Essex County Council

Suffolk and North East Essex Joint Health Overview and Scrutiny Committee

12:30	Thursday, 11 June 2020	Online Meeting

The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:
Peter Randall, Senior Democratic Services Officer
Telephone: 033301 36131
Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

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The agenda is also available on the Essex County Council website, www.essex.gov.uk From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		Pages
1	**Membership, apologies, subsititutions and declarations of interest**	5 - 6
2	**Questions from the public** A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. Questions need to be submitted in advance - details of how to do this will be posted in the 'joining instructions' document which will be posted on the web page for this specific meeting a few days before the meeting.	
3	**Public consultation: A proposal to build a new centre for elective (planned) orthopaedic surgery at Colchester Hospital** Members to receive report SNEE/01/20 alongside a presentation from Dr Shane Gordon, Director of Strategy, Innovation and Research, ESNEFT, and Rebecca Driver, Director of Communications, ESNEFT.	7 - 92
4	**Urgent Business** To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	
5	**Urgent Exempt Business** To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.	

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

Agenda item 1

Committee: Suffolk and North East Essex Joint Health Overview and Scrutiny Committee

Enquiries to: Judith Dignum, Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership
(Quorum: 4 total, with at least 2 members from each county authority)

Essex

Councillor A Brown	Chairman
Councillor A Wood	
Councillor D Harris	
Councillor A Erskine	

Suffolk

Councillor J Fleming	Vice-Chairman
Councillor H Armitage	
Councillor I Lockington	
Councillor M McLaren	

Reference Number: SNEE/01/20

Report title: Public consultation: A proposal to build a new centre for elective (planned) orthopaedic surgery at Colchester Hospital	
Report to: Suffolk and North East Essex Joint Health and Overview Policy and Scrutiny Committee	
Report author: Dr Shane Gordon, Director of Strategy, Innovation and Research, ESNEFT	
Date: 11 June 2020	**For:** Discussion and approval
Enquiries to: Anna Turner, Head of External Engagement, ESNEFT	
County Divisions affected: Suffolk and North East Essex	

1. Introduction

1.1 The purpose of this paper is to provide a formal briefing to the Joint Health Overview and Scrutiny Committee ('the committee') on the planned reconfiguration associated with the £69.3 million capital monies allocated to the East Suffolk and North East Essex Integrated Care System ('the ICS') by NHS England (NHSE). This programme is called 'Building for Better Care'.

1.2 This money was allocated by NHS England to develop:

- urgent and emergency care on both main hospital sites (Colchester and Ipswich)
- new elective care facilities including an orthopaedic elective care centre and the re-provision of the day surgery unit at Colchester Hospital.

1.3 The public consultation was launched on Tuesday 18 February and closed on 1 April 2020. This paper sets out progress following the public consultation.

1.4 The committee is reminded that there are no plans to make any changes to the continuing availability on both main sites of: orthopaedic outpatient care, diagnostics, day surgery, trauma (emergency) care and follow-up care (which may also be provided in a community setting). It is only the planned surgery that would take place in the new building. All other associated care during each orthopaedic treatment will continue to be provided at either the Ipswich or Colchester site.

2. Pre-consultation activity

2.1 Stakeholder engagement has been in process since the merger that formed

ESNEFT in July 2018 as part of the iterative process of developing the proposal into a mature business case. Extensive internal and external engagement was also a major feature of the development of ESNEFT's strategy for 2019/24 between July 2018 and April 2019. The strategy was publicly signed off by the ESNEFT Board at its meeting on 2 August 2019.

2.2 Pre-consultation activity on the development of the proposed elective orthopaedic surgery centre took place between May and December 2019. Over 150 stakeholders were involved in considering the information and evidence that supported the development of the final proposals that formed the consultation.

2.3 The JHOSC has been fully engaged and updated on the development of the proposals during that period on the below dates:

- 25 July
- 17 September
- 29 January

2.4 At an informal meeting on 29 January 2020, the committee indicated that it was content with a six-week period for public consultation which was requested because:

1. Our pre-consultation engagement did not identify any issues which are strongly contentious.
2. The timeline for completion of the build was already lengthy due to the national approval process for capital spend. Our current timeline is that the centre would open in 2024. The consequences of further delay are:
    a. Delivery of benefits to patients is pushed back, including reductions in planned care waiting times.
    b. Financial consequences to extending the programme due to changes in cost indexation.

The CCGs are committed to conducting an open and effective consultation with the public. Our pre-consultation work showed that public and local stakeholders regard the investment in this new centre as a positive development. The most significant issue raised prior to consultation was travel and transport access to the new centre. Appendix A provides an overview of pre-consultation engagement activity.

3. The public consultation

3.1 The public consultation lunched at 4pm on Tuesday 17 February and closed at 5pm on Wednesday 1 April. During the actual consultation period, we had engagement from more than 450 members of the public and stakeholders.

3.2 The consultation document set out the purpose of the public consultation, why the Colchester site was selected, what it means for patients and carers, and how they could have their views heard.

3.3 The consultation attracted extensive media coverage, with ten individual articles appearing in the written media. Many of these were repeated several times –

for example, the EADT's stories also ran in the Ipswich Star, while stories from the Colchester Gazette were also published in various weekly titles such as the Maldon Standard.

3.3.1 The media also carried three letters sent in by the public about the consultation, as well as three opinion pieces. Broadcasters that covered news of the consultation included BBC Look East, ITV Anglia, Radio Essex, BBC Radio Essex, BBC Radio Suffolk and Global/ Heart. A synopsis of the media coverage can be found in Appendix D.

3.4 Eleven public meetings were planned to take place, although the one in Stowmarket, booked for 19 March, was cancelled due to COVID-19. The consultation was represented in the following locations across Suffolk and North Essex:

East Suffolk: Woodbridge, Ipswich, Aldeburgh, Eye, Felixstowe, Needham Market

North Essex: Wivenhoe, Harwich, Colchester*, Clacton*

*The meetings at Colchester and Clacton did not go ahead due to lack of public interest.

3.4.1 Four public meetings were also held for staff – two at Ipswich Hospital and two at Colchester Hospital. Full details of our engagement can be found in Appendix C.

