

MINUTES

ESSEX AND SOUTHEND LINK: SOUTH EAST ESSEX LOCALITY MEETING

Date and Time 13th January 2010 from 2.00pm – 4.00pm
Location Civic Centre, Victoria Avenue, Southend on Sea, Essex, SS2 6ER.
Organiser & minute taker Gill Dawson
 Sharon Cohen

Attendees: Harry Chandler (Chair), Eddie Camp (Vice Chair), Fiona Abbott (SBC Principal Committee Officer & Health Scrutiny Lead Officer), Elaine Blatchford, Linda Cook, Denis Garne, Majzoub B Ali, Charles Newman, Tony Wright, Claire Ogle (NHS SEE Project Lead for the Summary Care Record), Michael Bull, Viv Barnes (NHS SEE Associate Director of Corporate Governance), Peter King (NHS SEE Head of IT), Paul Cook (NHS SEE Head of Information Governance), Martin Emery (Head of Patient Experience Department Southend Hospital), Tony Hopper, Marlene Winfield (Director for Patients and Public at NHS Connecting for Health), Lyn Kochen.
LINK staff: Sharon Cohen & Gill Dawson

	Topic	Discussion	Action
1	Welcome & Introductions	Harry welcomed everyone to the meeting and introductions around the table were made.	
2	Apologies for absence	Dave Poulton, Nicky Hart (NHS SEE), Margaret O'Connor, Beryl Furr (NHS SEE), Celia Clark, Rosalind Matty, Angela Garrard, Frances Cohen, Pat Dalton, John Sayer, Gareth Gault (St Luke's Healthy Living Centre CIC), Peter Payne.	
3	Declarations of potential conflicts of interest	Eddie Camp – Governor Hospital Foundation Trust, member Patient & Public Voice. Tony Wright – Governor Southend Hospital, Ambulance Trust User Group Tony Hopper - member of Patient & Public Voice. Harry Chandler - member of Patient & Public Voice. Elaine Blatchford – member of Patient & Public Voice. Michael Bull – Chair of Patient & Public Voice.	
4	Minutes of previous meeting	a) To be agreed: The minutes were agreed for accuracy and taken as a true record of the meeting which took place on 9 th December 2009. b) Matters Arising: i) Pam Sabine (Director of Specialist Services and Head of Podiatric Surgery, Community Healthcare, SEE NHS). Provided the list of services she manages and a request for one or two LINK representatives to attend the first meeting of the user/carer engagement groups taking place on 1 st March 2010, 1.30pm – 4.30pm at Nazareth House was tabled. Any members interested in this were asked to let Sharon or Gill in the Southend LINK office know. ii) Members asked for Wai Yeung (LINK Research & Policy Officer) to set up an alert or system to look at consultations that may affect the local community. Ian Flack (LINK Consultant) agreed that Wai	All

		would do this.	
5	'The NHS Care Records Service' Presentation	<p>Marlene Winfield OBE, Director for Patients and Public, NHS Connecting for Health gave a presentation on the NHS Care records service.</p> <p>Marlene gave a brief personal background and her experience of the NHS when she first came to England. She then explained that she would be giving members an overview of the current progress of the care records, with particular focus on the Summary Care Record (SCR).</p> <p>Members asked various questions throughout the presentation.</p> <p>Q. To what hospital do we owe our gratitude for Marlene staying in England?</p> <p>A. St. Mary's Hospital in Paddington.</p> <p>Q. A member stated that he had read recently in the Daily Mail that a doctor working in two hospitals was unable to pick up an x-ray taken in one hospital from the second.</p> <p>A. Marlene explained that suppliers will make the systems compatible. A lot of hospitals now have digital systems.</p> <p>Q. Is the updating of the Summary Care Record manual or electronic?</p> <p>A. The medical information is done automatically, the GP summary is done manually and other records such as discharge summaries are also done automatically unless the patient says that they do not want the information added to their record.</p> <p>Q. What is the difference between an executive summary and a summary?</p> <p>A. There isn't really a difference.</p> <p>Q. Is the Patient Summary Care record available in south east Essex yet?</p> <p>A. Almost. They have piloted 5 areas so far including south west Essex. There are now 1 million people in England with Summary Care Records now.</p> <p>Q. What does PIP and HS stand for?</p> <p>A. PIP – Public Information Programme, HS – Health Space</p> <p>Q. Can a carer create a record?</p> <p>A. Marlene responded that someone with power of attorney can do so. A couple of other questions arose around this issue which were; can a legal representative, carer or nominated agent act on someone's behalf. Marlene asked for the questions to be forwarded to her so she could look into this and respond to them.</p> <p>Q. There are approximately 400,000 patients in surgeries in south west Essex why have only 181,000 people been piloted in the area?</p> <p>A. The response was that only 40% of the surgeries in the area have been targeted. The data quality has to pass a certain level to qualify for records to be transferred to a Summary Care Record.</p> <p>Q. Are surgeries given money to update their equipment?</p> <p>A. Peter King (NHS SEE) responded that in South East Essex PCT area all GP's have equipment that is less than 18 months old. The basics are funded by the PCT computers, scanners, and printers. There are only 4 GPs in this area who do not have compatible equipment to transfer records over to SCR. Marlene added that nationally it is becoming more compatible.</p> <p>Q. A member asked, in relation to the smart cards that "medical staff" need to access a record, if a relative or friend worked in a hospital could they access your record?</p> <p>A. The response was that the system would need to recognise that</p>	SC/MW

