CCG Joint Committee

Decision Making Business Case Recommendations

6 July 2018

Recommendation 1: Consultation process

Confirms the Joint Committee and constituent Clinical Commissioning Groups:

- Have met their statutory duties
- Held an effective and robust public consultation process
- Feedback will be used to inform the decisions made

Overview of public consultation

- Consultation launched on 30th November 2017 closed on 23rd March 2018 – extended by two weeks from 9th March to allow further time for responses
- Activities included:
    - Publication of comprehensive consultation document and summary
    - Launch of website and online questionnaire
    - Large deliberative discussion events
    - Workshops and attendance at community meetings
    - Blogs, videos, animation (more than 49,000 views for animation alone)
    - Social media targeted advertising – e.g. placed on more than 200,000 newsfeeds on Facebook
    - Distribution of materials across the community networks of five CCGs and other STP partners including the hospitals
    - Telephone survey to a 750 representative sample of the population across mid and south Essex
    - Extensive local press and media coverage

Consultation response

- More than1300 responses to on-line survey plus a further 276 Thurrock specific
- Additional 750 telephone survey responses
- 124 paper responses
- 130 individual submissions in the form of letters and emails
- 37 submissions from organisations, community groups and elected representatives
- 16 large public events held (more than 700 attendees)
- 48 stakeholder meetings / workshops, including groups with protected characteristics under Equality law and those most likely to be impacted: e.g. stroke, renal and respiratory patients
- Significant social media activity

Estimated 4000 people took opportunity to participate

Recommendation 1: Consultation process

The CCG Joint Committee is requested to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made.

Recommendation 2: Consultation principles

1. The majority of hospital care will remain local and each acute hospital will continue to have a 24-hour A&E department that receives ambulances.

2. Certain, more specialist, services which require an inpatient stay should be concentrated in one place, where this would improve care and chances of a good recovery.

3. Access to specialist emergency services, such as stroke care, should be via the nearest A&E department, where patients would be assessed, treated, stabilised, 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 arriving at hospital in an emergency.

5. Some hospital services should be provided closer to home (with specific changes to the services currently provided from Orsett Hospital).

Recommendation 2: Consultation principles

The CCG Joint Committee is requested to note the five principles underpinning the future provision of hospital services for mid and south Essex, upon which the public consultation was based:

- **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 require an inpatient stay should be concentrated in one place, where this would improve care and chances of a good recovery.**
- **Access to specialist emergency services, such as stroke care, should be via the nearest A&E department, where patients would be assessed, treated, stabilised, and if needed, transferred to a specialist team, which may be in a different hospital.**
- **Planned operations should, where possible, be separate from patients arriving at hospital in an emergency.**
- **Some hospital services should be provided closer to home (with specific changes to the services currently provided from Orsett Hospital).**

Recommendation 3: A&E Departments

To approve:

- Each of the three A&E departments **continue to operate 24 hours/day** and receive blue light ambulances.
- Each of the three acute hospitals develops **Emergency Care Hubs** 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

Benefits

- ✓ Standardised approach to care
- ✓ 24hour/7 day service
- ✓ Minimum 12hours/day consultant cover
- ✓ Sustainable workforce model
- ✓ Best use of consultant and middle grade cover

Evidence

- The East of England Clinical Senate found clear benefit to the model:
  - Identified clear clinical evidence base for maintaining A&E services at each site
  - Recognised plans to deliver improvements to urgent care at each site
  - Supported specifically the development of Emergency Care Hubs
- Backed by local Clinical Cabinet

Feedback

- 59% of respondents strongly agreed, 23% agreed.

I think the proposals will improve A&E and should also improve minor injuries 24/7

I'm concerned the proposals won't fix A&E. There aren't sufficient staffing levels and junior doctors are more likely to leave as they aren't getting sufficient experience."

Implementation

- Estimated timeframe for implementation : end of 2018/19.
- The implementation to be linked with:
  - The Strategic A&E Delivery Board
  - 3 X local A&E Delivery Boards.

Recommendation 3: A&E Departments

The CCG Joint Committee is asked to approve that:

3.1 Each of the three A&E departments (at Broomfield Hospital, Southend Hospital and Basildon Hospital) continue to operate 24 hours/day and receive blue light ambulances.

3.2 Each of the three hospitals (Broomfield Hospital, Southend Hospital and Basildon Hospital) develops Emergency Care Hubs 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**

Recommendation 4:Treat and Transfer (Clinical Transport)

To approve:

- The concept that a small number of patients with appropriate conditions who would benefit from the care and treatment of a specialist team are:
  - **Stabilised** at their local A&E department,
  - If appropriate, **transferred** to another acute hospital site to receive specialist care (termed the “treat and transfer” model).

