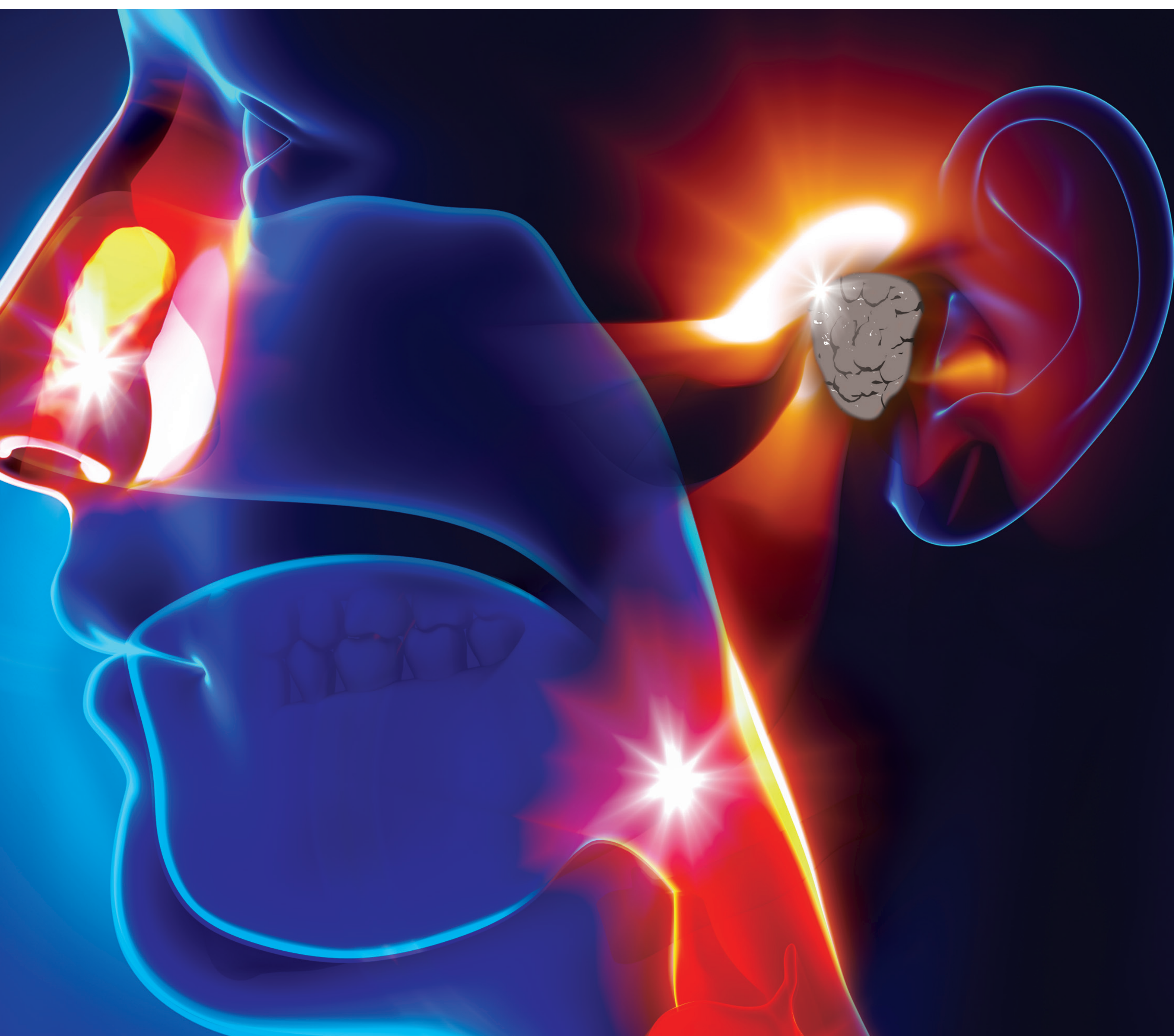
NHS

Improving the Ear, Nose and Throat Network in Mid and South Essex

A discussion document from the ENT clinical leads network



August 2016

Foreword

Dr Robert Ghosh
Chief Medical Officer, Mid Essex Hospitals NHS Trust

The way we work in acute services across mid and south Essex is rapidly changing, with the focus on greater collaboration between acute trusts for delivery of in-hospital services. ENT has paved the way for this collaborative working model. As the networked hub for major ENT care, Broomfield is pleased to support these proposals to improve the way we work. I support these proposals in principle but we need to listen to wider views. They also need to be seen within the bigger picture of in-hospital, primary care and community care transformation as part of Essex Success. No decisions have or will be taken ahead of a full and open consultation period in the autumn on options for wider clinical transformation. But we want to start the debate now about how some clinical services could be better organised in future. No decisions have been taken. This is a discussion document that needs your views. There is more that we can do. We welcome your views so we can further improve the way we work together to improve patient care.

Dr Celia Skinner
Medical Director, Basildon and Thurrock University Hospitals NHS Foundation Trust

We thank the ENT clinical leads network for these proposals to further improve the ENT network. Providing care in a collaborative way across hospitals is one of the ways which we believe will help to achieve sustainable and efficient services. These proposals also fit with the wider strategic vision to simplify commissioning; reducing bureaucracy and making the whole system more streamlined. We welcome your views.

Mr Neil Rothnie
Medical Director, Southend University Hospital NHS Foundation Trust

We are all committed to building a health and care system that works better together, making it more efficient and achieving the best clinical outcomes for patients. We welcome this discussion document from the ENT clinical leads and are grateful for the debate on how we can further improve care.

Andy Morris
Chief Medical Officer, Princess Alexandra Hospital NHS Trust

We have been part of the ENT clinical network for many years and we are grateful for this discussion document on how we can further improve care and organisational working arrangements. Although Harlow lies outside the recognised boundaries of Essex Success, we believe that where networks already work well we should explore greater collaboration and improved ways of working. We look forward to your feedback on the proposals in this document.

Executive Summary

This discussion document sets out proposals for how the established Ear, Nose and Throat (ENT) clinical network, and hub and spoke model of working can be better arranged to strengthen the network.

It is a vision proposed by the ENT clinical leads' network and recommends proposals to improve governance and management arrangements. The clinical leads propose that improved governance of the network will lead to a better quality service, with improved efficiency and productivity. The purpose of this discussion document is to receive feedback on the proposals – see **Engagement** on page 22 on how you can comment.

