

Public Discussion Event Meeting Notes
Towngate Theatre, Basildon
27th February 2018



Comments:

- What happens if you don't like this? The three hospitals will have to work together so to some degree it's a done deal.
- We are happy that everybody has an A&E – we were informed that transport will carry specialist doctors as well as paramedics so we are reassured by that.
- Critical bit for me is that there are not enough hospital beds – 50 extra is not going to touch the sides. Latest occupancy for Basildon Hospital is 99 per cent – there are no beds – nothing here is going to solve that problem.
- On principle five – service closer to us – I feel this undermined by transferring to specialist services. Figures in document are higher than slide documentation.
- We were concerned about the role of receptionists and role of navigation of system is quite complex – a burden for them and no further pay presumably? - we are concern that people do not want to discuss their personal care in a waiting room so that would need to be taken in to account.
- Our overall concern is that we feel we are not getting the real reason today – (attendee quoted five year forward view) – there is no real increase in funding – we spend less than elsewhere as a proportion of GDP on health than other world health systems. You have given us a Pollyanna view of the health service changes (that we have heard today) that do not talk about the real financial reason as to why you are doing this.
- With regards to the three hospitals working together – they already work together – and I have used all three so haven't got a problem with them working together. My problem comes with getting other doctors to see patients at other sites. My daughter is on autistic spectrum – and she was blocking a bed – bed blocking is not necessarily what you think it is – she was waiting for a specialist to come from another hospital and in the end I took her out.
- I have two concerns – staffing and training. My view is that Care Navigator should have some level of clinical training and be located in a room outside of waiting room. Also if you spread services more across the community – what is the feasibility of staffing that? – I would like to understand how that has been thought though.
- Concern that person navigating will get sent to wrong place and moving people across the system - and the concern that they will die. I do not feel that this has been taken account of enough.

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Questions

Q

What has been done to promote this? – The first I heard was when I saw a post come up on Facebook about this event.

A

(response from another member of the public) It is not for the want of trying – I have shared with church group, neighbourhood watch. We have to tackle apathy I have shared this through my community groups and that is the way we tackle apathy through our own communities and networks.

Q

Are you moving towards an accountable care organisation? – What you are suggesting is that we are moving towards a cash limited area in where services can't be provided because the money has run out - this should be part of consultation.

A

This is not something that is under discussion or a priority at the moment