3.4.2 Online, almost 2,500 people visited the consultation web pages while the public consultation was in progress www.esneft.nhs.uk/publicconsultation

3.5 ***Impact of COVID-19 (Coronavirus) on the process of public consultation.***

3.5.1 The government implemented a public lockdown on Monday 23 March. Our public meetings had concluded by this time and we had already received a significant number of responses to the consultation. A Q&A video of the most frequently asked questions was published on our website on 19 March. Following lockdown, we continued to receive responses electronically – via email and through our online survey.

3.5.2 The formal mid-consultation engagement session with the JHOSC on 18 March was carried out through a virtual process at the instigation of the JHOSC officers, following the government's protective advice to the public about COVID-19. The engagement process was therefore amended and the agreed process was that questions and comments gathered from JHOSC members were submitted and a formal response issued. These questions and their response is a public document and forms part of the JHOSC's own papers.

3.5.3 We do not believe that COVID-19 has had any significant impact on our ability to carry out our duties to complete public consultation.

4. Post-public consultation phase

4.1 On Tuesday 19 May, we held a meeting of 23 stakeholders to discuss the feedback from consultation and to agree the recommendation that should be put to the CCGs' Governing Bodies for decision. The recommendation that was agreed is as follows: "It is the recommendation from the majority view of the post-public consultation stakeholder event held on 19 May that commissioners should approve the proposal to build a new centre for planned orthopaedic surgery at Colchester Hospital, with particular regard to the development of mitigations for the transport issues raised". Minutes of the stakeholder meeting can be found in Appendix F.

4.2 This JHOSC session is to formally consult the Joint Committee on the proposals to develop an elective orthopaedic surgery centre at Colchester Hospital, and to present feedback from the public consultation and seek the committee's agreement that consultation has been conducted in accordance with its expectations.

The formal report of findings, analysed and written by independent academic expert Dr Steve Wilkinson of Consulting the Community, is attached as Appendix E to this document.

5. Decision making

5.1 We intend to move to make a decision on the outcomes of the public consultation in a joint public meeting of Ipswich and East Suffolk and North East Essex CCGs' Governing Bodies, which will be held virtually on 14 July.

Dr Shane Gordon
Director of Strategy, Innovation and Research, ESNEFT, 1 June 2020

6. List of appendices

A. Consultation documentation
B. Pre-consultation engagement
C. Engagement in public consultation
D. Media coverage report
E. Minutes of stakeholder meeting, 19 May
F. Consultation report by Dr Steve Wilkinson
G. Written answers to questions submitted by JHOSC members – Mar 2020

APPENDIX A

Consultation documentation

Documents relating to the consultation can be found on the consultation webpages www.esneft.nhs.uk/publicconsultation. They are as follows:

- The consultation document
- Travel impact analysis
- Equality analysis
- Report from the East of England Clinical Senate
- Pre-consultation business case – a summary
- Further background information to support the proposed changes

APPENDIX B

Pre-consultation engagement

Public and stakeholder meetings

table summarises all the meetings with stakeholders and the public that took place during the pre-consultation engagement phase that, as will be seen, started before the merger that formed ESNEFT.

Activity	Date
Meetings with regulators/scrutiny committees	
Essex Health and Overview Scrutiny Committee meeting	16/01/2019
Health and Overview Scrutiny Committee Chair Briefing	11/07/2019
Joint Health and Overview Scrutiny Committee	26/07/2019 19/09/2019
Joint Reconfiguration and Oversight Group	03/09/2019
Suffolk Health Scrutiny Committee	24/01/2018 16/01/2019
Essex and Suffolk Joint Health Scrutiny Committee (private briefing)	12/03/2018 13/03/2019 19/09/2019
Suffolk County Council Health and Wellbeing Board	24/01/2019
Essex County Council Health and Wellbeing Board	16/05/2018 16/01/2019 30/01/2019 20/03/2019
East of England Clinical Senate	18/09/2019
NHS Improvement	17/04/2018 06/02/2019
NHS England and NHS Improvement (STP and strategy progress review meetings)	06/11/2018
Joint Reconfiguration Oversight Group	02/07/2019 06/08/2019
Sustainability & Transformation Programme (STP) Programme Board	12/01/2018 09/02/2018 09/03/2018 13/04/2018 11/05/2018 08/06/2018 10/08/2018 14/12/2018
Suffolk and North East Essex STP Board	11/01/2019 15/03/2019 10/05/2019 21/05/2019 12/07/2019

Activity	Date
	10/08/2019 12/10/2019 15/11/2019 14/12/2019
Meetings with patient groups and their representatives	
Colchester Hospital University Foundation Trust Council of Governors	14/06/2018
Ipswich Hospital User Group	19/01/2018 16/03/2018 05/10/2018 01/03/2019 12/07/2019
Ipswich Hospital Trust Patient and Carer Advisory Group	22/02/2018 17/04/2018
Colchester Hospital University Foundation Trust Patient and Carer Advisory Group	16/02/2018 20/04/2018
Felixstowe Patient Participation Group event	13/02/2018
Breathe Easy Colchester	16/02/2018 15/03/2019
North Essex Lymphoedema Support Group	06/03/2018 14/03/2018
Patient Participation Group AGM, Ambrose Avenue GP Practice, Colchester	12/03/2018
Eye/Woodbridge PPG event	28/03/2018
Patient Participation Group, Ambrose Avenue	12/11/2018
Patient Participation Group, Great Bentley	26/06/2018
Patient Participation Group, Mill Road, Colchester	14/06/2018 21/02/2019
Joint Council of Governors and Board Strategy Workshop	04/10/2018
Patient Participation Groups (x4), Felixstowe	21/11/2018
Patient Participation Group, Ranworth	29/11/2018
Patient Participation Group, Riverside Surgery	30/11/2018
ESNEFT Governors' – Strategy and Engagement Group	13/12/2018 03/01/2019 05/02/2019 04/03/2019
Travel Access and Parking Group	01/02/2019
Healthwatch Suffolk BME	14/02/2019
Colchester Pensioners Action Group	15/02/2019
Patient Participation Group, Felixstowe	21/02/2019
Patient Participation Group, Fronks road	26/02/2019
Patient Participation Groups, Mendlesham, Debenham and Fressingfield	28/02/2019
ESNEFT Council of Governors	29/11/2018