Discussions begun amongst ENT clinical colleagues last year as part of the Acute Care Collaborative programme, before the Success Regime programme, which aimed to look at how hospitals could work more collaboratively to achieve efficient and safe clinical services in financial balance.

The collaborative was set up by the acute trusts of Basildon, Broomfield and Southend in response to Success regime status being awarded to Essex as one of the three most challenged health economies in the country. The collaborative programme has latterly been subsumed into the Essex Success regime programme.

Essex Success provides programme structure and support to look at how primary care, community care and in-hospital services can be sustained or improved across the whole mid and south Essex health and care system.

The ENT clinical network is committed to a sustainable model of care which will deliver world class outcomes for patients, support other clinical services and improve equity of access to high quality care.

This document describes how the network believes the current model of working could be further improved and includes proposals for simpler commissioning and contracting arrangements.

The proposals have been put together by the current ENT clinical leads' network of:

- Mid Essex Hospital NHS Trust, Broomfield
- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Southend University Hospital NHS Foundation Trust
- Princess Alexandra Hospital NHS Trust, Harlow

For the purposes of clarity, the trusts shall be referred to in this paper as Broomfield, Basildon, Southend and Harlow.

Harlow is included in this discussion document as it is part of the current ENT network, although it lies outside the boundaries of mid and south Essex Success. Where networks already exist and work well, Success has recognised that options for future or continued collaboration should be explored.

Following discussions and feedback, if Harlow leaves the network to establish its own arrangements or a network with other neighbouring trusts, the current ENT network is committed to working together to develop robust and safe pathways of care for patients needing access to ENT, regardless of geographical location.

Executive Summary

Proposals

These proposals are supported by the ENT clinical leads in the network and meet the principles set out as part of Essex Success' wider system transformation.

The ENT service currently operates as a hub and spoke model. The clinical leads propose that moving towards a service with centralised inpatient elective and emergency care - with localised day stay and outpatients care - would further strengthen network arrangements. The proposals are as follows:

1. **Maintaining the current 'hub and spoke' model of ENT care** with Broomfield as the hub for major inpatient and emergency work and the 'spoke' hospitals for day case procedures
2. **Improving governance arrangements** by centralising at Broomfield the contracts of all ENT consultants in the network. The clinical leads propose all future ENT consultants and middle grades should be employed on Broomfield contracts on behalf of the network.
3. **Extending learning** by giving more opportunity to specialist registrars and middle grades for networked-hospital working
4. **Simplifying commissioning arrangements,** with one CCG acting as host commissioner and Broomfield as host provider on behalf of the network

The proposals in this discussion document do not affect current patient pathways. They relate to improving internal governance, training and commissioning arrangements.

Executive Summary

Strategic benefits

The clinical leads believe the current hub and spoke model works well, and is a good practice example of collaborative working between hospitals.

One of the strategic aims of *Essex Success* is to work towards consolidating in-hospital services in specialities where such consolidation would improve sustainability and clinical outcomes.

The clinical leads believe the proposals will have the following strategic benefits, and are in line with the key criteria of service transformation as part of the *Essex Success* regime:

- ✓ **Efficiency and productivity:** All consultants employed by 1 trust will help to improve efficiency and productivity of the ENT service
- ✓ **Clinical outcomes and patient safety:** The current ENT model of major elective and emergency ENT procedures in one hub is in line with research which demonstrates that higher-volume centres improve patient safety and clinical outcomes
- ✓ **Sustainable clinical workforce:** A more flexible workforce and improved job planning across the 4 Trusts
- ✓ **Capacity:** Longer stay ENT care at the hub, which already has the supporting infrastructure and resources
- ✓ **Access:** Maintaining local services, with access to consultants, outpatient clinics and day case surgery at the networked 'spoke' hospitals
- ✓ **Simplified commissioning:** Common exception criteria, reduced bureaucracy and workload
- ✓ **Interdependencies:** Hub co-located with burns & plastics and maxillo-facial & oral surgery at Broomfield

Executive Summary

Timescales

Any proposed options as part of *Essex Success* will follow the same key milestones:

Summer & Autumn 2016	Test and refine options. Seek clinical engagement
Summer & Autumn 2016	Early engagement with the public and stakeholders on major options for emergency care designation for mid and south Essex
Autumn/Winter 2016	Public consultation on proposed options for major service change
Winter/Spring 2017	Refine options as a result of consultation
Spring 2017 onwards	Implementation planning

Risks

A full risk assessment will be undertaken as work progresses. The key risks clinical leads have identified include:

Paediatrics
ENT covers both adults and children and would need adequate paediatric presence at the hub.

Harlow
If Harlow leaves the current network arrangement, the network would lose 3 consultants, 2 middle grades and 2 SHOs for the on-call rota.

Conclusions

The ENT clinical leads believe that these proposals will lead to a more efficient and productive ENT service, which is sustainable into the future and meets the best interest of patients.

Wider strategic conversations around options for some clinical specialities across mid and south Essex may mean pathways into elective and emergency ENT services need to be reviewed.

However, the clinical leads believe that the current established pathways into ENT services are in the best interests of patients and should remain unchanged.

This is an early discussion document and requires your input so we can build a future-proof model of care. No decisions have been taken or will be taken ahead of major consultation on proposed options for transformation in the autumn 2016.

See **Section 9** on how you can respond.

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1. Introduction

This document is the result of discussions amongst ENT clinical leads about the current ENT network.

It is part of a wider strategic conversation across the acute trusts of Basildon, Broomfield and Southend as part of Essex Success about providing a better, more efficient system of networked health and care across mid and south Essex.

This document is to start early discussion with colleagues and wider stakeholders ahead of major public consultation in the autumn of 2016. No decisions have been taken or will be taken ahead of consultation.

We welcome your early views on how we can best provide ENT care which meets our overarching principles of services designed around patients; services that are safe, affordable and are sustainable into the future.

2. Strategic Context

The vision

The three acute hospitals of Basildon, Broomfield and Southend are seeking to extend their current collaboration to further improve outcomes for patients and reduce duplication and costs. Where clinical networks beyond the boundaries of the three trusts already work well, it has been recognised that continued collaboration should be explored.

The vision follows the principles laid down by the *Essex Success* regime and in national guidelines that some specialist in-hospital services should be delivered from a designated centre, with the appropriate infrastructure and staffing for the delivery of such services.

The '*NHS Five Year Forward View*' 2014 sets out a new shared vision for the future of the NHS based around the new models of care. It talks about developing networks of linked hospitals that ensure patients with the most serious needs get to specialist emergency centres.

