



Public Consultation

A proposal to build a new centre for elective (planned) orthopedic surgery at Colchester Hospital

Consultation Report

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1. Consultation Report

Public Consultation - A proposal to build a new centre for elective (planned) orthopedic surgery at Colchester Hospital

1.1 Introduction

The NHS in Suffolk and Essex invited responses on a proposal to create an elective care centre in Colchester for patients who need planned orthopaedic surgery such as hip and knee replacements. For full details regarding this consultation please see <https://www.esneft.nhs.uk/publicconsultation/>

1.2 Process

A database of feedback was developed. This feedback included responses to a survey (on-line and returned in hard copy), social media comments, correspondence sent directly to the ESNEFT (East Suffolk and North Essex NHS Foundation Trust) and representative responses, discussion from public meetings and staff events, letters and email specifically responding to the consultation and meetings attended during the consultation.

A 'First Stage' Analysis was then undertaken. This entailed the coding¹ of each response. A 'Second Stage' Analysis was then developed which organised the codes into *themes*. The first and second stage analysis documents were working documents and were used in the construction of this report. This report was then developed.

This report has been developed using (as far as possible) the words and phrases used in the responses. No corrections of fact, grammar or syntax have been made.

This report summarises the *themes*. The *themes* with the most responses are discussed first in each part of this report - followed by the next in descending order. This provides a relative indication of the weighting of / and within, each *theme*.

Questions raised by respondents have been summarized and are reported separately.

None of the views expressed in this report are those of the author or any organisation for whom the author may work.

¹ Coding - the process of assigning a code to something for classification or identification. <https://www.google.com/search?client=firefox-b-d&q=fait+accomplit.++#dobs=Coding> (April 2020)

2. Summary

The following table shows the *themes*² that emerged from this feedback in order of weighting (i.e. the number of coded responses within each theme).³

Table 1 Response Themes

Key⁴

Q1. Do you support this proposal to build a new planned orthopaedic surgery centre at Colchester Hospital?- Comments

Q3. If you need to have planned (non – emergency) orthopaedic surgery, how will this proposal affect you?

Q4. If you need to have planned (non –emergency) orthopaedic surgery, how will this proposal affect others (such as your family, relatives, friends, carers)?

Q5. What could we do to make this centre for planned orthopaedic surgery in Colchester easier for you to access?

Q6. What else would you like to say about this proposal?

FB. Feedback from other sources

Themes	Q1.	Q3.	Q4.	Q5.	Q6.	FB	Totals
Journey	93	163	138	137	31	20	582
Preference	85	48	22	116	121	11	403
Patients	12	84	161	6	11	3	277
Service	94	47	13	15	77	24	270
Finance	26	34	31	6	36	8	141
Design	14	1	-	44	22	9	90
Consultation	4	3	-	6	25	2	40
Staff	13	2	-	1	17	4	37
Environment	6	2	3	3	5	-	19
Don't Know	-	-	-	15	-	-	15

This table combines all responses to all questions and from all sources of feedback in order to give an indication of the *themes* that occurred most often in response to this consultation.

² Theme - an idea that recurs in or pervades a work of art or literature.

(<https://www.google.com/search?client=firefox-b-d&q=fait+accomplit.++#dobs=Theme> - April 2020)

³ Note – the totals do not represent the number of individuals who have responded – but the number of times it was interpreted a comment within the ascribed themes was made.

⁴ Note – Question 2 'What forms of transport would you use if you were to travel to this new centre? (select all that apply)' – is reported on page 18 as a numeric response.

3 Themes Summarised

The following provides a *brief* summary of each *theme* and serves as an abstract of this report.⁵

3.1 Journey – Discussion related to travel, transport and parking.

- Concerns about the distance, length of the journey and travel times.
- Concerns about roads and travel conditions.
- Age, personal and health difficulties related to travelling.
- Problems relating to public, community and personal transport.
- Concerns about parking.
- Journey and distance advantages for Colchester residents.
- Suggestions about access to / and provision of, transport from Ipswich to Colchester and parking at Colchester.
- Discussion about the Northern Approach road.
- Concern about the lack of staff parking availability at Colchester.
- Suggestions that the benefits of the service outweigh the problems associated with travel.

3.2 Preference – Discussion related to the proposal.

- A preference for the centre to be at Ipswich Hospital.
- Support for the proposals for the centre to be at Colchester and a discussion about the advantages of specialist centres.
- Suggestions that the centre is not needed.

3.3 Patients – Discussion related to patients and the patient experience.

- Concerns about the impact of this service on a patients overall health (mental and physical) and continuity of care.
- Concern about visitor access and the suggestion that patients from Ipswich will have fewer visitors.
- Discussion about the impact on wider family commitments (including other dependent family members).
- Discussion about how Colchester residents would benefit.
- Recognition of the need for some patients to be supported in accessing the service and after discharge.
- The suggestion that the difficulties posed will lead to alternative centres being accessed or refusal of treatment.
- Discussion about the potential advantages to patients and families in the delivery and development of this service.

⁵ For further details of the discussion in this report - please read section 4 – 'Themes Expanded'

3.4 Service – Discussion relating to the Hospital services;

- Commitments to Suffolk residents regarding the future of services post merger with Colchester.
- Concern about services at Ipswich being reduced/diminished.
- Recognition of the high CQC rating at Ipswich.
- Concerns about a comparatively lower rating and standards at Colchester.
- Suggestions that the Centre will improve care quality overall.
- Discussion about the concept of protected orthopedic beds.
- Discussion about the care pathway.
- Discussion about the impact this centre will have on cancellations and waiting times.
- Suggestions relating to admissions policy and practice.
- Support for locally provided pre and post operative care.
- Suggestions relating to other services in need of development.

3.5 Finance – Discussions relating to personal and public costs.

- Concern that Colchester is gaining greater investment since the merger.
- Recognition of a lack of investment in transport infrastructure.
- Suggestions that the proposal is a waste of public money – and of how it could be better spent.
- Concern about the additional personal costs and affordability in accessing the new centre and suggestions about subsidising Ipswich patients.
- Recognition that the trust is delivering on its expenditure promise.
- Concern that additional time from work will add to personal costs.
- Concern about the lack of investment at Ipswich.

3.6 Design – Discussion regarding the design of the centre.

- Discussion related to the underlying premise of the Centre of Excellence model.
- Suggestion that both Ipswich and Colchester should be similarly developed.
- Discussion relating to available development space at Ipswich.
- Suggestions relating to the design of the building concerning size, accessibility and facilities – especially radiography services.

3.7 Staff – Discussion relating to staffing.

- Discussion about the recruitment and retention, employment, training and progression of staff.
- Issues relating to staff travel.
- Concerns about staff costs.
- The suggestion that staff involvement in the development of this centre is important.

3.8 Consultation – Discussion about the consultation process.

- Support for this consultation.
- Discussion about some of the aspirations provided in this consultation document and a recognition that more information is needed in some areas.
- Concern that this is not a consultation – and that a decision has been made.

3.9 Environment – Discussion about environmental impact.

- Concern about raised CO2 emissions and the declared climate emergency.
- A call for a detailed Travel and Transport plan – to include environmental impact.

3.8 Don't Know – Self explanatory

4 Themes Expanded

The following provides an expansion of the *themes* – a full ‘narrative’ of the responses to the questions and the responses from the other forms of feedback.⁶ This section also provides tables showing the responses to the ‘closed’ ended questions.

All responses have been summarised, using as far as possible the original wording of the response. Every attempt has been made to include all responses within each *theme* in order of weighting and provides neutral, supportive and non-supportive responses together.

Note – A great deal of repetition is inevitable as the same or similar responses were often provided to different questions and in the other forms of feedback.

Also note – that when reading the paragraphs below, you will be reading strings of original text which have been grouped together where they address the same or similar points of view. Each paragraph may contain the text contributed from more than one (or several) respondents.

Wordles⁷ (or word pictures) have also been used as way of showing the frequency of the 50 most occurring words from the survey responses.

4.1 - Q1. Do you support this proposal to build a new planned orthopaedic surgery centre at Colchester Hospital?

Table 2 Support/Non-Support

Closed-Ended Response

Yes = **121 (36%)** No = **218 (64%)**

⁶ Including; FaceBook®, Letters, Council Responses, Staff Meetings, Twitter®

⁷ Wordle – most occurring 50 words. Created using <http://www.edwordle.net/create.html#> (April 2020)

4.2 - Comments in response to Q1 ⁸



4.2.1 Q1 Service

The Chief Executive made commitments that Suffolk people would not have to travel to Colchester for treatment and no cuts would happen (vital services would be protected), when the trusts were combined. Ipswich Hospital doesn't seem to matter anymore since the merger. There has been minimal consideration of the needs of all – this is another poor decision. I have concerns about the reputation of Ipswich hospital. The hospital has been rendered a cottage hospital - we would be losing skilled staff and facilities. There is a strong feeling at Ipswich that the merger has reduced our quality and ability to care for our patients. I fear for the future of Ipswich hospital and it's staff. Completely demoralising. It's reasonable to upgrade facilities at one Hospital, but not to take them away from another at the same time.

Ipswich has some of the best outcomes in orthopaedics in the country (in the top 7) - and has been excellent (very good, fantastic, highly skilled, outstanding, superb, exemplary) in dealing with orthopaedic surgery - an achievement that should be made public knowledge and heavily applauded with those in the department recognised. Martlesham Ward is very strict on hygiene - the theatre, nursing, physiotherapy etc were all great - from beginning to discharge - the system has been brilliant. Moving the elective orthopaedic service from Ipswich to Colchester carries the real risk of a negative impact on the high quality of hip and knee replacement work performed in Ipswich. The set-up at Ipswich works so well why change it.