	07/03/2019 04/04/2019
Our Community Engagement Partnership	11/03/2019
North Essex Lymphoedema Group	13/03/2019
Ipswich Diabetic Support Society	14/03/2019
Harwich University of the Third Age (U3A)	09/07/2019
Meetings with stakeholder groups and organisations	
Joint Colchester Hospital University Foundation Trust /Ipswich Hospital Trust Patient and Carer Advisory Group	16/01/2018 16/03/2018 23/07/2018
Stakeholder Advisory Group	29/01/2018
North East Essex CCG	24/09/2019
Commissioners' Reference Group	06/03/2018
Board to Board – Colchester Hospital University Foundation Trust to North East Essex CCG	06/03/2018
One Colchester Strategic Group	22/03/2018
Suffolk Alliance Steering Group	08/03/2018
North East Essex Alliance Leaders Meeting	13/03/2018
East Suffolk Alliance Partnership Group	14/03/2019 09/05/2019 20/06/2019 11/07/2019
Briefing with Members of Parliament	22/03/2018
Strategic Transformation Partnership DSU away Day local Integrated Care System and CCGs	16/07/2018
Integrated Care System Board Meeting	20/09/2019
National Audit Office/ Integrated Care System Estates Group meeting	20/09/2019
Ipswich and East Suffolk CCG Governing Body Meeting	24/09/2019
BT Hothouse Event	03/12/2018
North East Essex CCG Clinical Group	15/01/2019
North East Essex CCG Governing Body Meeting	24/09/2019
Alliance Partnership Board	20/06/2019
Meetings with members of the public/media	
Tendring Pensioners' Action Group	17/01/2018
Public drop in event – Ipswich	13/02/2018
Tendring Voluntary Sector Forum	14/02/2018
Public drop in event – Clacton	15/02/2018
Colchester Pensioners' Action Group	16/02/2018
Public drop in event – Colchester	19/02/2018
Public drop in event – Felixstowe	22/02/2018
Update to members of Colchester Garrison Medical Faculty	07/03/2018

Public drop in event – Aldeburgh	07/03/2018
International Women's day event in Ipswich	14/03/2018
Public drop in event – Halstead	22/03/2018
One Colchester Strategic Group	03/02/2019
Tendring 100 Show	13/07/2019
Media Briefing	23/07/2019
Elective Care Centre, pre-consultation engagement with selected stakeholders: **ESNEFT Council of Governors** **Felixstowe meeting** **Needham Market meeting** **Clacton-on-Sea meeting** **Colchester meeting** **Ipswich meeting** **Wickham Market meeting** **Aldeburgh meeting**	11/07/2019 05/08/2019 07/08/2019 08/08/2019 09/08/2019 12/08/2019 14/08/2019 16/08/2019
Meetings with other local partners	
Local Health Matters Forum (North East Essex)	10/01/2018 24/01/2018
One Colchester Strategic Group	03/02/2019
Ipswich Locality Homelessness Partnership	14/02/2018
Update to North East Essex, West Suffolk, and Ipswich and East Suffolk CCG Chief Transformation Officers	15/02/2018
Suffolk Local Medical Committee (no attendance but briefing ma sent)	15/03/2018
North Essex Local Medical Committee	15/03/2018
Sandy Martin MP meeting	05/08/2019
Telephone meeting with Building for Better Care Lead (Nigel Littlewood)	16/09/2019
Ipswich Borough Council	23/09/2019

Staff meetingsError! Reference source not found.below details meetings involving staff during the pre-consultation engagement phase.

Activity	Date
Executive workshop: requirements for a successful Pre-Consultation Business Case and consultation	14/01/2019
ESNEFT Board Strategy Workshop	30/08/2018
ESNEFT Leadership Conference	27/07/2018 02/11/2018 05/09/2019 01/11/2019
ESNEFT Chief Executive Officer Briefing	03/06/2019
ESNEFT Core Brief	02/07/2018 06/08/2018

	03/09/2018 01/10/2018 03/12/2018 04/02/2019 01/04/2019
Ipswich Hospital Trust Core Brief	08/01/2018 05/02/2018 05/03/2018 03/04/2018 14/05/2018
Colchester Hospital University NHS Foundation Trust Core Brief	08/01/2018 05/02/2018 05/03/2018 03/04/2018 14/05/2018
ESNEFT Trust Board Update (Confidential session)	01/08/2019 29/08/2019
ESNEFT Trust Board Update (Public session)	04/11/2019
ESNEFT Medical Staff Committee	02/10/2018
Colchester Hospital University NHS Foundation Trust Medical Staff Committee	16/01/2018
IPSWICH HOSPITAL TRUST Medical Staff Committee	15/01/2018 19/02/2018
Colchester Hospital University NHS Foundation Trust Staff Partnership Forum	29/01/2018 13/03/2018
IHT Joint Consultation and Negotiating Committee	03/01/2018 06/02/2018 06/03/2018
Mobilisation - Joint Staff Partnership Forum (Colchester Hospital University NHS Foundation Trust) /Negotiating Committee (IPSWICH HOSPITAL TRUST)	29/01/2018 08/02/2018 22/02/2018 08/03/2018
ESNEFT Joint Staff side / Staff partnership Forum	17/05/2018 22/06/2018 10/07/2018 19/03/2018 02/08/2018
IPSWICH HOSPITAL TRUST Local Negotiating Committee (medical staff)	08/03/2018
Open Joint Staff Reference Group	22/02/2018
Clinical Strategy meeting – Colchester Hospital University Foundation Trust Clinical Chief Information Officers	07/03/2018
Staff engagement event - Aldeburgh Hospital	22/01/2018
Staff engagement event - Clacton Hospital	23/01/2018
Staff engagement event - Harwich Hospital	23/01/2018