		<p>the person accessing it has a legitimate relationship to the patient. Each time a record is accessed an alert is sent to the system administrator. So there will be an audit trail left so it will be easier to detect any abuse on the system.</p> <p>Q. In relation to the information that a patient can ask to withhold or ask not to be included in their record how does this work i.e. with HIV sufferers?</p> <p>A. The response was that in cases of patients with HIV their lowest priority was confidentiality. If they became ill their first priority was to be treated appropriately not confidentiality. In cases of women who had had terminations this was often something that they wanted hidden on their records as this could affect the way they were treated in the future.</p> <p>Q. Following on from the question above, it was asked how does this work in relation to child protection?</p> <p>A. There will be limits to the information that can be withheld or hidden. Only information that will affect you or put you personally at risk will be allowed to be withheld. Not information that will put others at risk. Health IT does not change the law or current procedures.</p> <p>Q. There is a 12 week notice period from the initial notification of the setting up of a Summary Care Record. What Happens after the 12 weeks if no response is received?</p> <p>A. The system is an opt out system. If no response is received from the patient in the allotted time it is assumed that the patient has consented to the record being set up. If this is not the case the first time they are asked permission to access the record then they can say that they did not want it.</p> <p>The presentation was interesting and informative and evoked a lot of debate. A copy of the presentation is available on request from the Southend LINK office.</p>	
6	Progress reports and updates	<p>a) PCT update</p> <p>Summary Care Record: Claire Ogle (NHS SEE Project Lead for the Summary Care Record)</p> <p>Claire began by explaining that she works with the IT team in communicating the summary care records. She thanked Marlene for giving a great explanation and introduction of the care record and then went onto explain that a letter will be going out from NHS SEE on 24th February to every one in the area who is 15 years, 9 months and above. The letter will explain what a Summary Care Record is. It will also contain the local and national leaflet about the SCR, details of how to get alternative formats i.e. large print, Braille etc. As well as an opt out form.</p> <p>The team are currently getting GP surgeries “up to speed” so that they can answer any questions that patients may have. They are also displaying posters and further publicity to heighten awareness of the SCR so people recognise the concept.</p> <p>Following the despatch of the letters patients will have 12 weeks to respond. The systems works on an opt out basis (as previously explained in Marlene’s presentation). In order to opt out the individual will need to complete the opt out form and send it back to their GP surgery so that they can be removed from the list of SCRs to be created.</p> <p>After the 19th May 2010 the team will start to upload the data to create the SCRs. There are 69 surgeries this will need to be done for so the process will be done in waves and will take most of the year to do. This will mean that by the end of this year or early next year people that have not opted out should have a SCR. There are</p>	

some practices that do not have compatible systems but 85% of surgeries in south east Essex PCT area do have the compatible system.

Q. A member asked if LINK members should be asking their doctors' surgeries if they have compatible systems, and suggested that perhaps they should.

A. A response was given that the surgeries do have a duty to provide the information, under the freedom of information act.

Q. A member asked if we have access to our records already?

A. The response was yes; all patients have a right to ask to see the information on their medical records. The information can either be looked at on screen or there can be a charge made to provide copies of the information. The maximum charge that can be made is £50.

Q. As a patient how will I know when my SCR has become live?

A. The next time you are in a situation to need access to your SCR you will be asked for your permission for the medical practitioner to view it.

The Summary Care Record when first set up will contain basic information about; any allergies that you have, any unexpected reactions you have to medication and any medicine you have been recently prescribed. More information will be added when you receive further treatment if you give your consent to this. In the Summer/Autumn Detailed Records will be set up. These will allow other healthcare professionals such as health visitors, district nurses or physiotherapy services to have access to your record with your permission.

Q. A member asked if South Essex Partnership University NHS Foundation Trust (SEPT) and the East of England Ambulance Trust would have access to the SCR?

