

**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 – Southend 7 March 2018

www.nhsmidandsouthessex.co.uk

Public consultation 30 Nov 2017 – 9 Mar 2018

Welcome!

Dr Jose Garcia Lobera

Clinical Chair, Southend Clinical Commissioning Group (CCG)

And other local leaders you will meet later:

- **Dr Celia Skinner**, Chief Medical Officer for the three main hospitals
- **Miss Emma Gray**, Clinical Director for Surgery, Southend Hospital
- **Dr Ronan Fenton**, Medical Director for STP acute services
- **Margaret Hathaway**, Interim Accountable Officer, Southend CCG
- **Dr Gowrie Balasubramaniam**, Renal Consultant for Southend hospital
- **Clare Panniker**, Chief Executive for the three main hospitals
- Plus many other subject matter experts here to listen to your views, both during the break and during the discussion session

Why we need change

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 Southend:

Av no. of A&E
attendances per day
Dec 2012 - 243

Av no. of A&E
attendances per day
Dec 2017 - 274

STP plan

- 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



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

* Referrals within Mid Essex Hospitals are not included

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	Planned
Improved stroke care & rehabilitation (acute stroke unit)	
Gynaecology surgery, including gynaecology cancer surgery	
	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 mid Essex

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 affecting south east

- **All outpatients and majority of operations stay local**
- Planned orthopaedic operations proposed in **Southend**
- Specialist gynaecology, including cancer, proposed in **Southend**
- Specialist stroke unit proposed in **Basildon**
- Specialist teams in **Basildon** proposed for complex lung, vascular, heart and kidney problems
- Specialist teams in **Chelmsford** proposed for complex urology, abdominal surgery and gastroenterology

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

Investing over £118 million in:

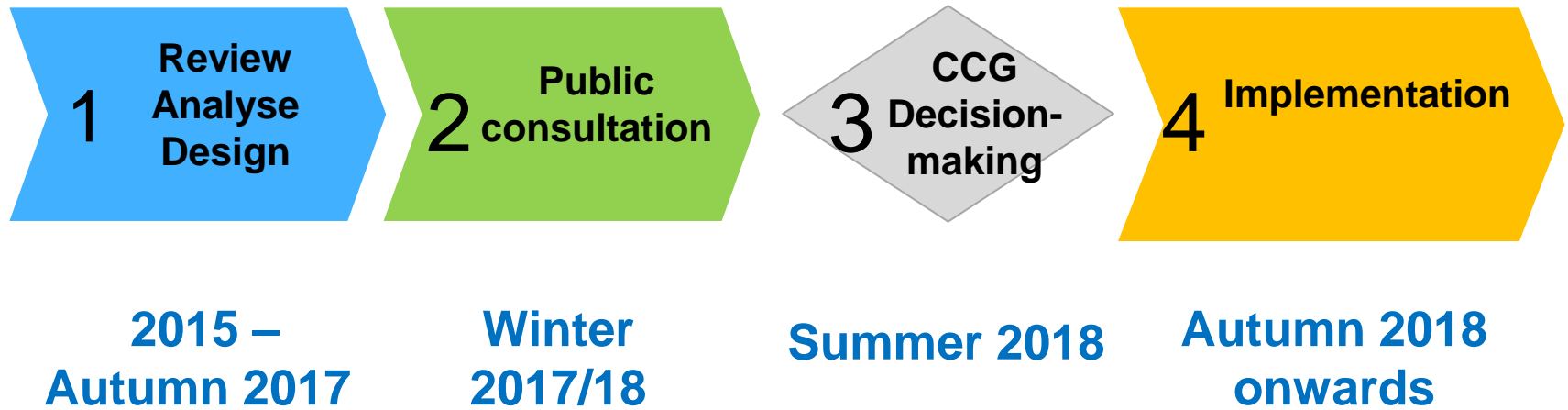
- Around 50 extra beds
- New operating theatres
- Improving technology to make it easier to operate across three sites

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?



- Currently at Stage 2 - public consultation 30 Nov 2017 to 23 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

- 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**