

## MINUTES

### ESSEX AND SOUTHEND LINK: WEST ESSEX LOCALITY MEETING

**Date and Time** Tuesday 16th March 2010 2pm – 4.15pm  
**Location** Chinese Community Centre, Lower Meadow, Commons Road, Harlow  
**Organiser** Julie Harkus (minute taker)

**Attendees:** Ann Nutt, Ken Hearn, Chris Hudson, Roy Howland, Michael Walker, Margaret Fitch, Gillian Ramshaw, Andrew Smith, David Bamber, Conrad Gorinsky, Beatrice Gorinsky, Sheila Jackman, Linna Howard (PAH), Maureen Croydon, Raine Hunt (PAH), Julie Harkus.  
 Lip speaker: Anna Constantinou.  
**Guest speakers:** Giles Wright – Communications Manager, St Clare Hospice  
 Eleanor Sherwen – Acting Assistant Director for Long Term Conditions & End of Life Care, NHS West Essex  
 Vince McCabe – Managing Director, West Essex Community Health Services

	Topic	Discussion	Action by who/ when
1	Welcome, Introductions & house-keeping	Ann Nutt, locality Vice-Chairman, took the chair in the absence of Chairman John Carr and introduced Giles Wright, Eleanor Sherwen and Raine Hunt. Julie ran through the housekeeping arrangements for the venue.	
2	Declarations of Interest	None.	
3	Your choices for quality end of life care in west Essex	<p><b>Eleanor Sherwen, NHS West Essex</b> started by explaining that she has a background in palliative and end of life care having been a community Macmillan nurse.</p> <p>The national end of life care strategy was produced in 2008 – it wants to enable and create a good death and improve end of life care for all. Part of the strategy is about having conversations with family and loved ones, which are essential, for the planning of living and dying. By initiating conversations it makes things easier – death can occur at any age. It helps health and social care professionals to plan care with patients to ensure they get it right.</p> <p>The new Dying Matters Coalition is a group of around 200 organisations under the umbrella of the National Council for Palliative</p>	

Care and their message is “don’t let talking about dying kill the conversation.” They are emphasising the importance of planning out of hours care, medication needed, reacting to individual needs in healthcare and more feedback is required from the public.

**Giles Wright, St Clare Hospice** explained that the organisation is celebrating its 20<sup>th</sup> year. It was founded by councillors, community members and healthcare professionals and 91% of its patients have a cancer diagnosis. It is part funded by NHS West Essex and is free of charge to anyone 18+ years old living in west Essex or on the East Hertfordshire border.

End of life care is about the individual and choice. The hospice takes a listening stance and approach – collaborating with community teams, GPs and the hospital. They work closely with Princess Alexandra Hospital (PAH) – delivering monthly education sessions. There is an 8 bed in patient unit which offers 24 hour care and referral from GPs or community teams can take hours rather than days. Macmillan nurses visit daily with case studies and there’s a multi disciplinary team that can offer symptom management for pain.

A day therapy centre accommodates 12 patients per day and allows social interaction and complimentary therapies (aromatherapy, massage and reflexology) in very warm, friendly surroundings.

Eleanor then talked about Preferred Priorities for Care (PPC) – a national document that was rolled out in 2006 and is easily recognisable. The strategy has made the organisation (PCT) look at the direction for services – to ensure they are meeting the needs of the public and that public money is spent well. Statistically, most people want to die or be care for at home - 60% of people currently die in hospital but 76% want to die at home.

The PPC is a person held document which should be taken into hospital. It can be downloaded from the following link:

[www.endoflifecare.nhs.uk](http://www.endoflifecare.nhs.uk)

Eleanor explained that it would be helpful if the document was readily available in public places like libraries and GP surgeries – it isn’t yet available in alternative formats. It’s a slow process as this subject is taboo and it’s a new way of working.

Eleanor went on to talk about the Liverpool Care Pathway which was written for people being cared for in the last 48 – 72 hours of life. It was written around best practice and is a pathway to help professionals deliver best care and to allow patients to have a dignified end which is symptom free as much as possible.

