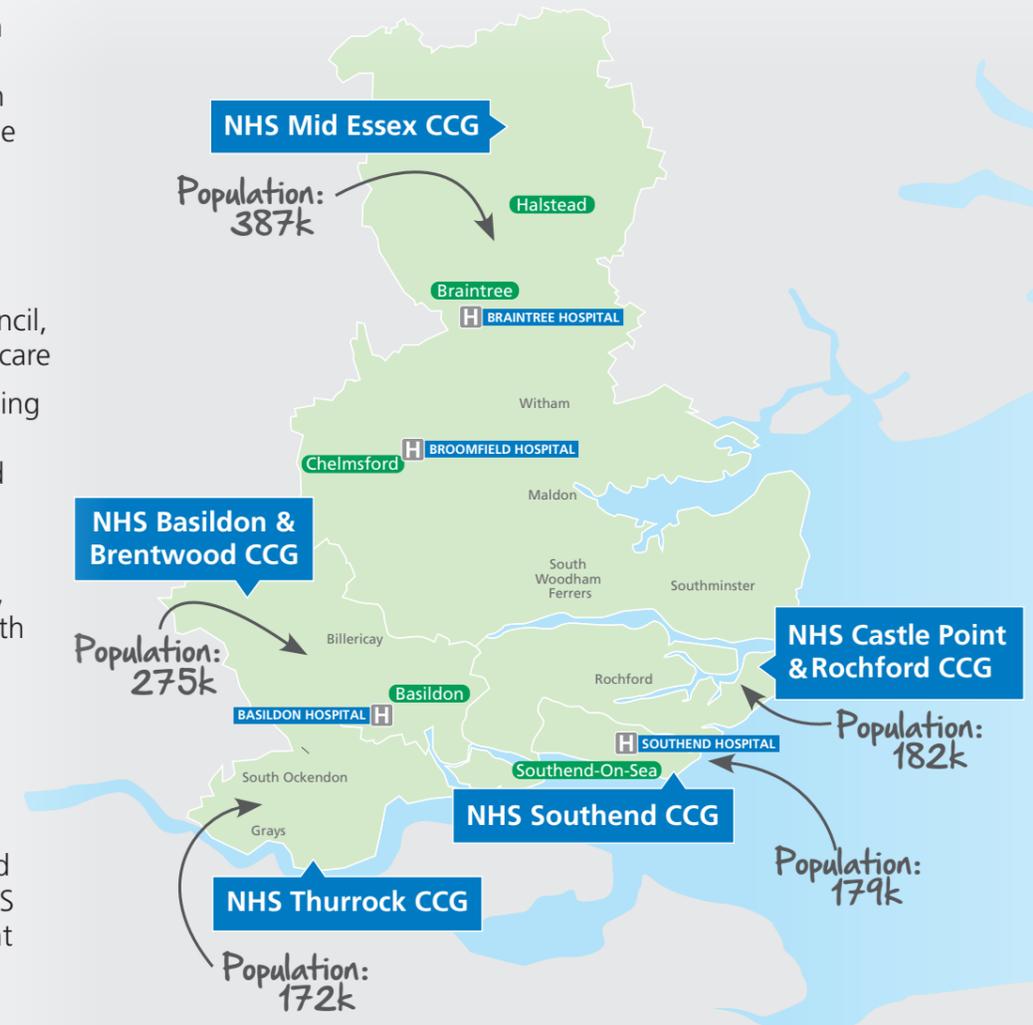
One partnership and one plan
Joined-up health and care in mid and south Essex

The Mid and South Essex Sustainability and Transformation Partnership (STP) brings together all the different NHS organisations and councils that help to look after your health and wellbeing.

We are working together on a single plan to improve health and care for the rising number of people who need our services in the districts and boroughs of Braintree, Maldon, City of Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

The partnership includes:

- Five clinical commissioning groups (CCGs), which plan and buy your health care services using an allocation of funds each year from the Government
- Three local authorities – Essex County Council, Southend-on-sea Borough Council and Thurrock Council, which plan and buy social care
- Three hospital trusts providing the main hospitals at Southend, Chelmsford and Basildon
- Three organisations that provide community nurses, therapists and mental health services
- East of England Ambulance Service
- Other partners, including Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock; NHS England, NHS Improvement and Health Education England.



**3 YOUR CARE IN THE BEST PLACE
- WHAT OUR CONSULTATION IS ABOUT**

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.