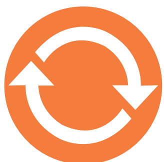
Essex is one of three challenged health economies and was given 'Success Regime' status by NHS England, Monitor and the NHS Trust Development Authority. This is designed to address deep-rooted systemic issues by bringing together management and financial support. The Success Regime reflects the challenging circumstances affecting health and care in Essex, not least around the financial sustainability of arrangements for the commissioning and delivery of services, as well as the quality and performance of those services.

Overarching principles of system redesign

The parameters of service redesign are underpinned by four main principles:

Patient-centred services: Services and the patient pathways for those services should be based on the needs of patients and as accessible as possible to the population of south and central Essex

Safe high quality services: The provision of safe, high quality services is of paramount importance. Centres of excellence should be enhanced or created, to ensure providers are able to improve outcomes and enhance the quality of care



Sustainable services: Services that reflect likely demand, staffing and resource constraints. Services should be designed to be 'future-proofed' wherever possible, enabling providers to meet likely new standards for the next 10 years

Affordable services: Services must be affordable, operating within the likely financial parameters facing the NHS

3. Clinical Context

ENT is one of the biggest surgical specialties within the NHS, largely down to the broad range of skills they cover. Unlike most other surgeons, ENT specialists also act as physicians spending a high proportion of their time running outpatient clinics and managing conditions non-operatively through prescribing medicines rather than undertaking surgery. On average, only 15 per cent of the patients seen by ENT surgeons will go onto have an operation.

Principle sub-specialties

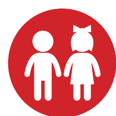
Otology – Treatment of infection, disease and damage to the ear to improve hearing and balance. Neurotologists deal with conditions deep in the middle and inner ear where conditions are more closely linked to the brain

Rhinology – Treatment of sinus and nasal disorders, including allergy, to relieve pain, ease breathing and improve nasal function

Laryngology – Treatment of infections of the throat and larynx to ease speech and swallowing

Head and neck surgery – away from the main ENT systems, specialising in surgery on cysts, glands such as lymph, salivary, thyroid and parathyroid glands, and head and neck cancers

Facial plastics – this can include aesthetic procedures such as rhinoplasty ('nose job'), pinnaplasty (bat ears), face lifts or reconstructive such as re-setting the jaw. There is a big cross-over here with the work of plastic and oral and maxillofacial surgeons



Paediatrics – there are many ENT conditions, often congenital, that require treatment at a very young age. These include airway problems, infections of adenoids or tonsils that require their removal, and grommets for 'glue ear'.

Main operations

Insertion of grommets - to allow air to middle ear in cases of chronic middle ear infection to assist hearing. This is typically carried out in children and removed when infection clears

Tonsillectomy (Adeno) - removal of tonsils and/or adenoids to relieve a variety of conditions

Septoplasty - correction of nasal septum to enable clear breathing and prevent obstruction

Endoscopic sinus surgery - minimally invasive surgery for serious cases of inflamed, infected and blocked sinuses

Tracheostomy or "operations on the voice box (larynx)"- creation of an alternative airway in the throat for patients experiencing difficulty breathing.

3. Clinical Context

Current service model

Membership of the Essex ENT network comprises the acute hospitals of Broomfield, Southend, Basildon and Harlow.

ENT services, and Head and Neck surgical cancer services for Essex were centralised in 2008 following a public consultation by the Strategic Health Authority. A hub and spoke system of working was established which started in August 2008.

Colchester has its own ENT medical cover and runs its own out-of-hours ENT service; therefore, they are not part of the centralised ENT network but do partake in the cancer network.

Broomfield is the 'hub' for the ENT model and as such is the nominated centre for all in-patient emergency and inpatient elective ENT services (non-cancer), as well as head and neck cancer services. It also acts as the emergency out-of-hours centre for major emergency work.

The other hospitals are the spokes of the service, providing day-case and 23 hour work in their respective trusts. Broomfield also undertakes its own day-case surgery. Outpatient clinics are held in all the networked hospitals.

There are different work flows for the ENT network:

- The elective work stream
- Head and Neck cancer
- ENT emergencies within normal working hours
  i.e. between the hours of 09:00 – 17:00, Monday – Friday
- ENT emergencies outside of normal working hours
  i.e. between the hours of 17:00 – 09:00, Monday – Friday and the weekend.

The network involves 12 ENT consultants from the four Trusts – see **Table 1.**

The service offers an on-call and out-of-hours service provided on a rota system by the 12 consultants.
The rota is managed by Broomfield's medical staffing rota co-ordinator.