I think Ipswich is a better hospital than Colchester. Colchester hospital had a lower rating (is a failing hospital, does not cope well, is less competent). There

⁸ Wordle – most occurring 50 words. Created using <http://www.edwordle.net/create.html#> (8th April 2020)

is always an atmosphere of panic and chaos as soon as you enter the premises. With the poor hygiene standards at Colchester hospital & the awful stories you hear from patients who have been admitted to Colchester, I wouldn't want to be admitted to Colchester hospital for any surgery. Colchester has been benchmarked to have worse outcomes than Ipswich and terrible PROMS data since they have merged. This has brought Ipswich Hospital down with it on CQC visits.

This is going to effect many vulnerable people including old and young and simply should not happen. Planned orthopaedic surgery is a routine procedure for a high proportion of our aging population in both county's. Removing this from either site will downgrade orthopaedic expertise for trauma and arthroplasty on that site. The business case does not take account of the distancing of orthopaedic teams, training or indeed the inefficiencies built into this work division.

There is concern about the impact to all services at Ipswich hospital as a result, for example emergency procedures. I believe what Colchester is missing is it's own rehab centre something similar to Kate grant, Hommerton hospital etc.. Colchester is already receiving it's new A&E and has centres for PET scan etc., however, I do not expect current radiology services to be able to cope or support new orthopaedic services, as the department is already struggling with the lack of equipment and staff to cover existing services. At the minute all the tests etc, which are done in Ipswich, are not compatible with the IT system at Colchester.

Also Ipswich would then be the only hospital in East Anglia without elective lower limb surgery options. And - Yes, 52% of these operations are done in Colchester because Ipswich is a spinal centre too! The documents provide no convincing argument that a "state-of-the-art" building will improve elective care.

This Centre will bring down waiting times which is an excellent idea as there are 7 month waiting lists at the moment. My operation was cancelled twice because of bed emergencies leaving me in a lot of pain. My mother waited more than a year to get her hip done, the pain was terrible and she could hardly go out. My friend waited over a year! Anything that means we don't have to wait so long for an operation.

The lack of extra theatres proposed at Colchester will mean that the waiting lists will continue which is the main issue with orthopaedic care at present. Having seen this type of protected bed scheme elsewhere and it ends up being used for emergency beds/DTOCs therefore not achieving its objective. The new centre provides little increase in capacity compared to current provision.

4.2.2 Q1 Journey

Residents of Suffolk (and outlying/rural villages) should not have to travel to North Essex, it's not fair (more stressful, not practical, a big issue, ridiculous, ludicrous, massively inconvenient and will have a negative impact). Especially

when they are elderly and have an orthopaedic problem (or are in pain, acrophobic, disabled, on a low income or those with limited means). Its hard enough for them to mobilise as it is. Problems on A12/A14/A140/Orwell Bridge could impact on the time it will take to get there – it is horrendous – appointments will be missed. Also, patients are often asked to arrive very early on the day of surgery which means an extra early start for some and the very nature of their need for surgery means it takes a long time for them to mobilise early in the morning.

For people like me with no car (or don't drive, have no transport) this means travelling by train or bus. It's a long way (too far) and a difficult journey - especially in the winter months (and with a car full of aids). If there are problems afterwards you're back and forth when you should be recovering.

I do not want to travel to Colchester. Consider how more senior people get back home after having hip or knee operations - and those with commitments such as school and things that have to be done at the weekend – and how it will cause disruption to our lives. Colchester hospital is a lot harder to access than Ipswich. There should be close options for both Ipswich and Colchester.

In addition to which Ipswich is in the centre of the catchment area and Colchester in the southern most part of the catchment area and I therefore struggle to understand the underlying rationale that indicates travel times would be slightly better for all parts of the population in the catchment area if the new unit were to be located in Colchester.

It will mean longer days for staff. Travel between Ipswich and Colchester would be a nightmare!!

I am concerned about parking availability. There are parking issues at both sites but this move will compound Colchester's problems. Parking is very difficult at the hospital. I support it, IF there is provision that parking will be made available, and NOT by taking away spaces that have been allocated to staff. In no way should this impact on staff or more importantly patient parking. There is insufficient parking and amenities at Colchester, having had recent day surgery it is often necessary for day patients to be picked up as they are in no fit state to use public transport. You have problems with parking already that you don't have the grounds to solve other than upwards of existing car parks. Car parks can be underground as well as above ground.

Its the ideal location and has good public transport links, which should be encouraged over private car usage. However, it's often not feasible to travel to hospital by public transport.

I live in Ipswich and can get to the Ipswich Hospital on the bus with a service every 10 - 15 minutes. There is no such service to get to Colchester Hospital. There are extremely poor transport links from areas of East Suffolk to the Colchester hospital site and these require multiple public transport changes to actually get to Colchester, often at times when public transport is poorly provided. Good access by train and bus is needed.

This proposal would mean more time away from employed jobs for those in work.

4.2.3 Q1 Preference

Build it at Ipswich Hospital - Suffolk's only major hospital. It is a disgrace (unacceptable, inappropriate, not ideal) that Ipswich and its surrounding area continue to be so poorly supported by public bodies and the political establishment - the consequences are devastating for Ipswich families - and leaves Ipswich without a easy access to this care. Ipswich Hospital should be the one developed because it caters for patients over a wider area than Colchester. - rural location must be included in somehow not just density.

We want our services in our local hospital (IPSWICH) and would prefer to pay towards it than lose it. It appears that Ipswich has a larger footprint but the type of buildings, mostly single storey, limits capacity significantly. There are areas of Ipswich which are not in use/beyond repair, which could be removed and replaced with the proposed centre. Plenty of space where the old laundry site is at Ipswich hospital. There IS space on the Ipswich site, contrary to your statement - the evidence does not indicate a clear case for locating it in Colchester in my view. Utilize existing buildings at Ipswich Hospital, Dover Court Hospital and Clacton Hospital.

I think it would be a great asset to Colchester and other towns. A huge benefit to the area. An excellent (brilliant, fantastic, long overdue, vast improvement) development (addition, idea, news, initiative) which will provide a much needed centre of excellence for the trust and the people of South Suffolk and North Essex. Colchester is designated for very large population growth.

As orthopaedic is a big part of the hospital. Speeding up the service would benefit patients and business. About time - too many people have had their operation cancelled due to bed shortage. To have a separate unit is really good, so the operations can go ahead and not be delayed by Emergencies. With such a high proportion of patients within the age category requiring these kind of operations - it would be great to have less cancellations. I can only see benefits in this proposal. The evidence presented indicates that there is definitely a need for this new unit.

I support the proposal for a new centre as centralising services creates specialists units which should improve outcomes. Especially if it is kept for orthopaedic only, and the uncontaminated environment is protected because you no longer grab beds from orthopaedics for medical/emergency admissions. And, especially if it increases the overall number of beds – which is a bonus.

It is best to have all experts in one place, consolidating surgical skills and experience and enhancing clinical excellence in both staffing and technology. Staff can have transparent MDT meetings and support the patient better than just being with everyone else in hospital. Anaesthetic rooms should not be tiny boxes where you have to stand with your tummy pulled in. Having a centre of

excellence will free up time and space for the ortho consultants and doctors to get more ops done, thus generating more revenue for the trust enabling the organisation to provide excellent care for the growing and aging population.

It is well-known that concentrating specialties in larger and better facilities correlates well with more effective clinical care, enhanced teaching, and opportunities for clinical research. From that standpoint, the project would do well if it were located at either hospital. The consultation lists the persuasive reasons why Colchester is the better option.

I like the idea all the pre and post opp appointment will be at my local hospital. The bulk of the ambulatory care, both before and following surgery, will still be at both hospitals.

I have always gone back to work after surgery as A1.

I believe the Colchester hospital is the more accessible of the two.

Don't meddle with what is working well already (isn't broken). The orthopaedic wards at Ipswich hospital and Colchester meet the needs of the local patients. This proposal raises unnecessary upset and upheaval. Absolutely appalling idea - categorically DO NOT want this to happen.

4.2.4 Q1 Finance

The precedent set by this would establish the pattern that the easier option for construction should take priority of the needs of people to be able access services local and will risk further loss of investment in the Ipswich site. Ipswich also has no large cash spends when compared to Colchester. There seems to be no clear steer as why this should not be at Ipswich. All investment at capital appears to be at the Colchester site, while the estate at Ipswich is allowed to deteriorate.

Alongside such other issues as the failure to invest in the transport infrastructure around Ipswich builds a picture of investment being pulled away from Suffolk's county town. We need investment for the area in NHS services. The Best way to invest in the people of Suffolk is to provide, maintain and invest in this outstanding service locally and not to remove a service. This is the beginning of moving major services to Colchester leaving Ipswich with A & E and limited out patients only. If improvements are needed at Colchester hospital, they should not be at the expense of downgrading facilities at Ipswich.

The proposal seems to be a waste of public money - an unnecessary expense. I cannot see why breaking up the service in Ipswich is going to result in a more cost-effective service. Spending £44 million on this building, rather than improving the existing good service in Ipswich, seems a wasteful use of public money. This is nothing more than a cost cutting exercise as instead of funding both hospitals you're doing one at the expense of residents of Ipswich.

Money is wasted on consultations and architectural designs when as staff at Ipswich we are constantly told there is no money.

Patients and families will incur additional costs. A taxi to Colchester is very expensive whereas a taxi to Ipswich is not! For some, the average ticket price is £10 that excludes the cost of getting to main bus station - patients are unlikely to afford the rail fares (assuming the hospital in close the railway station). There is no bus service from (rural) Suffolk and taxis would be prohibitive (too much).

Why not give Ipswich/surrounding residents the NHS cost towards using the local Nuffield.

