

**Public Discussion Event Meeting Notes**  
**Chapter House, Chelmsford**  
**9<sup>th</sup> January 2018**



**Comments:**

- What you are talking about is an important piece of the jigsaw, but other bits worry us more, for example Social Care, Community Services, GP access.
- My feeling is you are the clinicians; you have done the research so we buy the argument. From a personal perspective I know that transport came up from previous engagement so you have proved you listen (you might want to make that point to show that you are listening).
- Previous model talked about consultant shortage, lack of money and where the money is coming from and are there any other cuts to services?
- Thank you for the documentation - really good stuff.
- Accept its acute focussed but can only work well if other community services are working well. Can come up with solutions for health, we need expertise to reintegrate into communities – for example dementia friendly villages grow to help sharper end with not a lot of finance.
- I used to work in outpatient orthopaedics. Problem that if someone has gone to Braintree for x-ray (very hard to get blood tests and results through as this came from another section) so I think its good idea and an answer to the problem.
- What if I am living out in-the-sticks, for example in Dengie, and I need urgent care? How will the paramedics be equipped to take me to the right place? Paramedics need to have good training to filter in right direction
- Not a lot said about community or care in the home. To really get the benefits of this for patients that bit is crucial (have not really seen anything about this).
- It's great that its clinician led and they have developed ideas – I got the impression that it had been what consultants and patients involved
- Transport issue is very vague – transferring 500 seriously – shortage – where going to draw people from – where are the nurses coming from.

**Suggestions:**

- There used to be a walk in centre at Sainsbury's, Springfield, which is now closed and there isn't anything else like it. Should there be something like that at each hospital? (might reduce some of the less urgent cases out of hours).

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- What about opening a small convalescent home to support people who are able to go home but need a bit more care – that would help the hospitals.

**Other Comments & Suggestions:**

**Focus groups**

**Stroke**

- Making sure local unit's recognise people having a stroke quickly – link with older peoples care. No delay no disadvantage.
- Community support for rehabilitation (very important to make clear how that's delivered).

**Primary and Community Care**

- GP first port of call (practice receptionist and phone lines), but lot of practices struggle to service that. Have practical conversations with those answering phone (meet volume of calls).
- GP – same as hospitals, have two sorts of patients - emergency (have to be seen today) and regulars. Learn from hospitals how to stream these patients.

**A&E**

- Protecting local services making sure that irrespective of changes staffing level, particularly consultants, are maintained.
- The need for training of more nurses and paramedics - will depend on early decision on direction of travel
- Helpful to have more co-design with patients in the future – started tonight and want to continue that. Good to have patient represented in process.