3. Clinical Context

Current ENT service model

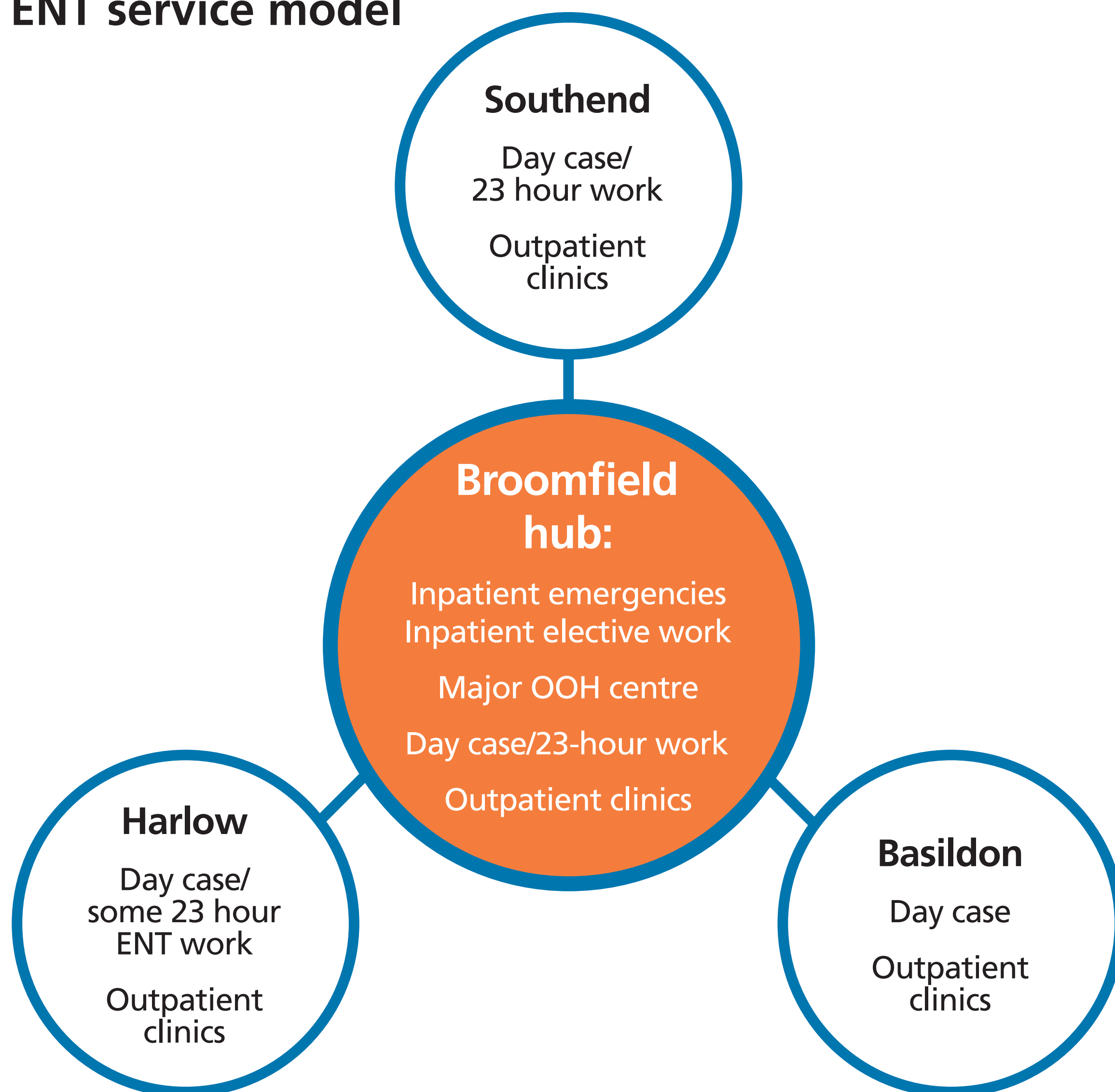


Table 1: Number of ENT clinicians involved in rotas

Site	Consultants	Staff Grades/Associate Specialists	SPRs	ST / SHO level Doctors
Broomfield	3	1	1	4
Basildon	3	1	1	3 (2)
Harlow	3	2	0	2
Southend	3	1	1	3
Total	**12**	**5**	**3**	**12 (11)**

3. Clinical Context

Table 2: Overview of service model

Activity	Mid Essex	Harlow	Southend	Basildon
Emergency	Y including out-of-hours	0900-1700 Mon - Fri	0900-1700 Mon - Fri	0900 - 1700 Mon - Fri
Urgent	Y	Y	Y	Y
Day case	Y	Y	Y	Y
Outpatients	Y	Y	Y	Y

Rota arrangements

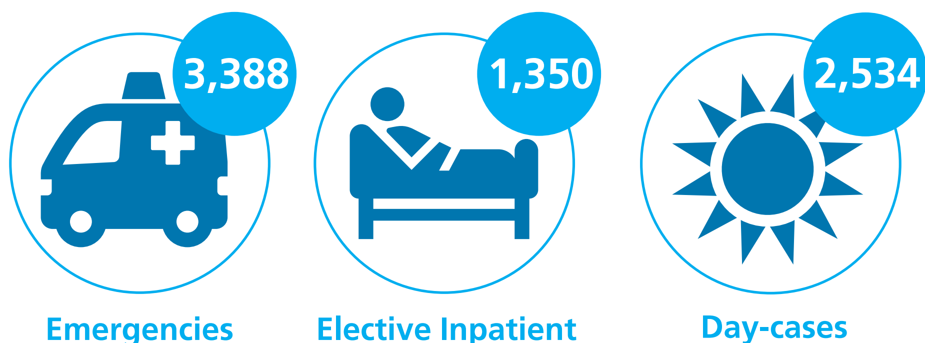
Currently, all consultants are employed by their respective trusts but travel to the hub to provide on-call emergency work. In addition, those consultants involved in cancer care have fortnightly operating lists and a weekly MDT clinic, and non-cancer surgeons have an elective list every four weeks for major cases/those requiring overnight stay. They also have lists at their respective hospitals for day-case and outpatient care.

Consultants, middle grades and junior doctors all take part in the ENT network on-call rota as follows:

ENT clinical leads believe the hub and spoke model has worked well over the years. It is supported by all the consultants who work across the four hospitals to provide the emergency and in-patient rota.

Activity

Broomfield, as the hub, performed 7,272 ENT procedures between January and December 2015, according to unvalidated data:



4. The Case for Change

Essex Success regime

In June 2015, mid and south Essex was designated 'Success Regime' status by NHS England, Monitor and the NHS Trust Development Authority. This is designed to address systemic issues as opposed to focusing merely on individual organisations.

Although *Essex Success* centres on the three trusts of Basildon, Broomfield and Southend, it recognises that where networks already exist and work well, options for the future should be explored.

The Success regime reflects the challenging circumstances affecting health and care in Essex, not least around the financial sustainability of arrangements for the commissioning and delivery of services, as well as the quality and performance of services.

The 'Five Year Forward View: The Success Regime' published in June 2015 talks about Success being a whole systems intervention which aims to secure improvement in three main areas:

- Short-term improvement against agreed quality, performance or financial metrics
- Medium and longer-term transformation, including the application of new care models where applicable
- Developing leadership capacity and capability across the health system

Essex Success' goals for in-hospital services across mid and south Essex include a drive towards a greater concentration of more specialist care and greater separation of non-elective and elective care. It also aims to simplify commissioning, to create a consistent and common offer.

The recommendations in this discussion document reflect the need for short-term improvement, the need to simplify commissioning arrangements, the need for sustainable, financially viable service provision, and maintaining local access and care close to home.

Best practice

The hub and spoke model of care, with all inpatient emergency care delivered at Broomfield as the 'hub', is a recognised model across the country.

The clinical leads believe it has been working well for many years but could be further strengthened with improved governance arrangements to improve ways of working, consultant rotas, job planning and training opportunities.

Commissioning ENT

ENT services across the network is currently commissioned by several Clinical Commissioning Groups. This can lead to some confusion when operating in a hub and spoke model due to the CCGs' differing requirements. Exception criteria, for example, differ for each CCG contract.