- That implementation of service changes outlined are not commenced until a suitable **clinical transfer service** is in place

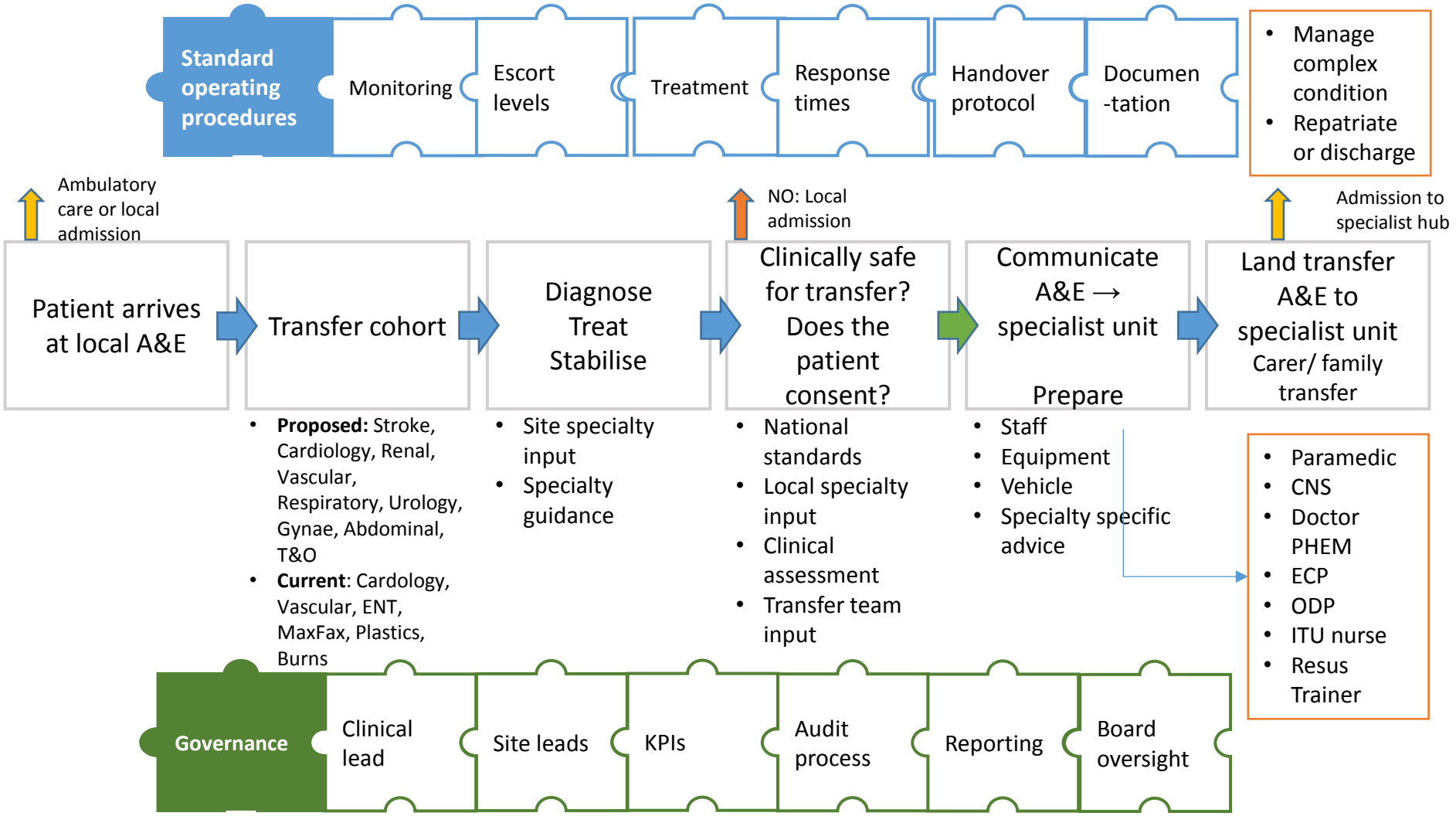
Benefits

- ✓ 24hour/7 day access to specialist care
- ✓ Sustainable workforce model
- ✓ Enabler for principles 2 & 3
- ✓ Supports reduction in inequality of outcomes

Evidence

- East of England Clinical Senate found clear benefit to treat and transfer model
  - Welcomed development of robust service specification for clinical transfer
  - Supported colour coded categorisation
  - Praised strong clinical leadership
- Backed by local Clinical Cabinet
- Quality impact assessment positive

The treat and transfer model



Feedback

- 55% of respondents support principle 2,
- 62% of respondents support principle 3

"I am pleased that experts are working together on feasibility and specification of the transport plans"

"I'm concerned about how the vehicles will be staffed and if there will be an impact on current ambulance provision"

Implementation

- Defined clinical protocols in place
- Identified clinical leadership - across the three acute hospitals and at each acute hospital site
- Clear clinical governance arrangements in place
- Meets the standards prescribed by national bodies in relation to workforce, skills, equipment and resources.
- Considered and endorsed by the STP Clinical Cabinet.
- Assurance from the Intensive Care Society of Great Britain & Ireland

Recommendation 4:Treat and Transfer (Clinical Transport)

The CCG Joint Committee is asked to approve:

4.1 The concept that a small number of patients with appropriate conditions who would benefit from the care and treatment of a specialist team are stabilised at their local A&E department, and if appropriate, are transferred, using a specialist Clinical Transport Service, to another acute hospital site to receive specialist care (termed the "treat and transfer" model).