4.2.5 Q1 Design

This is an absolute disgrace as Ipswich deserves as does Colchester a fully funded working orthopaedic department with surgeries occurring (locally) in both towns - there should be a Centre for Ipswich and a Centre for Colchester - each hospital should carry out operations - build new orthopaedic centres on both sites (for the comfort and convenience of the patient). Surely it would make more sense to increase the number of beds for general admissions and keep good orthopaedics at each hospital. Removing surgery availability at Ipswich is not ideal. If accompanied by an equivalent specialist in a different specialism centre at Ipswich it would be more palatable.

I would support Colchester General Hospital having the facilities that it needs to supply a satisfactory service to the population, but I think the case for services being withdrawn from Ipswich has not been made.

The site is already stretched to the limit. It is obvious that what we need is a new hospital developed out of town. When the planned garden communities are built Colchester Hospital will be completely overstretched.

4.2.6 Q1 Staff

Consider nursing staff whose work would be made much more difficult should they have to commute between Colchester and Ipswich. It would have a detrimental impact on the care they could give their patients. Orthopaedic Consultants are a very expensive resource; the idea that they are working longer hours & potentially spend a good deal of time on the A14/A12 does not seem to be included in the risk assessment. You would be hoping to take all Ipswich staff and leaving them probably with locum surgeons. Not a good move.

There are increasing staff costs (especially for staff that have to work on both sites). Whilst there is a case for a more focused service, (the arguments in favour of Colchester), you ignore the supply of high quality talent needed to staff such a centre.

More spines and trauma cases here for theatre staff mean wearing lead gowns 5 days a week – so more staff will have spinal problems. Staff changing

facilities should be adequate. Keep staff informed – staff are never told what's going on.

4.2.7 Q1 Patients

This proposal is leading to a worsening patient experience. This is of particular concern for those patients who may be in poor mental health. Have you even considered the stress caused to patients and especially their relatives. Colchester is too far away and too isolating - very distressing. I am concerned for the health and wellbeing of patients. As things have not improved at Colchester in 12 months.

A lack of visitors will impeded recovery greatly and make hospital stays a lot longer. People would have difficulty to travel out of area especially if they have transport problems resulting in visiting being more difficult for people leading to isolation.

As I understand it the orthopaedic dept at Ipswich hospital also provide trauma services. The proposal is clearly putting patients at risk. We want the best treatment when the time comes!

4.2.8 Q1 Environment

There would be additional CO2 emissions from the extra vehicles making that journey. It is totally non-environmentally friendly. If we need hospital cars to transport us they often go round the houses picking up several people making the journey longer. We should not be polluting the environment with all these extra journeys. We are supposed to be saving the planet not contributing towards ruining it. By using what the NHS already have we will lower the carbon footprint and be kinder to environment habitat.

4.2.9 Q1 Consultation

I think the notice that included this survey of opinion is really very good news. I found the consultation document very convincing.

4.3 - Q2. What forms of transport would you use if you were to travel to this new centre? (select all that apply)

Table 3 Transport Choice

Closed-Ended Response

Key

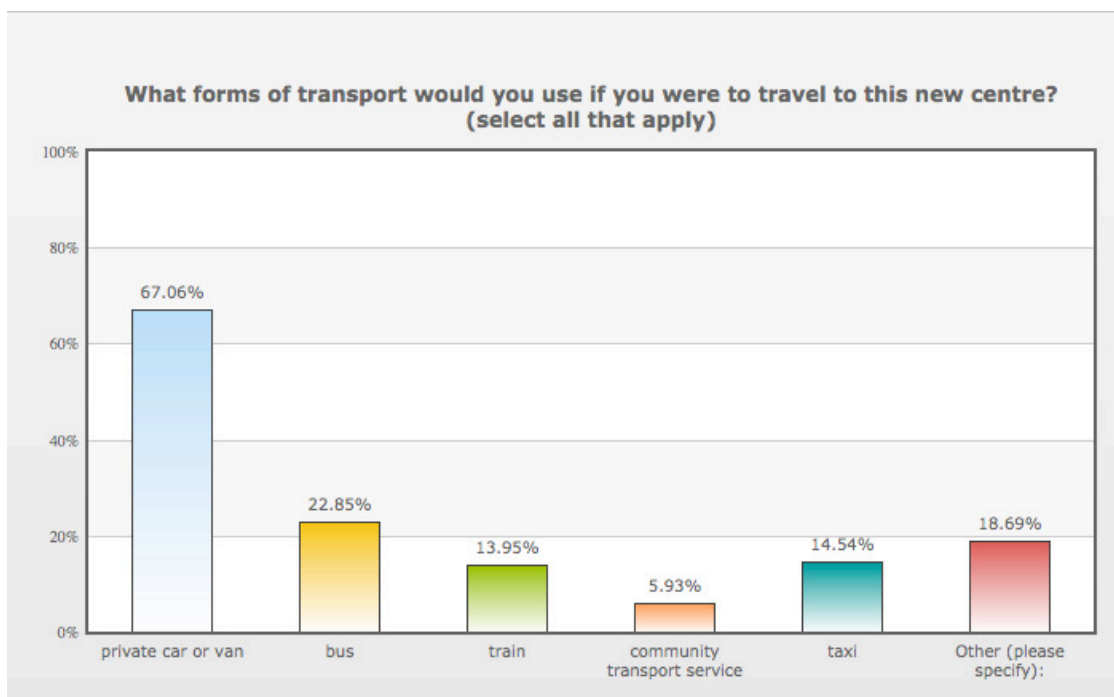
private car or van = 153

bus = 76

train = 47

community transport service = 21

taxi = 47



Other (please specify):

Don't Know - 11

Family - 3

Hospital transport - 7

Cycle - 1

Walk -5

Bicycle – 3

Motorbike – 1

Not Eligible for Community Transport - 1

at 5am on the day of surgery (this would be even earlier for patients living further away). It would be easier to get to Addenbrooks/Norwich or Bury. It would mean longer travelling when the joints are very painful and may prevent safe driving. I would need to travel to another site for my surgery.

It would be of great help (convenient) as Colchester is central which gives me easier access (minimal travel) to the service. It is close to home for those patients and visitors who live in Colchester. I will not have to travel as far which is hard with a broken bone. It would be helpful being close to my home; it is close to my family - which is important for rehabilitation purposes. It will enable me to easily be visited, and get to and from the hospital more easily. It will reduce the stress and nervousness surrounding going to the hospital and mean a reduction of post surgery travel that can cause discomfort.

I worry about parking near the hospital - which is really difficult (worse). Parking is always a challenge at hospitals.

Travelling from Colchester by train or bus to Ipswich would to say the least be a problem (challenging, impossible). A taxi would be too costly, and public transport is a no. There are no transport links to Colchester hospital from anywhere! Getting to Colchester on the day of the operation via public transport from rural Suffolk is not possible. I doubt I will be able to get on a bus. We have huge constraints to public transport. There is no public transport in rural locations and getting to and from Ipswich is a major undertaking, let alone getting to Colchester. We have 4 buses a day into Ipswich. Public transport is not good enough. The park and ride does not operate on Sundays. It is a lot easier to get to Ipswich hospital - we can reach Ipswich Hospital easily on a local bus.

It would depend on whether I could get Community transport. Surely this is going to be a huge workload for the ambulance service.

4.4.2 Q3 Patients

I will receive fewer visitors, at worst no visitors, as they would not be able to get to Colchester resulting in a lack of available family/friend support and Isolation. Studies show family and visitors do help with recovery - family need to provide that emotional and psychological support. It would not be convenient for visitors just to pop in – it is too far (I am the only driver, visitors are elderly). The increased distance would lead to hardship for close relatives for visiting and return, as there are few transport options. This would make visiting impossible. I would discourage my family from visiting.

I would have more anxiety and stress (discomfort) – and having surgery is very stressful (traumatic) as it is. Obviously this would have an even more negative effect on me. For an elderly person this would be a very long day and more stressful than being treated in Ipswich – and could lead to complications. Anxiety would be increased due to unfamiliar surroundings and staff.

Living closer to the centre would greatly relieve the stress associated with an operation. More focus upon the ability to be treated more locally results in

reducing the stress of travel. I will be in a far better state of mind knowing that I have a bed.

For me there will be no change (it will not effect me) as I would have expected to go to Colchester General anyway. Colchester is my nearest hospital, therefore this would be positive. It means access to care and treatment locally. I don't think will affect me personally, (I am staff, but live out of area).

I live on my own and would need other people to help me get there. There will be challenges for those supporting me. I have no immediate family (or no family who live close by) to support me and therefore I am dependent on others.

I may hesitate in having the surgery - and would need confidence in the surgeon especially if I do not know or see them. It would make me think twice about it – I would hesitate to have it done – it would put me off. I would not have the surgery - it would not happen.

4.4.3 Q3 Preference

It should be built in Ipswich. I don't want to travel to Colchester when we have a great hospital at Ipswich. It is entirely against the ethos of promoting high quality care locally. If needed, having surgery locally will be more convenient for actual surgery but also for pre- and post-surgery in terms of rehabilitation and additional support. Better for patient outcomes. It's just not a feasible option to move it away from Ipswich. Retain the Ipswich OSC.

This will be a fantastic addition. I would look forward to having surgery in a modern state of the art unit. I will be happy to go to a state of the art new hospital in Colchester even though it is a longer journey for me. It will be of great benefit being local and dedicated. It will offer a specialised service in my town and to have the expertise and facilities in one place - it appears to reflect the best care available. Sure there will be people who live in Ipswich or surrounding areas that may find it more difficult to get here but there will always be somebody that's not happy with a decision.

It will provide a centre with excellent well-trained staff dedicated to orthopaedic planned surgery. As an ageing member of society I may need such a centre and its facilities. The collection of all such elective surgery under one centre will allow for not only developed excellence but also innovation and through that cost effectiveness. I know that this will not affect emergency orthopaedic admissions at either main hospitals.