Staff engagement event - Colchester Hospital	23/01/2018
Staff engagement event - Halstead Hospital	26/01/2018
Staff engagement event - Ipswich Hospital	31/01/2018
ECC Engagement Briefing	01/10/2019
Colchester Hospital University Foundation Trust Clinical Leads update	15/03/2018
IPSWICH HOSPITAL TRUST Clinical Leads update	16/03/2018
Colchester Hospital University NHS Foundation Trust Staff Involvement Group	22/03/2018
Meeting with Community and Integrated Pathways divisional leadership	15/06/2018
Meeting with Occupational therapists and Associated Healthcare Professonals	20/06/2018 08/11/2018 09/09/2019
Engagement with Surgery and Anaesthetics divisional leadership	15/11/2018 19/11/2018 26/02/2019
Anaesthetics away day	19/11/2018
Workshop all clinical and corporate leadership teams (incl nurses and Associated Healthcare Professionals)	29/05/2018 28/11/2018 11/12/2018 26/03/2019
Engagement with Trauma and Orthopaedic consultants	01/11/2018 06/02/2019 27/02/2019 06/03/2019 18/03/2019 17/05/2019 02/10/2019
Clinical Strategy meeting - IPSWICH HOSPITAL TRUST Trauma and Orthopaedic	10/01/2018 15/01/2018 20/02/2018
Engagement with Matrons and Sisters	05/03/2019
ESNEFT Medical Staff Committee (Colchester)	10/09/2019
Engagement with Musculo-skeletal and Special Surgery Division	07/08/2018 05/09/2018 11/09/2018 25/09/2018 17/05/2019 01/10/2019
Future Care Model Group (formerly Clinical Strategy Group)	04/06/2019 03/07/2019 22/08/2019 05/09/2019 08/10/2019

Clinical Strategy Group	20/06/2018 17/07/2018 15/08/2018 13/09/2018 25/10/2018 22/11/2018 17/01/2019
Elective Care Working Group	11/06/2019 27/06/2019 09/07/2019 23/07/2019 06/08/2019 23/08/2019 03/09/2019

APPENDIX C

Public consultation activity schedule

Launch of public consultation	18 February	• Web pages launched • Newspaper wraparound • Social media launch through CCG and ESNEFT channels • Press release
Ipswich Borough and Suffolk County Councillors briefing	21 February	10x councillors and council CEO in attendance
Consultation staff meetings @ IH	25 February	2x meetings
Consultation staff meetings @ CH	28 February	2x meetings
Meeting with Russell Williams – CEO IBC	2 March	Further briefing on proposals and plans for Ipswich Hospital site
Felixstowe Group PPG meeting	3 March	Attendance at Felixstowe PPG group meeting to discuss proposals
Public meeting 1	9 March	Wivenhoe
Public meeting 2	9 March	Eye
IESCCG Communications and Engagement Partnership meeting (CEP)	9 March	Briefing and discussion on proposals – invited by CEP Chair
Public meeting 3	10 March	Woodbridge
Public meeting 4	10 March	Ipswich
Colchester MSC	10 March	Colchester Hospital
Public meeting 5	11 March	Harwich
Public meeting 6	11 March	Clacton – stood down due to lack of interest
Public meeting 7	12 March	Aldeburgh
Public meeting 8	12 March	Colchester – stood down due to lack of interest
Public meeting 9	13 March	Needham Market
Public meeting 10	13 March	Felixstowe
T&O audit afternoon	17 March	Holiday Inn, Ipswich
Joint Health Overview and Scrutiny Committee	18 March	Mid-point update – held virtually
Public meeting 11	19 March	Stowmarket - cancelled
Consultation closes	1 April	

APPENDIX D

A proposal to build an elective orthopaedic surgery centre at Colchester Hospital – Media Coverage

The consultation ran from 4pm on 18 February to 5pm on 1 April. Throughout this time, the consultation was promoted by issuing press releases, holding a media briefing, arranging radio interviews and regularly posting on social media to encourage as many people as possible to respond and share their views.

Activity

Two press releases were sent to the local journalists:

- 18 February – Share your views and help us 'build for better care': www.esneft.nhs.uk/share-your-views-and-help-us-build-for-better-care/

- 28 February – Come along and share your views: www.esneft.nhs.uk/come-along-and-share-your-views/

These press releases were also sent to partner organisations, such as Healthwatch Suffolk and Healthwatch Essex, as well as clinical commissioning groups in Ipswich and East Suffolk and North East Essex, who published them on their own websites to reach a wider audience.

A media briefing was also held with Nick Hulme, chief executive, at the Colchester site on Tuesday 18 February. Journalists from the Colchester Gazette, Global Radio/ Heart, BBC Essex, Dream 100 and Town 102, the East Anglian Daily Times (EADT) and ITV Anglia attended. In addition, we organised telephone interviews for Nick Hulme with Radio Essex and BBC Radio Suffolk.

Coverage

The consultation attracted extensive media coverage, with ten individual articles appearing in the written media. Many of these were repeated several times – for example, the EADT's stories also ran in the Ipswich Star, while stories from the Colchester Gazette were also published in various weekly titles such as the Maldon Standard.

In addition, the media also carried three letters sent in by the public about the consultation, as well as three opinion pieces.

Broadcasters to cover news of the consultation included BBC Look East, ITV Anglia, Radio Essex, BBC Radio Essex, BBC Radio Suffolk and Global/ Heart.

News stories

Tues 18 Feb – EADT and Ipswich Star – Colchester chosen over Ipswich for new £30million hospital treatment centre

Patients from Suffolk will have to travel down the A12 for operations in the future - after Colchester was chosen over Ipswich as the site of a brand new multi-million pound orthopaedic centre: www.eadt.co.uk/news/orthopaedic-centre-ipswich-colchester-1-6520439

Tues 18 Feb – Colchester Gazette – Colchester Hospital set to receive massive £44m investment

A state-of-the-art elective surgery centre is set to be built at Colchester Hospital as part of £44 million investment in the healthcare facility - the biggest in decades: www.gazette-news.co.uk/news/18243924.colchester-hospital-set-receive-massive-44m-investment/

Tues 18 Feb – Colchester Gazette – Will Quince and Bernard Jenkin welcome £44m boost for Colchester Hospital

Colchester's MP says the proposed £44 million investment at Colchester Hospital will be "game changing" for the town: www.gazette-news.co.uk/news/18243927.240856089/

Tues 18 Feb – BBC News – Ipswich and Colchester hospitals: New £44m orthopaedic centre project revealed

Patients who need planned hip and knee replacements may have to travel to a neighbouring county for surgery under plans to create a specialist centre: www.bbc.co.uk/news/uk-england-suffolk-51547332

Weds 19 Feb – Colchester Gazette – Priti Patel welcomes £44m investment at Colchester Hospital

Home Secretary Priti Patel says Colchester Hospital being chosen as the preferred site for a new £30 million orthopaedic centre is "fantastic news" for constituents: www.gazette-news.co.uk/news/18246628.240972830/