4.2 That implementation of service changes outlined in this decision-making business case are not commenced until a suitable clinical transfer service is in place that:

- **Has defined clinical protocols in place to ensure the safe transfer of patients**
- **Has identified clinical leadership, both across the three acute hospitals (at group level) and at each acute hospital site**
- **Has clear clinical governance arrangements in place**
- **Meets the standards prescribed by national bodies in relation to workforce, skills, equipment and resources.**
- **Has the above considered and endorsed by the STP Clinical Cabinet.**
- **Has appropriate assurance from the Intensive Care Society of Great Britain & Ireland**

Recommendation 5: Complex Gynaecology Services

To approve:

- Gynaecological cancer surgery be located at Southend Hospital, close to the existing cancer centre for mid and south Essex.

- Complex gynaecological surgery (including uro-gynaecology) requiring an inpatient stay be located at Southend and Broomfield Hospitals.

To note:

- That all outpatient appointments, tests, scans and day case surgery for non-complex gynaecological conditions will remain available locally

- Links to recommendation 14 on Urology.

Benefits

- ✓ Sustainable workforce model
- ✓ Makes best use of existing expertise
- ✓ Supports principles 2 & 3
- ✓ Supports reduction in inequality of outcomes
- ✓ Links to established expertise in cancer centre

Evidence

- East of England Clinical Senate found clear benefit to the model in particular:
  - Uro-gynaecology
  - Gynaecology-oncology
  - Encouraged further work on early pregnancy assessment
- Backed by local Clinical Cabinet,
- Equality and quality impact assessment largely positive

Feedback

- 55% of respondents support principle 2
- 62% of respondents support principle 3

I would be willing to travel further if I thought I would be getting the best treatment for gynaecological services, particularly if it was a serious operation

If I was further away I would feel more scared and isolated from my family

Implementation

- Estimated timeframe 2020/21
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 5: Complex Gynaecology Services

The CCG Joint Committee is requested to approve that:

- **Gynaecological cancer surgery be located at Southend Hospital, close to the existing cancer centre for mid and south Essex.**

- **Complex gynaecological surgery (including uro-gynaecology) requiring an inpatient stay be located at Southend and Broomfield Hospitals.**

The CCG Joint Committee is requested to note that all outpatient appointments, tests, scans and day case surgery for non-complex gynaecological conditions will remain available locally.

See also recommendation 14 on Urology.

Recommendation 6: Complex Respiratory Services

To approve:

- That inpatient care for patients with complex respiratory conditions is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.

To note:

- That all outpatient appointments, tests, scans, and short hospital stays for non-complex respiratory conditions will continue locally.

Benefits

- ✓ Patients able to remain in STP area rather than transfer to Cambridge or London
- ✓ Makes best use of existing expertise
- ✓ 24hour/7 day access to specialist care
- ✓ Supports principle 2
- ✓ Supports reduction in inequality of outcomes
- ✓ Links to established expertise in cardiothoracic centre

Evidence

- East of England Clinical Senate found clear benefit to the model in particular:
  - Repatriation of out of area care
  - Link to CTC for complex pleural disease
  - Scope to develop further in relation to non-invasive ventilation interstitial lung disease and bronchiectasis services
- Backed by local Clinical Cabinet
- Equality and quality impact assessment positive

Feedback

- 55% of respondents support principle 2

I am pleased that patient choice would remain a part of this. There is benefit to this being close to the heart centre.

It needs to clear to patients what is meant by “complex” and “specialist”

Implementation

- Estimated timeframe 2019/20
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)
- Clinical Cabinet identified importance of good links with palliative/ end of life care

Recommendation 6: Complex Respiratory Services

The CCG Joint Committee is requested to approve that inpatient care for patients with complex respiratory conditions is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.

The CCG Joint Committee is requested to note that all outpatient appointments, tests, scans, and short hospital stays for non-complex respiratory conditions will continue locally.

Recommendation 7: Complex Kidney Disease

To approve:

- That inpatient care for patients with complex kidney disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.

To note:

- That all outpatient appointments, tests, scans and short hospital stays for non-complex kidney conditions, including dialysis, will continue locally.

- That very complex care, such as kidney transplants would continue to be provided in specialised centres in London and elsewhere.

Benefits

- ✓ Sustainable workforce model to address significant recruitment issues
- ✓ Makes best use of existing expertise
- ✓ 24hour/7 day access to specialist care
- ✓ Supports principles 2 & 3
- ✓ Supports principle 5 in relation to dialysis services
- ✓ Supports reduction in inequality of outcomes
- ✓ Links to established expertise in Essex Cardiothoracic Centre

Evidence

- East of England Clinical Senate agreed the was a strong clinical case for the “hub and spoke” model in particular:
  - Potential for improved outcomes
  - Opportunity to develop new roles
  - Transplantation care to remain in specialised centres in London and elsewhere
- Backed by local Clinical Cabinet,
- Equality and quality impact assessment largely positive

Feedback

- 55% of respondents support principle 2

It's positive that beds would be identified specifically for renal patients rather than general beds but I'd like a clearer understanding of the availability and numbers

I am concerned that family may not be able to visit their relatives as often if they are further away

Implementation

- Estimated timeframe 2020/21
- Dedicated clinical transport service be in place to transfer patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 7: Complex Kidney Disease

The CCG Joint Committee is requested to approve that inpatient care for patients with complex kidney disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.

The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex kidney conditions, including dialysis, will continue locally.

