

Public Discussion Event Meeting Notes
Braintree Town Hall, Braintree
7th February 2018



Q&A

Q

Interested in figures on A&E admissions – 960 over three hospitals – but a quick maths – does that mean 660 not needing to be in A&E – are they having minimal treatment?

A

It is incorrect to subtract – not only people who need to be admitted that should attend. Your figure 67 per cent national figure is 25 per cent. Support needs to be there to help manage these things at home.

Q

What happens if you get a queue by putting all eggs in one basket with stroke?

A

The proposal offers the opportunity to sieve that and stop stroke mimics and ensure stroke beds are used for those who are actually having a stroke.

Q

What is the difference with the proposed specialist stroke unit at Basildon?

A

Psychological care, speech and language, therapies and consistent consultant and specialist nursing cover.

Q

Are you rewarding stroke staff by moving highly acute staff to Basildon, it doesn't see fair?

A

Not disenfranchising any team – the clinical teams will be a network working together across all sites as a single team.

Q

I want to know more about Braintree orthopaedic and why you are moving it there?

A

We want to use the state of the art theatres that are not used to their full capacity - we would like to utilise the hospital to its full potential

Comments & Suggestions:

- The other area concerned about is the 72 hours – made very clear need to go to local A&E. I

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have concerns that you said there will be an ambulance to transfer. Are you going to do thrombolysis at Broomfield and am I allowed to be with them in that transport? At the moment I am able to be with my relative and not stuck in traffic trying to follow an ambulance. Repatriation – it concerns me that you will have tremendous bed blocking. Are you going to expect my patients who are in their 80s to go and sit and wait to get a bus? Rehabilitation in Basildon – taking away the opportunity for families to be part of the very important process to recovery.

- I'm concerned with proposed stroke changes. Concerned by quality of data in STP report. On graph on better care based on information from London. No reference made to additional appendix that said should not be rolled out in rural areas. All I hear in your documentation is best practice.
- If you have your group doing your bit in the hospital and one another group doing another bit in the community – what happens if they come up with something different? All talk together and share feedback and discussions. Working actively with patients
- It's taking away from services; walk in, minor injuries, mental health support so people don't know where else to go. Everything is gone. All been taken away from Braintree. We had it and now it's gone.
- Supporting GP and community. People attending A&E inappropriately – but also have people not turning up, attending inappropriately or requesting home visit. We need to help GPs with non-attenders. 100 per cent agree with you. First time we have looked at demands on practices. Out that in Mid Essex - for example 10 per cent in Dengie not inappropriate. In Chelmsford 40 per cent – working with groups of practices work force local communities and local councils to work differently to support – exciting opportunity.
- In Boreham 4000 appointments a year Did No Attend. Get it written down, send a text reminder. Demand has risen around 15 per cent in last year and workforce dropped by 7 per cent. Training within our practices for care navigators to support those who need care support and help signpost people to what they need. We need people to understand the need for change.
- Mental illness – what are the provisions have you got? What about Dementia support?
- Braintree community are they getting the referrals they need. Very well utilised at moment, Blend of community services – minor surgery, community ward

NB An attendee left as she was “fed up” with one table dominating the discussion and “not listening to others”.

- I experienced specialist care at Basildon at the heart centre and I couldn't have had better care. I support the idea of bringing together all these specialisms and that each hospital might be good at one thing or another. I thought Basildon was a great hospital.

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- I think if people want to go and see their relatives they need to think what is important to them – going to see them in what might be a matter of life or death or not paying £10 for petrol. If you needed to go surely you would find a way to get there.
- I think Braintree Hospital is being overlooked? Over 50 beds, our area is largest. 26 beds, I've read 8 beds cut – so surely that can't be right?
- Since 1945 not everyone has factored in population growth. Education is not here; nutrition and appreciation should be from infant school up.
- Why are those who miss appointments not sent bills for not attending?
- My issues are; make sure that if planning particular changes be realistic and particularly with the dates – uncertainty - staff looking for positions in other areas. If those dates slip then you'll be left with skeletal staff
- Continuity of care is important - people still like to have named GP.
- We would want privacy when speaking to receptionist – broadcast across the parish.
- Misalignment with early supported discharge - need to have equity of provision
- Support and resources for third sector are important
- We would like another meeting to hear what you have finally decided.