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.

• **Starting with you and your family**, there is more that we can all do to stay healthy and avoid serious illness.

• **At home and in your community**, we are building up GP and community services, such as pharmacists, experienced nurses, physiotherapists and mental health therapists; and increasing the range of services available via GP practices.

• **In our hospitals**, all three main hospitals in Southend, Chelmsford and Basildon will each continue to provide the vast majority of hospital services, including a local A&E at all three sites. At the same time, we have an opportunity to improve care through the three hospitals working together as one group.

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

We need your views on proposed specific changes in our hospitals based on the following five principles.

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

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

Your local health and care services are developing over the next five years and in different ways in each local area.

The main aims

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 illness developing
- 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 won't always need to see a GP to get the help you need
- More appointments available and extended opening times (evenings and weekends)
- A range of tests, scans and treatments which were previously only available in hospital
- Specialist support and care planning for older people and people living with long term conditions

For examples of developments in your local area, see our Background section on our website:

www.nhsmidandsouthessex.co.uk/background

Or contact the consultation team for a printed copy of background information – see our contact details on page 15.



5 YOUR CARE IN THE BEST PLACE – IN OUR HOSPITALS

What stays the same in all three main hospitals

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 very small number of cases, should 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 the next 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 services, as they do now:

- Cancer and radiotherapy centre at Southend Hospital
- Essex Cardiothoracic Centre at Basildon Hospital, which treats complex heart and lung problems
- St Andrew's Plastics and Burns Centre at Broomfield Hospital in Chelmsford

We are also looking at where it is possible to transfer some hospital services, such as outpatient appointments, tests and scans, to GP practices and other health and care centres closer to where people live.

Our proposals include the possibility of transferring services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).

Proposals for hospital service change

Improvements in A&E

All three A&Es will be led by a consultant, open 24 hours a day and will receive "blue light" ambulances. They will be able to treat the majority of cases.

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

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

Some specialist services being brought together in one place

There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.

Better quality care and chances of making a good recovery

There is clinical evidence that where there are small numbers of patients requiring the care of highly trained specialists, there are benefits in concentrating these services in one place so that one team is able to treat the greatest number of patients each year. A larger specialist team can make sure that the right number and level of skilled staff are available to you at any time of the day or night, 365 days of the year.

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

We are proposing that certain specialist services are provided from one place. In each proposal, 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.

How the proposed services would work

If you had a sudden serious condition, you would start your treatment in your local or nearest A&E. The hospital team treating you would discuss with you and your family whether a more specialist team would help to ensure you get the very best care and make the fullest possible recovery. If the team were in another hospital, they would make arrangements for a safe transfer, which may involve a doctor or nurse travelling with you.

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.

Your stay with the specialist team would be around three or four days, after which you would go home if you had made a good recovery; or return to your local hospital for further care and rehabilitation. Any follow-up appointments necessary would be at your local hospital, or potentially at your GP practice, given our proposed developments over the next five years.

How many people would this affect?

We estimate that up to 15 patients per day across all three hospitals may need a transfer to a different hospital for access to emergency care.

In addition to the proposed new inter-hospital clinical transport for patients, we are also proposing a new free transport service to help family and friends to travel to a different site.

We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:

- Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital
- Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital
- Patients with complex kidney problems who need a hospital stay would be treated in Basildon
- Patients with diseased arteries or veins who need a stay in hospital would be treated at Basildon
- Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon
- Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford
- Proposals for a dedicated service at Broomfield Hospital for emergency abdominal surgery that requires a hospital stay

Improving access to specialist stroke care

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.

Better quality care and chances of 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 can make a good recovery.

Development of a specialist stroke unit

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 specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and making a good recovery.

None of our three hospitals currently has the right number of specialists to provide the level of specialist care 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.

We would like to know your views on improving access to stroke care

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.

How the proposed service would work

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 be stabilised and you would start treatment, before going by rapid transfer with a doctor or nurse, if necessary, to the specialist stroke unit in Basildon.

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.

