

Mid and South Essex
Sustainability and Transformation Partnership (STP)



Your care in the best place

At home, in your community and in our hospitals

Quick guide to decisions about hospital changes over 2018-2022

For further details and background information,
please visit www.nhsmidandsouthessex.co.uk

1 The basics

Which hospitals are we talking about?

In mid and south Essex, over the next five years, there will be some changes in our main hospital services at Southend, Basildon and Broomfield, near Chelmsford. There are also some decisions affecting the community hospitals in Braintree and Orsett.

What is changing?

- We are **expanding and improving A&E services** in all three main hospitals.
- **Some specialist services will join up across the three hospitals**, with new specialist centres at one or two sites - see list on page 10 for details.
- Stroke is one of the specialist services that will join up across the three main hospitals. As well as stroke care remaining in each hospital, there will be **a new specialist stroke unit at Basildon Hospital**, providing more intensive treatment and therapies. This will make a big difference to patients being able to recover from stroke.
- **Planned hip and knee replacements** that require a few days in hospital, and other similar bones and joints operations, will be available at **Braintree Community Hospital** for all mid Essex residents and at **Southend Hospital** for all south Essex residents to help separate planned care from emergency care.
- Over the next two to three years, **services will transfer from Orsett Hospital** to four new medical centres in Thurrock and other locations in the Basildon and Brentwood area. Only when the new services are up and running will we close the hospital at Orsett.

Basildon, Southend and Broomfield hospitals will continue to provide the majority of hospital services. This means 24-hour A&E, children's services, maternity services, outpatient appointments, tests, scans and check-ups and routine operations – all available at your local hospital as they are currently.

When are changes likely to happen?

No changes will take place overnight and it will be at least three years for most of the changes to materialise.

Regular news and updates will be available at www.nhsmidandsouthessex.co.uk

Who is making these decisions?

The hospital trusts and clinical commissioning groups (CCGs) are working together with all health and social care organisations in a partnership known as the *Mid and South Essex Sustainability and Transformation Partnership (STP)*.

After two years of planning, the STP ran a public consultation about the proposed changes from 30 November 2017 to 23 March 2018.

Following the outcome of the consultation, the STP set out 19 recommendations for service changes. A Joint Committee representing the five CCGs in mid and south Essex approved these 19 recommendations on Friday, 6 July 2018.

All of the background on the STP, the outcome of consultation and the 19 approved recommendations can be found on the STP website at www.nhsmidandsouthessex.co.uk

2 What this means for patients

The overall aim is to for patients to receive the best hospital care for their condition as soon as possible, with three hospital teams working together instead of in competition, as they have in the past.

“Each hospital can build on its strengths and run more efficiently. In specialist services, three hospitals together can do more for patients than each hospital could achieve on its own.” **Clare Panniker**, chief executive of the three hospitals

The main benefits for patients

Patients will be seen quicker in all three A&Es

All three A&Es in Southend, Basildon and Broomfield will have dedicated units for children, older people, people who need emergency medical treatment and those who need emergency surgery.

This will provide the right specialist care as quickly as possible. Having fast access to tests and treatments, means you are much more likely to leave hospital without having to stay in overnight.

Joined-up specialist teams will provide better quality care, 24 hours a day

Joining together some specialist services across the three hospitals creates a bigger specialist team. They will see more patients each year, improve their expertise and have better facilities and training. Clinical evidence shows that this improves your chances of survival and recovery from serious illnesses like stroke or heart and lung problems, even if you have to transfer by special ambulance from your nearest A&E.

Access via your nearest A&E – the best way for mid and south Essex

As a result of local discussions, we changed our thinking about how patients should access specialist care. The approved recommendation is that patients will go firstly to the nearest A&E for stabilisation and treatment, and then transfer to a specialist team, if needed.

If a transfer involves travelling to another hospital site, then there will be a discussion with you or your family about what’s involved and the clinical care you need along the way.

In the case of stroke, for example, this way of providing care ensures fast access to immediate treatments such as clot busting drugs at your local hospital, followed by the best intensive support and therapy for up to 72 hours in a specialist unit in Basildon.

This is different from what happens in other areas, such as in London and Manchester, where patients go directly by ambulance to a specialist stroke unit. Our way was developed specially for mid

and south Essex takes account of our local roads, travel times and the views of local people.