Sat 22 Feb – EADT – Multi-million pound hospital projects debated by MPs

New A&E developments and a proposed £44m orthopaedic centre project were up for debate during a ministerial visit to Ipswich and Colchester hospitals: www.eadt.co.uk/news/tom-hunt-and-will-quince-hospital-visit-1-6526871

Sat 29 Feb – EADT – Multi-million pound hospital projects debated by MPs

New A&E developments and a proposed £44m orthopaedic centre project were up for debate during a ministerial visit to Ipswich and Colchester hospitals: www.eadt.co.uk/news/tom-hunt-and-will-quince-hospital-visit-1-6526871

Weds 4 March – Colchester Gazette and Maldon Standard – Have your say on planned £44m upgrade at Colchester Hospital

Residents are being invited to have their say on a new multi-million pound orthopaedic surgery centre planned for Colchester Hospital: www.maldonandburnhamstandard.co.uk/news/north_essex_news/18269666.say-orthopaedic-plans/

Thurs 5 March – EADT and Ipswich Star – Could Colchester orthopaedic centre plan lead to more services leaving Ipswich Hospital?

Fears have been raised by public sector chiefs that the move of orthopaedic surgery out of Ipswich Hospital could lead to a further exodus of services in future: www.eadt.co.uk/news/suffolk-public-sector-leaders-ipswich-hospital-fears-1-6544770

Thurs 19 March – EADT and Ipswich Star – 'Once it's gone, it's gone' - Hospital nurse and borough councillor raises fears over orthopaedic surgery move

Fresh fears have been raised over a planned move of orthopaedic surgery out of Ipswich Hospital, with opponents suggesting it is not in the best interests of patients: www.ipswichstar.co.uk/news/sarah-barber-orthopaedic-surgery-move-fears-1-6568402

Reader letters

Fri 21 Feb – Colchester Gazette – letter – "Boost for hospital not great for all"

Tues 25 Feb – EADT – letter – "Concern at site for new centre"

Weds 11 March – Colchester Gazette – letter – "We need to sort out MRI scanners

Opinion pieces

Weds 19 Feb – Colchester Gazette – opinion piece - £44m cash boost in needed

Sun 23 Feb – EADT – Tom Hunt opinion piece – "We could upgrade two existing hospitals for the cost of one new one"

Mon 24 Feb – EADT – David Ellesmere opinion piece – "Ipswich Hospital is being downgraded - why aren't Suffolk MPs fighting harder to stop it?

APPENDIX F

Minutes from Stakeholder Event: Post-public consultation recommendation setting

19 May 2020

Presenters:
Rebecca Driver, Director of Communications and Engagement, ESNEFT
Dr Shane Gordon, Director of Strategy, Research and Innovation, ESNEFT
Dr Steve Wilkinson, Independent Academic, Consulting the Community
Participants:
John Abbott, Chair, Musculoskeletal Action Group
Mark Bowditch, Consultant Orthopaedic Surgeon, ESNEFT
Karen Briton, Matron of Theatres, ESNEFT
Dr Hassan Chowhan, Chair of NEECCG
Paul Ellis, Public Governor, ESNEFT
Andrew McLaughlin, Director of Clinical Strategy Implementation,
Sam Fuller, Associate Director of Operations MSK and Special Surgery, ESNEFT
Ray Hardisty, Patient advisory group
Neil Harris, General Manager, Trauma and Orthopaedics, ESNEFT
Dr Crawford Jamieson, Medical Director, ESNEFT
Cllr Mark Jepson, East Suffolk Council
Gill Jones, Community Development Manager, Healthwatch Suffolk
Cllr Gordon Jones, Suffolk County Council
Mark Loeffler, Consultant Trauma and Orthopaedics, ESNEFT
Amanda Lyes, Chief Corporate Services Officer, West Suffolk CCG
Irene MacDonald, Patient & Public Involvement Lay Member, IESCCG
Cllr Neil MacDonald, Ipswich Borough Council
Simon Morgan, Associate Director of Public Relations, ICS
Gill Orves, Public Governor, ESNEFT and Chair of IHUG
Lynsey Sunderland, NEECCG
Helen Taylor, Chair, ESNEFT
Richard Watson, Deputy CEO, IESCCG
Prof. David Welbourn, Lead Governor, ESNEFT
Meeting technical support:
Abigale Bedford, Graduate Management Trainee, ESNEFT
Luke Mussett, Engagement Officer, ESNEFT (scribe)
Anna Turner, Head of External Engagement, ESNEFT (moderator)

1. **Welcome**

1.1 Rebecca Driver (RD), Director of Communications and Engagement at ESNEFT opened the meeting as Chair. She explained today's meeting would be using Microsoft Teams and apologised for any potential issues that may arise. She informed the attendees that the event would be recorded and that minutes were also being taken. RD continued that she hoped that by the end of the session that a recommendation could be agreed today to be presented in early July to the Clinical Commissioning Groups' (CCG's) Joint Governing Bodies. She made it clear that this was not an opportunity to reopen the public consultation.

1.2 RD outlined the agenda and the purpose of today's discussion. She articulated the timeline of events leading up to this meeting and what would be happening afterwards if a recommendation was agreed today. When going through the timeline, RD described the individuals that were involved at different stages of the process including Dr Steven Wilkinson (SW), Independent Academic at Consulting the Community, who would be presenting later in the event.

1.3 RD explained the two milestones that will be ahead if the recommendation is agreed. First would be a meeting with the Joint Health Oversight Scrutiny Committee (JHOSC) where the team would be presenting much of what they are here to say today. The second milestone would be the presenting to the CCG's governing bodies for a final decision to be made. Today would be an opportunity for stakeholders to have a say in the recommendation.

1.4 RD then continued with an explanation of the press coverage received and how the Q&A session would be run. She explained that the recommendation would be drafted in the plenary session. She then read through the proposed recommendation. Irene MacDonald (IM), Patient & Public Involvement Lay Member with the Ipswich East Suffolk CCG then raised a potential governance issue as she was a voting member of her CCG. RD recommended that she participated in the meeting however at the stage of the decision making on the final recommendation she should excuse herself. IM agreed.

1.5 RD then handed over to Dr Gordon (SG) Director of Strategy, Research and Innovation, ESNEFT for his presentation.

2. **Background to the Elective Care Centre consultation**

2.1 SG thanked the Chair. He started by explaining the proposal was part of a wider programme of work called Building for Better Care. The programme has two strands - emergency and urgent care, and elective, or planned, care. The planned care stream, which is what the public consultation related to, was

required to cover the re-provision of day surgery at Colchester Hospital and a new orthopaedic elective care centre at one site.

