

## Mid and South Essex Sustainability and Transformation Partnership (STP)



### **Your care in the best place**

At home, in your community and in our hospitals

Discussion event – Braintree 7 February 2018

[www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

# Public consultation 30 Nov 2017 – 9 Mar 2018

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## Welcome!

### **James Wilson**

Chief Strategy and Transformation Officer  
Mid Essex Clinical Commissioning Group

### **And colleagues:**

- **Dr Ronan Fenton**, Medical Director for STP acute services
- **Dr Caroline Dollery**, Clinical Chair of Mid Essex CCG and local GP
- **Dan Doherty**, Director of Clinical Transformation, Mid Essex CCG
- **Tom Abell**, Deputy Chief Executive for the three main hospitals

# Why we need change

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## Increasing needs – mainly associated with ageing population

- Increase in long term conditions – lung disease, diabetes, heart disease, disability following stroke, mental health issues
- More people living with several conditions



- GP and community services under pressure
- Hospital emergency services under pressure e.g. in Broomfield:

Av no. of A&E  
attendances per day  
**Dec 2012 - 208**

Av no. of A&E  
attendances per day  
**Dec 2017 - 271**

# STP plan

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- Health and social care partners have **teamed up** to improve how people can get the right care they need, when they need it, and in the best place (home, community or in hospital)
- Plan aims to **meet the challenges** of today and demands of the future
- There are many examples of excellent care, but **we could do better**
- Our vision is to join up different health, care and voluntary services **around you and your needs** - physical, mental and social care
- Starts with help 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 our range of services available via GP practices

# Your care in the best place – developments over next 5 yrs

Easier access to consistent, high quality hospital care – sustainable into the future

Wider range of services at GP practices

Joined-up teams



# Main benefits of proposed changes in hospital

Sometimes our hospitals are blocked

Specialist expertise spread across 3 hospitals

We don't always achieve the highest standards

We don't always make the most of our talent

Sometimes better alternatives to hospital

- Improvements in A&E will mean shorter waits, quicker treatment and shorter stays in hospital
- By bringing specialists together – easier to provide 24 cover
- Larger specialist teams see more patients – improves care quality and chances of good recovery
- Larger teams, better training – attracts, retains & develops staff
- Services closer to where you live – quicker to respond and more convenient

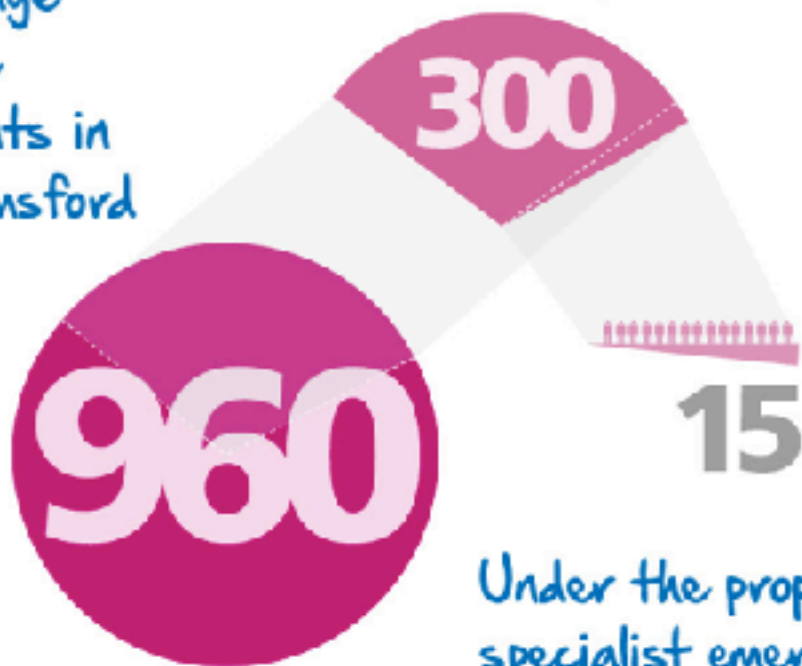
# Five principles for our proposed future hospital services

- 1. The majority of hospital care will remain local** and each hospital will continue to have a 24hr A&E
- 2. Certain more specialist services which need a hospital stay should be concentrated in one place**
- 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
- 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



## Who may be affected in an **emergency**?

There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon



Around 300 patients per day on average are currently admitted to hospital from A&E

Under the proposals for reorganising some specialist emergency services, we estimate that around 15 people per day would require a transfer from their local A&E to a specialist team in another hospital



# Who may be affected in **planned treatment**?

Around 3,300 patients per day on average visit our three hospitals for an outpatient appointment

**3300**

**380**

Around 380 patients per day on average visit our three hospitals for a planned operation

**14**

Under the proposal for separating planned operations from emergency care, we estimate that around 14 people per day would be referred to a hospital that is not their local hospital for a planned operation, usually for a stay of three to four days

# Summary of proposed changes in this area

## Broomfield Hospital

### Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

### Existing specialist services that stay the same

- Specialist centre for burns & plastic surgery
- ENT & facial surgery
- Upper gastro-intestinal surgery

### Proposed service changes

#### Emergency

Improved stroke care & rehabilitation (acute stroke unit)

Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services

More complex orthopaedic trauma surgery (e.g. serious fractures)

#### Planned

# Summary of proposed changes in the south east

## Southend Hospital

### Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

### Existing specialist services that stay the same

- Radiotherapy & cancer centre
- Cancer surgery, including urological cancer surgery

