Suffolk & North East Essex Joint Health Overview and Scrutiny Committee

Responses to questions from JHOSC members – March 2020

Comment/question	Response
Ipswich Councillors	
Cllr Jessica Fleming I feel the responses to the consultation would be most useful if responders can be categorised according to (for instance): 1. Doctor or consultant (hospital) 2. Other health care staff, e.g. nurses 3. Primary care/ GP practice 4. General public by post code	Agreed. However, the questions asked as part of the public consultation and the information requested about respondents had to be approved by NHS Improvement / NHS England and the classifications approved for use were: • Patient or user of services • NHS Employee • Carer or family member • Other Some respondents have kindly provided more information voluntarily (such as the name of the organisation they represent) but we do not have access to their postcodes.
What are the likely implications for key surgeons and consultants who may experience greater travel times, assuming the same person who performs the surgery also sees the patient before and after the operation?	Rotas will be arranged for consultant surgeons and anaesthetists (and other clinical staff) so that no member of staff will be scheduled to work on more than one site on any particular day and staff will be entitled to work-based travel expenses in accordance with ESNEFT policy and procedures. Therefore, the implications for key staff would be confined to any additional travel time from their home to the ECC on their scheduled ECC days.
The report states that nursing and AHP staff would not be required to travel between sites (Workforce, p. 50), but raises some other issues regarding the workforce; **how will the Trust ensure that there will not be a drain of staff from Ipswich to the ECC given that it (the ECC) may be perceived as a preferable location to work? Will pay scales be equivalent?**	ESNEFT employs all staff groups on the same terms and conditions (including rates of pay) regardless of the site (or sites) where they work. Nursing and AHP staff are employed on national NHS Agenda For Change terms and conditions. A detailed workforce plan will be developed to cover recruitment, retention, training and development for all staff groups and any changes for staff would be supported by a formal employee consultation process. More than 25% of the registered nurses currently in the service will reach their expected retirement age before any ECC would open in 2024 so we anticipate that a significant proportion of the staff will be more recent appointments. The choice of preferred site is often driven by

A clear case for the preferred estates option is important and the rationale for recommending the preferred option (4B) may need to be further explained if questions centre on it, particularly the public benefit for the majority of Suffolk and NE Essex residents additional to the financial arguments for it (section 4, esp p 54, 55) and the improvements at Ipswich Hospital which depend on this going forward.	convenience of access as much as the quality of facilities; however, it is anticipated that nursing and AHP staff will be supported to rotate between the trauma and elective services on both sites to enhance skills. The non-financial options appraisal identified significant patient benefits from the creation of an ECC for both Suffolk and NE Essex residents whichever site it was located on. The Colchester site scored the same or higher than Ipswich on all of the non-financial evaluation criteria but this was not considered decisive. The location finally recommended for the ECC on the Colchester site was chosen because it was the only affordable option (for the reasons detailed in the supporting document). In other words, the only viable option for the creation of an ECC to deliver benefits for the population of E Suffolk and NE Essex would be for it to be built at Colchester. This option also creates the space at Ipswich Hospital for a number of other much needed developments such as the provision of additional theatre capacity (including ultra-clean laminar flow theatres) and inpatient beds for day case orthopaedic surgery, spinal and trauma patients (such as older people who may have fallen and broken bones) and the building of three new state-of-the-art theatres for elective minimally-invasive surgery (laparoscopic or robotic) in the space above the new Urgent Treatment Centre. These new theatres at Ipswich would both improve access to the latest surgical techniques and offer the opportunity to create a Metabolic Day Surgery Unit that could provide specialist surgery for patients that currently have to travel to Luton. The plans to refurbish the main elective operating theatre complex at Ipswich (South Theatres) will also be facilitated by the creation of the three new theatres (so that the activity could be 'decanted' into this new facility while the work is carried out). This work and the building of the new Emergency Department at Ipswich will then allow for re-location of the Urological Investigation Service into a larger, improved facility which, in turn, will allow for the expansion of the Ipswich Endoscopy Unit to provide an additional treatment room and improve single sex accommodation. Plans are also in