The CCG Joint Committee is further asked to note that very complex care, such as kidney transplants, would continue to be provided in specialised centres in London and elsewhere

Recommendation 8: Vascular Services

To approve:

(in line with guidance from the Vascular Society of Great Britain and Ireland)**:**

- That a specialised vascular hub is developed at Basildon Hospital, close to the existing Essex Cardiothoracic Centre and aligned to interventional radiology services.

- That inpatient care for patients with complex vascular disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.

- The Abdominal Aortic Aneurysm (AAA) Screening service will remain located at Southend for the Essex population.

To note:

- That all outpatient appointments, tests, scans and short hospital stays for non-complex vascular conditions will continue locally.

Benefits

- ✓ Brings current services in line with national standards
- ✓ Makes best use of existing expertise
- ✓ 24hour/7 day access to specialist care for both vascular and interventional radiology
- ✓ Supports principles 2 & 3
- ✓ Supports reduction in inequality of outcomes
- ✓ Links to established expertise in Essex Cardiothoracic Centre
- ✓ Potential to increase junior doctor training posts

Evidence

- East of England Clinical Senate found clear benefit to the model in particular:
  - Meets the requirements of the Vascular Society and NHS England Specialised Commissioning
  - Co-location with CTC and interventional radiology services
- Backed by local Clinical Cabinet,
- Equality and quality impact assessment largely positive

Feedback

- 55% of respondents support principle 2
- 62% of respondents support principle 3

I have a few concerns about the details, but these plans are very positive in theory

Aftercare is a concern. It's all very good when you are in hospital and I understand the benefit of having the knowledge in one place, but will it be as good after you leave hospital?

Implementation

- Estimated timeframe 2018/19
- Staged approach
- Co-ordinate with Herts and West Essex STP
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 8: Vascular Services

The CCG Joint Committee is requested to approve, in line with guidance from the Vascular Society of Great Britain and Ireland:

- **That a specialised vascular hub is developed at Basildon Hospital, close to the existing Essex Cardiothoracic Centre and aligned to interventional radiology services. This hub would offer a round the clock, consultant-led service for vascular emergencies including centralisation of complex surgery. In an emergency situation, patients would access the hub via their local A&E department, where they would receive assessment, stabilisation and initial treatment before being transferred, with appropriate support, to the specialised vascular hub.**
- **That inpatient care for patients with complex vascular disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre.**
- **The Abdominal Aortic Aneurysm (AAA) Screening service will remain located at Southend for the Essex population.**

The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex vascular conditions will continue locally.

Recommendation 9: Cardiology Services

To approve:

- That access to the range of treatments offered at the Essex Cardiothoracic Centre for patients with specialised heart disease, is accelerated and that the treat and transfer model (recommendation 4) is used to facilitate this

To note:

- That all outpatient appointments, tests, scans and short hospital stays for non-complex heart conditions will continue to be available locally.

Benefits

- ✓ Makes best use of existing expertise
- ✓ 24hour/7 day access to specialist care
- ✓ Supports principles 2 & 3
- ✓ Supports reduction in inequality of outcomes
- ✓ Faster access to care for more patients at the Essex Cardiothoracic Centre

Evidence

- East of England Clinical Senate found clear benefit to the model in particular:
  - Meets 72 hour national guidance for NSTEMI
  - Improves out of hours access for all three hospital sites
  - Local delivery continues for emergency non-complex care
- Backed by local Clinical Cabinet who noted existing excellent outcomes of CTC
- Equality and quality impact assessment largely positive

Feedback

- 55% of respondents support principle 2
- 62% of respondents support principle 3

I experienced specialist care at Basildon for the heart centre and I couldn't have had better care. I support the idea of bringing together all these specialisms and that each hospital might be good at one thing or another

Rehabilitation is important. Is this taking away the opportunity for families to be part of the very important process to recovery?"

Implementation

- Estimated timeframe 2018/19
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 9: Cardiology Services

The CCG Joint Committee is requested to approve that access to the range of treatments offered at the Essex Cardiothoracic Centre for patients with specialised heart disease is accelerated and that the treat and transfer model (see recommendation 4) is used to facilitate this.

The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex heart conditions will continue to be available locally.

Recommendation 10: Gastroenterology Services

To note:

- That the original proposal for patients with complex gastroenterology problems to be treated at Broomfield Hospital is not put forward for decision.

- Gastroenterology services (inpatient care, day case, outpatient appointments, tests and scans) will continue to be provided on all three sites, as currently

Rationale:

- The clinical teams across the trusts have continued to work together to refine proposals for improvements to patient care but these were not considered sufficiently advanced to present to the East of England Clinical Senate.

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Recommendation 10: Gastroenterology Services

The CCG Joint Committee is asked to note that the original proposal for patients with complex gastroenterology problems to be treated at Broomfield Hospital is not put forward for decision (see section 8 for further detail).

Gastroenterology services (inpatient care, day case, outpatient appointments, tests and scans) will continue to be provided on all three sites, as currently.

Recommendation 11: Complex General Surgery

To approve:

(subject to further external clinical review and validation by the Clinical Senate)

- Surgery for some complex emergency general surgical conditions such as upper gastrointestinal procedures which would require the patient to stay in hospital, will be located at Broomfield Hospital

- Complex colorectal surgery requiring an inpatient hospital stay will be located at Broomfield and Southend Hospitals, provided by a dedicated emergency general surgical team.