5. Proposals

The ENT clinical leads' network believes that the following proposals would help to complete the networked model of working and strengthen the current service:

1. **Centralise contracts for all consultant ENT surgeons** to Broomfield to improve governance, efficiency and working arrangements
2. **Employ any new consultants and middle grade staff** in future, on a Broomfield contract on behalf of the ENT network
3. **Establish training rotas for all Specialist Registrars**, with time spent in each Trust to maximise training opportunities
4. **Give opportunities to all junior grade trainees** to work across the hub and spoke hospitals as part of their training contract, rather than just in their hospital of employment, to extend their learning
5. **Simplify commissioning arrangements**, by commissioning all ENT services via one contract held by Broomfield

Scope

- ✓ The ENT Network includes ENT work only; it does not include maxillo-facial or oral surgery
- ✓ The proposals are limited to the centralisation and standardisation of contracts of the current 13 ENT consultants across the 4 trusts and maximising training opportunities for other grades
- ✓ The proposals involve the current 4 acute trusts which make up the ENT clinical network. If Harlow does leave the current arrangement, thought will need to be given to recruitment to ensure sustainable on-call rotas

Out of scope

- ✗ These proposals would not affect current patient pathways, although these may be reviewed in the future. Patients would continue to be seen where they are currently seen i.e. close to home, with outpatient and day case work continuing in the spoke hospitals of Basildon, Harlow and Southend and in the Broomfield hub
- ✗ Acute trusts outside the current 4 network working arrangements are out of scope

5. Proposals

Strategic benefits

The ethos of *Essex Success* is to improve productivity and efficiency, further drive up quality and standards and ensure sustainable models of care.

The clinical leads believe further improvement to the current hub and spoke model meets the principles of the *Essex Success* regime.

Moving and standardising consultants' contracts at Broomfield as well as extending training opportunities for specialist and junior grade trainees would help to meet the four over-arching objectives of the acute care collaborative:

Patient – centred services:

- Care close to home, with outpatient clinics and consultants remaining in the spoke hospitals
- Improved efficiency and rota arrangements across the network

Safe, high quality services:

- Greater flexibility around managing capacity thanks to more robust lines of reporting
- Hub and spoke model = best use of staff and resources
- ENT hub which is co-located with inter-dependent services based at Broomfield, including head and neck cancer, oral maxillo-facial and plastics and burns
- Improved training and education for middle grades and specialist registrars
- Improved audit and communication across the network

Sustainable services:

- Improved opportunities for middle grades and juniors = a more attractive recruitment prospect for future ENT consultants and specialist registrars
- Help to retain current staff
- More efficient governance and management of the network
- Simpler commissioning arrangements

Affordable services:

- Emergency and elective inpatient work in one hospital creates a more financially viable service rather than smaller numbers of inpatient ENT activity in four hospitals

5. Proposals

Principles

The ENT clinical leads stand by the following core principles:

ENT network approach	The clinical leads are wedded to the current 4 hospital network approach If Harlow leaves the network, the four trusts are committed to working together to ensure robust pathways
Continuity of current service model	Under the current clinical service configuration of the four trusts, there is currently no capacity to add additional trusts into the model
Equitable service	A fair and equitable service should be maintained across mid, south and west Essex
No destabilisation of hospitals or network	No one trust should be financially disadvantaged by the proposals. Service reconfiguration should not financially or clinically destabilise one single hospital or undermine the current network arrangements
Equity amongst clinicians	Rota commitments should be distributed fairly and should be equitable across both the hub and for elective care in the spokes
Shared care records	Consultants need access to shared care records to improve patient care and reduce duplication and delays

Service requirements

Broomfield already acts as the 'hub' for ENT and as such has the associated staff and resources required to run a major inpatient and emergency ENT service.

Interdependencies

The following are interdependent with ENT services and are currently co-located with the hub at Broomfield. This co-location would need to continue in order to provide a safe and efficient service:

- Oral and maxillo-facial
- Plastics and burns

6. Options Appraisal

The clinical leads discussed a number of different options:

Options	Benefits	Issues	ENT Network Feedback
Centralise contracts at Broomfield for the current 12 ENT network consultants and all new consultants. Appoint all new non-training grades to a centralised Broomfield contract on behalf of the network	Improved governance, audit and communication Stronger working arrangements Ability to better manage rotas and spoke work Potential for efficiency gains	Financial implications of contract centralisation at Broomfield Job plans may change for some consultants	**Supported by the clinical network**
All Specialist Registrars given established training rotas, with time spent in each trust	As above. Also: Maximise training and educational opportunities Improved working arrangements		**Supported by the clinical network**
All junior grade trainees given the opportunity to work across the 4 acute trusts, to extend their learning	As above		**Supported by the clinical network**
Establish one single contract for ENT services across the 4 trusts, commissioned by one CCG and held by Broomfield	Improved, simpler and more efficient contracting arrangements	New financial models and sub-contracting arrangements with the other Trusts would have to be implemented, similar to Plastics	**Supported by the clinical network**

6. Options Appraisal

Other options considered but rejected by the network			
Centralise contracts for both the 12 ENT network consultants and existing middle grades	Benefits as above	Unlikely to be supported by all existing middle grades	Not supported by the clinical network as it could destabilise the current working model
Do nothing. Continue ENT networked service under current working and commissioning arrangements	No benefits	No opportunities to improve efficiency and capacity Less attractive model for recruitment purposes, where future consultants and middle grades seek employment in larger units Less sustainable model for future working	Network has ruled out this option as it is committed to making ENT services sustainable and fit for the future
Create one single ENT department based in the hub	Better control Likely to reduce costs (not costed but outweighed by weaknesses – see across)	Not sustainable in current configuration of the four Trusts. The most complicated of the options considered, which would involve managing and operationally running a wide range of departments, both hospital and community-based services, across south, central and west Essex. No extra theatre, clinic or office capacity at the hub in current clinical service configuration Affordability – financially challenging and potentially destabilising in current Trust configuration. Difficult to manage effectively in one trust Safe, high quality care could be compromised as running such a large operation on behalf of Trusts and community services across a large area of Essex would give more room for error	Network has ruled out this option as it is committed to making ENT services sustainable and fit for the future

7. Costs and Timescales

Financial modelling work needs to be undertaken upon approval of these proposals as a way forward.