Patient transport in cases where this is necessary clearly needs more work and is being addressed.	development for the re-location of all clinical services out of the Victorian North End and into improved facilities. The Estates Strategy details these and other schemes in preparation for the Ipswich Hospital site. Confirmed. This work is underway. and will form part of the decision-making process.
Cllr Inga Lockington As a Suffolk Cllr. I am of course concerned for Ipswich Hospital as part of ESNEFT. I have listened to all the arguments put forward for why Colchester is the preferred Hospital. Sadly I learnt last summer when I mentioned to some from Ipswich Hospital about the possible consultation "Oh that decision has already been taken, it will be built in Colchester" (and that person was not my husband in case anyone knows he used to work at Ipswich). I attended one of the Public Consultation and we had some of the Consultants who work at Ipswich Hospital among the Public who attended. There clearly is concerns about how this will work in practise and they are rightly proud of the work they carry at in Ipswich in the same way as Consultants at Colchester are proud of their work. The Business Case for Colchester goes into some detail about Training of Junior Doctors. **How will we make sure we have enough Junior Doctor's in training to cover all the Trauma Work at both Hospitals and the ECC at Colchester?** Not forgetting the Junior Doctors Working Hours. As already said by another member we need to be sure that all the arguments for choosing Colchester as the site will not	We can confirm that no decision has been taken to date and it is anticipated that any decision to proceed (or not) with the development of an ECC on the Colchester site would be taken in a public meeting in Summer 2020 (subject to Covid 19 restrictions). Following a question during the consultation we have developed an option that would offer increased theatre and inpatient bed capacity split across both main hospital sites. This has just been independently costed on the same basis as the other estates options at £73M which means that it would not be affordable. Doctors in training will rotate between the non-ECC and ECC sites during their placements at ESNEFT. This will support future discussions with the Deanery on trainee numbers because ESNEFT will be able to offer higher quality training. Since the merger, there has been a significant increase in doctors in training choosing ESNEFT. In fact, for Foundation Year One doctors, ESNEFT was their first choice and the trust was oversubscribed for doctors wishing to commence training. The vacancies previously seen at the training grade level have all been successfully recruited into with a commensurate decrease in reliance on expensive temporary staff.

mean that gradually the Ipswich Hospital and residents living in the north of the catchment area get even longer to travel.	ESNEFT is committed to maintaining two vibrant acute hospitals and there are no plans to downgrade either main site in the future.
Can ESNEFT share their proposal for the Travel Plan with us as it gets refined?	Yes. Certainly.
On Page 116 I we see the **2017** result and I would like to ask how does it come that Colchester has carried out more Operations when Ipswich has at least the same number of Surgeons.	There can be many reasons for differences in activity such as the number of available inpatient beds and theatre lists, the complexity of the surgical case mix, the experience of the team, the anaesthetist and the surgeon, the conduct or otherwise of surgical training, process delays (such as the time taken for the patient to arrive from the ward), the availability of private sector capacity for outsourcing NHS activity, the quality of the facilities (such as the availability or otherwise of laying up rooms) and patient sickness to name a few. That said, the main reasons for the cancellation of elective orthopaedic procedures are the use of elective theatre lists for trauma patients and the use of elective beds for emergency admissions, and both of these currently occur most often at Ipswich. The use of elective capacity for emergency patients has a significant impact on the patients who are cancelled at short notice and those elective patients that have to be re-scheduled to allow the cancelled patients to be re-booked. Creation of the ECC at Colchester would free up much needed theatres and beds for emergency, trauma and spinal patients at Ipswich Hospital and will allow the new ECC capacity to be dedicated to elective care.
Is there more Trauma Operations at Ipswich? Are the procedures that take place at Colchester Hospital only from the ESNEFT (Colchester) area or are they already doing elective surgery for a wider area?	In 2019 there were 1,801 trauma inpatients treated at Ipswich Hospital compared with 2,238 trauma inpatients at Colchester Hospital. The procedures that take place at Colchester are only for the Colchester Hospital catchment area but this has a slightly higher population (which is increasing at a faster rate) than the catchment population for Ipswich Hospital.
On page 124 we are told that in **2018** Colchester had 48,720 Elective Admissions while Ipswich had 52,198 Elective Admission? **How does all this add up?**	These figures relate to the total number of elective admissions across all clinical

