

Public Discussion Event Meeting Notes
Town Hall, Maldon
21st March 2018



Questions

Q

My concern is risk – in the process, staff availability and skills and lack of contingency planning. I want some assurance that you can mitigate some of these risks?

A

Very reasonable question – people have every right to be concerned about this. All of our plans recognise current risk in staffing and in process. All our plans are designed to emolliate those challenges – it is what makes it better in the future and helps to reduce those risks.

Q

I have been involved as a patient and given a lot of critique of process - At time said that three hospitals couldn't function – how can we now staff if before you said we couldn't?

A

Workforce was one of issues – have recruited – but can't do big change without people with you, hence why we adapted the model

Q

How do we measure success – how do we know that this change has been a successful one?

A

We started out as a Success Regime – because of our challenges around quality, workforce, finance – at very least we will see a difference in those areas.

Q

I think this is better than expected having heard the proposals – I would like to know how high the hurdles are to make this happen?

A

After consultation we need approval to proceed – the 5 CCGS have formed a joint committee to decide on these proposals– it will be really hard process looking at all of the evidence and to make sure they understand the depth and breadth what means for the whole of the local population. Once agreement is given then any implementation would take place over a number of years – we wouldn't just flick a switch and things would be different.

Q

What per cent of public go to A&E that shouldn't be there?

A

Around 20 – 30 per cent

Q

I was pleased to hear St Peters included in the presentation - is it likely to go ahead?

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A

There has been huge demographic growth in Maldon – which means the main hospital is full and we need to be able to move people out of hospital – do need to have a robust provision. There is demand locally so I am confident this will happen.

Comments & Suggestions:

- The Anglia Ruskin medical school announcement – is very good news for us as a region – particularly in supporting workforce
- Hearing from public – biggest concerns out of hospital – resilient and make sure people don't turn up at hospital.
- If we just do hospital bit and not anything else it won't work.
- You have given a passionate account of what you are trying to do and I recognise change has to happen.
- I want to see more technology. I worked in rural remote Australia – we had a live feed so we could access the consultant – you don't have to have them there in hospital. To me the plans suggest you are using specialists wisely so they don't get burnt out and need to use technology to do that – so I can see these proposals would work.
- You need to do big piece of work to look at how GP practices work and how they can collaborate.

Other Suggestions:

Transport

- Transport – felt there was common sense in proposals - 72 hours gold but also most risky and need to make sure loved ones can get to see their relatives.
- Need to look at consent – capacity to make decisions

A&E

- Problems with access to GP does drive people to A&E – more work into reviewing direction of travel

GP access

- Specific session needed on planning changes
Pressures – 600 – 1,000 calls a day to GP practices – need to engage with public – needs to work for patients

Primary care

- Encourage practices to form federations – something that will communise functions that currently do twice. Promote care navigation etc.