Some planned operations being done separately from emergency cases

Better quality care and chances of making a good recovery

National guidelines recommend that, in some hospital specialties, surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

Among various findings, the evidence tells us that:

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

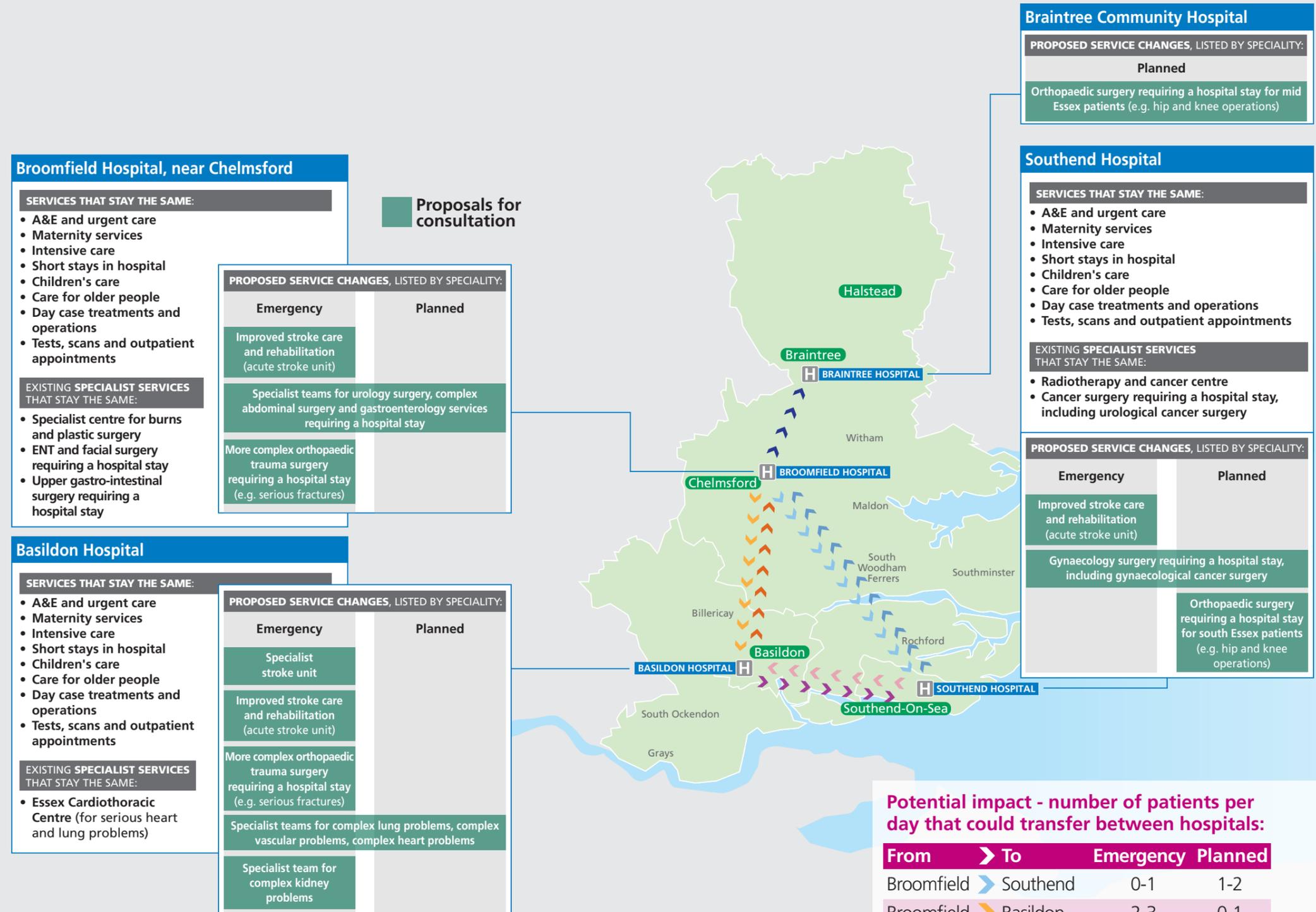
We would like to know your views on proposals for the following operations that need a hospital stay:

- 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 hospitals in Southend, Chelmsford and Basildon.
- 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 and will stay in Southend).

How many people would this affect?

We estimate that up to 14 patients per day across all three hospitals may be referred to a hospital that is not their local hospital for a planned operation, for a stay of three or four days.

As part of our support for you and your family, we are proposing a new free transport service to help family and friends to travel to a different site.



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.

Proposals to transfer services from Orsett Hospital

Currently, we are proposing to transfer services from Orsett Hospital to a number of new and existing centres closer to where people live.

Background

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

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.

