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Speaker 1 Les Flack

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- Service user case examples
- Consultation process
- Community impact

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Speaker 2 Michelle Olley

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Who are we and what do we want?

- Local residents
- Local councillors
- Speaking for ourselves and for those who cannot speak today.
- Covering for failings in the ICB Consultation process

- We want medical services that are currently held at St Peters (and those that have been discreetly removed) to be kept in the Maldon District.
- We want them in a single unit
- We want secondary care that is easy to access as is our right under the NHS constitution for England 2023.

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What have the public responses been from Facebook?

My age and bad health, plus due to both, I dont use public transport, would make getting to & from Broomfield a nightmare. In fact it recently cost my husband £50 to get home from Broomfield by cab following discharge from being an inpatient.
St Peters gives us independence and very good treatment whuch I have recently needed .. PLEASE, SAVE ST PETERS ...

The staff at St Peter's were fantastic. They looked after my dad for 8 months in the rehabilitation ward. They went above and beyond for my dad. He went In very poorly but being with their love, care and support got him well enough to go to the Royal London Hospital for brain surgery. I can't thank them enough. They all work so hard, I know because I went there everyday for 8 months.
This is why St Peter's need to stay.

This is a brief description of our experience: My 92 year old mum had a stroke on boxing day, she was in Broomfield Hospital until 18th January and is now in Brentwood Community Hospital for rehabilitation. This is far from home for mum who would have been able to go to St Peters if it was still open as she lives in Heybridge. It is too far for many people to get to her to visit so I have had to make the journey most days to ensure she has someone going in to see her, if St Peters was still open she would have been more accessible to her friends, who like her are elderly and the journey to Brentwood is out of the question. So this has not only impacted on mum, but on us as a family, at the moment I am going to work, then driving to Brentwood to see mum, by the time I get home it is too late to do anything else, each day is the same. Also when mum became unwell and needed hospital treatment for a few days, she was taken to Basildon hospital instead of Broomfield because Basildon is the hospital local to Brentwood. That meant that she was then even further away for that period of time.

I have been left with rectal incontinence after cancer surgery in 2020
The thought of having to drive to Broomfield for a simple blood test knowing that all hell can break loose (literally) from my arse fills me with dread which only adds to the problem.
I have had numerous "ejections" and its not a pleasant experience. I hope that this doesn't offend too many people but its a condition I and a lot of others deal with on a day to day basis and the right to access local health services is being taken away without any consideration to patients, some with more debilitating conditions than mine

My daughter gave birth last may...the day of the cycle race. She came to me from maldon as she was worried about getting to hospital from maldon. Broomfield were stretched to the max. They shut most of the hospitals to births that day, I believe basildon was the only one open. Listening to them on the phone to scared mums was awful. Daughter had a traumatic time at broomfield, who have now 'lost' her notes.

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Public responses at our survey events on the High Street and Tesco

My mother is in Brentwood after a stroke, we live together in Witham and I do not drive. I cannot visit her and it has been several weeks now since I saw her.

My husband was in Brentwood for rehabilitation for 3 months. We live in Burnham out on the Dengie. He is the one that drives. I couldn't get to him, we were separated for all that time. We have been married 70 years.

My husband was in St Peters for 13 weeks. When he arrived the sister took one look and said you will be in a nursing home in 2 weeks. He had physio upstairs and the staff on the ward continued with it ward. He is fussy with food, I don't drive but I could walk there, I took hot food in everyday and fed him. He walked out of the ward. He lived another 6 years happily at home with me.

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From the APPG Rural Health & Care Inquiry Report 2022

The NHS Constitution is founded on the principle of equal access to health care. The Constitution states that the NHS is available to all and that it has a 'social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population'. It emphasises that people should not be disadvantaged because of where they reside and that nobody should be excluded, discriminated against or left behind. Despite these fundamental commitments, health and social care in rural areas has been raised as a concern in numerous reports over many years

Evidence presented to the Inquiry was clear. In essence, many rural residents are disadvantaged throughout their life-course compared to their urban counterparts. Access to maternity care is more problematical; the wider community services for children and young people are less accessible; primary and secondary care are not so readily available for people of working age, including preventative and screening services; and the provision of both health and social services for the growing proportion of older citizens is increasingly inadequate. We are not offering equal care for all in England, despite the commitment to do so.