2.2 Giving background, he explained that currently at Ipswich Hospital the rate of cancellations (including rescheduling) for elective care work was almost one in three. One of the most common reason for these cancellations was to accommodate emergency patients. There was also now a lack of space to do all the planned work that was required. He described from this the benefits to patients of the proposed new centre and clarified what would not change for patients and staff. There was then also an outline of the positive changes that would come about from this proposal.

2.3 SG then described more details about the proposal itself and what the new centre would have, including up to six new theatres and 48 inpatient beds built to the most modern NHS standards. He clarified these modern standards meant much more space and larger on suite rooms. These are significantly better than most people's experience of current hospital accommodation. He clarified that this was an important opportunity to protect services for patients in the future.

2.4 SG then tackled the question of why Colchester Hospital was chosen as the only option for the proposal. He expanded from the slides that there was a 'brown-field' site available at Colchester already, whereas this was not the case at Ipswich Hospital. Moving out of Ipswich Hospital would create more space for other services to move into better accommodation. In addition, Colchester day surgery unit had to be replaced as part of the proposal and this meant it was the most cost effective approach.

2.5 SG then addressed where it would be on the site and the suitability of the location. The location was far enough away from acute medical services that it wouldn't be an option for emergency overflow, but still close enough to ITU and complex imaging. He also explained how many patients would be affected by these changes.

2.6 SG then handed the floor back to RD. She thanked him and then introduced SW to present his findings.

3. Feedback report from the consultation

3.1 SW clarified for his report he had worked independently. He explained that there was not a nationally mandated methodology. However he had worked with Anglia Ruskin University and the University for East Anglia in creating this approach and this was the twenty-first time it was being implemented in this way. SW had collected the feedback directly and had received 339 responses. He did clarify

that this was not 339 individual responses as some could be a response from a County Council but it would only be counted as one. He also explained that responders were self-selecting so an analyst can't say why someone chose not to respond or if an individual truly represents a community.

3.2 SW then broke down the process of how he collected the feedback. It began with a first stage analysis with all the data collected and coded to themes such as 'journey'. These were then sorted by volume and order accordingly in the draft report.

3.3 For the report SW explained that the summary of themes creates an abstract of the report. There is then the detailed report that follows. The point being anyone who said something will see their statements in the report.

3.4 SW then went through each of the themes in the report in the order of their importance. These were:

- Journey
- Preference
- Patients
- Service
- Finance
- Design
- Staff/ staffing
- Consultation
- Environment

3.5 He concluded that the process of informing the public is always a challenge. Some want a brief whilst others want the finest level of detail.

4. Questions from the floor

4.1 RD as Chair opened with questions submitted by Gill Jones (GJ), Community Development Manager for Healthwatch Suffolk. The first was on whether Covid-19 and the shutdown had impacted on the consultation. RD replied that most of the information was collected before the shutdown and that this may have been a contributing factor to the higher level of online activity. Covid-19 was not seen to have had a material impact.

4.2 GJ then had a question on the Equality Impact Assessment (EIA). It was confirmed that the EIA was available online. Healthwatch had to stop their assessment of patients travel preferences and experience at short notice due to the lockdown. GJ's other question was on whether there were any objections from staff. SG took this question and explained that the team had been working

with staff on this proposal for two and a half years. Different staff groups have shown different levels of interest. SG indicated that a proposal for a two-site option had been put forward by a small group of clinicians. He explained that, during the development of the final proposals for consultation, there had been discussion with the same clinicians as to whether there would be a risk to quality of work, and the structure of the service. A two-site model was not included in the proposal as commissioners asked for a single site option. However, as this was raised during the consultation, the Trust had developed a two-site model and considered this against the same criteria as the other options. When this two-site option was presented to the ESNEFT Trust Board following consultation, these proposals were deemed to be too costly. They have been assured by other expert orthopaedic clinicians in the Trust that quality is related to the surgeon and team leadership rather than by physical location of the service. The future working arrangements including all clinical and supporting staff will for part of the development of the detailed business case, which follows the public consultation stage. To conclude he said that we were still at a relatively early stage and that stakeholders' involvement in the design of the service was critical to developing the best possible plan.

4.3 David Welbourn (DW), Lead Governor for the ESNEFT Council of Governors felt some public feedback was opinions that were not connected with the consultation. He wished to have assurance that the opinions that couldn't be linked to the recommendation would be presented at the design stage. RD explained that after today there would be a presentation to the CCG in public. She added the team would present a final version of the report they were looking at today. In addition to this there would be a detailed report from the working group that would go into detail on these other issues that would present back to the CCG in a detailed report. For instance, they knew from the pre-consultation feedback that transport and travel means there would be a lot to do but it was important. The consideration of transport and access would be a key consideration, requiring the whole local system, including local government and NHS commissioners to work together. DW continued by asking if the results would have been different if the consultation had been run now post a pandemic? SG and RD agreed the benefits this new centre offers are still needed. Indeed, it does strengthen the case for a separate centre that could then be isolated from the rest of the site. Mark Bowditch (MB), Consultant Orthopaedic Surgeon for ESNEFT confirmed that had we had the site ten weeks ago it would have been a 'green' [meaning COVID-free] area.

4.4 Cllr Neil MacDonald (NM) from Ipswich Borough Council asked if the unions had been involved. RD confirmed they had been involved at the pre-consultation stage and, if the centre was to go ahead, union representatives would be invited to work with the development team. NM noted this was not followed up in the consultation response. RD clarified that it would be included in the management

paper accompanying the recommendation, as will a full summary of all the pre-consultation work.

4.5 IM asked what has been done in response to the Clinical Senate recommendations for further work. She further asked about work on the travel impact assessments and patient access to service. SG answered that they had greatly valued the excellent engagement with local communities in developing their thinking so far and that he is keen for more to take place.

4.6 DW added that there needed to be consideration as to the rapid adoption of technology within the pathway, which will also change service users transport needs. MB added that the Trust was rapidly using IT to help reduce face to face attendances at the time in relation to the Covid-19 outbreak. SG then supported this statement by confirming ESNEFT was the first Trust in England to adopt the Attend Anywhere technology and was now doing 40% of all video consultations in the East of England at the time of the meeting. He continued that they welcomed the lead taken by the Joint Health Overview and Scrutiny Committee for Suffolk and Essex in looking at travel and that ESNEFT would give its full support, but agreed that this cannot be resolved by any one organisation working in isolation.