The centre is much nearer the public than any proposed development in the proposed spoke and hub model which would develop London or Cambridge centres much further away.

The Centre is not needed. We already send the majority of our patients away for specialist care but provide this example of specialist care and now you want to remove this from the community - Its unjustified and damaging. These decisions might affect all of us, as we grow old. This is working in Ipswich as it

stands; there are already beds on a ward for the planned surgeries. I categorically object to such a proposal.

I will use West Suffolk Hospital. I would rather go to NNUH. I would have to consider raising the money some how to go private.

4.4.4 Q3 Service

There are concerns over patient safety issues at Colchester. Don't trust Colchester hospital - the doctor's obviously haven't been performing well for years. I would be very nervous (worried) about going into Colchester Hospital after its' ratings (lower quality of care, sub optimal, less reputable, worse, too many issues) but confident about going into Ipswich. There are concerns about care at Colchester from an Ipswich surgeon. The National Joint Registry results are much better in Ipswich than Colchester. I still wouldn't use Colchester hospital due to its negligence. Colchester does not currently run enhanced recovery for hips and knees. Need to know if it has the capacity to meet demand.

We all know that Ipswich is better at orthopaedics than Colchester. We have an award winning team on Martlesham Ward. The service at Ipswich is an excellent one and should be retained. I had knee replacement in Ipswich and it was fantastic.

I do not believe that use of orthopaedic beds could be denied other patients in an emergency.

Fragmented (disjointed) care with pre- and post-operative care in one hospital and surgery performed in another, with an increased risk of a lack of continuity of care and lost clinical information, threatening patient safety. Pre and post op consultations would be either further away or carried out by less experienced doctors. A surgeon's care does not finish in the recovery room. It would radically change the pre surgery consultations, far more time and effort during a hospital visit - any post checks/corrections would be done at Colchester too, even if not the therapy post op, according to what I have so far read.

And we would likely lose access to Ipswich consultants. I would be concerned that my surgeon would return to Ipswich after his/her day's work and not be available to see me for checking of my status on the morning after the operation. I assume all departments have been considered and supported.

You would know you are getting the best (improved, quicker, more specialised surgery) treatment in better facilities. And I would expect better outcomes in the new centre than is achievable now. It will affect me in a positive way by having just orthopaedic surgeons and people who will understand and know your history much better and give you the best outcomes they can. All orthopaedic surgeons will collaborate to see what is in the best interest of the patient. I would anticipate over time that the clinical outcomes will be improved because of the benefit of critical mass throughput, more training and research capacity.

Such a retrograde arrangement would surely manifest itself in diminished quality of care and poorer patient outcomes. It appears to be a policy thought up by a management team rather than by a professional clinician.

Hopefully shorter waiting times and less last minute cancellations due to bed shortage - which I know is devastating (disappointing) for some and was for me. It would place me more in control of the experience. It would give time to get travel etc planned. This would speed up waiting list time and be a smother process. Hopefully I will get it quicker than the 34 week wait I had to endure recently! It will mean I have to travel to Colchester but, I would rather have better facilities and a shorter wait than wait 34 weeks for an arthroscopy which I had to. I am due to have my left knee operated on this year, and if I was given the choice of travelling to Colchester knowing my surgery would not be cancelled I would definitely take that option. We would go to Colchester if the treatment was faster.

4.4.5 Q3 Finance

When discussions were first underway in early 2018 we were told that the merger of Colchester Hospital University NHS Foundation Trust and The Ipswich Hospital NHS Trust, would release funding for a number of necessary improvements. I think the sum of £55 million was mentioned. It appears now to be a fact that major improvements are to be made, and that the words were not just thrown about to influence those being addressed - VERY WELL DONE.

Patients in this situation will be severely disadvantaged and any cost saving to NHS will in effect be borne by patients such as ourselves. Personally it will cost more (too much, expensive) in order for me to get there. If I needed an operation I obviously wouldn't be able to get there by car. I would need to get a taxi to the railway station then train to Colchester and then another taxi or local bus making the journey incredibly expensive. I would have to pay out a significant amount of money - which as a pensioner (someone on a low income) is a costly thing to do. I would struggle with affordability.

My husband would have to take time off work. It will require me to take additional time off work. My family have to arrange their work around me leaving at that time on that day and collecting me the next day.

4.4.6 Q3 Staff

It might not be worthwhile for lower paid staff to have to travel into Colchester from Suffolk everyday. Good quality lower limb surgeons will not want to work at a hospital that does not have a hip or knee joint replacement service.

4.4.7 Q3 Environment

This proposal will also lead to an increase environmental pollution – increase the carbon footprint.

It will cause my family (and friends) anxiety (stress, worry, upset) - which puts a strain on the patient. My wife/carer has a travel phobia - I'm a carer for a very medically complex boy. They would not be able to support me whilst I am preparing to go home and I would feel more anxious about going home without them helping me.

This will be more convenient and involve less stress/worry for family/carers. It will help them a lot knowing they are getting the treatment.

While being in hospital is not a social event, I believe this would have a negative impact on both my experience and wellbeing during my time as an inpatient - resulting in low patient morale. I will not be able to be accompanied. The whole idea is too appalling to consider. It would be a lot harder to get to appointments, get follow up appointments and physio - not to mention very painful.

No one would be able to collect me or be at my home when I arrive back there if the release date is changed after the op. I would need other people to help me get there. Family and friends are no longer driving. My elderly parents would be the sole responsibility of my husband/professional carers.

They would rather go to the hospital they are familiar with. They would have a headache in finding how to get there.

My priority would be recovery (I can FaceTime them if necessary). The hospital stay is relatively short in most cases.

4.5.2 Q4 Journey

They would need to travel further (longer, too far, much, unnecessarily, an increased distance, significantly, out of area) to visit me – and drop me off and pick me up. My relatives would have to get used to travelling. Family will be more put out taking me there, more time out of their day already (an extra strain) - particularly for those living in the North of the county. I have anecdotal evidence of visitors spending most of their days on buses or waiting for buses in order to visit a patient in Colchester. Follow-up treatment requires yet more travel/time. This can be ridiculous when the Orwell Bridge is closed.

The only change would be the extra travel for the inpatient portion of the care. It's easier for my family to get to (access) – and be collected. Closer to home – minimal travel. Colchester would be easy for my family to visit me in hospital and help with outpatient appointments. It was be a good help for family and friends (and kids) to have something so local. The centre will be 21 miles away from Ipswich, which to those north of Ipswich adds to their journey, however it is 60 miles from Ipswich hospital to Addenbrookes, which is a journey of approximately three times the proposed distance. It would be further still to go to a London hub or Chelmsford and that would cause more strain.

Transport maybe an issue considering the transport links - especially when they are getting older and/or have difficulties travelling. It will take extra time

(cause hardship) in getting there affecting other areas of their life such as work. My husband would have to take time off work. My wife and I value our independence, and have no wish to be a trouble to younger people in their busy lives. I don't have close family able to transport me.

Consider the problem of parking (it's a nightmare). Parking in Colchester seems to be more limited - as compared with Ipswich. Not practical at all. Parking for Suffolk staff and patients is needed. Parking is always a challenge and expensive at hospitals. Hopefully resources for patients to have a waiting space will be included.

The public transport in the area is so abysmal (inadequate, inefficient) taxis and private cars are the only option. There is no public transport to Colchester. Ipswich has an accessible hospital by public transport.

4.5.3 Q4 Finance

There is also extra expense of fuel and wear and tear on the car for anyone visiting. Car parking is more expensive in Colchester. The price of transport makes travel very expensive and non-drivers wouldn't want or afford to travel that far. If they need to take a taxi it will be expensive. It will cost them both time and money (twice the amount), which no doubt you will not recompense them for. For those on a limited income this could be a real problem- they wouldn't be able to afford it – its out of the question.

This will require days off work, which is difficult in this period of job insecurity. Maybe they would have to take holiday or unpaid leave to help me.

4.5.4 Q4 Preference

Should be built in Ipswich. We have a perfectly functional hospital that could provide the orthopaedic care instead. We would not want to use Colchester. In Ipswich a spouse could drive the short distance, which is familiar to them (at age of 70 years).

This will cut travel time for those local to Colchester. It is a much-needed new local NHS service. Good for every body. It is accessible from the A12, it would reduce waiting lists and provide a better environment for rehab. It provides a specialist centre in my town. It would make it easier to visit them and transport them there if necessary. We will be able to plan travel to and from the hospital.

I won't need taking to Ipswich, no chance I'm getting a taxi that far, I'll take the broken leg cheers. I likely would not have it done.

I still would take them elsewhere. None will visit from Suffolk coast - NNUH closer.

4.5.5 Q4 Service

They would also appreciate the environment. Easy access to high quality healthcare will enhance the likelihood of recommendations. This will help with

planning for suitable after-care at home. This will be a positive thing as they will know where to go and who they can talk to and be assured that their loved one is in the best hands. Much easier for visitation and last minute emergency reaction. Transport home will be much easier. In case of emergency after an operation it'll be much easier to get necessary treatment quickly.

Easier to schedule around more reliable dates. It would mean if arrangements have been made for after care with family - who will probably have had to rearrange their own lives for this, less cancellations would mean a total of less disruption for all. Improved access and availability. I also will be operated on sooner so that I can get back to helping my family as I usually do. Reduced uncertainty about the scheduling of the surgery would substantially outweigh any transport needs. Reality is that for non-emergency orthopaedic treatment in the future specialist hubs will be the most cost effective and least disruptive development.