To note:

- that the CCG Joint Committee will receive the report of the Clinical Senate's further review of general surgery proposals by the end of December 2018.

- that routine planned surgery, and emergency surgery which could be performed as a day case will continue to be undertaken at all three hospitals and all outpatient, follow-up appointments, tests and scans would continue to be available locally.

Benefits

- ✓ Sustainable workforce model
- ✓ Makes best use of existing expertise
- ✓ Supports principles 2 & 3
- ✓ Supports reduction in inequality of outcomes
- ✓ Standardisation of safety processes across three sites

Evidence

- ➢ East of England Clinical Senate recommended a further clinical review to better understand shift of emergency general surgery from Basildon
- ➢ Local Clinical Cabinet felt implementation timeline allows further refinement
- ➢ Equality and quality impact assessment largely positive

Feedback

- 55% of respondents support principle 2
- 62% of respondents support principle 3

The most important thing is that care is in the right place and patients are home again as quickly as possible, even if it means no visitors

It's a concern for people living on the edge of the mid/south triangle in isolated areas, or for people with low income or older people who might not have carers who can transport them for their planned operations

Implementation

- Estimated timeframe 2020/21 which allows for further review
- Further Clinical Senate review by end of December 2018
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 11: Complex General Surgery

11.1 The CCG Joint Committee is requested to approve, subject to further external clinical review and validation by the East of England Clinical Senate, that:

- **Surgery for some complex emergency general surgical conditions such as upper gastrointestinal procedures which would require the patient to stay in hospital, will be located at Broomfield Hospital, and**
- **Complex colorectal surgery requiring an inpatient hospital stay will be located at Broomfield and Southend Hospitals, provided by a dedicated emergency general surgical team.**

11.2 The CCG Joint Committee is asked to note that it will receive the report of the East of England Clinical Senate's further review of general surgery proposals by the end of December 2018.

The CCG Joint Committee is asked to note that routine planned surgery, and emergency surgery which could be performed as a day case (with no requirement for a hospital stay), will continue to be undertaken at all three hospitals. Furthermore, all outpatient and follow-up appointments, tests and scans would continue to be available locally.

Recommendation 12: Stroke

To approve:

- that access to care for patients showing symptoms of a stroke continues to be via the local A&E department, where patients would be assessed, stabilised and, if indicated, treated with thrombolysis.
- after stabilisation the patient would be transferred to Basildon Hospital for a short (approximately 72 hour) period of intensive nursing and therapy support.

To note:

- following the short period of intensive treatment, patients would be transferred home or back to their local hospital or community facility for on-going care and treatment.
- All follow-up outpatient appointments, tests and scans will continue to be offered at all three hospital sites.
- should a patient be confirmed as suffering from a bleed on the brain, they would 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.

To strongly support:

- the ambition to develop a Mechanical Thrombectomy service in mid and south Essex, as may be commissioned by NHS England.

Benefits

- ✓ Better able to meet national standards set out by Royal College of Physicians
- ✓ Sustainable workforce model
- ✓ Makes best use of expertise
- ✓ 24hour/7 day access to specialist care
- ✓ Supports principle 3
- ✓ Supports reduction in inequality of outcomes
- ✓ Links to established expertise in Essex Cardiothoracic Centre

Evidence

- ➢ Model developed in consultation with existing expertise locally and National Clinical Director for stroke
- ➢ East of England Clinical Senate found clear benefit to the model
- ➢ Published evidence review by UCL Partners supports model
- ➢ Backed by Stroke Association
- ➢ Equality and quality impact assessment largely positive

Feedback

- 62% of respondents support principle 3

It would be best to go where the specialist care was available

We can understand the theory of this proposal, but it's the problems afterwards that are the most important. Where would these improvements come from?

Implementation

- Estimated timeframe 2020/21
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)
- On going audit and review as model differs from national and offers opportunity for learning and policy development

Recommendation 12: Stroke

The CCG Joint Committee is requested to:

12.1 Approve that access to care for patients showing symptoms of a stroke continues to be via the local A&E department, where patients would be assessed, stabilised and, if indicated, treated with thrombolysis. After the patient was stabilised, and after discussion between the patient/family and clinicians, the patient would be transferred to Basildon Hospital for a short (approximately 72 hour) period of intensive nursing and therapy support.

12.2 Note that, following a stroke and an inpatient stay at Basildon Hospital for a short period of intensive treatment, patients would be transferred home, if their condition had improved sufficiently, or back to their local hospital or community facility for on-going care and treatment. All follow-up outpatient appointments, tests and scans will continue to be offered at all three hospital sites.

12.3 Note that, should a patient be confirmed as suffering from a bleed on the brain, they would 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.

12.4 Strongly support the ambition to develop a Mechanical Thrombectomy service in mid and south Essex, such a service may be commissioned by NHS England.

Recommendation 13: Orthopaedic Surgery

To approve:

- Some planned orthopaedic surgery, such as hip and knee replacements requiring a hospital stay, is provided at Southend Hospital for the south Essex population, and at Braintree Community Hospital for the population in mid-Essex.
- Some emergency orthopaedic surgery that requires a hospital stay is located at Basildon Hospital (for the south Essex population), and at Broomfield Hospital (for the mid-Essex population).
- Elective complex wrist surgery will be provided at Southend Hospital, and complex emergency wrist surgery at Basildon and Broomfield Hospitals.
- The trusts test the viability of elective inpatient spinal surgery being undertaken at Broomfield and Southend Hospitals.