We need again to hear that NO frail elderly residents that need a Hip/Knee replacement will be turned down for Elective Surgery in the proposed new ECC and that way may end up with an emergency Surgery when they are even frailer. **Are you in a position to offer these assurances?** **Will the ECC have a Medical Team available to work with when a patient may be on medicine for a medical condition?** Three/four days without the correct medicine can be dangerous. I know, for many years there have been a close working relationship between Geriatricians and Orthopaedic at Ipswich Hospital.— Sorry I cannot speak for Colchester but I am sure Members from there is doing that.	specialities in 2018/19 giving a total of 100,918 elective inpatients at ESNEFT in 2018/19 (of which approximately 1,400 patients (or about 5 or 6 patients a day) would potentially be affected by travel to the ECC). We can confirm that there will be no change to the criteria and clinical judgement used to decide the suitability of any patient for surgery as a result of the creation of an ECC. As part of the routine improvement of clinical services, specific advice from a geriatrician for frail and older people has been introduced in outpatient clinics for those considering surgery. It is anticipated that medical doctors in training will rotate to the ECC for a 6-month period during their placement and during this period they would deliver the on-site on-call. Ortho-geriatricians are available on both sites and all junior doctors are under the supervision of senior doctors with the full spectrum of medical speciality consultant support and clinical support services available.
Cllr Sheila Handley Clearly I am delighted that there is to be a new ECC in the area. I'd just like to raise the following three questions: 1. P80 0f 184: In section 5.2.6. bullets 7 and 8 are concerning because it would seem that both could be used as arguments for any future single specialist provision to be sited at Colchester Hospital rather than Ipswich. This would lead to the eventual downgrading of Ipswich Hospital to the detriment of Ipswich residents. **Can I be sure that this isn't the long term aim within ESNEFT?** And similarly, 2. p97 of 184: the final bullet on the page regarding the benefits of Colchester's proximity to London. **Could these sort of factors crop up**	ESNEFT is committed to maintaining two vibrant acute hospitals and there are no plans to downgrade either main site in the future. This does not mean an end to change as clinical services continue to develop but any future proposals would still maintain access to 24/7 urgent and emergency care, undifferentiated medical admissions and 24/7 consultant-led maternity services on both main sites along with related clinical speciality and diagnostic services to support these core services. No. ESNEFT needs more and improved facilities each year on both main sites and there are no plans to downgrade either site in the future. For example, plans are in development that may permit complex