For further details on the proposals for consultation, please visit our website where you can find further information and download a copy of our full consultation document:

www.nhsmidandsouthessex.co.uk/background/further-information

Or contact the consultation team for a printed copy of background information – see our contact details on page 15.

Proposal for transport for you if you needed to move to another hospital in an emergency

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.

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.

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.

During this consultation we will be listening carefully to more of your views on this.

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

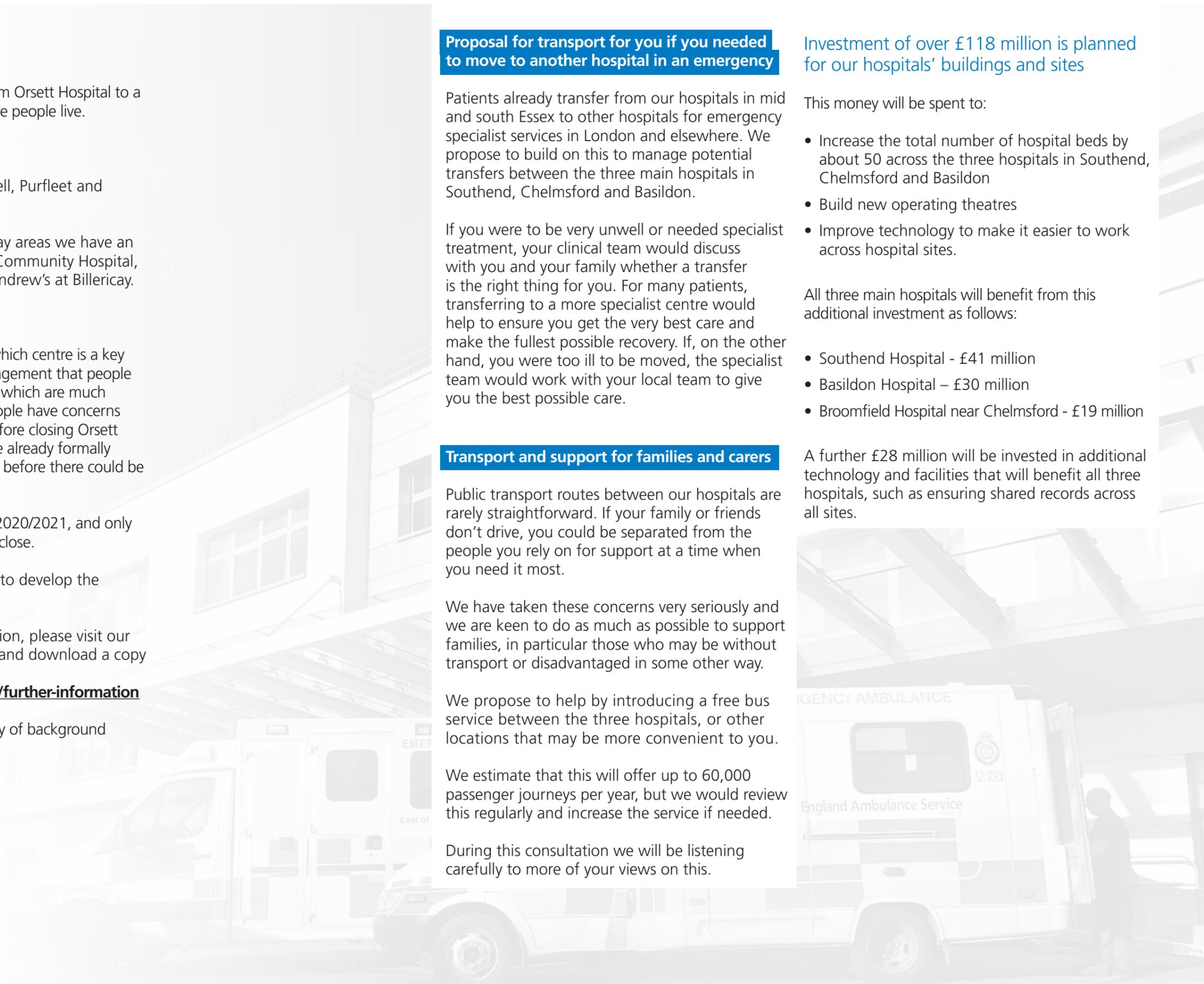
This money will be spent to:

- Increase the total number of hospital beds by about 50 across the three hospitals in Southend, Chelmsford and Basildon
- Build new operating theatres
- Improve technology to make it easier to work across hospital sites.

