Are medical services necessary in Maldon?

- Maldon Community Hospital Strategic Out Line Case 2009.
  - Services needed in Maldon:
    - GP Services
    - Outpatients Services
    - Tissue Viability Service
    - Therapies
    - Rapid Assessment Unit
    - X-Ray
    - Ultrasound
    - Phlebotomy
    - Inpatients – 24 Rehabilitation beds
    - Maternity Unit (Midwife-led)
    - Minor Surgery
    - Adult Mental Health
    - Community Café
    - Dispensary
- It was decided a new hospital was needed and the best / cheapest option was to redevelop the existing site.
    - Despite this 1/3 of the above services have recently been, or are being, removed from Maldon District already.

Continued….

- Braintree Community Hospital was completed in 2010. During the planning stage for Braintree Maldon was next. Plans were drawn and still being review in 2012 with the NHS Development Brief St Peter's Hospital April 2012.

- The population of the Maldon district is now well in excess of the 62,500 quoted in 2009. The HNS themselves tell us there are 300 appointments per day, 80,000 a year at St Peter's.

- Further this report points out that by 2029 there will be 2 people aged 15-64 years for every person 65+. There will be less carers and the carers will be older. Sending some people home for community care will not be possible as NHS ICB wishes to do. There is now and will be in the future and need for community bed-based Rehab / intermediate care.

Continued….

- In the SOC report 2009 under the 'Local Context' were 11 Pledges and 10 service commitments of NHS East of England:
  - Two pledges
    - To ensure healthcare is available to marginalised groups…
    - Working with partners, to reduce the difference in life expectancy between the poorest 20% of the communities and the average…
  - Two Commitments
    - Deliver more services locally that meet the needs of local people.
    - Improve access to health and well-being services for all
- St Peter's is strategically placed to enable access for Maldon and the rural Dengy Peninsula. Without St Peter's drive times are impossibly long and virtually no public transport. Some assets in the NHS are strategic, some tactical. St Peter's in strategic and needs to remain a Hosptial.

Engagement Report: Improving Community bed-based care in Mid and South Essex: *Mid and South Essex Health and Care Partnership April 2022*.

- **Community bed-based rehab is needed from St Peter's**
- *"One thing that comes out strongly when people speak about community bed-based rehab is the difference it provides compared to being in an acute hospital setting. People start to get their sense of self back through a more personalised level of care".*
- *"People are angry if they can't reach their loved ones, and for the stroke survivor themselves…to not have that connection with family (or to have it limited by public transport costs or barriers), it's a determinant of health to have that connection with your family, it's part of your rehab journey and if you feel disconnected this won't aid your rehab".*
- *The process from hospital to home was traumatic for me, failed discharge after failed discharge. We were at a loss…[they said] come to collect your loved one and then get on with it. The emotional distress to the patient and the carers is immense. The transition could be a lot smoother, a link from inpatient to the outside would make a huge difference."*
- One stakeholder working in an acute hospital described how they felt the constant need to make pragmatic decisions to free up beds…… in community bed-based care, there is more time to support people through rehabilitation and enablement to meet their personal outcomes.

Why are NHS Mid and South Essex determined to reduce medical services in Maldon?

- Reasons given by Mid and South Essex.
  - To improve the quality of care in specialist units.
    - In the report from the London Royal College of Physicians 2020 there are many questions as to the advantages in both quality of care and finances when closing small community hospitals. There are clear cases where fatalities increase purely due to the extended travel, both in terms of the travel time, and the direct disincentive to go to hospital appointments if it will take more than 2 hours on public transport.
    - Quote.. *Propper's study of the closure of 112 hospitals in the period 1997–2006 in the UK concluded that mergers had no impact across a broad range of outcomes, including financial performance, productivity, waiting times and clinical quality. In fact, there was little evidence of any type of gain and the result was, instead, a reduction in clinical capacity and an increase in financial deficits. 20*
  - To help recruit more staff.
    - Staff shortages in the NHS and Community Care are complex and cannot be laid at the feet of the Community Hospital. The Royal College of Physicians explains this and suggest some solutions.
  - St Peter's in not in a state to accommodate the services any longer
    - This is a direct result of a complete lack of investment for 32+ years.