4.7 For the proposed recommendation IM said he would like ESNEFT to remove "unanimous". He found it difficult to support something that he felt would 'cut a service in Ipswich', adding that the people of Ipswich saw this as a disadvantage to them. GJ and Cllr Mark Jepson (MJ), East Suffolk Council, agreed with the comments made on transport and a need to add a statement on transport. MB then added his personal perspective as a Suffolk resident, appreciating the importance of the proposal despite where it may be built.

4.8 Following on from this MJ appreciated East Suffolk Council had not contributed as much as perhaps it should have. However, saw the benefit of the new centre but obviously had to at least voice concerns from people living in the northern extremities of his councils constituencies. Hence consideration of transportation in the recommendation may help those he represented. Otherwise, he agreed with the proposal. From this Helen Taylor (HT), Chair of ESNEFT suggested the wording be changed to 'majority view' which was agreed upon by the stakeholder group.

4.9 The recommendation was then amended to be:

"It is the recommendation from the majority view of the post-public consultation stakeholder event held on 19 May that commissioners should approve the proposal to build a new centre for planned orthopaedic surgery at Colchester Hospital, with particular regard to the development of mitigations for the transport issues raised"

4.10 RD thanked all participants for joining what was an effective process and confirmed the final wording would be emailed to the stakeholders attending that day.

4.11 Meeting closed.

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

Consultation Report

Author
Dr Steven Wilkinson (Consulting the Community)
May 2020

Title: Public Consultation - A proposal to build a new centre for elective (planned) orthopedic surgery at Colchester Hospital - Consultation Report
Author : Dr Steven Wilkinson (Consulting the Community) Working as an independent academic
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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 reposes 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 coding[1] 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

Key[4]
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 it's 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 CO_2 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.

Wordles[7] (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 outlaying/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

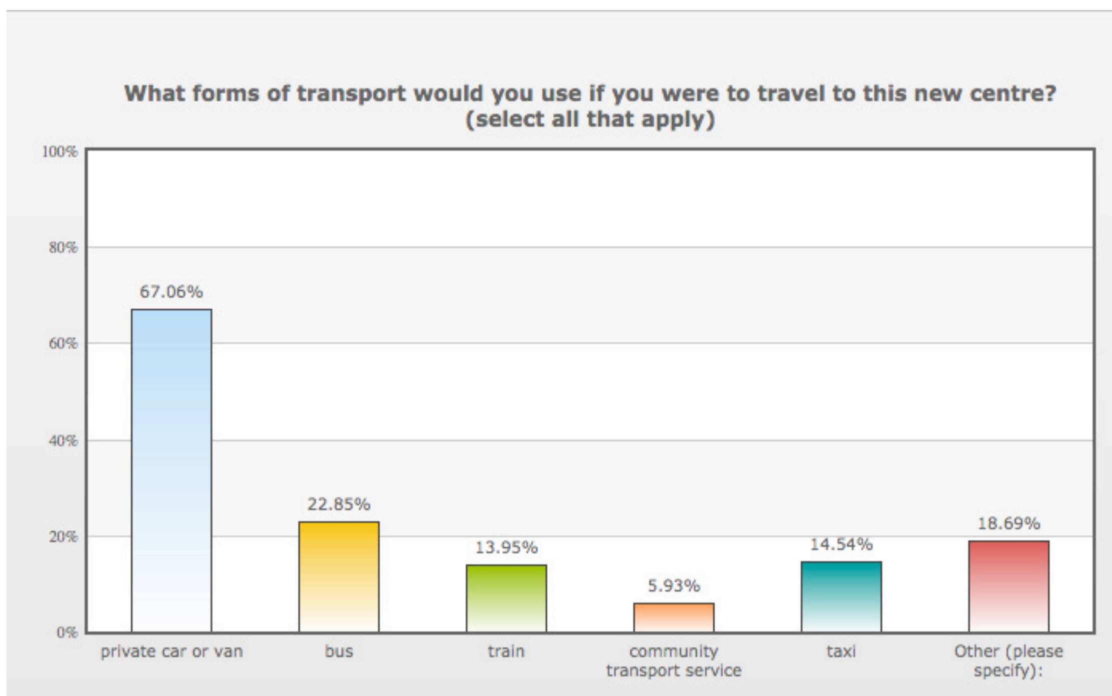
I think the notice that included this survey of opinion is really very good news. I found the consultation document very convincing.

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

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

4.4.1 Q3 Journey

There are transportation difficulties (including availability, and logistics). Disabled people and low-income patients will not be able to travel to Colchester. Many of the patients and family members will be compromised by age. I don’t drive and I have no one to take me. I will have difficulty getting there with relying on family members and if in need of surgery for a painful condition. Consider the physical demands of making that journey from Ipswich, problems with mobility. Assuming I wasn't able to drive because of my medical condition, I wouldn't be able to get to the hospital for the pre ops or surgery or the follow up appointment and physio. I will need to arrange (and wait) for family to transport me or manage by myself when I am discharged – or get a taxi. There are constant problems on A12 (A14, Orwell Crossing) that at the best of times are unpredictable, heavily congested.

I would need to travel further from Suffolk (out of area) to have my surgery and it would be harder and more expensive for me to get there. The distance (travelling many miles) would be greatly increased which is not very satisfactory (further, extra, longer, too far, not convenient, not very easy, not feasible, a nightmare, poor experience - I would resent it). It would be an extra 30 (50, 60, 70, 90) miles and take longer (over 90 minutes – double the time). I would have to travel by car (or taxi) and drive through a housing estate. It would mean having to make difficult alternative arrangements to find someone to get you there then having to collect you and whoever takes you will have to drive much further. Follow-up treatment requires yet more travel/time.

I will have to make alternative arrangements at home till I get discharged. For a 7am admission I would need to leave home at 6am so would need to get up

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 it 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.

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

4.5.1 Q4 Patients

Visitors (family and friends) wouldn't come. Older relatives will struggle - they would be unable/less likely to get there (visit less frequently). Visitors would find it inconvenient (more difficult, struggle, challenging, not be easy, problematic, harder, impossible, a bloody nuisance). This will be due to the increased travel times (distance, poor parking). They would be unable to support (look after) me. My daughter (Mother, Husband) is disabled – family do not drive – are in poor health – getting older. It would take half a day at least to get there.