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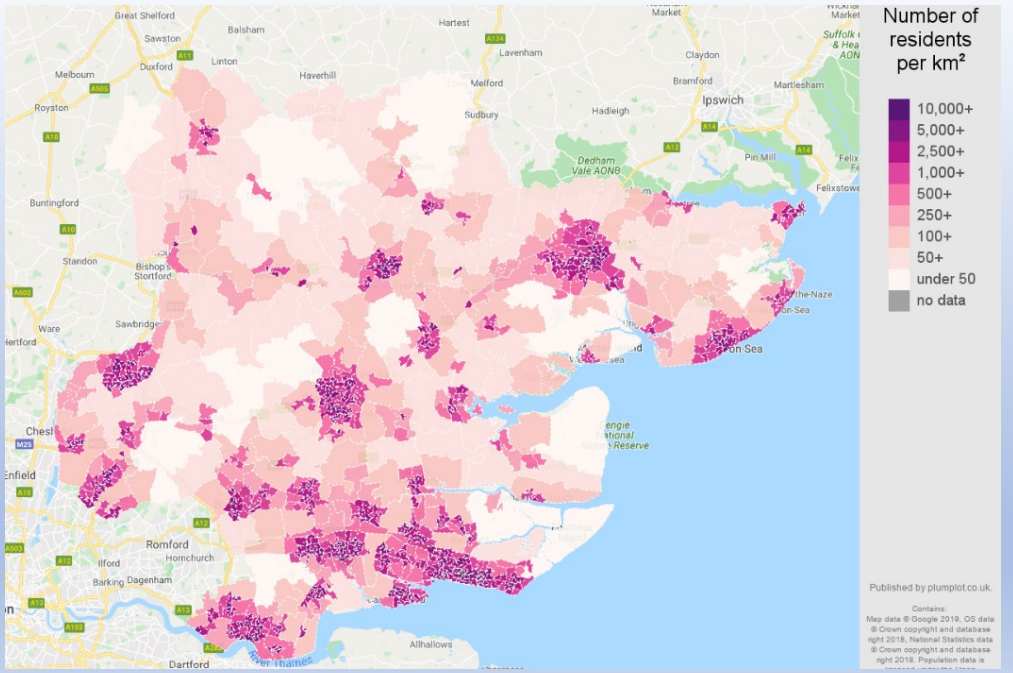

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Expectations of the ICB and how this will be applied to future development in the Maldon District

- **<u>ICBs have the following general duties</u>:**
- **Promote the NHS constitution (14Z32).**
- **Exercise functions effectively, efficiently, and economically (14Z33).**
- **Secure continuous improvement in quality of services and outcomes (14Z34).**
- **Reduce inequalities between patients in relation to access to services and outcomes; promote the integration of health services where this would improve quality; and reduce inequalities of access and outcomes for individuals (14Z35).**
- **Promote the involvement of patients and carers and representatives in decisions that relate to prevention or diagnosis of illness in the patients, or their care or treatment (14Z36).**
- **Enable patients to make choices about their health services (14Z37).**
- **Obtain appropriate advice to enable it to discharge its functions effectively (14Z38).**
- **Promote innovation, research, education and training (14Z30 – 41).**
- **Promote integration of health services where the ICB considers this would improve the quality of services and outcomes and reduce inequalities of access and outcomes for individuals. Promote the integration of health services with health-related services (those that may have an effect on the health of individuals but are not health or social care services such as housing accommodation) or social care services where this would improve quality and outcomes and reduce inequalities of access and outcomes for individuals (14Z42).**
- **Have regard to wider effect of decisions – the triple aim (14Z43).**
- **Have regard to legislation on climate change (14Z44).**

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DHSC Consultation Visiting in care homes, hospitals & hospices

Ministerial foreword

Visits from loved ones are vital to the health and wellbeing of people receiving care in care homes, hospitals and hospices. We know how much these connections matter, whether through the practical care an individual provides to a loved one, support and advocacy during a difficult medical appointment, or the comfort provided from a held hand or a hug. It is not a 'nice to have', but a vital part of providing individuals with the high-quality care everyone deserves. We want everyone to be able to see and support the people they love in health and care settings.