Continued….

- It would cost £18m to rectify the St Peter's building and there is no money.
  - Money is not a valid reason.
    - The Government has allocated £20B for new hospitals before 2030. In a population of ~70M this represents £285 per person. In the Maldon district we have ~70,000+ people. This means we should have £20m minimum allocated to Maldon district.
    - Further if St Peter's is to be sold for re-development then the funds generated should come to support the medical services in the Maldon district (est £6m). For over 32 years Maldon has been plundered by the NHS spending the money which should have been spent on St Peter's on other hospitals like Broomfield, Basildon and Southend.
    - Further the reduction in services in St Peter's and the adoption of the NHS Plan B would generate savings of £14.1M over 11 years. This money should be allocated to medical services in Maldon to invest in facilities for the future.

Continued….

- Nothing in the consultation considers the St Peter's site other than complete closure.
  - The site was given to the people of Maldon before being transferred to the NHS. It is in prime location and good access. It currently is approximately 8000 sq m. A community hospital or NHS Hub could be supported on 2000-4000 sq m. The cost of building a hospital facility is ~£4k per sq m. A new building could be built for typically £10-£16m on half the site with the other halve offered for redevelopment?
  - If Maldon agreed to option B for 11 years this would raise £14.1m. There are options. For example:
    - Option 1 – Sell the St Peter's site. Start Phase 1 of a new hospital with the £6M from the sale. Do Phase 2 and 3 as the savings are realised £14m.
    - Option 2 – Sell half the site. Use the funds with the £14m saved to develop a small Community Hospital / NHS Hub on the St Peter's site.
  - These options are long term. But Maldon has been waiting 32 years. The options above would require commitments from both the NHS and the Government and underwritten.
- Option 1 or 2 could provide a small increase in the number of beds (~12) for intermediate community bed-based care. With the increasing demographic age these will be necessary in the future hence leaving Maldon, albeit in 11 years, some local beds.

Why will the consultation not leave services in Maldon?

- The Government has published Public Consultation Guidelines (2018). NHS Mid and South Essex ICB have **not** followed these guidelines in a number of areas.
  - Section B. *'Consult about policies or implementation plans when the development of the policies or plans is at a formative stage.* ***Do not ask questions about issues on which you already have a final view'***
    - There is no consideration other than closing St Peter's. A decision which has been made.
    - The stroke unit has already been closed and the Options available are Option A: Brentwood and Rochford, or Option B: Brentwood and Rochford. The decision has already been made.
    - The birthing unit we are told ' We are consulting on one option..'. The decision is already made.
    - Other patient services. We are told we need to suggest where these can be put. But we are now told that X-ray (and hence Orthopaedic and Rheumatology) will be in Braintree Community Hospital.
      - *Further NHS ICB have slipped in 5 possible sites in Maldon for these services. For example: Council Buildings: These currently have Council, Police, two busy Doctor Surgeries near by, Citizans Advice. Retail Premises: Parking is already tight in the town. Wantz Chase: This is a single lane dead end road. There are about 4 parking spots for NHS staff and a school opposite which means access is extremely difficult. Other options are outside of Maldon!*
  - I asked NHS ICB to give me an example of a town where medical services have been distributed in many buildings and it is working successfully. They have not responded. I have talked to GPs and medical staff and they believe this distributed model would not work. We need a single NHS Hub.

Continued….