The ENT clinical leads started their discussions ahead of *Essex Success* but are led by the timetable for wider clinical service review across mid and south Essex. The *Essex Success* timetable is as follows:

Summer & Autumn 2016	Test and refine options. Seek clinical engagement
Summer & Autumn 2016	Early engagement with the public and stakeholders on major options for emergency care designation for mid and south Essex
Autumn/Winter 2016	Public consultation on proposed options for major service change
Winter/Spring 2017	Refine options as a result of consultation
Spring 2017 onwards	Implementation planning

8. Risks and Mitigations

A risk management strategy will be developed and the management of risks covered as part of a project management structure, escalating severe risks as required. The following key risks have been identified:

Risk	Mitigation
Strategic	
Decision from the acute trusts and commissioners on whether they support these proposals	Feedback required to this discussion document from key stakeholders to gauge opinion. Harlow's position will need to be established as it will affect on-call rota commitments
Service change should deliver the expected strategic benefits – including improved quality and efficiencies	Be clear on key outcomes
Financial	
Budget implications of the proposals	Financial modelling will need to be part of next phase of modelling
Delivery	
Timescales	Timescales will be led by *Essex Success*
Management capacity to support the proposals and deliver change successfully	Capability will need to be identified, including involvement in working groups
Clinical Transition	
Safety of clinical transition	Clear implementation plan, addressing issues as they arise and mitigating future risks
Inter-related services, including paediatric services	Identify and work with all co-dependent and inter-related services, highlighting risks and issues
Workforce Transition	
Contract negotiations	Develop a communications and engagement plan
Staff consultation	Develop a communications and engagement plan

9. Engagement

These proposals have been shaped by the ENT clinical leads at Broomfield, Basildon, Harlow and Southend.

To be able to move on the debate, we need your views on the proposals in this discussion document.

We want to involve key stakeholders in the development of these proposals, right through to implementation and evaluation.

Our primary stakeholders are:

- *Essex Success* partners, including NHS England
- Clinical Commissioning Groups
- Clinical staff impacted by the proposals (including staff directly involved in ENT and those in inter-dependent services)

Patients would not be directly impacted on the proposals in this discussion document.
Users of services will be involved in the wider Success Regime process.

1. **What are your views of the proposals in this document?**
2. **Do you think the proposals will further improve ways of working?**
3. **Are there other options that should be considered?**
4. **Are there any important aspects of ENT not covered in this discussion document?**

How to feedback

You can feed back on this discussion document by:

- Completing the online survey at https://www.surveymonkey.co.uk/r/NJLFHW3
- Emailing your response to enableeast@enableeast.org.uk
- Sending your comments in writing to:
  ENT survey
  Enable East
  Severalls House
  Severalls Hospital
  2 Boxted Road
  Colchester
  Essex CO4 5HG

Please respond by noon on Friday 16th September 2016

Appendix A: Initial Distribution

This document was initially distributed to:

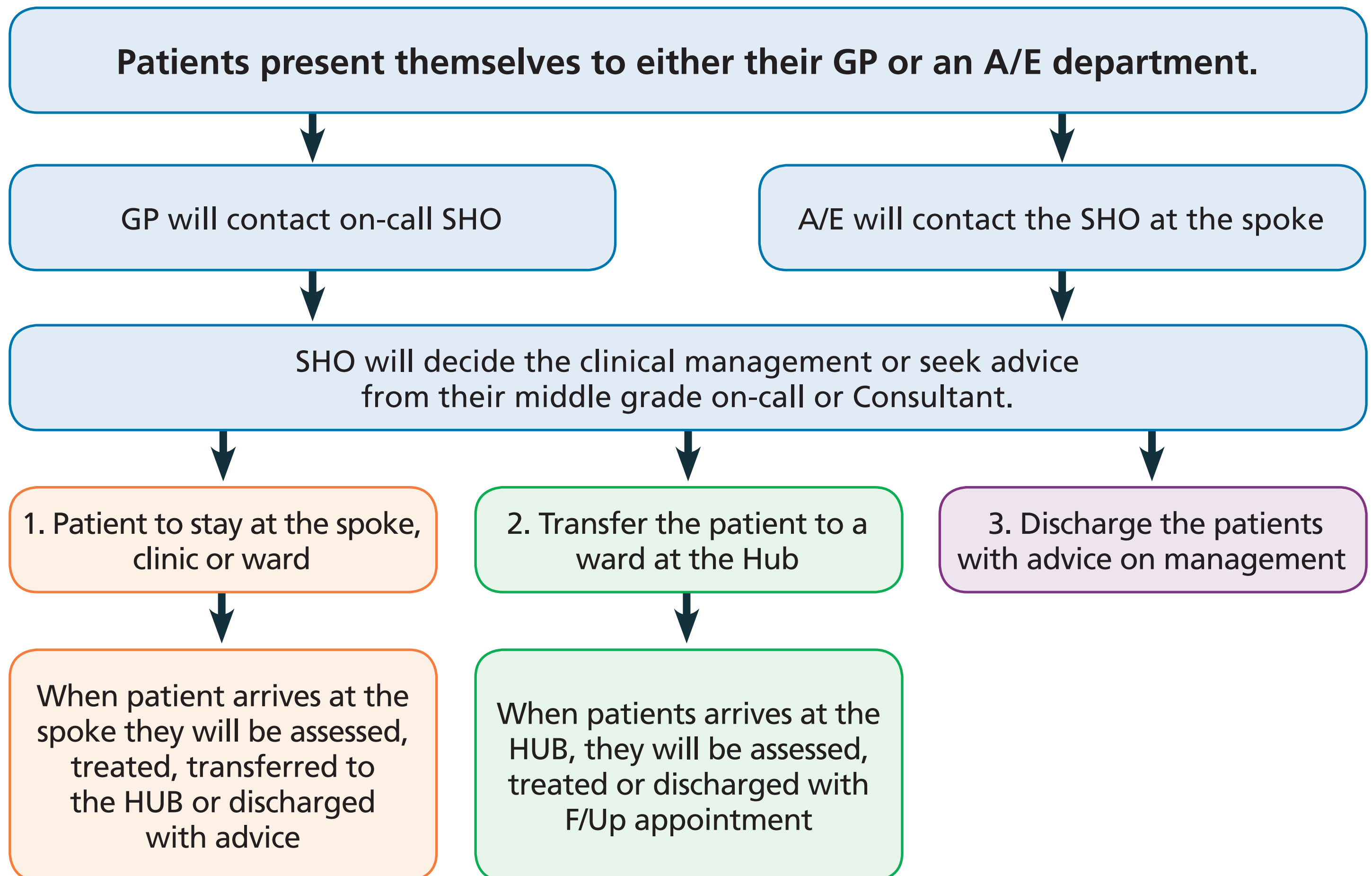
- Chief executives of acute trusts in mid, south and west Essex
- Medical directors of acute trusts in mid, south and west Essex
- All ENT clinical colleagues in the network
- Clinical Commissioning Groups
- NHS England
- Education leads for each trust