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Speaker 3 Tim Olley

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The Consultation

- Impact Assessments
  - General presumption that anything other than St Peters is better despite lack of identified options in the Consultation for Outpatients
  - "Within Maternity, 95% of patients get to St. Peters in 102 minutes by public transport. This would reduce to 92 minutes to go to WJC" No clarity of the basis of this "fact" Maldon is the least populous district and it's 111 min from Maldon DC office to WJC
- Maintenance Costs
  - No information on maintenance costs of other sites, or PFI costs
  - No comparative costs between sites
  - No headline information on costs to deliver according to need at St Peters site, i.e. repair as needed
- Alternatives
  - Most have the same complained of issue as St Peters – not constructed to be a hospital/health care location
  - Many buildings on Maldon High Street are listed
  - 6 minutes by car to other alternative locations yet they include SWF, Braintree & Burnham

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- Transport
  - Presumes all journeys start at MDC Offices far closer to the other hospitals than the majority of Maldon District
  - Asserts that Maldon has a bus & coach station
  - Consultation journey information forgets Braintree as a destination despite the proposal for all maternity and potential outpatients appointments

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Travel distances from various Maldon District places to intended new facilities in Braintree/ Brentwood/ Rochford/ Halstead				
		Driving times	Public transport (train or bus)	
Burnham-on-Crouch to	Maldon	24 mins	1 hr 1 min	
	Braintree	51 mins	2 hrs 2 min	Including a 13-minute walk from Braintree bus station
	Brentwood	47 mins	1 hr 1 min	Including a 20-minute walk from Brentwood Station
	Halstead	59 mins	3 hrs 26 mins	Including a 7-minute walk from Halstead bus route
	Rochford	45 mins	50 mins	Including a 7-minute walk
Tillingham to	Maldon	24 mins	1 hr 23 mins	
	Braintree	53 mins	3 hrs 38 mins	Including 2 lengthily walks
	Brentwood	51 mins	2 hrs	Including a 20-minute walk from Brentwood Station
	Halstead	1 hr 1 min	3 hrs 31 mins	Including a 7-minute walk from Halstead bus route
	Rochford	50 mins	2 hrs 27 mins	Including a
Southminster to	Maldon	20 mins	34 mins	
	Braintree	49 mins	2 hrs 49 mins	Including a 13-minute walk from Braintree bus station
	Brentwood	46 mins	1 hr 8 mins	Including a 20-minute walk from Brentwood Station
	Halstead	56 mins	2 hrs 57 mins	Including a 7-minute walk from Halstead bus route
	Rochford	45 mins	55 mins	Including a 7-minute walk
Maldon to	Braintree	32 mins	2 hrs	Including a 13-minute walk from Braintree bus station
	Brentwood	33 mins	1 hr 30 mins	Including a 20-minute walk from Brentwood Station
	Halstead	39 mins	2 hrs 38 mins	Including a 7-minute walk from Halstead bus route
	Rochford	45 mins	1 hr 50 mins	Including a 16-minute walk

These all presume no traffic and seamless transfer between bus and rail connections.

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- Development
  - Maldon has expanded & continues to do so – higher than the national average from 2011-2021 (census data)
  - A New Hospital was proposed in 1968
- Capacity
  - No mention of the capacity of the other hospitals for 80,000 additional outpatient appointments,
  - No mention of the available car parking – where Broomfield over capacity already
  - No mention of current staffing levels (Guardian Report 2021 17% Nurse Vacancy rate)
  - No consideration of the London effect attracting staff to Tertiary centres

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Conclusions

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