

# Public Discussion Event Meeting Notes

**Trinity St Mary's School  
South Woodham Ferrers  
8<sup>th</sup> March 2018**



## Q&A

**Q**

Two friends have recently had hip replacements at Springfield – will this continue under the new plans?

**A**

At the moment, there are a large number of people across the mid Essex patch who are waiting for Orthopaedic treatment including surgery on hips and knees and we do work with our providers like Springfield in order to help reduce those waits and help patient's access quicker treatment. Part of our plans for increasing capacity with Orthopaedic treatment is to use the theatres at Braintree Community Hospital for this type of surgery but we will still continue to work with Springfield too.

**Q**

There seems to be a shortage of beds now in our hospitals – your plans are only adding 50 beds – why so few?

**A**

If we were to continue to deliver care the way we do now, in 5 years we'd need 200 extra beds at least. We haven't got the resource or money now and we won't have it then. These proposals will change the way we work and reduce the demand for beds in different ways - we can be much more efficient and not need as many beds by changing the way our services and workforce run.

**Q**

You're proposing specialist surgery in one hospital and then back to local hospital. Readmission rates are already high – how will this proposal reduce that?

**A**

Some people will have their treatment and care in the specialist centres and their recovery too if that is the best medical outcome for them. Others will be able to go back to their local hospital or home straight from the specialist centre.

The most important thing is that we have good GP and community services available to support people when they leave hospital – this often makes a huge difference with the likelihood of re-admission.

**Q**

We know attending A&E is not appropriate sometimes but if you can't get a GP appointment then where else are you to go?

Why can't hospitals have an Out of Hours GP service from the hospital? That would help to alleviate a lot of the criticism the NHS gets?

**A**

We have currently got a GP in A&E at Broomfield Hospital and this service has been in place for some time now – albeit people who need GPs at the moment aren't necessarily going to A&E.

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You're right – everything is not rosy at the moment and there is a lot of work to do on making sure people can access services locally. We're looking at how we can improve lots of things from basics like getting through on the phones to booking online – simple things but if we can get them right they can help the whole system.

Do you know, on average, how many phone calls one practice in Danbury receives from 8 in the morning when the phone lines open to midday? Over 1,000 phone calls in 4 hour period.

One of the things we want to hear from you are the other ways you could access appointments and who you may be happy to see when you get there – i.e. booking direct with physio/mental health nurse etc.

**Q**

Have you taken any notice of housing developments happening – Chelmsford 22,000 homes – Runwell, Dengie – have you factored these into your proposals?

**A**

We have based our plans on the most recent information from councils regarding demographics and planning strategies.

**Q**

Re stroke – I know of someone previously who visit their GP, was sent to hospital and sat for 7 hours before they were treated and admitted suffering a stroke. Will this still be the same under new proposals?

**A**

I'm really sorry to hear that because it shouldn't have happened – they should have gone to A&E and been seen straight away by the stroke team in A&E so no this is not the correct pathway now and will not be in future.

**Q**

If you contact your practice and are referred to someone else, how can you make sure that you're not missing out on diagnosing other issues or underlying problems?

**A**

We're not rushing into making changes at all – any change needs to be implemented in a really safe way with a pilot/trial of patients who are very low risk.

We will be doing this with GPs and patients to redesign some services and access – we need to hear your concerns and take account of them.

**Q**

I'm worried that the media hype things up and make people more worried about their health – what is the data re A&E attendance when junior doctor strike happened for example?

**A**

When the doctors' strike was on death rate didn't increase and attendance at A&E dropped – the same happened last week with our severe weather.

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I wouldn't ever say don't come to the hospital – people should feel that they can get healthcare locally – we need to get to a place where they can get accessible, timely care at their GP and self-care/pharmacy etc. so that people don't come to A&E.

When you do need a service, you want to be seen immediately – we don't want to frighten people off from going when they need to be there but balancing the public message is key.

**Q**

Population increasing far more than the number of houses being built – in years' time – where are you going to go if you can't expand services at the hospitals. I am concerned?

**A**

All of our plans are based on the population predictions received from council and government – in the PCBC (Pre Consultation Business Case) there is all of this information – that can be found on the STP website and is referenced in the consultation document.

You're right – if we stay doing what we are doing now we will need 200 beds but can't do that so this is about changing the way we do things – the hospital flow/where people are seen and how.

**Q**

Braintree hospital – had recent experience with someone I know. He's 80 – wife 85 and had to try and get there by bus. How can you help this?

**A**

We are looking at how we can improve public transport and community networks to offer the bus and taxi services – using apps/info on who is travelling where etc. and relying on friends/family circles – lots of different things that are being talked about now.

**Q**

I keep reading a lot about bits of the NHS being privatised. Will this happen with the STP?

**A**

There are no assumptions in our plans to bring in any services from the private sector.

**Q**

In South Woodham Ferrers we are equal distance to all three hospitals. If a South Woodham Ferrers patient wants to go to Southend – can they still under the new plans?

**A**

Patient choice remains across the plans – it is still your choice to seek treatment where you would like.

## Comments

Improving community services and information is key – today we have a major trauma scheme. If someone in South Woodham Ferrers has a major accident they have a 40% better chance of surviving cardiothoracic centre

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Need to think best quality of care not the nearest – but so pleased to see that you are thinking of relatives and patients needing to travel and community transport.

#### **Themed feedback**

##### **GPs/Primary Care**

- There's great concern about the proposal for co-location of GP services into a new health hub because of the difficulty with access to the site for older/immobile/those without transport
- CCG needs to consider maintaining services within the centre of town in a public building – so that people who will struggle to access at edge of town don't struggle
- When South Woodham Ferrers was built 30 years ago, we were a young town – we're not now and people are getting older, more dependent.
- Funding issue here in South Woodham Ferrers – why the formula for funding might have been OK years ago it's not now – not enough to care for people into older age

##### **Planned Care**

- Need discussions about how to deal with people who don't turn up for appointments and how we can tackle this publically – how can we make better use of those wasted timed appointments
- While technology could be great to help free up access it might not be for everyone
- Carers – if someone who cares gets ill who looks after the people at home/linking community care?
- Comfortable with IT and technology – suggestion of using face time within the hospital – very comfortable with this to talk to relatives in hospital and work on IT to help with that
- Although some of us can't access emails because of Wi-Fi etc.

##### **Transport**

- There isn't a single bus in South Woodham Ferrers that takes you to any of the hospitals at the moment – you have to change and there's no route to the poly-clinic either. Can you meet with local councils to talk about this?
- It's quicker to get into London than any of our hospitals – needs to resolve this
- Real community spirit in South Woodham Ferrers – why don't you in NHS do a search on CM3 postcodes to organise transport where appropriate to help each other out – use Facebook/social media to help
- Can we have blood tests locally – portable diagnostics and scans mobile so they can come to you?