### Proposed service changes

#### Emergency

Improved stroke care & rehabilitation (acute stroke unit)

Gynaecology surgery, including gynaecology cancer surgery

#### Planned

Orthopaedic surgery for south Essex patients

# Summary of proposed changes in south west

## Basildon Hospital

### Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

### Existing specialist services that stay the same

- Essex Cardiothoracic Centre

### Proposed service changes

Emergency	Planned
Specialist stroke unit	
Improved stroke care & rehabilitation (acute stroke unit)	
Specialist teams for complex lung problems, complex vascular problems, complex heart problems	
More complex orthopaedic trauma surgery (e.g. serious fractures)	
Specialist team for complex kidney problems	

# Summary of proposed changes affecting mid Essex

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- **All outpatients and majority of operations stay local**
- Specialist stroke unit proposed in **Basildon**
- Specialist gynaecology, including cancer, proposed in **Southend**
- Planned orthopaedic operations proposed in **Braintree**
- Specialist teams proposed in **Basildon**:
  - Complex lung problems
  - Complex vascular problems
  - Complex heart problems
  - Complex kidney problems

# Proposals for stroke

**Around 85% due to blood clot – 20% may benefit from clot-busting drug treatment (thrombolysis)**

**Around 15% due to bleed in the brain - needs very specialist care**

## **Rationale for change**

- Clinical evidence for specialist stroke units = better chances of recovery
- The key is - intensive rehabilitation in first 72 hours
- Joined-up stroke teams = network of stroke care & specialist stroke unit
- Propose Basildon for close links with Essex Cardiothoracic Centre

## **Patient pathway**

- Suspected of having a stroke – go by ambulance to nearest A&E
- In A&E - diagnosis, stabilisation - if blood clot, start treatment
- Transfer to specialist stroke unit for first 72 hours high dependency care
- Return home or to local hospital/community for continuing care and rehabilitation

# Clinical transfers and transport between hospitals

## New type of clinical transport between hospitals

- Dedicated transfer team and fleet for patient transfers
- Vehicles equipped to national specification
- Clinical teams discuss with you, your family
- If no transfer, specialist team supports local team
- Developing with East of England Ambulance, North East London and East of England Trauma Networks



## Free bus service between hospitals

- Runs between hospitals, or other locations
- Review and adapt



# Investing in our hospitals

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## **Investing over £118 million in:**

- Around 50 extra beds
- New operating theatres
- Improving technology to make it easier to operate across three sites

## **How each hospital would benefit from investment:**

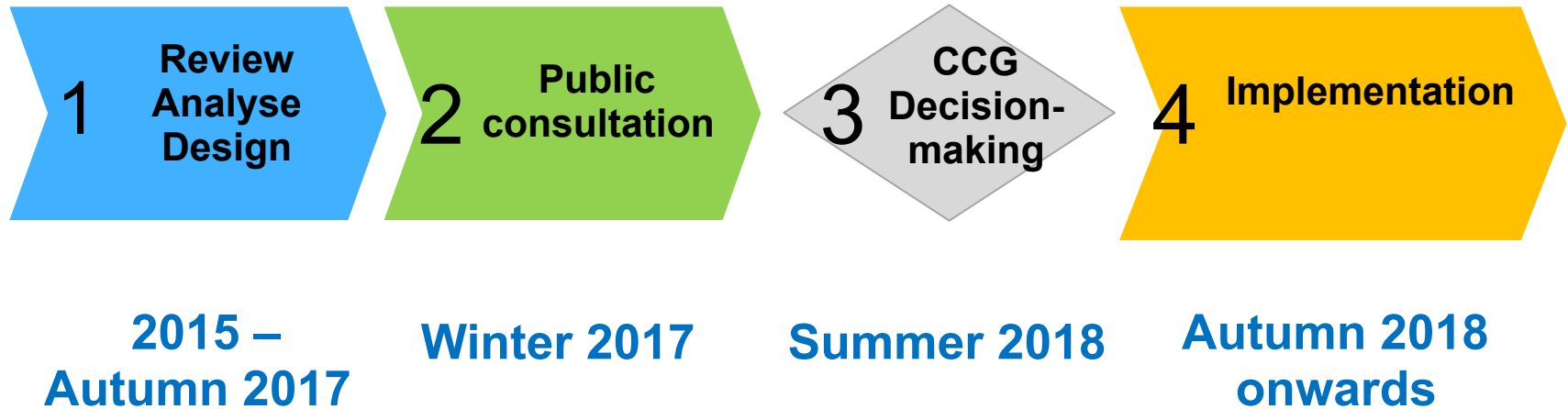
- Southend hospital - £41 million
- Broomfield Hospital - £19 million
- Basildon Hospital - £30 million

A further £28 million will be invested in additional technology



# What happens next?

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- Currently at Stage 2 - public consultation 30 Nov 2017 to 9 March 2018
- No decisions have yet been made – and won't be until summer 2018

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Get involved

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## Three trusts' merger plan

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- 3 trusts have **worked together since 2016**
- **Options appraisal** exercise in December to look at longer term
- Not essential for current proposals, but **merger is potentially preferred option** to strengthen and sustain hospital services for the future
- All three hospital boards have **agreed to start process** towards merger – separate from consultation led by CCG Joint Committee
- Merger enables right systems and processes to make the **most of resources, skills and expertise** across the three trusts
- **Next steps** – strategic case, business case, subject to approvals from Trust Boards, Governors of foundation Trusts, NHS Improvement and Competition and Market Authority (CMA).
- Aiming for new organisation in **April 2019**