repeatedly and so the push be for all improvements to be made at Colchester?	pacing services from the Heart Centre at Ipswich Hospital in the future.
3. A convincing case has been constructed for the siting of the new Elective Orthopaedic Centre at Colchester rather than Ipswich. It would seem that, at this stage, the only way that we shall get this centre is to build it in Colchester. It is the only option which is affordable within the available budget. **So is Colchester the best site from a clinical point of view etc? Or is it the one which we can manage to fit within the budget? Is this a pragmatic decision or one which truly gives patients the best deal?**	The Independent Review Panel of the East of England Clinical Senate made up entirely from experienced clinicians stated in its report that it made more clinical sense, would have less impact on access and should provide a wider range of benefits for patients of other clinical services at both Colchester and Ipswich if the ECC were to be located at Colchester Hospital. As has been stated, the Colchester site scored the same or higher than the Ipswich site on all of the non-financial evaluation criteria but this was not considered decisive. The location for the ECC finally recommended for the public consultation was chosen because both the qualitative and quantitative options appraisals clearly demonstrated that it was the preferred option. The fact that this was also the only affordable and therefore deliverable option explains why there was only a single option proposed.
Cllr Mary Mclaren As a more recent member of the above committee and having not been on the local health scene for many years I do have some questions. My questions are as follows:- **The "University" element of your now combined centres is which Medical School?** Working with Medical Schools brings innovative thinking and diversity of thought - **How are you going to develop this in your proposed new services and how will you attract high calibre clinical staff (all professions) who will by virtue of their motivation and knowledge want to work in a very progressive environment when London Hospitals are a short train journey away?**	ESNEFT is affiliated with Anglia Ruskin University (ARU). It takes medical students from Barts/Royal London and will be taking them from ARU (as a new medical school) when their students get to the third year. In 2019, trainees voted Colchester as their Orthopaedic Training Hospital of the Year. ESNEFT will be able to offer excellent training opportunities and to attract the best trainees for CST/STR posts and internationally for fellowships. The number of training grade vacancies has also decreased and feedback from trainees cited that one of the main reasons for choosing ESNEFT was the breadth of training opportunities available. Health Education

	England is supportive of the intention for T&O specialist trainees to rotate into the ECC and benefit from enhanced training opportunities in joint replacement surgery. ESNEFT has recently enjoyed success in recruiting a T&O consultant and two consultant anaesthetists and the vacancy factor is already relatively low with actions in place to continue to reduce it further. As activity grows, new posts will also be created to meet demand.
The cost-effective use of theatres has always been a problem due to the work loads of Consultant Staff who may have other professional commitments. **How do you intend to overcome this to ensure that theatre time is used efficiently night & day?** Linked to the above – **Are there enough Consultant Anaesthetist staff to cover the wide range of surgery being proposed?**	The clinical leadership at ESNEFT is excellent and it will be the clinicians themselves that will lead the multi-disciplinary groups that will develop the models of clinical care to be adopted in any ECC over the coming year.
"Well Led" - the often seen as a nebulous requirement by the CQC is very important. Reviewing the many levels and different committees involved in this project (bureaucracy has not changed over the years). **How are you going to ensure that when the CQC inspect the actual clinical care being given, the staff are going to demonstrate that direction and leadership is not only understood by them but practised at all levels?**	
As the NHS is doing a wonderful job during the current crises and who knows what the outcome will be. **Will capital expenditure (incl this project) be deferred to a much later date?**	Not to our knowledge. Experience suggests that any delay in a project increases the risk that any allocated capital funding may be re-allocated to another priority.
Margaret Marks I'm personally very supportive of these proposals. I've spoken to a number of West Suffolk residents and I've had some really positive feedback. I can see so many benefits and very few, if any, drawbacks.	
We mustn't see this as something that is being taken away from us, but rather as an opportunity to improve services on both sites. This is a huge opportunity and it's really about how we sell the benefits to	We can confirm that the beds in the ECC would be 'ring fenced' for the sole use of elective patients. The fact that the ECC will offer at least new 48 beds and 5 ultra-clean theatres in addition to our existing facilities will help to relieve the emergency pressure