4.5.6 Q4 Environment

They will have to travel a lot of (non green). Obviously causing a larger carbon footprint as its further. This will also lead to an increase environmental pollution.

waiting and hoping for one, with many occasions being late and very stressed. Parking nearby - perhaps closer parking to the facility. Parking outside the centre. Provide a park and ride. A better parking system.

By not reducing the amount of parking available. Sort out parking, already a nightmare. A multi storey car park would be sufficient to cover the existing parking crisis.

Some relief may come as new staff parking arrangements develop at Colchester freeing additional space for patients and relatives.

So long as there is access for (and better) public transport. Frequent buss services from Ipswich to call at Colchester Hospital - and/or MUCH cheaper (viable and affordable, realistic) public transport - for all of the catchment. Better bus service at weekend. Often on a Sunday no Buses run to the hospital until after 9am. It would be wonderful if there was a regular bus service (good connection) from the Colchester railway station to the hospital.

Have the park and ride open on Sundays. The bus drops you off quite a walk away, so if you have difficulty walking it makes it difficult. Both Suffolk and Essex County Council have cut down supporting rural area's bus services, which makes it difficult for the older generation or people with disabilities to remain independent trying to get to the centre.

Better (more, improved) public transport links (infrastructure) – preferably electric. Bus travel 24/7 not stopping at 7pm. Currently, there is no direct bus to the hospital and it takes hours to get to CGH. We get the bus to Colchester, which then involves another 2 buses to the hospital. There are two busses a day into Ipswich. The train is slow and involves changes.

Living in Wivenhoe we have a very good bus service.

Constant Orwell bridge closures are a huge concern. Provide easy access for all who are frail and struggle to afford travel. Don't want to travel to Colchester on the most dangerous road in the country. Provide access on northern approach. There must also be a strategy to show how traffic will cope with congestion in towns for those people who would get impacted by traffic leaving/passing Ipswich and then entering Colchester. There does not appear to be a joined up thinking between the County Councils and the NHS trusts.

If it is in Colchester then it is easy to access anyway, for thousands of people who live in Colchester centre and on the outskirts in various villages.

Build a new hospital with more parking and with public transport links - build it mid way between Colchester and Ipswich. Establish transport and travelling infrastructure FIRST. Ensure that there are good journey methods if I can't use my car.

You can't - the distance is far too far to be viable even from Ipswich.

I have easy access to the proposed site. Easy to reach, it will be out of town so takes lesser time to reach and It is closer to A12.

4.6.2 Q5 Preference

Build (put, keep, move, do one, leave, locate, continue) it in Ipswich (where it should be, where it is now, that's the only way, as the centre for the overall area, there are enough of us, not 20 miles away). Change the plan - develop (spend the money on) Ipswich elective orthopaedic services in Ipswich. Not build it in Colchester or keep it for Essex only, and retain services in Ipswich. Build the new centre closer to Ipswich - have it in Suffolk. Convert Ipswich theatre site to 4 laminar flow theatres and save a fortune on taxpayers money. Ipswich is a major centre with excellent transport in place already.

I don't want the centre to go ahead. Not relevant as new centre at Colchester is not wanted. Un-plan it. It is a bad idea for the users/patients and residents of Ipswich and Suffolk. It is an unacceptable proposal in the first place with no discernible benefits for people in the Ipswich area. One bit of centralisation too far.

I will always opt for confidence in the clinical outcome quality over any temporary inconvenience. It looks to be perfectly acceptable.

More likely to choose Bury or Norwich. Send me to the Nuffield.

4.6.3 Q5 Design

Ensure the building is accessible - better access for visitors especially as often turner road gets congested – provide direct access from Northern approach (A134 Northern Approach) road (an excellent idea) - rather than through a housing estate (or Turner Road). Build an access road from the main road - and easy access in and out of the centre.

Split it - there should be shared buildings (protected, upgraded) for this at each site. Both hospitals cannot have a shared centre. The patient victims of the other hospital would suffer dreadfully. Improve Colchester, which can have its own - and don't tell me we can't afford two separate centres. Investing similar money into both sites - will be more effective and cheaper.

Leave the elective provision as it currently is provided, with dedicated patient provision that is not impinged on by emergency cases, i.e. as the Colchester centralised plan, but devolved to each hospital - a smaller version of the proposal on each site. This seems to me to offer a more flexible, robust, efficient response to the 'problem'.

Provide better drop off facilities, cycle racks, shower facilities for people who work there. A prayer area would also be great. Install ramps and lifts for those who have difficulty walking. Ensure there is a separate entrance – and bigger doors. Make sure that you provide easy to read and understand patient information leaflets. Provide night time accommodation for a spouse for the duration of my stay. More trained staff in orthopaedics would help.

4.6.4 Q5 Service

Make it available to choose your time of admission, so you can travel with ease according to your discomfort. Make sure appointments for Suffolk users are not first thing. Take the people in early. A cut off time when people need to request the service by would need to be in place if pre bookable. Like maybe a triage thing for patients.

There may be more day patient opportunities as new techniques and approaches develop or are innovated.

Have same consultant and physio appointments in Ipswich - and ensure that clinic appointments and therapy are local to the person both initially and in the future.

Easier access would be to not have to go through months of waiting after being referred by your gp.

Don't trust Colchester hospital on patient safety or culture (reputation).

4.6.5 Q5 Finance

I do not see how this can be achieved without considerable expense.

Subsidise patients for the increased travel costs. As we have OAP free buss passes the shuttle service and taxi to Colchester would need to be free - so that people are not out of pocket as a result of this plan. There has to be open publication of the predicted costs to patents and family travelling from north of Ipswich.

4.6.6 Q5 Consultation

Once again this is an inappropriate and leading question. You haven't given access details so silly question. I don't know what the options are.

Provide information on transport arrangements that are being proposed.

4.6.7 Q5 Environment

Publishing the carbon costs of only providing this service at one site is a must. This is against the green eco agenda and is at some cost to the environment.

I reckon you should do it I don't fancy going all the way to Ipswich – it is more preferable than Ipswich. I have relatives who are in the area, and think this would be a great service for them.

However, there needs to be the full proposal and NOT cut back. That it involves clear communications between both hospitals and community teams, involving therapy team with setting up the service, and having dedicated staff to ensure that patients are given the level of input required which at the moment is not always achieved due to pressures on the trauma wards and discharging is a prioritised over elective patients.

Its not about patient care or ease of access - its about trying to save money by merging everything into one shiny new place and putting extra pressure on existing staff. Centralisation of services is not always the answer. Local facilities tend to have better accountability than specialists centres and therefore are trusted and have good outcomes. I could understand combining treatments centres if it were a specialism that was rare, it would then make sense to concentrate all the cases in one site to increase experience and expertise. Planned orthopaedic surgery is done everyday in both hospitals.

As the saying goes 'if it ain't broke don't fix it' (Why spoil what we already have, It works extremely well, I would like to see the department left as it is) - leave well alone! This proposal is ludicrous (doesn't make sense) - moving an excellent quality service to a site that provides less quality care for no apparent reason. It is a bad proposal with thin arguments. A shocking insult to the people of Ipswich and Suffolk. We are a larger conurbation and have the infrastructure for this new unit. I cannot see any of the proposed benefits materialising.

Scrap it! Think again! Not a good proposal. This really shouldn't go ahead. Hopefully, it is just a proposal. RECONSIDER the options again. This feels like a step backwards by 30 years. I am absolutely opposed (completely disagree) to it. It sucks - It's not on – bad idea. NHS has plenty of buildings. You always want newer and bigger. This mentality is selfish and has to stop.

We have a good hospital in Ipswich why does this centre have to be so far away, for the residents of Suffolk. Surely Ipswich is more central for the Eastern region and it's older population. Please leave orthopaedics at Ipswich - leave all services in Ipswich. Ipswich covers a large enough population area to provide good services of all types to the area.

Ipswich as the county town of Suffolk should have the centre in Ipswich. Not a sensible proposal as not beneficial to Ipswich residents. Suffolk is rural - that should not mean it loses its LOCAL and ACCESSIBLE services, rendering access to treatment and follow-up family visits impossible. Colchester is not LOCAL for those in Ipswich and the rest of the county. It would be better at Ipswich. It just seems that we are using our own local hospital less and less. Cost versus what we will as patients will gain....no benefit only cons.

Having recently spent 18 months with many visits to the excellent orthopedic dept. at Ipswich hospital, I can't imagine how I would have coped with my accident and subsequent treatment if the dept moved to Colchester.

Some people may be put off life improving surgery purely because of the difficulty in having it done in a different town. I'm at an age where I would rather suffer in considerable pain rather than go through the procedure of having to use this place.

I think it will mean more of us will have to choose West Suffolk Hospital for such procedures rather than having to travel to Colchester. Send Ipswich based people to the Nuffield. We will have to go to The N&N for treatment.

4.7.2 Q6 Service

Everything ESNEFT is doing currently seems very Colchester centric. Very disappointing that Ipswich seems to be overlooked every time. It upsets me to think that Ipswich is losing out again. The chief executive gave his assurances previously that the people of Ipswich would not suffer due to the merger of the hospitals. I thought they said that the combination of Ipswich and Colchester was just back room and managerial - we understood the trust was an equal partnership, not that Ipswich would become downgraded. Ipswich and Colchester merged for the benefit of Ipswich and Colchester - not just Colchester.

Ipswich hospital has received much less capital investment than Colchester despite being in worse state of repair. Many areas in the Trust struggle with capacity due to physical space and yet all current and future developments are earmarked at Colchester. This proposal seems to be set out to establish and excuse the over utilisation of land at Colchester hospital.

I am concerned about the constant loss of services (reduction in provision) in Ipswich, this not the only big Colchester project. I think it risks downgrading services in Ipswich - it is another example of the closure/downgrading of Ipswich Hospital. It's simply not a good for patients to upgrade facilities at one Hospital while taking them away from the other.