They would have to take into account other family commitments. The family would not be able to visit me during the day and possibly not during the evenings because of work, very young children who should be in bed. We have grandchildren and elderly parents. It would place a great burden on my husband and family and friends. All my family and friends are in Ipswich and I couldn't expect them to drive over.

For a short stay this may be fine but if there are complications it could become difficult for them to keep visiting for a longer spell.

It wouldn't affect me (them) – have no significant impact (affect). All my friends and family live in or near Colchester. Its a good choice of location for my friends and family - Easy to get to (convenient) – would make their lives easier too. I think that they will be happier. I cannot see any adverse effects. Colchester is central to all of Essex. My family would be prepared to visit me in Colchester knowing that I have had the operation.

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 there 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.

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

4.6.1 Q5 Journey

A free (minimal cost) dedicated car or bus shuttle service from Ipswich (hospital to hospital or from the Park and Ride) for patients and relatives at visiting times (regularly, 2 or 3 times a day) and for appointments pre and post operation – which is readily accessible (reliable, robust). This could be pre bookable so they would know how many people required the service. Free shuttle from the train station. Keep supporting the Hospital Hoppers services. Community transport needs investment for more staff. Our community bus is great but doesn't go to Colchester. More community transport be made available between Ipswich and Colchester.

Provide a fully funded taxi there and back for patients and others (family, relatives, friends, carers) - if they have a real need, between home and the centre in Colchester. Consider transport home, for those who are out of area. Some form of transport available to those who are unable to get in or sit in a car - and ambulance transfers would need to accommodate some patients. Ambulances to cope with the demand on its services. Any bus service that takes several patients home would be out of the question as this could take all day. Helicopter transport for patients and visitors!

Ensure adequate (free, dedicated, designated, better, ample, more, improved, plenty, easily accessible, allocated, sufficient, available, cheap, a decent amount, bigger, exclusive) parking spaces (and more disabled parking). Better parking for both staff and patients (especially staff). Time limited parking for drop off, pick up and visitors - difficult for those awaiting ops to walk far. Particularly for day surgery cases, having convenient parking is essential. Even now patients go round and round the car park looking for a space and

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.

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

4.7.1 Q6 Preference

Good to see creative responses to very real challenges - It will help the elderly etc.... I agree with proposal (100% back it, let's get it done, It should come into place, Please go ahead, Much needed, Get it built!, I fully/wholeheartedly support this proposal, I welcome it, I'm all for it, Cant come/open soon enough, this sounds like the right thing to do) and we wish you well and hope it comes in within budget and on time, or earlier if possible. Well done - It will be a good move (brilliant, great, exciting, beneficial, excellent, good news, valuable, needed, welcome, wise, Outstanding!).

A needed local/centralized service (centre of excellence) as Colchester is really stretched with a rapidly growing population - and to plan for the future. About time the hospital expanded properly for the growing population. Think it is a great opportunity for the hospital to be able to provide a top-class orthopedic service and build up the portfolio of modern/efficient services offered and take the hospital into the future. Hopefully it will help immensely. Excellent use of public money.

Colchester team is great, and their staff and patients deserve the best facilities. Probably the best option for elective surgery. It would benefit all patients and staff requiring the services. It will be another jewel in the crown for ESNEFT. Nothing less than the surgeons and patients on the area deserve.

The centre can be built up as a major centre with research capabilities while providing excellent services with less cancellation of elective operations. Without it as the new hub and spoke model of orthopaedic centres of excellence develop people in this region will have very long journeys if centres elsewhere have to be relied upon for elective surgery. There is now and there has always been a need for some patients to travel for treatment - Papworth, Nowhich, London Hospitals.

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 visit 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 artyhroplasty 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 overspills 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 loose some of their skilled/highly ranked surgeons. We have excellent doctors in Ipswich If thus 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 loose 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 is 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 moving further away causing patient's and there 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/Clochester, 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/Coolchester/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 Suffok 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 pubic 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.

Final Report developed by
Dr Steven Wilkinson – Consulting the Community*
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May 2020

* 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.

Suffolk & North East Essex Joint Health Overview and Scrutiny Committee **Responses to questions from JHOSC members – March 2020**	
Comment/question	**Response**
Ipswich Councillors	
Cllr Jessica Fleming I feel the responses to the consultation would be most useful if responders can be categorised according to (for instance): 1. Doctor or consultant (hospital) 2. Other health care staff, e.g. nurses 3. Primary care/ GP practice 4. General public by post code	Agreed. However, the questions asked as part of the public consultation and the information requested about respondents had to be approved by NHS Improvement / NHS England and the classifications approved for use were: • Patient or user of services • NHS Employee • Carer or family member • Other Some respondents have kindly provided more information voluntarily (such as the name of the organisation they represent) but we do not have access to their postcodes.
What are the likely implications for key surgeons and consultants who may experience greater travel times, assuming the same person who performs the surgery also sees the patient before and after the operation?	Rotas will be arranged for consultant surgeons and anaesthetists (and other clinical staff) so that no member of staff will be scheduled to work on more than one site on any particular day and staff will be entitled to work-based travel expenses in accordance with ESNEFT policy and procedures. Therefore, the implications for key staff would be confined to any additional travel time from their home to the ECC on their scheduled ECC days.
The report states that nursing and AHP staff would not be required to travel between sites (Workforce, p. 50), but raises some other issues regarding the workforce; **how will the Trust ensure that there will not be a drain of staff from Ipswich to the ECC given that it (the ECC) may be perceived as a preferable location to work? Will pay scales be equivalent?**	ESNEFT employs all staff groups on the same terms and conditions (including rates of pay) regardless of the site (or sites) where they work. Nursing and AHP staff are employed on national NHS Agenda For Change terms and conditions. A detailed workforce plan will be developed to cover recruitment, retention, training and development for all staff groups and any changes for staff would be supported by a formal employee consultation process. More than 25% of the registered nurses currently in the service will reach their expected retirement age before any ECC would open in 2024 so we anticipate that a significant proportion of the staff will be more recent appointments. The choice of preferred site is often driven by

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

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

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

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

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

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

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

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

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

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