To note:

- That patients are able to choose to have planned orthopaedic treatment at another hospital, as per the NHS Constitution requirements on patient choice. .
- That simple wrist surgery will continue to be maintained at all three hospital sites.
- That all outpatient appointments and follow-ups, tests, scans and routine surgery for orthopaedic problems including day case knee, foot, wrist, ankle, shoulder and elbow procedures would continue to be available locally.

Benefits

- ✓ Improved access to care
- ✓ Reduced waiting times and length of stay
- ✓ Reduced cancellation of elective care
- ✓ Sustainable workforce model
- ✓ Makes best use of existing expertise
- ✓ Supports principle 4
- ✓ Supports reduction in inequality of outcomes
- ✓ 24hour/7 day access to specialist care
- ✓ Reduced risk of infection

Evidence

- East of England Clinical Senate found clear benefit to the model in particular:
  - Improve current variation in waiting times and length of stay
  - Recommended being more ambitious in separating elective and emergency care in other areas
  - Recognised existing major trauma networks in London and Cambridge
- Backed by local Clinical Cabinet,
- Equality and quality impact assessment largely positive

Feedback

- 75% of respondents support principle 4

I think the proposal is sensible and generally a good idea if it results in the best level of care

I'm concerned that those in need of orthopaedic surgery are likely to find longer journeys, particularly difficult, affecting those who live further from the proposed sites

Implementation

- Estimated timeframe 2018/19
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Existing bypass for major trauma not affected
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 13: Orthopaedic Surgery (1/2)

The CCG Joint Committee is requested to approve that:

13.1 Some planned orthopaedic surgery, such as hip and knee replacements requiring a hospital stay, is provided at Southend Hospital for the south Essex population, and at Braintree Community Hospital for the population in mid-Essex. As such patients who would have used Basildon Hospital for planned orthopaedic inpatient surgery will no longer be able to access this care at Basildon and will be offered surgery at Southend. Patients who would have used Broomfield Hospital for planned orthopaedic surgery, and who meet the criteria for treatment at Braintree Community Hospital will no longer be able to receive their surgery care at Broomfield.

The CCG Joint Committee is asked to note that the above arrangement would not preclude patients from choosing to have their planned orthopaedic treatment at another hospital, as per the NHS Constitution requirements on patient choice

Recommendation 13: Orthopaedic Surgery (2/2)

13.2 Some emergency orthopaedic surgery, such as open lower-limb fractures that require a hospital stay is located at Basildon Hospital (for the south Essex population), and at Broomfield Hospital (for the mid-Essex population). This would ensure that emergency surgery is separated from planned surgery, thus ensuring faster access to theatre for patients requiring urgent care, and reduced cancelled operations for patients requiring planned care.

13.3 Elective complex wrist surgery will be provided at Southend Hospital, and complex emergency wrist surgery at Basildon and Broomfield Hospitals. The Joint Committee is asked to note that simple wrist surgery will continue to be maintained at all three hospital sites.

13.4 The Trusts test the viability of elective inpatient spinal surgery being undertaken at Broomfield and Southend Hospitals. During a 24 month period following implementation, the STP Clinical Cabinet will assess the success and sustainability of this mode.

The CCG Joint Committee is asked to note that all outpatient appointments and follow-ups, tests, scans and routine surgery for orthopaedic problems including day case knee, foot, wrist, ankle, shoulder and elbow procedures would continue to be available locally.

Recommendation 14: Urology

To approve:

- Patients requiring surgery for kidney, bladder and prostate cancer receive this at Southend Hospital, alongside the specialised cancer centre. The development of robotics to support this service should be an ambition aligned to the specialised cancer service commissioned by NHS England.
- Complex (non-cancer) emergency urological conditions that require an inpatient stay be treated at Broomfield Hospital in Chelmsford, building on the specialist urological care already provided there.
- Complex uro-gynaecological treatment be located at both Southend and Broomfield Hospitals.

To note:

- That all outpatient appointments, follow-ups, tests, scans and short hospital stays for non-complex, and non-cancer, urological conditions will continue to be available locally.
- Links to recommendation 5 on gynaecology

Benefits

- ✓ Sustainable workforce model
- ✓ Makes best use of existing expertise
- ✓ Supports principles 2 & 4
- ✓ Supports reduction in inequality of outcomes
- ✓ Links to established expertise in cancer centre
- ✓ 24hour/7 day access to specialist care

Evidence

- East of England Clinical Senate found clear benefit to the model in particular:
  - Positive impact on workforce
  - Reduction in variation in waiting times and length of stay
  - Clinical leadership
- Backed by local Clinical Cabinet
- Equality and quality impact assessment largely positive

Feedback

- 55% of respondents support principle 2
- 75% of respondents support principle 4

I think it's better than expected, having heard the proposals. I would like to know how high the hurdles are to make this happen

I am concerned that older people will have to travel further

Implementation

- Estimated timeframe 2018/19
- Dedicated clinical transport service to be in place to transfer appropriate patients who attend their local A&E in an emergency
- Reasonable steps taken to support patients, their families and carers to travel to a more distant hospital if required.
- Good communication and support for patients with mental health or learning disability (and those that care for these patients)

Recommendation 14: Urology

The CCG Joint Committee is requested to approve that:

14.1 Patients requiring surgery for kidney, bladder and prostate cancer receive this at Southend Hospital, alongside the specialised cancer centre. The development of robotics to support this service should be an ambition aligned to the specialised cancer service commissioned by NHS England.