This is just the start to the end of Ipswich hospital. You have run Ipswich Hospital down and spent a fortune on new buildings at Colchester and Ipswich has been neglected. Managers are not respectful to the general public or the skilled workforce especially at Ipswich hospital since the merger of these two hospitals. It appears that Ipswich Hospital is being punished for being more successful than the failing Colchester one. Essex residents it seems are more important than Suffolk ones.

I appreciate that pooling resources can mean a higher quality centre but the negative consequences of this for patients in Ipswich and the surrounding area are too high.

There is no mention on the quality of surgery. Ipswich is well known to have better results - so a big worry is that standards will worsen. Ipswich Hospital

has an excellent and reputable lower limb orthopaedic centre, as hard evidence proves. As such, this should be celebrated by the trust and rewarded. Ipswich has brilliant (excellent, good, better, second to none, the best) surgeons, fracture Clinic, nurse specialists, ward staff.

It is important for Ipswich hospital to retain services and clinical expertise. An increasing emphasis on delivering services for patients in North Essex is completely understandable but this must not be done at the expense of the excellent services already provided at Ipswich Hospital. I understand a need to spread the services across the foundation trust but it simply makes no sense to cut Ipswich away from this opportunity, especially when it has exceptional levels of patient satisfaction.

Never heard any positive feedback from Colchester. It sets a precedent for more and more services to be transferred to a hospital with a poorer reputation than Ipswich. Feels as though we are rewarding a failing hospital - Colchester is a failing/struggling hospital and worse than Ipswich. The rationale for merging Ipswich and Colchester Hospitals into a single trust was due to the significant failings at Colchester Hospital. Colchester does not have a great reputation in relation to hospitals or care of patients. I have no faith in the hospital at Colchester, given the coverage one has seen over the last decade or so.

Ipswich will now be the only Hospital in East Anglia with no local arthroplasty service. We do not want to be the only hospital in East Anglia without hip and knee replacement services. They are not only responsible for the non-emergency surgery, but the emergency surgery too.

It is essential the radiology services, both equipment and staffing are considered from the outset as this project will rely heavily on them. I feel that there MUST be an x-ray room within the centre to maximize the efficiency of the unit, otherwise the length of stay may be compromised due to current lack of x-ray facilities, and length of transport from centre to x-ray department, and this may reduce the overall number of patients able to be seen. Room could also be used to x-ray trauma orthopaedic patients from Constable wing.

Complete lack of regard for associating departments, poor planning.

Now we only need to increase capacity at A+E please.

I think this is really long overdue I have seen what he has done - two friends of mine were cancellations. A dedicated service will mean better patient care and delivery of the required outcome. Centralisation of services is a positive move. This must be backed up with high quality pre/post operative assessment for patients at their local centre.

I wonder if a mobile orthopaedic bus visiting some of the rural village communities "on demand" to provide/ oversee all the pre-op assessment, the pre-op physio advice and prophylactic medication, and to support the post-op

recovery/reablement might strengthen the benefits still further as a compliment to the new centre.

Excellent idea to stop cancellations due to beds being used for other patients. Will hopefully bring waiting lists down. And having a purely elective centre will mean that emergencies should have less impact on appointment/ procedure dates. It definitely alleviates a lot of fear with being able to plan - so, should lead to less cancelled ops due to lack of beds.

Can't believe it would lead to faster times either as the whole of Essex would suddenly go there leading to even longer wait times. Shorter waits for surgery - maybe initially, but this would change and the beds would start being taken over for emergency patients when there is no accommodation for them on the wards elsewhere.

4.7.3 Q6 Finance

We need investment in Ipswich before we become a cottage hospital. Ipswich and surrounding area is growing rapidly – there is considerable expansion in housing planned and already underway. The reasons stated suggest that all further development will have to be at Colchester, as there is no magic bullet to create more room on the Ipswich site. This will leave a large chunk of ESNEFT's catchment with reduced access to care and increased personal costs in accessing care. Investment should be at Ipswich.

A waste of money - money could be better spent. Is a gross waste and should be better spent in improving the orthopaedic services at Colchester rather than trying to hide and bury them under Ipswich Hospital's success. This is cost cutting exercise with little value to the community of Suffolk.

There is a hospital in Eye - it's empty - NHS Suffolk spent £1.5m on it to stand empty.

Some of us cannot afford costly travel to Colchester. There is a cost issue of extended travel for public and staff. Plus, if at work, that may cause issues with my company.

4.7.4 Q6 Journey

It's not sensible to expect people with painful joints to find transportation all these extra miles. I feel whilst it would be good to have no cancellations of surgery the journey will be very difficult for elderly patients who are reliant on family and friends to get them to and from Colchester. I just think that a lot of people in Suffolk will not be able to travel to Essex Colchester hospital. Public transport between the towns is too expensive and too physically demanding for some. It's all made harder not accessing the treatment near home and harder on families mental health and welfare. Dislike the whole idea of people living in a town the size of Ipswich being forced to travel for operations that involve restricted mobility - and need support afterwards. Some people would miss out on the opportunity to improve their health.

Suffolk and north east Essex are both very rural, disadvantaged communities where transport for patients of all ages is difficult with a poorly provisioned road network, so lengthening/additional journeys for any age group will probably pose difficulty in accessing services. Big may be more cost effective but people like to have health facilities within comfortable travelling distance. Ipswich Hospital serves a rural community extending as far as Walberswick, over 50 miles from Colchester Hospital; 100 mile round trip! That is too far. The traffic, albeit not the Trusts fault, adds at least 30mins to my journey each way.

Although the travelling is not always convenient at least you're being seen by specialists.

Parking really needs looking at now rather than later and should form part of the consultation. Parking at Colchester is not bad, it's awful. As a member of staff, when I get into the hospital grounds I can spend up to a further 30 mins looking for a parking space. Removing this staff car park with no initial plan or solution will cause even worse morale amongst staff. The parking issue at Colchester is causing much more stress and anxiety to both patients and staff than I think the Trust is aware of. I've had patients ask me where there is parking, having explained to them where patient parking is and them telling me there are no spaces, patients have burst into tears out of pure frustration.

One woman told me that she was desperate to find a space as her husband had only been given hours to live following a deterioration of his health, and here she was looking for a parking space for over 20 mins. The Trust should be embarrassed. 90% of people that visit a hospital are here not because they want to but because they have to and usually not under the best circumstances, whether for themselves or for family and friends. This unit being built will not help what is already a stressful experience. You need to sort the parking infrastructure out before even thinking about a project like this.

Loosing a staff car park is going to be a big parking problem to the staff. If F CAR PARK is going to use for the above proposal then there is a need for proper arrangements for alternative parking solutions for the staff (patients and visitors). Losing the staff car park behind Elmstead will completely take away the extra staff spaces currently being added by the addition of the second level parking in car park K. It would eat up the staff parking spaces behind Mary Baron Suite, which will be another problem. We need a multi-story car park for patients now. At your presentation you explained that electric cars would replace petrol / diesel. These new vehicles will still need to park. With the number of people needing to use the hospitals increasing enormously because of population growth, multi-storey car parks will have to be part of the answer.

Restrict patients and their visitors so that they cannot park there but can pick up. Force use of park and ride. I would personally get a taxi if parking were an issue.

4.7.5 Q6 Consultation

I am against this proposal and would argue that the case made in the supporting documentation for locating the ECC at Colchester is not detailed enough or compelling. There are statements made throughout the documents that are unsupported and I am dubious about whether there has been a full analysis made of a comparison between locating it at Ipswich versus Colchester.

I do not believe we have the real truth behind your proposals, the data is dubious as are the promises. I find this proposal most strange and cannot make sense of the arguments in favour. Which makes me wonder if there is some undisclosed agenda that we are not privy to.

You have mentioned that there will be increased capacity but you have not provided the figures for current capacity so that we can judge if the is true. You do not mention the existing capacity but 48 beds and up to 6 theatres seems not enough to do all Colchester and Ipswich work, including the work currently moved to the Oaks. I can't believe that the idea of building a new centre and moving these services away from Ipswich has been properly thought through.

I'd also like to challenge the statement that Colchester is bigger than Ipswich. The Ipswich urban area has 180,000 people whereas Colchester urban area is around 110,000 - comparison between Colchester Borough and Ipswich Borough is Disingenuous as Ipswich over spills it's boundaries considerably while Colchester contains large swathes of rural area.

I haven't seen the full business plan so am not able to assess the details. There hasn't been a plan for each site so I can't be sure that what I am presented with is a fair analysis of the 2 options. It seems that the decision to build at Colchester was made and then the case for this was constructed.

Not sure it is a sound proposal and would need to hear comments from the consultation period to persuade me that it is the correct choice. This proposal appears to have been thought out. The devil, as ever, will be in the details.

Currently, this comes across as a decision that was pre-made for other reasons. Consultation about a decision that has already been made is not a consultation. Should have a referendum for Suffolk residents affected by the proposed move and then respond to the result with a fair outcome - not have an already decided outcome without consultation. To not even put an Ipswich based option into the consultation is an insult to the public consultation process and is an abuse of public accountability. Offering only one option is not consultation! We were given no chance to have our say. It seems to have been a fait accompli.

I am frankly outraged at how a public organisation like this can run roughshod over process in this way. For the CEO to make this rash decision with no consultation is wrong and must be stopped. I am against this and will attend meetings to ensure the community is heard that you are attempting to ignore.

I completely understand the need for age or gender info but (other personal information) is unnecessary.

I look forward to your public consultation when I hope I can give useful feedback as a patient who has had two knee replacements!