Inter-related services including:

- Paediatrics
- Oral and maxillo-facial
- Burns and plastics
- Anaesthetics

Appendix B: Current Pathways

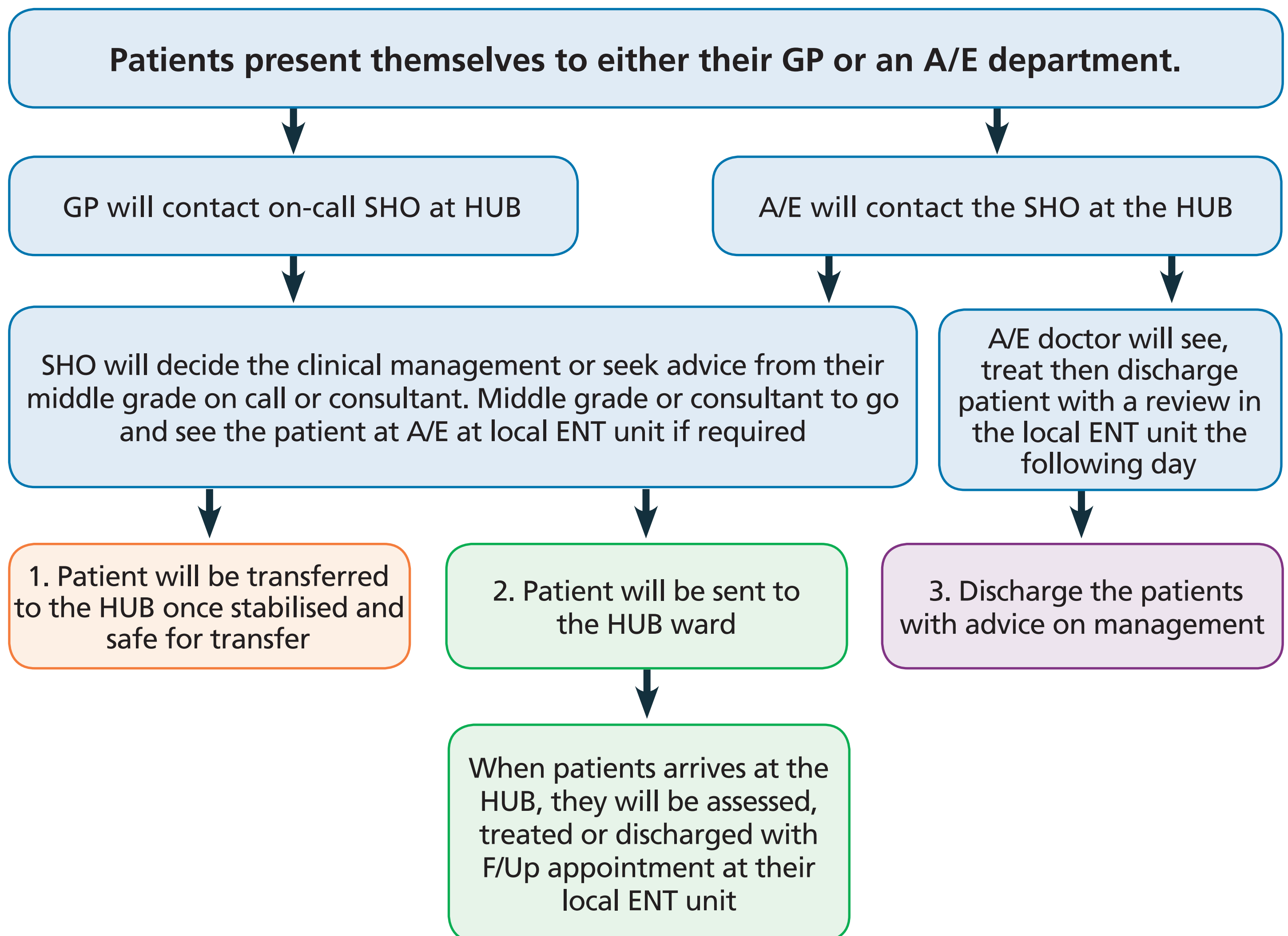
Head and neck emergency pathway within normal working hours



Note: *Palliative care patients who require ENT care will only be transferred to the HUB in exceptional cases according to their preferred place of care.*

