

MINUTES

ESSEX AND SOUTHEND LINK: WEST ESSEX LOCALITY MEETING

Date and Time Wednesday 3rd June 2009 – 7:15pm – 9:15pm
 Location Lecture Theatre, St Margaret's Hospital, Epping
 Organiser Julie Harkus (Minutes)

Attendees: John Carr – Chairman, Ken Hearn – Vice Chairman, Andrew Smith, David Bamber, Roy Howland, Susan Whitlock, Heather Paget, David Paget, Sheila Jackman, Goranka Gudelj, Michael Walker, Fiona Faure, Chris Hudson.
 Sara Hartnell – Diabetes Facilitator NHS West Essex.

	Topic	Discussion	Action by who/ when
1	Welcome Intro & House-keeping	John Carr, Chairman, welcomed everyone to the meeting and thanked them for attending. House keeping for the venue was carried out by Julie Harkus.	
2	Presentation by Sara Hartnell – Diabetes Facilitator West Essex PCT	<p>Sara had been invited to give an overview of diabetes services in west Essex and she explained that a lot is happening to improve services which will even out the post code lottery which is currently the case.</p> <p>In November 2008, the East of England Strategic Health Authority (SHA) published a document detailing the need to move services from secondary care (hospital) to primary care (GPs). There is a good diabetes network in west Essex which comprises user representatives, paediatricians, members of practice based commissioning groups (GPs) and secondary care providers (eg PAH).</p> <p>There are 250,000 people in the East of England with diabetes of which 10,300 are in west Essex – 10% of these have type 1. Currently half of the services are provided by the acute sector and a shift to community services is planned with clinical pathway work being done to achieve this. West Essex is below the national average with 3.6% with the condition. It is too expensive to continue managing this in secondary care – 10% of the NHS budget is spent on diabetes and the associated costs of complications related to the condition. Type 2 is predominantly associated with lifestyle.</p>	

Five levels of care are being considered rather than the 4 which currently exist.

Level 1 – this is vitally important as nothing is being done at the moment to prevent diabetes. A huge cultural change is required which needs major funding from Public Health. More health promotion is required.

Level 2 – This is GP care which is monitored by QOF (Quality Outcome Framework – the system by which GPs are paid against set targets).

Level 3 – GPs and practice nurses are trained to provide a service which is normally provided in secondary care. This is a locally enhanced service for which clinical staff have done a lot of training and personal development to achieve. The Warwick Certificate in Diabetes course takes 9 months to complete.

Level 4 – This is where GPs provide a service which incorporates diabetes nurses and diabetes educators. GPs want hospital consultants to come to GP practices and manage patients “in house”. It is more cost effective to employ consultants to do sessions in the community than in hospital. It is possible that people will be supported in their own homes via a provider such as Telehealthcare – this is currently being piloted with specialist educators who are looking at cupboard contents to advise on changes to diet.

Level 5 – This is the specialist secondary care which covers paediatrics, pregnant women with the condition and type 1 with complications.

Darzi clinics (like the one in Loughton) will provide levels 2 and 3 with some level 4. It was recognised that for people working it is difficult to get appointments but some surgeries are offering extended hours with early and evening appointments.

Some district nurses are undertaking the Warwick course together with school nurses and community learning disability nurses as part of their professional development. Level 4 providers will take on the mantle for training those at level 2 and 3.

Sara was asked if there were policies in place for improving the way the condition is managed for patients in hospital. Reference was made to a patient who broke her leg and due to her diabetes it did not heal and she had to have her leg amputated. When people are admitted to hospital they have to inform staff they have the condition – though this is not always possible in an A & E situation. It is individual choice if the ID bracelet is worn. There are also issues with interaction with other specialisms eg mental health. Some patients are not able to manage their condition and end up in and out of hospital. Communication between the teams/specialisms is at fault. Sara pointed out that better management with the key worker in the community at level 4 will hopefully provide an improvement to this.

Sara explained that the pathway has been agreed by PEC and workshops are being held with patients and user representatives. A workshop on 22nd July will look at the level 3 and 4 services. The tender

		<p>process will start in July/August which is a tight timescale for the 1st September implementation date set by the SHA. The Chief Executive of NHS West Essex is not rushing as this needs to be right.</p> <p>Discussion followed on the benefit of educating children in schools so that information can be passed on to parents but more funding is needed to do this. It is anticipated that a more equitable service will be provided over the whole west Essex area within 1 year. These changes do not affect children's pathways.</p> <p>Sara was thanked for attending the meeting and for giving a very informative presentation.</p>	
3	Approval of minutes of previous meeting – 5 th May 2009	<p>David Paget referred to page 3 para 8 and asked for “with learning difficulties” to be replaced by “ordinary”. The minutes were approved subject to this change.</p>	JH
4	Matters Arising	<p>Page 4 item 6 – Susan has started to gather evidence of individual cases she is aware of and Julie advised that she would share the email trail between Margaret Fitch and Goranka Gudelj with Ann Nutt.</p> <p>Page 3 para 7 – Julie reported that the Enter & View meeting on 7th May had resulted in discussions on how the next recruitment campaign would be undertaken and that changes were required to the application pack. David Bamber asked for the application pack to be emailed to him. Members present agreed that the revised pack should be distributed to the whole membership of the LINK for a 21 day consultation.</p>	JH JH
5	Admittance & discharge from hospital	<p>Julie informed that the next meeting of the locality would have discharge from hospital as its theme. The Discharge Coordinator from Whipps Cross will be attending together with the Discharge Manager from PAH. Julie was awaiting confirmation that the ECC Social Care Operational Lead would also be in attendance. John asked attendees what aspects of discharge they would like covered and the following suggestions were made:</p> <ul style="list-style-type: none"> • Carrying identification for medical conditions/medications taken • Discharge policies • Standardising discharge papers – different hospitals do this differently • Providing FREE copies of patient records • Legislation of what you are entitled to and what it costs • Joint working between staff and the patient – communication between hospital and social care – especially when no care package is in place • When patients are admitted a thorough assessment needs to take place so that the home situation is known – are family at home when the patient is discharged? 	

6	AOB	<ul style="list-style-type: none"> • Andrew Smith reported on the Mental Health & Substance Misuse group and the 2 issues for consideration – CRHT (Crisis Resolution and Home Treatment) and Dual Diagnosis. The group next meets on 27th July (please note revised date) at Rochford Hospital. • John mentioned the Uttlesford Mind networking event in Saffron Walden on 18th June – Andrew Smith and David Bamber asked for further information. 	JH
7	Dates of future meetings	<p>Tuesday 14th July 2009, 2pm – 4pm, Blue Room, Latton Bush Business Centre, Southern Way, Harlow, CM18 7BL.</p> <p>8th September 2009 – Uttlesford area</p> <p>14th October 2009– Epping Forest area</p> <p>11th November 2009 – Harlow area</p> <p>8th December 2009 – Uttlesford area</p>	ALL