4.7.6 Q6 Design

I would like for Ipswich to have the same service. Every effort should be made to provide this at Ipswich (as well as Colchester). Both towns should have a hospital that does all and provides all treatments such as this. There should be similar investment in Ipswich Hospital. Both hospitals have busy orthopaedic centres as it is - keep services at both Ipswich and Colchester - there is no need for just one centre.

The centre is likely to be under-sized by the time of scheduled opening: 48 beds and 6 theatres seem inadequate to serve the population, particularly given current population growth projections. Something will have to give, either the consultant presence at the wards post surgery or the promise for all routine appointments in Ipswich. I think it will turn out that the only practical solution is to move all the orthopaedic Department to Colchester. More theatres would need to be incorporated in the Colchester building for this to be effective.

The Ipswich Hospital site will be plenty big enough for a new centre and many other improvements! I'm rather surprised that the sewer pipe problem is only just being mentioned despite having attended a variety of presentations on this proposal. I have seen the plans of Ipswich Hospital and don't accept that there is no space for building a new unit. The logical conclusion of the argument that there is no space at Ipswich is that the hospital will decline over time with more services being lost to new developments elsewhere. There is room to build a centre in Ipswich and would not need a new road access to be built.

I get the impression that the money was secured and then a project found to spend it on - in other words, it may not have been a case of asking how best to provide routine orthopaedic services to populations centred on two urban areas, Colchester and Ipswich, but one of what can we use to be a "Flagship" project to drive on the sense of merged hospitals.

Colchester would really benefit from a rehab unit for orthopedic issues also stroke MSK and other neurological conditions. I agree that it is a good idea to isolate it from the main hospital. Needs to be state of the art. A prayer area in the facility would be great. Should go ahead, but future proof it so doesn't become a usual cgh project that needs to be 'remodelled' in 2 years time.

Build another hospital on the Northern side of Ipswich.

4.7.7 Q6 Staff

Waits for surgery are unlikely to shorten if the elective care centre is not big enough and Ipswich staff choose not to move to work in Colchester. When a business moves not all existing staff will be retained.

Needs proper medical/anaes cover (properly staffed). It's damaging to care, reputation, skills and the morale of staff. Less available support to elderly patients results in more pressure on staff. Ipswich could lose some of their skilled/highly ranked surgeons. We have excellent doctors in Ipswich. If this hospital is set up in Colchester they would obviously practice from there leaving Ipswich out on a limb - particular worries that if there was an emergency procedure required all best surgeons would be based at Colchester. Retain the existing OSC expertise in Ipswich.

Remember the staff at lower bands are one of the main reasons the current unit works so well. More training should be provided for these dedicated staff to enable them to progress in their career and stay in the organisation. Too many excellent staff are leaving to no progression past band 4.

Would be nice to have a Senior management team who actually empathised with Staff and Patients. Not only could shuffling services away affect the quality of patient services, it has the potential to alienate staff that have so loyally worked in the Ipswich department.

We do not want to be left with a hospital that cannot recruit high quality and caring Consultant Orthopaedic Surgeons who also cover trauma as well as elective surgery. We do not want to lose and, in the long term, be left with a hospital that is unable to recruit the current levels of high quality surgeons that exist. It will reduce the quality of surgeons at Ipswich as our current surgeons will apply for jobs at Colchester.

As long as it is properly staffed from consultant down and has the latest state of art equipment to carry out the procedures.

This also provides staff with a great opportunity for personal development and progression. This specialist hospital will be hugely beneficial in attracting and retaining high quality staff.

4.7.8 Q6 Patients

Continuity of care must be in question. The proposed benefits seem to be based on wishful thinking rather than evidence: I don't think this is being done with the patients interests as paramount – will result in a worse experience for patients and carers. Aftercare would suffer too - and the whole thing would spiral downwards. Since many elderly folk have need of orthopaedic surgery, one supposes that it is our fault for living too long.

I feel we need to keep up with the times and keep improving our local service as everything seems to be moving further away causing patient's and their families extra stress at an already fragile time - and this could have a very detrimental effect on the mental health and long term recovery of patients.

4.7.9 Q6 Environment

At a time when Suffolk County Council has declared a climate emergency, moving essential services to Colchester will simply increase the carbon footprint of health provision in this area. You should consider the impact on the environment with all the extra journeys required. I thought we were supposed to be using less of the earth resources by using or keeping things local. This is going completely in the other direction.

5 Feedback From Other Sources

Including; FaceBook®, Letters, Council Responses, Staff Meetings, Twitter®⁹

5.1 Feedback- Service

I don't see how this is an improvement for patients at Ipswich. Reading the evening Star it looks like it's already been decided. Yet another service taken from Ipswich. Very disappointing. Suffolk has long been the victim of cheespairing cuts and lack of investment. Why is everything being taken from Ipswich hospital and being given to an Essex/Colchester, sad to see the demise and lack of support for Ipswich hospital.

The one CEO per two hospitals is demonstrably downgrading Ipswich in favour of Colchester and this will cause the greatest suffering of patients imaginable. These aren't extra beds - this is an elective facility being removed to Colchester. When a claim is made that Ipswich does not have enough space – yet Colchester can magic up a suitable space you need to look more deeply at what is going on behind the scenes.

Objection to the reduction in status that this would bring to Ipswich Hospital and the probability that further reductions would follow with funding for 'joint facilities' prioritised elsewhere (e.g. to Colchester).

How about updating maternity at Ipswich – that's got to be long overdue (pardon the pun). It was noted that there was other work going on already at the Colchester site - a new cardiac suite.

Radiology staff stated there was a high proportion of check x-rays following operations.

Ipswich hospital has a long history of excellence not least the first female president of the Royal College of surgeons an orthopedic surgeon. Ipswich has got a good reputation for orthopaedics.

The surgery that is proposed to be carried out at the new centre, is done frequently at both hospitals with excellent results with their own teams. You present no clinical evidence that this move will produce better outcomes, the single most important criterion of this expensive project.

The proposal's major clinical advantage would be that the orthopaedic surgeons would have their state of art hi flo operating theatres with beds that would be locked away from emergency overflows. It appears that should this happen surgery would be cancelled less – that's got to be positive for all those poor people who are on the waiting list. It's one way of shortening the waiting list. Waiting times for Ipswich/Colchester/James Paget are so long and ppl are in pain for a long time.

⁹ Note – this is a summary of the points raised. Please refer to the original documents for full and contextual interpretations.

IBC (Ipswich Borough Council) Queries the fairness of linking the Day Surgery challenges at Colchester to the Elective Surgery Centre decision.

5.2 Feedback Journey

Parking – nightmare at both. Essential staff pay for parking which the trust can not guarantee for them. Great management that is (sic)! You know I'm thinking how much staff parking we will lose. Yeah – bet they'd build it on car park at front of Constable. Another staff car park bites the dust. There will be an incentive to all buy smart cars so we can fit twice as many cars in the remaining spaces. What we gain in the new level of car park – we lose with this. The new level on car park k is replacing the spaces we have already lost when they converted the little staff car park on the right hand side. Rumour is we're going to lose the late shift car park to the patients now too. There goes the 20 extra spaces.

There is nothing worse than trying to get some orthopaedic patients into a car. I would not wish a 20 mile journey home after a hip replacement. I wouldn't like to be sat in a car 3 days (or less) post op for over an hour on discharge. A12 and Orwell Bridge is also major concern - delays are common. Wait for everyone to start moaning about traffic. This will cause massive transport issues for thousands of patients. I'm waiting for the Colchester cycling group to have an opinion on this one. I cant wait for them to see this one - they will want all orthopaedic patients to cycle too and from their surgery.

Note the fact that what is proposed will be worse for patients in travel distance terms - the social and transport problems for patients, particularly from North Suffolk may lead them to choose more geographically convenient hospitals. People from Suffolk will have to pay for expensive transport or do without.

The problem here that it seems is worrying a lot of people is the lack of realistic options for public transport – especially for rural areas. Unfortunately this is not within the hospitals power to control but should definitely be on the MP's and councils agenda.

5.3 Feedback Preference

I've done the journey from Cambridge to Redelsham after Hip Surgery and it was doable. I had very similar restrictions to hip replacement patients and according to my friend who has had the surgery I had and a hip replacement; there was less pain post-hip replacement. I'm all for developing the services offered to patients even if that meant the need to travel 20 miles for surgery – surgery which is free from our wonderful NHS. We're so luck to have the NHS – so yes - excellent go strait ahead. A centre of excellence, able to attract the best talent, has to be. Another staff member said that this sounded fantastic, especially the northern approach proposal but the team needs to be aware staff need to be involved in the very early stages.

We need Ipswich to have these facilities. According to the information I have managed to source, there are more elderly people living in Suffolk due to it

being a retirement area. Colchester area might have a bigger population but these are younger and the expected population increase is expected to be young. These means the elderly population of Suffolk will lose this service to a younger population who will make less of a demand. A win win for the NHS and Colchester. Once again Suffolk loses out to bigger counties and Suffolk people are made to travel or live a limited life to the lack of thought that has been put into this, although you will say otherwise.

IBC Advocates that – if a single centre is the right option for patients – that the Ipswich site is a more appropriate location. I trust you will take in these opinions and reconsider this unwise and expensive plan.

5.4 Feedback Finance

Would like to know how much is being spent on staff travelling costs. Any additional travel costs for patients and visitors should therefore be funded by the NHS. Not very handy for the relatives who live in Ipswich to visit their loved ones and to add insult to injury, pay through the nose for parking.

There are affordable options that should be considered at the Ipswich Hospital site. IBC seek a firm commitment – together with concrete plans – that the “jam tomorrow” upgrades suggested for Ipswich Hospital can and will be resourced and undertaken. Moving the centre to Colchester will result in loss of income for the Trust.

I think it's a good idea but hope they make Ipswich hospital specialists in other areas and it doesn't get left behind.

