

Public Discussion Event Meeting Notes
Civic Hall, Grays
24th January 2018



Q&A

Q

Do we really understand the needs of the patients; is that a centralised plan or a local plan?

A

We understand local needs well; we have a dynamic public health team at Thurrock Council. Disease profiling, health needs assessment. GP services have very much been developed with this in mind.

Patients are picking up services in Kent, Queens, patient choice will remain. What has been described is how we make those services work for people in our patch. If you want to have a baby in Darenth you can, if you want surgery in Queens you can still choose this.

Q

On the questions of staff – how will we staff these proposals?

A

Vacancies are 10 – 15 %; we have to do things differently. Brexit is looming an additional problem. We have to make ourselves different, stand out; we know staff are drawn to the bright lights of London. Southend take staff from BTUH etc. If we work collectively we can rotate staff and develop their careers, making it more attractive for people to stay. We do think this will help us recruit and retain staff. We are unique as an STP we have a new medical school, Anglia Ruskin, recruiting local children to be the next generation of doctors with a passion for working in Essex. We will attract higher calibre doctors/consultant. Real opportunity to work with Anglia Ruskin and developing the other professions in the health services.

Q

Decent pay rises for nurses and doctors (not 1% pay rise). Meantime nurses can't afford a property?

A

We are here locally we don't set the pay, this is national. But the opportunity to develop skills and go up the pay scale helps us to develop better care and retain people.

Q

Training allied health professionals, budget has been cut, Universities saying they are not being funded anymore by NHS. We're not getting the staff through. There's no one coming through for OT, Nursing, Physio, Thurrock Hospital trying to get students in.

A

We have an expert in OT and will help with developing staff. The number of therapy staff are reducing, some areas have increasing students and some have reductions. What we'd have to do is how we look at how we commission education, role redesign, how we use registered and unregistered workforce to meet the needs of our patients. How people work in Community / Hospitals. Friendships – this is a fantastic opportunity about how we grow people from unregistered

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roles and move in 5-7 years to registered roles within the local economy.

Q

Not sure how closing one of the A&Es is going to help. What about the transfers of free buses how much is that going to cost where is the money coming from?

A

Orsett isn't A&E its MIU; we're not proposing to close we're proposing to move it to TCH. We had to do a lot of work on who would be affected and what the costs of the services would be. As part of that we had to submit an allowance of operating an additional emergency care transport but also non urgent shuttle service. We want feedback on how that service will work, should it operate between the hospitals or other community centres and hubs? We recognise the difficulty in Thurrock for people to get to the hospitals.

Q

A question on one of the slides, no decisions had been made. Newspapers indicated that Orsett is being torn down in the next 2 years. If that's so the statement is false. Why wasn't a satellite site suggested at Orsett? Why wasn't that one of the four hubs?

A

I want to talk about the thinking around Orsett – there are 2 things, there's the building we all love but it's out-dated. Why do you people go to Orsett to access these services. Looking at FTIT, the key feedback was the need to access more services locally; not just at Orsett but stuff you have to go to BTUH for, tests, scans, procedures. We are looking at moving the services out of Orsett and in the IMCs and investing the money in them. Committed to not relocating the service until the IMCs are built and there's room to put them in. We are providing that assurance working with the CCG. If we had £10m to spend, would Orsett be the place you'd put a hospital?

Crowd responded "YES"...

We'll be investing in new equipment and investing in Thurrock localities. All services under one roof. The proposal is that MIU would move to Thurrock Community Hospital.

Planned and emergency care – we are disappointed that we have still had pressures despite planning. 4 hour waits, etc. We don't want to be not meeting our targets, but we need to and haven't got the capacity. We'd love to be able to release beds but we can't. If we do creatively we could use an orthopaedic hub in Braintree, we will not be taking any emergency cases there. There'll be no emergency patients going to Southend Orthopaedic wards.

If you had your gallbladder out years ago you stayed in 10-12 days now you're out in 12 hours as tech has changed. Hysterectomy could be out the same day. More can be put through day case surgery.

Comments & Suggestions:

- We are concerned that it's fine moving everything out to the 4 hubs, what about parking? You can't find parking now, how will this be resolved?

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- Its fine for people with a blue badge, but when you go to BTUH you can't park anywhere. Our table were talking about the 3 hospital trusts and that there's an overall agreement that it makes sense to get the specialist treatment and have access to emergency.
- Your suggestion that BUTH is ok for local people. It's not in Thurrock. I don't drive, now you're talking about travelling to Chelmsford there might be more fatalities in getting to the hospitals
- £118m capital isn't a lot of money, on top of on-going costs. £20m is not a lot on technology. How can you use that? £10m to save Orsett Hospital why has Thurrock got to lose one hospital to big up three bigger ones?
- You don't really know about Thurrock, you don't know any of the practicalities of living in this borough. Particularly where people go for elective surgery.
- Recruitment of key staff groups – Thurrock's under doctored, how will these 4 hubs ensure that there is this capacity and what is the CCG doing about it?
- Retention of staff and Brexit looming (3 hospitals) Orsett is a bigger issue. I don't see how you can solve the problems. BTUH A&E, Southend, Broomfield, we know beds won't be available as we know NHSE will stop elective / planned surgery with the pressures on A&E for three months during winter, still same problems of people stuck in hospital and no way of transferring them.
- Easier and earlier access was most important
- Getting help to spot the risks and signs of illness and act early to prevent –fed back about public health and GP practices to identify people with conditions, high blood pressure / cholesterol things like that, that you are not only treated and but managed.
- Finding the right info important
- Online and smartphone access for advice.
- More appointments
- A range of test / scans in the community – Ultrasound / X-ray for example. But CT scans couldn't be done in the IMCs.
- A wider range of HC professionals to support you. Paramedics, mental health therapists. A doctor has been doing physio within his surgery, very high patient satisfaction. Better outcome for patients.
- Specialist support and care planning for older people

Feedback from each table:

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- Not a single point, general concern about Orsett, consensus Orsett should be retained. Lot of discussion about transport between the hubs, how that would be managed. Capital disposal must be retained in Thurrock. Need for more confidence that services were retained in Thurrock
- Sense of a lot of affection for Orsett, lots of people receive care and the service is well liked. Recognition of the need to modernise and getting to Orsett can be difficult. If IMCs work well there could be real advantages for that too.
- Table agrees with all the other tables. But staffing concerns in IMCs, worry about staff working in Orsett, will they have a role in the new IMCs. Discussions about technology. Where is the technology? Not enough info, what's our opportunity? Is this a way we could utilise technology differently?.
- Other concerns - have we thought about the speed of change? Do we know what our population needs will be in the future with new housing etc.
- Stroke survivors were worried about the best care. Visiting is very important for families, it lifts people's morale. Looked at when you come out of hospital. It's about the rehab; it doesn't always go on for long enough. Luck of draw if a physio is willing to go over and above to get you better.
- Planned elective care, orthopaedic. The view was consolidation was a good thing but concerned about travel, transport, families travelling, co-morbidities, Logistics of shuttle buses, electronic records and notes. Would that cause further delays. Improvements in nursing home facilities, rehab and nursing provision.
- Transport – discussion about specific rural areas where there are already limited transport links, how will this impact on those people?.
- Healthwatch Thurrock's support, commitment to meeting specialist groups and those for whom the usual ways of contacting is more challenging.