Separate planned operations means fewer cancellations

Planned hip or knee operations at Braintree Community Hospital and Southend Hospital separates these inpatient services from the emergency cases being treated in Broomfield and Basildon. This protects beds for planned operations. It lowers the risk of infections and avoids cancellations that often happen when emergency medical patients take priority.

Tests and scans closer to patients in Thurrock and south west Essex

Some people in Thurrock are understandably concerned about the eventual closure of the much-loved Orsett Hospital, but this is an opportunity for much-needed medical centre development local to communities in Thurrock; and the funds from the eventual sale of the site will be reinvested locally. Bringing together tests and scans with GPs and other services will be more convenient for many people.

Listening to local people

Here are just a few examples of common themes from feedback we heard in the formal consultation. More details are in the independent outcome report at www.nhsmidandsouthessex.co.uk/have-your-say/

Your views

“We are concerned about patients having to travel further to get the specialist care they need. This will be a strain on ambulance services. Are we putting lives at risk?”

Our response

- We have designed a new clinical transfer service to run between hospitals, separately and in addition to existing ambulance services.
- Standards and procedures are being developed with national experts in emergency care
- In some cases, patients will reach specialist care faster than they do now, as specialists are not always immediately available 24 hours a day at each site.

“Access to GP services is a top priority for improvement. Shouldn't this come first before hospital services?”

- Developments in GP and other community services are already happening, but we have boosted this work as a result of listening to local people.
- An additional £30 million has been agreed to invest in GP practices.

More details can be found at:

www.nhsmidandsouthessex.co.uk/current-proposals/primary-care-strategy/

Your views

“The changes make sense, but how will you find the money and the staff to deliver them?”

Our response

- We expect an increase in annual funding of around £250 million between 2017/18 and 2020/21, plus £78 million extra to support service change.
- £118 million has been earmarked by Government to fund building work and IT systems, including an additional 50 hospital beds.
- There is a workforce development plan to:
 - Promote recruitment and retain existing staff
 - Offer special training and career development
 - Support staff with flexible working
 - Improve working hours

“Closing Orsett Hospital is yet another loss for Thurrock.”

- Four new medical centres are being developed in Thurrock and we recruiting more GPs and other healthcare professionals. The transfer of services from Orsett will add to this expansion, bringing outpatient services, tests and scans together with GPs and other services. After listening to local views during the consultation, we will work together with a People's Panel, supported by Healthwatch, to plan how this happens.

Your views

“Services across three hospitals will rely on shared information. Will the IT system be good enough?”

“Some families, who don’t have a car, may not be able to visit their relative in hospital”

Our response

- We are investing in a single IT system to share patient records across all sites (and with GP and other services)
- Some aspects are already in place, such as doctors in any of the hospitals being able to see the same scan results.

- We understand the importance of family and friends, especially in times of crisis
- We set up a service user group to work on ideas to support patients, families and carers to access care at a more distant site

We have agreed to:

- Work with local authority transport planners to enhance existing public transport and bus routes
- Explore operating a shuttle bus between hospitals (including some community hospitals)
- Expand existing community and voluntary transport schemes
- Provide better information for patients and families on all transport matters.

3 What happens now?

Detailed work led by doctors, nurses and therapists

Senior doctors, nurses and therapists will lead working groups to design the new services in more detail. Before any plans are put into practice they will be reviewed carefully in discussion with staff, patients and independent experts.

Who will be checking this?

An independent chairperson will lead an implementation oversight group to make sure the plans are being introduced in a safe way. The oversight group will include patient representatives as well as senior people from health and social care.

Get involved

Please let us know if you are interested in getting involved. We need people who are able to give time to being a member of a working group or service user panel. Or you can add your contact details to the list of people who just want to hear about what is happening and when there are opportunities to join a discussion.

For further details and background information, please visit www.nhsmidandsouthessex.co.uk

Summary list of approved recommendations for hospital changes

For a more detailed summary and the full decision-making business case, please visit www.nhsmidandsouthessex.co.uk/have-your-say/outcome-of-consultation/

Recommendation 1 – Consultation process

The Joint Committee and its constituent CCGs have met their statutory duties and ensured an effective and robust public consultation.

Recommendation 2 – Consultation principles

Noted the five principles for change, upon which the public consultation was based

Recommendation 3 – A&E departments

The three A&E departments will continue to operate 24 hours a day and receive blue light ambulances. Trained teams will 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

Recommendation 4 – Treat and Transfer (clinical transport)

Approved treat and transfer to specialist services, where appropriate. Changes in specialist services will not begin until a suitable clinical transfer service is in place.

