

Public Discussion Event Meeting Notes
Anglia Ruskin University, Chelmsford
31st January 2018



Comments:

- Not just a golden hour with stroke but a golden minute. What about being able to suck out the clot – where? Cheaper if it gets sorted out at the start
- How do you propose to keep staffing abilities up if you are specialising?
- I am particularly interested in the care of cancer patients. I didn't see any mention of acute oncology. I am concerned about patients having chemotherapy; it would be good to know if the services remain.
- Are there any planned changes to maternity? If not, why not? Moving to Cambridge for level 3 NICU – why can't we bring that closer into Essex??

Q&A:

Q

I assume all three hospitals have intensive care beds? How will use them in future; will they be kept for their patients? Will they suddenly be whisked across the county?

A

Patient needs will take precedent - we will be working as one team across the hospitals so better connected

Q

I am interested in transport – interested in renal patients; will they have to wait to be transferred to Basildon and will they have to wait longer? I am concerned this will be a delay?

All patients will be stabilised and a discussion had with them and their family by the clinical team to make sure transfer was the best option for their on-going acute care. They would then transfer directly to the Specialist Unit, not A&E at the other site, so no delay.

Q

There is no mention of renal service and dialysis in the presentation. I work closely with patients' and it is important to have a good continuity of care. I am concerned about the patient's experience – patients can visit up to three times a week.

A

Dialysis will be available at all three sites. The plan is to have a single team across the three sites. Staff and patient experience is important and by offering a multi site service we can improve – but retain continuity.

Public Discussion Event Meeting Notes
Anglia Ruskin University, Chelmsford
31st January 2018



--