- Section C. *'Give enough information to ensure that those consulted understand the issues and can give informed responses. Include validated impact assessments of the cost and benefits of the options being considered'.*
  - Nothing has been provided about what money will be available, what workspace area is required, how many staff, what parking requirements for the medical services to remain in Maldon. How can we suggest alternative sites without this information?
  - Nothing has been provided about the options for the St Peter's site. We have been told St Peter's is not suitable for beds but it has been offering all the other services we need! The site of St Peter's is providing these medical services with easy access and plenty of parking.
  - Residents have not been informed of the impact of extended, almost impossible, public transport access to Brentwood, Rochford or Braintree. There has been no offers of support for transportation which will make access of National Health Services available only to the privileged.
- Section E. '*Consultaton should last for a proportionate amount of time.*
  - The consultation started on the 25th Jan. The first main public meeting was on 9th Feb. If you want to present evidence today you needed to submit before 4th March. So although the NHS will claim an 8 week consultation if you want to provide evidence after the initial meeting it is just 4 weeks. Bradwell Power Station consulted for 12 weeks and provided literature to every home!
- Section B: *'Take consultation responses into account when taking policy forward'!!*

Finally..

- Beds. I have asked for NHS ICB to provide details explaining why Option A costs £200k over 11 years and Option B saves £14.1m over 11 years. They have not provided this information. I believe the reason they have not provided this is that Option A requires investment in Brentwood to create the additional 25 beds. Probably in excess of £14m. This money could be spent on Maldon.
- While doing this report (Sunday afternoon) I used a travel planner to check how long it would take to get from Maldon (not Bradwell or Southminster) to various hospitals by public transport.
  - Rochford: Bus 332, 7 = 189 minutes (3hour 9 mins)
  - Brentwood: Bus 332, Train , Walk = 139 minutes (2 hours 19 mins)
  - Braintree: Bus 332, 170, 370 = 141 minutes (2 hours 21 mins)
  - Billericay: Bus 332 , 300 = 124 minutes (2 hours 4 mins)
  - Halstead: Bus 75, X20, 370 = 222 minutes (3 hours 42 mins)
  - Grays: Bus 332, 300, train C2C = 212 minutes (3 hours 32 mins)
- Apart from the devastating impact on Maldon District residents when they are in need, having extraordinary long journeys to hospital, where it is likely loved ones cannot visit, the environmental impact / carbon footprint of this decision if 80% of people drive has not been considered.

Conclusion…

- I believe I have demonstrated on the evidence provided that there has always been and is now a requirement for strategic medical services in Maldon e.g a Hospital or NHS Hub. Further there is money available if the NHS choose to use it to provided medical services for Maldon.
- The NHS is not consulting correctly, and this should be stopped.
- The NHS must stop making decisions with no consideration or care for the needs of the Maldon district. St Peter's is a strategically important Hospital for the community in the Dengy Peninsula.
- Community Hospitals are still being built in the UK. NHS Mid and South Essex just do not want to build one in Maldon where there is clearly a need now and in the future.
- Over 32 years is long enough to wait to get what clearly is needed. The £6m site money and the £14m saving from closing St Peters beds should be ringfenced and allocated for future medical services in Maldon.

February 2024 St Peter's Hospital Estate Briefing

- **Potential new health hub for Maldon**
- **The need to develop sustainable, fit for purpose health care facilities in Maldon has been recognised by the NHS for several years**. There have been previous attempts to identify options for a site to develop a Maldon Health Hub, which would **provide the Maldon District with modern, and appropriate premises where health and wellbeing services are provided on an integrated, multi-agency basis, delivering collaboration between GP services, the acute trust, Maldon District Council, health care provider organisations, Social Care and the voluntary sectors**. The last options appraisal took place in 2022 and the Wycke Hill development was identified as the most appropriate site for a Maldon Health Hub.
- The development was always planned to be delivered in phases. This would allow the development and delivery of different aspects of the service to be completed in line with need. The first phase would be to deliver a new Primary Care facility to replace Blackwater surgery and facilities for locally facing services, such as outpatient services and diagnostics. **There is the option for a second phase for inpatient care and specialist services**. A Programme Business Case (PBC) has been in development.