Appendix B: Current Pathways

Head and neck emergency pathway outside normal working hours

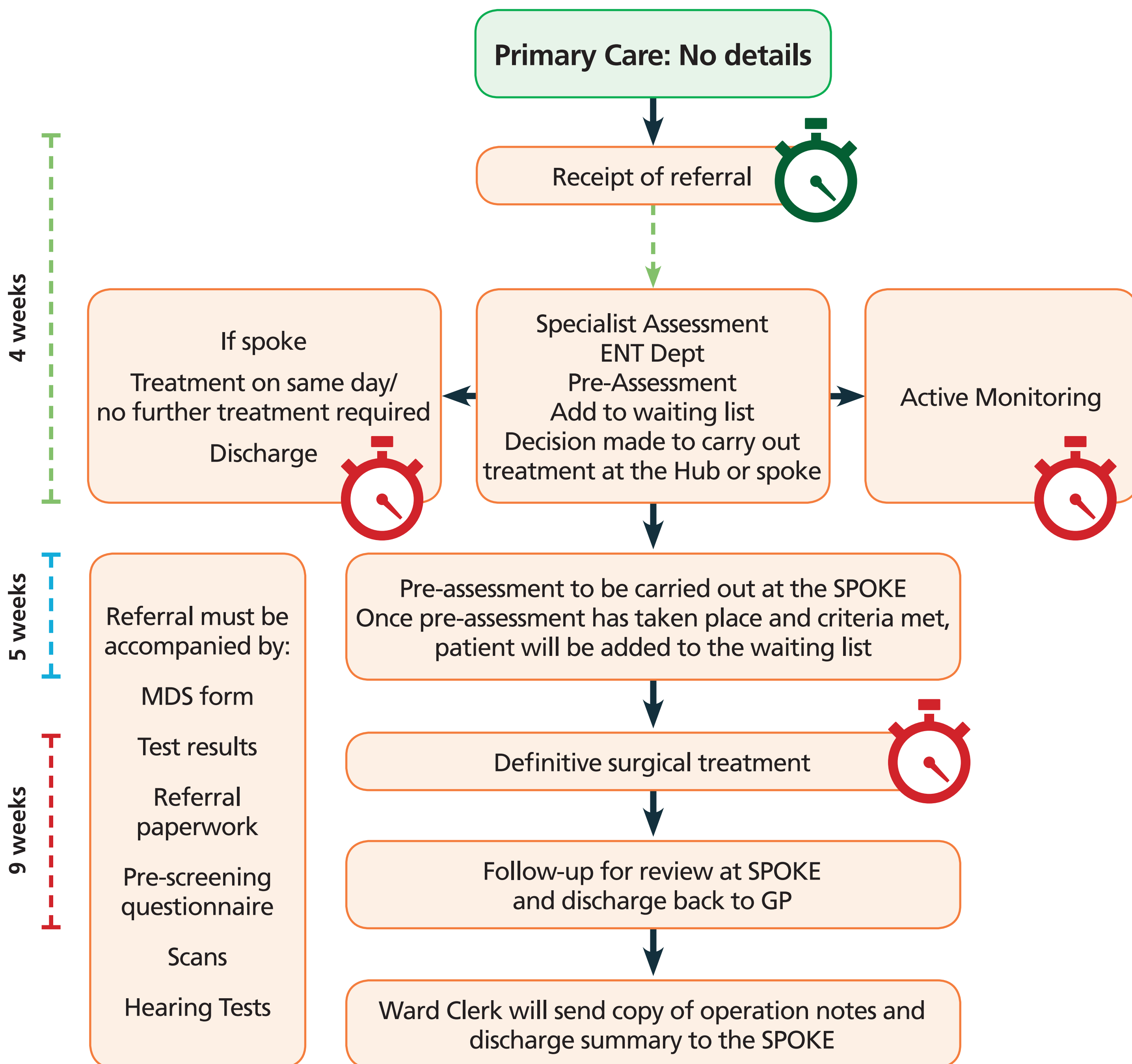


Note: *Palliative care patients who require ENT care will only be transferred to the HUB in exceptional cases according to their preferred place of care.*

Appendix B: Current Pathways

Head and neck generic pathway for all external referrals

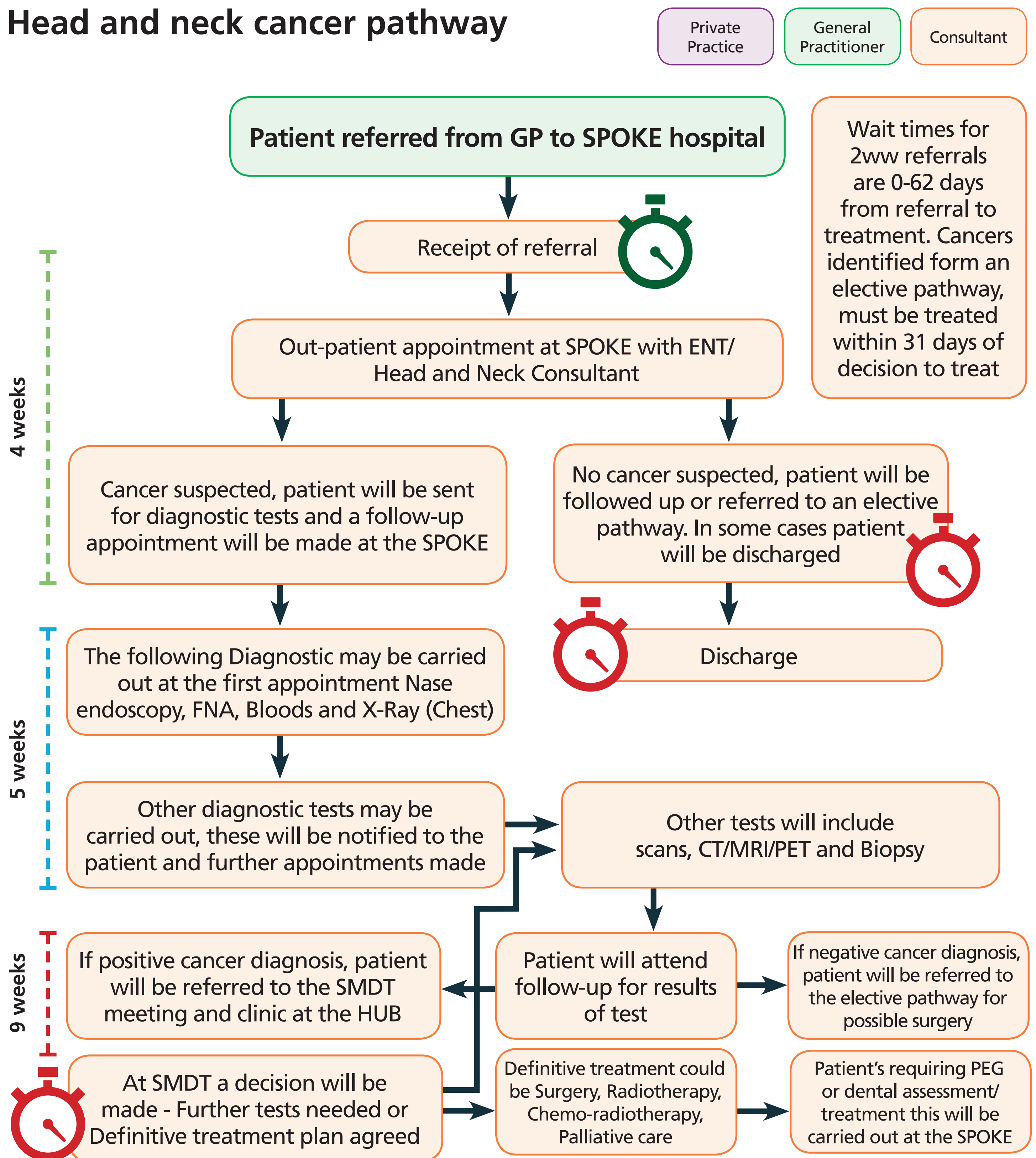
Major elective procedures (non-cancer) to be undertaken at the HUB (over 23 hour stays)



***Please note:** Private patients (PP) if any PP transfers to the NHS the clock starts at point of entry.*

Appendix B: Current Pathways

Head and neck cancer pathway



Please note: *Private patients (PP) if any PP transfers to the NHS the clock starts at point of entry.*