14.2 Complex (non-cancer) emergency urological conditions that require an inpatient stay be treated at Broomfield Hospital in Chelmsford, building on the specialist urological care already provided there.

14.3 Complex uro-gynaecological treatment be located at both Southend and Broomfield Hospitals.

The CCG Joint Committee is asked to note that all outpatient appointments, follow-ups, tests, scans and short hospital stays for non-complex, and non-cancer, urological conditions will continue to be available locally.

See also recommendation 5 on gynaecology.

Recommendation 15: Orsett Hospital

To approve:

- The relocation of services currently provided at Orsett Hospital to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital.

To note:

- That there will be a period of co-production with the local community through the establishment of a “People’s Panel” to determine the best site(s) to relocate these services to.
- That, alongside the period of co-production, further detailed assessments will be undertaken on equality and health inequality impacts, and the quality impact of proposed service relocations.
- That once the period of co-production is complete, and with the detailed work on impact assessment, the CCG Joint Committee will be asked to make a decision on which sites will provide the relocated services.
- That, in accordance with the agreement between Thurrock CCG, Thurrock Council and the three mid and south Essex hospitals, the Orsett Hospital site will not be closed until the new services are in place at the agreed new locations

Benefits

- ✓ Supports principles 5
- ✓ Newer, purpose built accommodation
- ✓ Supports improved access to a range of services
- ✓ Supports reduction in inequality of outcomes

Evidence

- ➢ Equality and quality impact assessment carried out by Thurrock and Basildon and Brentwood CCGs largely positive
- ➢ In line with commissioner plans to develop primary care and community services
- ➢ Does not involve redesign or reduction of services but relocation
- ➢ Previous engagement by CCG and local council demonstrated wide support for development of integrated medical centres

Feedback

- 49% of respondents support principle 5 with 26% disagreeing
- Thurrock specific questionnaire 42% support with 53% disagreeing

What you are saying is lovely and it would be better as long as you can get trained people

I totally agree that other parts of the borough need extra parts of the service, but we don't need to destroy Orsett Hospital to do that

Implementation

- Commitment not to close Orsett until services are re-provided in agreed alternative locations
- Establish a "people's panel" to co-produce and oversee changes
- CCG Joint Committee to agree alternative locations

Recommendation 15: Orsett Hospital

The CCG Joint Committee is asked to:

15.1 Approve the relocation of services currently provided at Orsett Hospital to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital.

15.2 Note that there will be a period of co-production with the local community through the establishment of a "People's Panel" supported by Healthwatch organisations in Thurrock and Essex to determine the best site(s) to relocate these services to.

15.3 Note that, alongside the period of co-production, further detailed assessments will be undertaken on equality and health inequality impacts, and the quality impact of proposed service relocations.

15.4 Note that once the period of co-production is complete, and with the detailed work on impact assessment, the CCG Joint Committee will be asked to make a decision on which sites will provide the relocated services.

15.5 Note that, in accordance with the agreement between Thurrock CCG, Thurrock Council and the three mid and south Essex hospitals, the Orsett Hospital site will not be closed until the new services are in place at the agreed new locations.

Recommendation 16: Family and Carer Transport

To approve:

- That reasonable steps are taken by the Trusts to ensure that there is support for patients, their families and carers, impacted by these proposals, to travel to a more distant hospital, if required.

To note:

- That the acute hospitals will consider transport for staff who may be required to work at more than one site as part of service change implementation planning.

Benefits

- ✓ Seeks to mitigate potential impact of changes
- ✓ Supports improved access to specialist care
- ✓ Supports reduction in inequality of outcomes
- ✓ Enabler for principles 2, 3 & 4
- ✓ Seeks to address existing accessibility issues

Evidence

- ➢ Access to services for patients and carers was identified as a potential challenge. This recommendation seeks to mitigate any potential impact.
- ➢ Independent travel analysis carried out and recommendations developed
- ➢ Supported by patient led Transport Working Group

Independent analysis report

The analysis and report made 37 recommendations, which can be categorised into four thematic areas:

- Improving accessibility to hospital for people living in **urban areas** through the creation of a shuttle service with three core routes.
- Improving accessibility to hospital for people who live in **smaller towns and villages** through a volunteer driver scheme and work with community transport providers.
- Improving the use of public transport and the shuttle service through the provision of **better information** for patients, visitors, hospital staff and the implementation of incentives to switch away from driving.
- Implementing a common approach to **staff transport** across the three hospitals, encouraging switches away from driving to work.

