

25th September 2012

Closing the Consultation

We are in the final week of the consultation period. Over the past 14 weeks 1,431 consultation documents have been downloaded from the website along with 784 summary documents. We have received a number of individual written responses and to date we have received 207 completed paper copies of the survey and 160 online surveys have been completed. We anticipate that these responses will increase before the close of consultation.

We have undertaken 9 market place events across the county and have had conversations with approximately 1000 people. We have provided briefings to councillors in all the localities and have held focus groups with key hard to reach groups.

All of the responses that we have had from the public, patients, staff and organisations will be sent to the independent organisation who will collate this into a report that will provide qualitative and quantitative analysis of the responses and comments on the proposals in the Shaping our Future Clinical Strategy.

Without pre-empting the independent analysis we have reflected on the issues that we feel have been at the fore of this consultation:

Travel and Access

It is very clear that Travel and Access was probably the most frequently raised issue in our conversations. People sought assurance that our proposals would not impact adversely on patient safety, particularly with regard to accessing specialist stroke care in a timely fashion. If our preferred options are supported we will continue to work with colleagues in the local authority to ensure that all appropriate mitigating actions are undertaken that will minimise the impact of increased travel times on carers, relatives and visitors and with SECAMB to ensure that robust protocols are in place to ensure that patients get to the right place in the right time.

Stroke Services

Prompt diagnosis and the right treatment for strokes are vital. The leading doctors responsible for the proposed changes to stroke care in East Sussex believe the proposals will make sure that people have access to prompt diagnosis and the right treatment 7 days a week, 365 days a year.

In East Sussex we want to make sure that everyone has the best chance of making as full a recovery as possible as quickly as possible. To do this we need to make sure three things are done properly and safely, every day of the year:

1. Safe and prompt arrival at hospital
2. Timely access to the right experts, diagnostic tests and facilities on arrival
3. Immediate and consistent access to rehabilitation and therapy services

While it is important that we make sure we get people to hospital quickly, it is only one part of ensuring people get the care that will help them get better.

Our proposals, if supported, will deliver better, safer care for people who suffer a stroke in East Sussex by making sure they have rapid access to the diagnostic tests and treatment as soon as possible after they arrive at hospital. Treatment for stroke is only time critical for those patients who will benefit from clot busting treatment. Assessment of suitability for clot busting treatment requires a number of diagnostic tests including a scan. We want to make sure all patients receive the care they need whether or not they are one of the 10-12% who are suitable for clot busting treatment. All stroke patients need specialist support from therapists and other clinical staff during their recovery and we will be able to provide this for all patients every day by consolidating services on one site.

The ambulance service is confident that if the proposed change is implemented they will be able to reach a hospital with a specialist stroke unit from anywhere in East Sussex within 45 minutes. The leading doctors with the responsibility for the safety and quality of the stroke service believe that this means that reconfiguring services will allow us to organise the service more efficiently so that people would actually go through all of the diagnostic tests quicker than they do at present.

NHS South of England recently confirmed to the East Sussex Health Overview and Scrutiny Committee that thrombolysis should be undertaken within 5.5 hours. In East Sussex we use a target of 4.5 hours.

Trauma

Major trauma is currently treated in Brighton and London in line with national guidance. This is not changing. Having trauma unit status is not a pre-requisite for having a thriving A&E department, providing emergency care to the majority of patients.

There has been confusion around some of the ways we describe services in the NHS. We have clarified the difference between major trauma and orthopaedic trauma but recognise that we need to continue to assure the public these changes will not in any way destabilise either A&E department.

To be absolutely clear, the NHS South of England website states:

“The introduction of a major trauma network is not about reducing A&E services nor will A&E departments be affected.”

A&E

East Sussex Healthcare NHS Trust has committed to investing in both A&E departments and medical assessment units, increasing the number of consultants available on both sites. The two A&Es in East Sussex will continue to treat approximately 120,000 people each year, split between Eastbourne and Hastings.

General surgical and orthopaedic emergencies form only a small proportion of the workload of consultants in a busy A&E. The vast majority of the patients attending our A&Es each year will continue to be treated at the hospital most convenient for them. Indeed the most unwell and medically challenging patients, with life threatening heart, lung and kidney problems for example, that require immediate and expert medical help will continue to receive that care in both our hospitals 24 hours a day. Any patient attending either of our A&Es will continue to receive appropriate treatment but may be transferred to the other hospital if they require urgent orthopaedic or general surgical operations

Next Steps

- The independent consultation outcome report will be available on the 22nd October.
- The Option Appraisal panel will meet on the 25th October to score the options and sites.
- ESHT Board will meet on the 15th November and agree recommendations
- The CCG Boards will hold a joint meeting on the 20th of November and agree recommendations
- NHS Sussex Board will meet on the 23rd November will make a decision on which options will be implemented and on which site.
- Implementation plans for all options are being developed so that we are able to move forward as swiftly as possible.