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

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

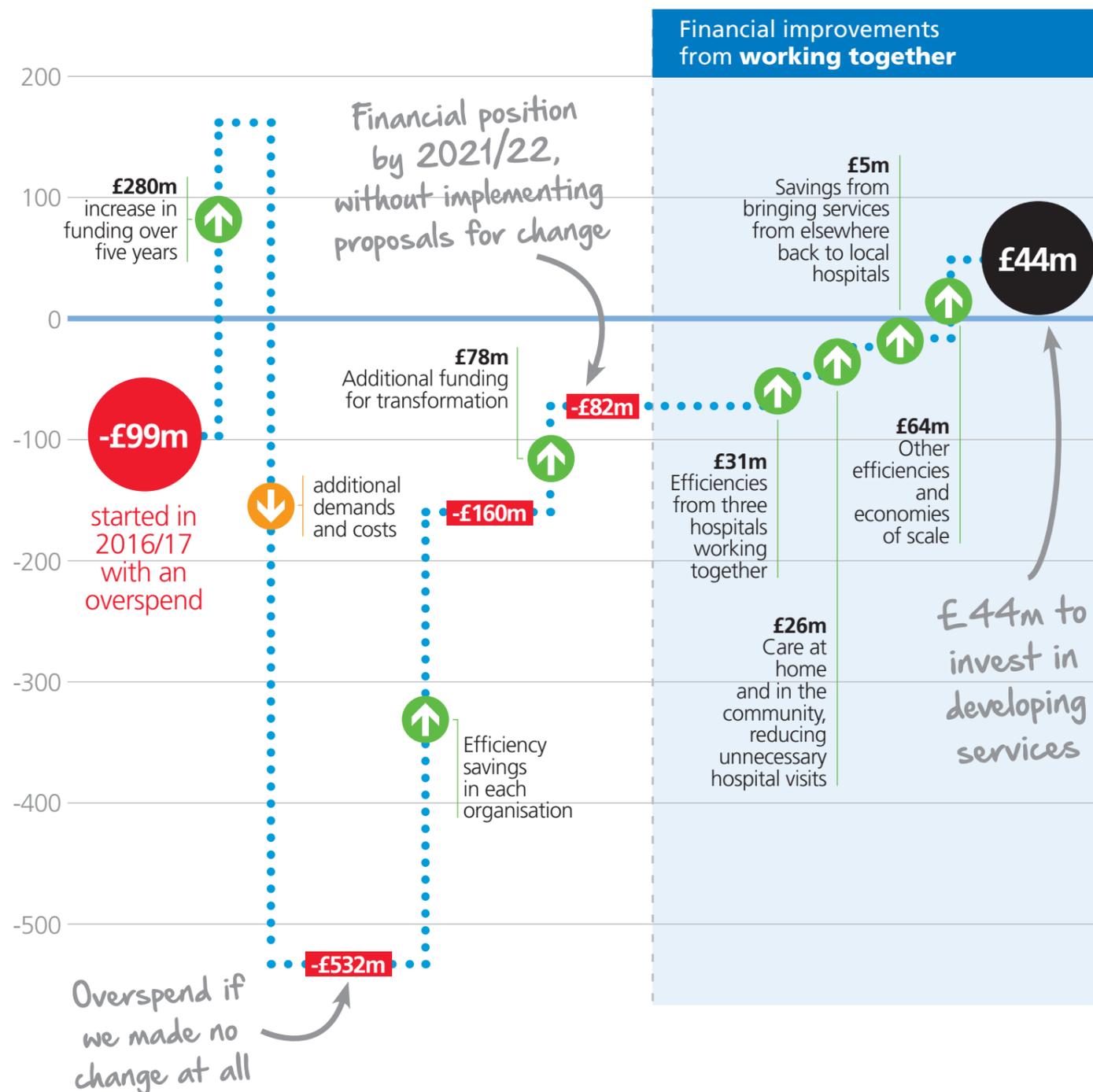
A further £28 million will be invested in additional technology and facilities that will benefit all three hospitals, such as ensuring shared records across all sites.



6 BRINGING 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 care could increase the overspend to over £500 million by the year 2021/22.



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

1.30pm-3.30pm on Wednesday 17 January 2018
Chantry House, Chantry Way, High St, Billericay CM11 2BB (parking: please use Billericay High Street car parks)

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/2Agnpr> or contact us using our details below.

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

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