Feedback

It is right we need to think best quality of care not the nearest – but so pleased to see that you are thinking of relatives and patients needing to travel and community

I am concerned about whether someone with a learning difficulty would be supported to visit relatives if, for example, the patient had been transported to a hospital which was unfamiliar

Implementation

- Transport Working group to continue
- Implementation would commence ASAP to enable early changes to take place
- Link to recommendation 18 to provide assurance on reasonable steps taken to support family and carers of patients receiving care at a more distant site
- Priority given to enhancing public transport services and community and voluntary driver schemes

Recommendation 16: Family and Carer Transport

In recognising that some of the proposed service changes may mean that a small number of patients and their families will need to travel further to receive specialist treatment, the CCG Joint Committee is requested to approve that reasonable steps are taken by the Trusts to ensure that there is support for patients (in addition to that referred to in recommendation 4), their families and carers, to travel to a more distant hospital, if required. See section 3 and Appendix 3.

The CCG Joint Committee is asked to note that the acute hospitals will consider transport for staff who may be required to work at more than one site as part of service change implementation planning.

Recommendation 17: Capital Funding

To note:

- That the Trusts have been earmarked to receive up to £118m in capital funding to support the implementation of the proposals contained within the public consultation.
- This is in addition to £12m being funded through the sale of assets.
- The commissioners will be asked to support, at a later date, and subject to the decisions reached on these recommendations, the business cases that will enable access to these funds

We really welcome that there is new money coming and really think things like new technology could make a difference

How the capital will be spent

The pre-consultation business case identified areas for capital funding to deliver proposed changes including:

- Investment in buildings, including
  - Development of A&E departments and emergency care hubs
  - Theatre capacity
  - Inpatient capacity
  - Day case facilities

- Technology investment, including:
  - Shared records
  - Teletracking

Recommendation 17: Capital Funding

The CCG Joint Committee is asked to note that the Trusts have been earmarked to receive up to £118m in capital funding to support the implementation of the proposals contained within the public consultation. This is in addition to £12m being funded through the disposal of surplus assets.

The commissioners will be asked to support, at a later date, and subject to the decisions reached on these recommendations, the business cases that will enable access to these funds.

Recommendation 18: Implementation Oversight

To approve:

- The formation of an Implementation Oversight Group.
- Membership of this group will be agreed in discussion with the Trusts and with patient and public representative groups, stakeholders and partners, and will include representation from the Joint Committee and Joint Commissioning Team and NHS England Specialised Commissioning.
- It is proposed the Implementation Oversight Committee is independently chaired and will oversee the implementation of the decisions made by the CCG Joint Committee, ensuring that decisions are implemented in a safe and sustainable way
- The Implementation Oversight Group would report in to the CCG Joint Committee, the Trusts' Joint Working Board and inform the STP Partnership Board

Overseeing change

Establishing an Implementation Oversight Group will ensure:

- There is clear clinical support for the proposed implementation
- Appropriate workforce plans are in place
- Patient-centred outcomes have been described
- Any negative impacts in relation to access to services have been considered and mitigated as far as reasonably practicable
- There are clear discharge and repatriation pathways in place
- Financial and contractual requirements have been appropriately considered

Recommendation 18: Implementation Oversight

The CCG Joint Committee is requested to approve the formation of an Implementation Oversight Group. The membership of this group will be agreed in discussion with the Trusts and with patient and public representative groups, stakeholders and partners, and will include representation from the Joint Committee and Joint Commissioning Team and NHS England Specialised Commissioning for relevant pathways. It is proposed the Implementation Oversight Group will be independently chaired. See section 5.

This Group will oversee the implementation of the decisions made by the CCG Joint Committee, ensuring that decisions are implemented in a safe and sustainable way, and specifically in line with the recommendations made by the CCG Joint Committee in relation to Clinical Transport (recommendation 4), Family/Carer Transport (recommendation 16) and plans to close Orsett Hospital (recommendation 15).

Recommendation 19: Continued Engagement

To approve:

- That the mid and south Essex system continues its communication and engagement on these plans within the STP, with patients and the public, staff and key stakeholder organisations

If you have your group doing your bit in the hospital and one another group doing another bit in the community – what happens if they come up with something different? All talk together and share feedback and discussions. Working actively with patients is important too.

Working with our patients and public

It is vital that service changes are clearly communicated to the public and to patients and will include communications via the media and existing channels through individual organisations within the STP.

There are also a range of ways in which patients and service users will continue to be involved in STP developments:

- Recommendation 15 on changes to services provided from Orsett Hospital outlines a “People’s Panel” to co-produce and oversee changes.
- Recommendation 18 on implementation oversight arrangements includes a commitment to ensure patients and service users are involved
- The Transport Working Group, constituted during the public consultation, has committed to continuing to work on development of transport options and support for patients, families, carers and staff. .
- At STP level, there is a Service User Advisory Group (SUAG) which continues to act as a sounding board to proposals. The chair of the SUAG is a member of the STP Board.

Working with our partners

The STP continues to engage closely with Healthwatch organisations in Essex, Thurrock and Southend, all of whom are members of the STP Board and provide vital support in engaging our communities

We are committed to continue communicating and consulting with local authority partners via the Health and Wellbeing Boards, individual local authority health scrutiny functions and the Joint Health Overview and Scrutiny Committee, which has been established to scrutinise the changes proposed.

Recommendation 19: Continued Engagement

The CCG Joint Committee is requested to approve that the mid and south Essex system continues its communication and engagement on these plans within the STP with patients and the public, staff and key stakeholder organisations.