Suffolk residents. Colchester is fine. Residents will always be willing to travel if the care is good. I do have a question around dedicated wards and surgical facilities. **Can we have assurances that the centre's purpose will be ringfenced, and not used for other purposes unless in the case of a major incident?**	on both sites. Clearly, in the rare case of a major incident all options have to be considered to save life.
Essex Councillors	
Cllr Anne Brown An Elective Care Centre similar to the one in Epsom Surrey, with which I am familiar, will be an excellent addition to the services that are provided to residents in the ESNEFT catchment area. The modern design of the centre assures that the standards of care will be high, there will be very low infection rates and the reliability of patient appointments will be greatly improved. This service will improve outcomes and patient confidence.	A purpose-built Elective Care Centre to the latest standards would offer the best orthopaedic care facilities in the country. The opportunities for other services at Ipswich Hospital made possible by the creation of an ECC at Colchester are a significant advantage and some of these have been explained earlier.
Having heard concerns that this project would promote Colchester Hospital site over the Ipswich site Councillor Jessica Fleming and I visited the Ipswich Hospital a month ago. By moving the Elective Orthopaedic work to Colchester, space would be freed up for other improvements to be made to the capacity and range of services provided at Ipswich. This seems another plus for moving the work to the new centre. We did however, pick up concerns around the capability of current IT services. **Will this be made a priority alongside the redevelopment?**	IT is a most important enabler for this project and interoperability has already been improved significantly as part of the response to the Covid 19 emergency. That said, the integration of IT services across all ESNEFT's hospital sites and into the community is already a priority and major advances will have been delivered by the time an ECC would open in 2024.
Vehicle access to the new Department is important as patients will have limited walking ability and therefore will be unable to use the Park and Ride or similar parking schemes. This problem will need careful planning.	Agreed. Consideration of access to the hospital site using all means of transport is part of the detailed travel impact work being undertaken during the public consultation.
Will the ECC surgical staff be dedicated to the unit or will they be on any surgical orthopaedic trauma rotas at either hospital? If so this could disrupt the planned operation schedule that is at the centre of this improvement to services.	The clinical model of care to be adopted will be developed by a clinically-led group as part of the formal business case process. It is anticipated that there will be some surgical staff dedicated to the ECC for a

	period of time before spending time supporting trauma surgery. The staff rotations and rotas will be planned to avoid disruption to surgery.
Southend are currently sending orthopaedic patients to Braintree - **will this take patients away from Colchester?**	These patients do not come to Colchester at the moment but may well choose to do so if an ECC becomes available. The ECC would offer far more advanced facilities, higher levels of safety (with the on-site availability of HDU/ITU) and much shorter waiting times for surgery.
There is a need for ACE physiotherapy to be brought up to standard.	The development of physiotherapy support services in the community will be an important part of preparing for the creation of the ECC and this work will be led by ESNEFT.
What work has been done to understand the percentage of patients for whom transport may be a problem; **Who are they and where are they and is there anything the County Councils can do to assist with this?**	There has been considerable work undertaken during pre-consultation engagement and the public consultation itself to understand the impact of the creation of an ECC on travel. This work has been supported by Healthwatch for both Suffolk and Essex. The travel impact assessment has been shared with the relevant County Council officers to seek their advice.
Will all day surgery eventually be brought onto a single site?	No. Access to outpatients, diagnostics and routine day surgery will remain on both main sites and there is no intention to centralise.
Cllr Dave Harris Putting it in Colchester is the right decision. I also think we have to recognise that people are more willing to travel slightly further to access exemplary care. However, There does need to be a recognition and a step towards ensuring access towards that section of the hospital. **How can we ensure access and parking capacity for this site as proposed?**	It is recognised that access to a wide range of ambulatory care services and any ECC could be improved with direct access from the Northern Approach Road and discussions with the relevant authorities have been initiated. Funding to build such an access is not part of the ECC project but is under investigation. A major extension to the car parking adjacent to the projected site for the ECC is already underway and it is intended to provide additional drop-off points and patient parking as part of the complete project.
Bus services - more people are using public transport to access hospital care. **How can we improve current services to the hospital to make it easier to travel using local bus routes?**	Consideration of access to the hospital site using all types of transport (including public bus routes) is part of the detailed travel