A. The team were unsure of this so Peter King said that he would look into this and get back to us to let us know.

Q. A member asked how the system would work for community nursing as they are often not in a base where there are computer facilities to update records?

A. Peter King responded that they do have a mobile working project. Currently clinic rooms in health facilities have computers that can be used to update the patient records. Eventually domiciliary services will have lap tops to do this.

Claire stated that there will be two open days in March (dates to be confirmed) to allow people to ask questions about the new Summary Care Records. These will be based in the Leigh and Canvey Primary Care Centres between 10am and 4pm and managers, clinicians etc. Will be at hand to respond to the questions posed.

The other ways of finding out more information are through; PALS (Patient Advice & Liaison Service) Mon - Fri 9am - 6pm 01702 224 629.

www.nhscarerecords.nhs.uk or call the NHS Care Records Service Information Line on 0845 603 8510.

Speak to your GP Practice staff.

Visit www.see.nhs.uk/healthrecords

Claire, the national and local teams were thanked for their useful and interesting presentation on the Summary Care Record.

- **Viv Barnes (covering in Nicky Hart's absence)**

Viv began the update by informing the members that Nicky has

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		<p>returned to work this week following her operation. She is back on a graduated return so is not yet working full days but she has resumed her role as the first point of contact for the LINK.</p> <p>Viv stated that following on from the information provided in the December LINK meeting, relating to the PCT starting to undertake a Pharmacy Needs Assessment. Members were asked to complete questionnaires to help inform the PCT and the project is now progressing. They would now like to invite a representative from the LINK to be involved. This will need to be someone that has had recent experience of using a pharmacy and who has an interest in the development of community pharmacy services. The project is time limited, so the commitment will be to attend several meetings and to undertake several hours of reading in preparation. The first meeting will be held towards the end of February, date to be confirmed. If anyone is interested in doing this please let Sharon or Gill in the Southend LINK office know.</p> <p>The notes of the meeting held on 16th December 2009 regarding LINKs role in commissioning will be sent to the Southend LINK office shortly. The meeting was between Russ Platt and several LINK members who found the meeting useful and informative.</p> <p>Members were reminded of the NHS Constitution Consultation. Booklets relating to this were tabled and circulated at the meeting. Members were informed that the closing date for the consultation is 5th February 2010. Should members wish to respond to the consultation, they can do so by responding personally, or by contributing to the LINK response. Those wishing to contribute to the LINK response please provide this to Sharon or Gill in the Southend LINK office. Harry Chandler will be providing a response on behalf of the south east locality LINK.</p> <p>Members of the LINK were thanked for attending the Storm Scenario stakeholder event. The feedback from this will be available shortly and will be sent to the Southend LINK office as soon as it is.</p> <p>The Southend Local Strategic Partnership, known as “Southend Together” has developed a draft Engagement Strategy setting out how it will involve communities in shaping the borough’s future and the delivery of high quality services. It aims to ensure that a coordinated and strategic approach to consultation and engagement is undertaken on a partnership wide basis. The deadline for comments and feedback is 7th March 2010. Copies of the document are available from the PCT if anyone is interested.</p> <p>NHS SEE has recently completed the first draft of its revised Strategic Plan for 2010-14. it has been revised to reflect the recent economic downturn, as a result of which the NHS has been informed that;</p> <ul style="list-style-type: none"> -There will be zero growth in the funding allocated to PCTs from 2011 until at least 2014. - The NHS as a whole will need to find between £15 and £20 billion in efficiency savings to endure that service improvements can still be implemented in the absence of additional funding - PCTs will be required to deliver a 2% recurrent surplus annually - The SHA and PCTs will need to begin working towards a 30% reduction in their agency and management costs by 2013. <p>Despite these constraints the PCT is still looking to deliver the same range of initiatives outlined in its original strategy. In order to</p>	<p>All</p> <p>All</p> <p>HC</p>
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		<p>do this some projects will be delayed and even greater efficiency savings will have to be made. The total efficiency saving needed to deliver the original plan have risen from £40 million to £77 million. All NHS providers and the PCT are being expected to contribute to this target. After 7 years sustained growth in the NHS the mantra “more for less” is ever more important so continued improvements in the range and quality of services can be made.</p> <p>The revised strategy is being currently reviewed by the SHA and will be publicly available by the end of March latest. Once this becomes a public document a broader engagement programme in the local community will take place and LINK will be a vital part of the engagement and the PCT will welcome its support in ensuring that as many people as possible have the opportunity to comment on their plans.</p> <ul style="list-style-type: none"> • Hospital Update – Martin Emery <p>Martin began his update by wishing everyone a happy New Year. Martin gave feedback on a couple of outstanding questions from the last meeting; He advised that there has been no increase in patient admissions to Southend Hospital from Basildon Hospital. He also advised that the mental health services provided in the hospital are managed by SEPT and they provide a liaison nurse and a doctor. A brief discussion arose around this.</p> <p>Martin advised that the trust have been working on the Patient and Public Carer Engagement Strategy and have circulated this to both internal and external groups for comment. There are 4 strategic aims;</p> <ul style="list-style-type: none"> - involving engagement with the public and carers - involving the public and carers in decision making - increasing patient feedback - improving information for patients and carers <p>The system will work on a traffic light system (red, amber and green) to show how effective the aims are. The draft of the final report should be available around the end of February. Once the draft is ready they will invite the PCT, LINK and directive representatives in the hospital to comment.</p>	
7	Consultations	<p>a) NHS Constitution: a consultation on new patient rights. The consultation closing date is 5th February 2010. Harry said that it was important for members to respond.</p> <p>b) ‘The future of community services in mid and south Essex’ Views on this matter are required by 28th February. It was said that nothing is set in stone on this matter yet and all options are still very much being looked at. A discussion then arose around this. Harry reported that there had been a committee meeting to propose a response to the consultation document. Committee members were concerned about the implications to community healthcare should the Mid Essex and South East Essex community services be amalgamated. He indicated that there were other choices that could be made, for example south east Essex community services could be provided by a hospital trust, for example Southend hospital. He advised members that there is to be a presentation at SAVS on Friday 22nd January from 2-3pm about “The future of community services in Essex”. He suggested that members might wish to attend. The committee had not produced a final response yet to put to the Public Meeting in February.</p> <p>c) Consultation on the proposals to implement generic substitution in primary care (of prescribed medications) Linda Cook was asked to provide a summary of her recent experience with this issue. Others were also encouraged to give</p>	<p>ALL</p> <p>ALL</p> <p>LC/ALL</p>