Please note that recommendations 5 to 14 are concerned with surgery and treatments that need a hospital stay. All routine care, such as outpatient appointments, tests, scans and day case surgery will continue to be available at each local hospital.

Recommendation 5 – Complex gynaecology (women's services)

- Gynaecological cancer surgery will be located at Southend Hospital
- Complex gynaecological surgery (including uro-gynaecology) will be located at Southend and Broomfield Hospitals.

Recommendation 6 – Complex respiratory services (for complex lung problems)

Inpatient care for patients with complex respiratory conditions will be located at Basildon Hospital.

Recommendation 7 – Complex kidney disease

Inpatient care for patients with complex kidney disease will be located at Basildon Hospital.

Very complex care, such as kidney transplants, will continue to be provided in specialised centres in London and elsewhere.

Recommendation 8 – Vascular services (for arteries and veins)

A specialist vascular hub will be developed at Basildon Hospital. The abdominal aortic aneurysm (AAA) screening service will remain at Southend Hospital, which already serves the whole of Essex.

Recommendation 9 – Cardiology services (for complex heart problems)

Quicker access to the range of treatments offered at the existing Essex Cardiothoracic Centre in Basildon.

Recommendation 10 – Gastroenterology services (digestive system)

The original proposal for complex gastroenterology was not put forward for a decision at this stage.

Recommendation 11 – Complex general surgery

- Surgery for some complex emergency general surgical conditions, such as upper gastrointestinal procedures will be located at Broomfield Hospital.
- Complex colorectal surgery will be located at Broomfield and Southend Hospitals.

Recommendation 12 – Stroke

Care for patients showing symptoms of a stroke will continue to be via the nearest A&E, where patients will be assessed, stabilised and treated, if clinically appropriate. Patients who have had a stroke will then transfer to Basildon

Hospital for a short (approximately 72 hour) period of intensive nursing and therapy support.

Should a patient be confirmed as suffering from a bleed on the brain, they will continue to be transferred to a specialised designated centre, as now. This would either be Queen's Hospital, Romford, or Cambridge University NHS Foundation Trust in Cambridge.

The Joint Committee strongly supported the ambition to develop a mechanical thrombectomy service. This is a technique that can physically remove a clot from a blood vessel.

Recommendation 13 – Orthopaedic surgery (for bones and joints)

- Planned orthopaedic surgery, such as hip and knee replacements, will be at Southend Hospital for people in south Essex and at Braintree Community Hospital for people in mid Essex.
- Emergency orthopaedic surgery, such as a serious fracture requiring a hospital stay, will be at Basildon Hospital for south Essex and at Broomfield Hospital for mid Essex.
- Planned complex wrist surgery will be at Southend Hospital and complex emergency wrist surgery will be at Basildon and Broomfield Hospitals.
- Further work will test the viability of planned inpatient spinal surgery at Broomfield and Southend Hospitals.

Recommendation 14 – Urology (e.g. for kidney, bladder and prostate problems)

- Cancer surgery will be at Southend Hospital
- Complex (non-cancer) emergency urological conditions will be treated at Broomfield Hospital
- Complex uro-gynaecological treatment will be located at both Southend and Broomfield Hospitals.

Recommendation 15 – Orsett Hospital

Services currently provided at Orsett Hospital will be transferred to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital. Planning will be in partnership with the local community, including a “People’s Panel” supported by Healthwatch organisations in Thurrock and Essex. The Orsett Hospital site will not close until the new services are in place at the agreed new locations.

Recommendation 16 – Family and carer transport

The hospitals will take reasonable steps to support for patients, their families and carers, to travel to a more distant hospital, if required. The priorities are to:

- work with local authority transport planners to enhance existing public transport
- Consider the development of a shuttle bus that could include some of the community hospitals as well as the main hospital sites
- expand existing community transport and voluntary car schemes
- provide better information for patients and families on all forms of transport

Recommendation 17 – Capital funding

£118 million in capital funding is earmarked in central funds to support the hospital changes, plus an additional £12 million being raised locally.

Recommendation 18 – Implementation oversight

There will be an Implementation Oversight Group, which will include patient and public representatives.

Recommendation 19 – Continued engagement

Communication and engagement will continue with patients, public, staff and stakeholder organisations.

How to contact us

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