5.5 Feedback Design

It would be imprudent of me to present detailed alternative plans; over the original bed complement many beds spaces are no longer in use; it is surely possible to isolate one ward whilst reengineering the air-conditioning of East Theatres which it was originally planned in 1984 to install in the roof space but turned down following a cost benefit analysis.

There are other better means of achieving those ends. IBC queries some of the principles behind the proposal to have a single centre.

It was hoped that there would be additional space given to toilet areas. There is not a lot of space at the moment in theatres.

The problem of using cold allocated beds for emergency use is a perennial problem; an iron curtain is one solution but if they are on the same site as the emergency admissions it will never be fool proof. Colchester Hospital is now already overdeveloped and getting overcrowded.

There are likely to be economies of scale so having a bigger better service in one place would benefit more people.

During the course of my time I held considerable responsibilities for planning

and introducing major changes throughout the group. Since I first arrived in Ipswich, we no longer carry out thoracic, major maxillofacial, pancreatic, major vascular, complex prostatic or paediatric surgery. These have been moved to Addenbrookes or the Norfolk and Norwich Hospitals for the good reason that class 1 evidence shows that the more times a difficult, complex and unusual procedure is performed by the same surgeon, and, most importantly, his team the more successful the clinical results will be. It is a matter of historical record that separate units have for a hundred years been acme of the desires of orthopaedic surgeons - I note you wisely turned down a unit at Copdock roundabout. Unfortunately, such institutions become after some years locked away and unable to change and then rejoined to their supporting mother Hospital.

Why not make it half the size and put the other half at Ipswich that way it will be good for all patients and that is why we do what we do. Or half the service for both Colchester and Ipswich.

5.6 Feedback Staff

Further loss of surgical expertise leads eventually to less able doctors at all levels applying to work in Ipswich. You do not say whether you have the support of the clinicians involved. And when staff are late coz they expect us to walk from **** miles away, management will not cover our shifts.

A member of staff said they would be happy to support this but there is a track record of staff not being involved in new facilities development.

5.7 Feedback Patients

New standards means up to 50% more space and one bed rooms will have an en-suite. Patient's mobility issues will also be considered in the designs. This is good, as people do like to have contact with other patients, even asking for bays rather than side rooms for the shared experience.

Have recently had admission to Ipswich and was horrified to see the stress the staff was under, not to mention bad practice occurring on daily basis.

5.8 Feedback Consultation

I personally think this consultation is just for show. The decision is made and we are wasting our time. We've seen Suffolk overlooked before and I doubt it will be the last time. The word consultation is I believe a euphemism. If what you claim about only Colchester having the space, then why are you consulting? No, frankly I believe this is another decision already made by the part time CEO, seeking to authenticate it. Very sad news for those of us living near Ipswich that might one day need such surgery and then find it impossible to attend.

6. Ipswich Orthopaedic Consultant Response

FINAL VERSION: Action notes of a meeting on Thursday 5 March 2020 at Ipswich hospital.

The meeting was called by the ESNEFT Chief Executive in response to concerns raised by some orthopaedic consultants based at Ipswich hospital about the proposed development of an elective orthopaedic surgical centre on the Colchester site (ECC).

6.1 Summary of issues discussed:

- Opportunity to explore a two site option for the benefit of Suffolk patients
- Quality of care and safety, with a focus on pre and post-operative care, and the patient pathway
- Ability to continue to provide trauma arthroplasty work on the Ipswich hospital site once the ECC opens
- Challenges faced nationally by single elective orthopaedic centres
- Laminar flow theatre capacity in the future
- Ability to attract excellent orthopaedic surgeons to Ipswich
- Ongoing clinical engagement

6.2 Agreed actions:

- 1.The ESNEFT project team to complete a short scoping exercise to deliver high level costed options for a two site solution.
- 2.Options would be explored with the DH and NHSE/I on the potential to use the £44 million to deliver a two site solution.
- 3.Ipswich colleagues would play an integral role in the design of the new building and the development of new clinical pathways for the new centre to ensure continuity and quality of care for our patients, should their preferred option of expansion on two sites not be feasible.
- 4.Short action notes of the meeting would be included in the formal response to the public consultation.

Ends...

7 Questions

The following provides a summary of all of the questions posed in response to the survey – and those posed at public meetings, staff meetings and from the additional feedback sources.

7.1 Q Staff

Will the Ipswich based orthopaedic staff have to travel or move?

Where will staff be based?

Have you mitigated against the time wasted by surgeons (and other staff) having to travel to and from Ipswich Hospital, if Ipswich staff have to work on both sites?

What happens to the staff that are already employed in the orthopaedic service currently running in Ipswich - Are they guaranteed jobs at Colchester?

How is asking Ipswich-based staff to work in Colchester going to be better for them?

What are the plans for relocating staff at Ipswich? (e.g. Mary Barron building)

How will Ipswich be able to attract first-rate lower-limb surgeons when they will be required to conduct their clinics and trauma work at Ipswich and their elective surgery at Colchester?

Is Mr Humes doing 'two' jobs?

Have you consulted with staff?

Will we be able to appoint new staff?

Will this decrease staffing levels on the emergency ward?

Will the shifts end at 17:30 as they do currently or will they be running later?.

Will the content of peoples jobs change?

7.2 Q Journey

Why should people in rural Suffolk travel to Colchester for an operation?

Will transport be provided?

Will the A12 or the Orwell Bridge pose difficulties in travel?

How will older people manage the longer journey?

How would I get home?

If I drive for an operation - how would I get the car home?

How can I make the journey if I don't drive?

How would elderly relatives travel to visit me?

How will the move away from petrol driven cars impact on travel?

Will the detail of the transportation plan require further consultation?

How are you addressing the problem of the shortage of car parking?

7.3 Q Service

Will the Ipswich service be lost or downgraded?

Why move a well performing service?

Is this the start of losing services at Ipswich?

If patients needed longer care after surgery (ie complications or slow recovery) where would they be placed?

Has Radiology been considered?

Will both hospitals be able to communicate and share patient information?
(e.g. x-rays)

Will I have the same consultant at Ipswich and Colchester?

How can pre-assessment, surgery and post assessment at two sites be considered a seamless service?

How is the surgeon going to do their post surgery rounds in Colchester while attending clinics in Ipswich?

How can you guarantee fewer cancelled operations?

Are you planning to move emergency services from Colchester to Ipswich?

Would this proposal effect emergency and trauma treatment at Ipswich Hospital?

How will you achieve "shorter waiting times for surgery"?

How will you prevent operations being cancelled?

Are there more day cases?

What are the current figures for capacity / waits and the estimated figures for the new unit?

How can we judge if there truly will be an increase in capacity?

Will the criteria for operations be lowered with greater capacity?

Have you considered Aqua therapy?

Can Aqua Therapy be used post operatively?

Will you use robotics?

How are you going to deal with multi complex patients?

Where will rehabilitation take place?

Will infections from Emergency patients cause any problems?

Will you provide elbow surgery also?

Is it going to run private clinics?

How many days a week will this be open?

Current activity for the theatre workforce in mind, is there the perspective that this will attract more work?

What will be the knock on effect for the Critical Care Unit (CCU)?

Has consideration been made for getting samples across two sites?

7.4 Q Finance

Why not spend less money to develop the existing service in Ipswich?

Is commuting cost effective for both patients and staff?

Is there any PFI involvement?

How will people without sufficient financial resources manage?

Is the cost of this centre justified?

What expenditure can we expect at Ipswich?

Will staff be paid for their inconvenience for travelling or would there be transport provided?

7.5 Q Design

Will there be room at Ipswich for any further development?

What other developments are planned? (e.g. Dermatology, The St Clements site, Spinal surgery, one-stop clinics)

Why Colchester?

Is Ipswich still an option?

Why is the capacity not being increased for Ipswich?

Is it possible to build a centre in-between the two sites?
Is it possible to develop both Ipswich and Colchester sites?
Are you planning to increase the number of Emergency beds?
What is the increase in capacity?
Why will it take 4 years to build?
Why should the size of the population be the deciding factor?
What is going to happen to the theatres in Ipswich?
How many laminar flow operating theatres are actually going to be built / used for orthopaedics?
Why cant the car park space at Ipswich be used to build on?
If the A&E Department is to move to the old department near to South Wards – would this area has been considered for the new non-emergency unit?
How many new theatres will we have in reality?
Will the centre have single rooms for everyone?
Is there going to be an x-ray room in A&E?
Who decides if there will be an x-ray room?
Is consideration being made to other departments that will be impacted by this?
Currently what is the waiting time at Colchester and do they have the capacity to do Ipswich and Colchester patients?
Where would the emergency Hip and Knees go?
Does Colchester have the sterile equipment / facilities to do all the hips and knees?
Will it replace Elmstead in the same place or will it be build in a different location?

7.6 Q Environment

Has an environmental study taken place as this now appears to be a recent requirement for infrastructure projects?

7.7 Q Patients

If the department is relocated and excellent staff are moved who will look after the trauma patients?
Are patients losing the right of choice?
Can the hospital take into consideration patients location when booking appointments?
Have you fully considered the patient experience?
Has anyone looked at which areas have the most elderly people, as these are the ones most needing orthopedic care?
What if the patient becomes poorly during their stay on the new site?

7.8 Q Consultation

Why has there not been more public involvement in this process before now?
Why did we not have notice about the public meetings that have been held?
Taking demographic - such as my sexual status information - is insulting and entirely inappropriate - what is this data used for and why?

Report Outcomes

This report has been developed independently using the feedback provided and that which was collected personally at public and staff events. All queries concerning this report can be forwarded to the author.

All further correspondence relating to this project should be forwarded to the ESNFT.



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* Consulting the community is a research centre of academics from the social sciences. This method for analyzing feedback has been developed by colleagues from this centre.