		their views.	
8	Progress reports on projects	<p>a) Needs assessment (ward profile) project: Margaret O'Connor tendered her apologies for this meeting therefore Harry Chandler reported on her behalf. Harry advised that more help from CEMVO was being provided and that the project was proceeding well.</p> <p>b) Patient, public and carer experience of dementia services: Harry reported that very little progress had been made on this project.</p> <p>c) Hospital Discharge: Harry Chandler reported that the project is going well 25 patients and 3 GPs had been interviewed.</p> <p>c) Gypsies and Travellers: The draft project report has been submitted to the LINK Project Manager and feedback is awaited.</p> <p>d) Mapping Assets: The report for this project is still pending.</p>	<p>HC/EC/ LC</p> <p>EC/HC</p> <p>GD</p> <p>SC</p>
9	Representative' reports / updates	<p>a) Southend Social Care: Harry reported that a meeting has been set up for 9th February.</p> <p>b) Essex Social Care: Harry reported that he has had two meetings with Pauline Holroyd and is now keen to get the LINK committee members involved.</p> <p>c) Commissioning Sub Group: The last meeting was set for 4th January 2010 due to various reasons only three members of the group managed to meet up. A brief report of that meeting is awaited prior to setting the date for the next meeting.</p> <p>d) HOSC Children & Lifelong Learning: Irene Grubb was not at the meeting. No report was provided</p> <p>e) HOSC Adult Community Services: Eddie Camp reported that there had been no further HOSC meeting held since the last report provided.</p> <p>f) SEPT update: Margaret O'Connor tendered her apologies for this meeting therefore no report was provided.</p> <p>g) Others: Infection Control: It was reported that Harry Chandler & Linda Cook had been trying to set up a meeting with Matt Ranguie and Jane. Viv Barnes said that she would chase this up.</p>	<p>HC</p> <p>HC</p> <p>LC/HC/ VB</p>
11	Any Other Business	<p>a) LINK elections April 2010 Harry stated that the election had been discussed at a committee meeting. The process will be discussed in the March full meeting and the idea will be for the election to take place in April.</p> <p>b) Harry reported that Peter Blackman Chair of the Countywide Coordinating Group had been reinstated and that the next Countywide meeting would take place on 14th January.</p>	
12	Details of future meetings	<p><u>Wednesday 10th February 2010</u> 2pm – 4pm SAVS 29-31 Alexandra Street, Southend on Sea, Essex, SS1 1BW.</p> <p>Strategic improving information programme (Social Care) – Alan Allman Assistant Director DH Strategic Improving Information Programme.</p> <p><u>Wednesday 10th March 2010</u> 2pm – 4pm The Salvation Army, Hadleigh Temple, 146-148 London Road, Hadleigh, Essex, SS7 2PF. (Georges Hall).</p>	