As this will all be non-emergency care, transport arrangements could be dramatically improved by allocating specific surgical time periods to geographical areas of the footprint. This will make access via community and assisted transport significantly easier to plan. **Will you consider the potential geographical catchments to schedule surgery?** Dedicated staff - One of the major selling points in the early stages of this development was the consistency and reliability of care. **Can we have assurances that staff who are assigned to the ECC are dedicated only to this site, and if they are shuffled around to meet pressures elsewhere, that they always return to this centre as a base?** **Can we have assurances that Suffolk residents will not be disadvantaged by the Elective Care Centre being situated in Colchester?** **What does moving the current orthopaedic site out of Ipswich hospital mean in terms of unlocking potential for new development at the site?**	impact work being undertaken as part of the public consultation. This has been considered and will be kept under review; however, with around 3,700 elective orthopaedic inpatients divided between over 20 consultant surgeons and a total of only 5 or 6 patients, who may be affected by increased travel to the ECC, treated each day it was not felt to offer a practical solution during initial planning. The clinical model of care to be adopted in the ECC and the relevant staff rotas needed to support this will be developed by a clinically-led group as part of the formal business case process. This group will include representatives of the various staff groups and sites involved. It is anticipated that there will be some clinical staff dedicated to the ECC for a period before rotating to spend time supporting trauma surgery and this rotation will be important to maintain skills and training. Certainly. The consultants treating Suffolk residents would also be most likely to be Suffolk residents themselves providing outpatient consultation at Ipswich Hospital. Orthopaedic outpatients, diagnostics, day surgery and follow-up care would remain at Ipswich Hospital along with the trauma service and the regional spinal service. The only element of orthopaedics that it is proposed to move would be elective inpatients. The potential for new developments unlocked on the Ipswich Hospital site is an important advantage and has been addressed on page 2.
Cllr Andy Erskine **Can we have assurances that the current procedures and facilities are not dislodged by additional requirement to conduct pre-surgery checks in advance of ECC appointment?** **If we're centralising certain elective procedures, does this allow for other procedures (maternity, for example) to**	The clinical model of care will be developed by a clinically-led group over the coming year. Pre-surgical assessment for orthopaedics is available at both Ipswich and Colchester and it is expected that this will be maintained. There is no direct link between the potential move of elective inpatient orthopaedic care and the availability of community maternity services; however, ESNEFT is always

be delivered more locally in community?	looking for ways to make services locally available in the community.
Cllr John Baker I agree with the proposal to site the new facility at the Colchester location for the reasons set out in the report. In terms of accessing the site for both staff and the public, I would refer you to the main report (Building for Better Care), page 53 (page 68 in the agenda package), section 4.1 (fourth bullet): **Access to any new facility should be good with convenient public and staff parking** (my emphasis). I feel that the current limited access to, and egress from, the main hospital site via the Northern Approach Road (A134) should be extended in order to enable: a. Members of the public and staff travelling from Suffolk and Tendring to have direct vehicular access from the junction of the A12/A134 rather than from the A12/A1232 junction which entails driving through local roads to access the Turner Road entrance. b. Members of the public and staff travelling from Suffolk and Tendring using the Park and Ride facilities at the A12/A134 junction and Colchester North Station will be able to access the new hospital building more directly and quickly.	As has been stated in response to an earlier question, it is recognised that access to a wide selection of ambulatory care services and any ECC could be improved immeasurably for both patients and staff if direct access from the Northern Approach Road were to be available. Such a development would also be likely to be welcomed by local residents. Funding to build a new junction is not part of the ECC project but is under investigation and discussions with the relevant authorities have been initiated. A major extension to the car parking adjacent to the projected site for the ECC is already underway and it is intended to provide additional drop-off points and patient parking as part of the wider project when the day surgery unit and the endoscopy units have been relocated.
Cllr Mark Stephenson Community hospitals and primary care facilities - **can we have assurances that these are adequately resourced and skilled to conduct pre-surgical checks as outlined in the consultation document?** **Are these pre-surgical checks currently taking place in Clacton? If they aren't, will these be introduced or will Clacton residents need to travel to access these services?**	The clinical model of care to be adopted for the ECC will be developed by a clinically-led group over the coming year which will include representatives of the various staff groups and sites involved. Pre-surgical assessment for orthopaedic inpatient care is currently available at both Ipswich and Colchester and it is expected that this will be maintained; however, we will also be looking to conduct as much of the assessment as possible in the community with appropriate resources in the future.