**Q. Where are patients sent to when there is a limited number of beds at St Clare?**

Giles replied that there is a good assessment process – referrals are good/right. The average stay is 9 – 11 days and the hospice works with

		<p>the Macmillan team and consultants to deliver care at home. If the patient is in PAH or St Margaret's Hospital (SMH), the hospital team can go in to support the ward teams – this might be a stop gap until a bed becomes available at the hospice.</p> <p><b>Q. Are you in favour of the PPC becoming part of the national patient record?</b></p> <p>Eleanor replied ideally yes – it should be part of normal living but there could be issues. Giles replied that there is work to be done before this can happen. The national patient cancer prescription is accessed by the patient or healthcare professional by secure login. It would be exciting if this was rolled out for all incurable illnesses. It would drive healthcare professionals to share documents and information and would empower people.</p> <p><b>Q. Are staff trained to deal with the family in these circumstances?</b></p> <p>Eleanor responded that it's important to talk to families and to explain what death involves.</p> <p>Comment was made that care homes need to be aware of PPC and Eleanor agreed. This is an area of responsibility for care home educationalists.</p> <p>Ann thanked Eleanor and Giles for attending the meeting and for giving much food for thought.</p>	
4	Update on process for establishing a new organisational arrangement for Community Health Services in west Essex	<p>Ann Nutt introduced Vince McCabe – Managing Director West Essex Community Health Services.</p> <p>Vince thanked the group for allowing him the opportunity to update them following attendance of the December meeting. He reported that when staff were consulted in December, only 1/3 (200 people) had voted to set up a social enterprise. Other options are being considered and a decision will be made by the board on Thursday (18<sup>th</sup> March). The majority of staff want to be part of a statutory NHS organisation. The board recognises that keeping all the services together might not be suitable and in 3-5 years time, patient pathways could be contested so that other providers come in.</p> <p>Vince explained that a decision would be made on 18<sup>th</sup> for the process to appoint a host organisation for community services. It is likely to be an existing NHS organisation with the infrastructure to enable efficiency, ensure quality and continuity of services. Contractually, the PCT will not want services to be destabilised.</p> <p>1000 staff will transfer to the new organisation – which could be a local partnership of GPs, community nursing or an acute hospital. A lot of discussion is required regarding finances and protecting staff terms and conditions. A prospectus will go to local NHS organisations; then expressions of interest will be submitted and then a detailed bid will be submitted. A decision on the appointment of a new organisation needs to be made by October 2010 so that it is operational by April 2011.</p>	

		<p>Vince was asked what other options were available and he replied a set of arrangements that provide care around the individual client or patient pathways. There needs to be a flexible set of working arrangements for professionals and community staff. It's possible that GPs may consider setting up a social enterprise in the future.</p> <p>Vince commented that there is a place for the independent sector and it's important to recognise the benefits the independent sector can bring working in partnership with the NHS. There's a need to be clear about expectations and that staff want re-investment into services.</p> <p>Vince was thanked for attending the meeting and he offered to return at a later date to update further on the situation.</p>	
5	Approval of minutes of previous meeting – 17 <sup>th</sup> February 2010	<p>The minutes were approved subject to the following change:</p> <p>Page 4 item 8 AOB bullet point 5 – delete “had been” and replace with “would shortly be”</p>	JH
6	Matters arising	<p><b>Page 3 item 5 (Matters Arising) bullet point 2</b> – Chris Hudson reported that the response received from Chris Pocklington “to keep the situation under review” was unsatisfactory and John Carr had replied accordingly. It was agreed to pass copies of correspondence about the issue to Monitor and the Care Quality Commission (CQC).</p> <p><b>Page 3 item 6 (Renal Dialysis services in west Essex)</b> – Julie reported that she had met with Gillian Ramshaw and her husband to compile the LINK response to the consultation which was submitted by the 8<sup>th</sup> March deadline.</p> <p><b>Page 4 item 8 (AOB) Delivering high quality hospital health services for the people of north east London</b> – Chris Hudson reported that he had attended the public exhibition in Loughton and it was important that the LINK responded to the consultation. The proposal to close maternity services at King George Hospital will particularly affect residents in the Chigwell area and it will put a significant burden on other local services like Whipps Cross Hospital. Chris suggested that King George Hospital keeps its midwifery unit. Conrad Gorinsky commented that he too had attended the road show and noticed that there was no reference to mental health. Conrad gave a lot of information to Helen Brown (H4NEL Programme Director) regarding mental health and the government's priority of “there is no health without mental health.”</p> <p>It was agreed that the response Chris had compiled would be submitted on behalf of the locality group and that Conrad would contact Julie with wording regarding mental health provision.</p>	<p>CH/ JC</p> <p>CH/ CG/ JH</p>

7	Approval of project plans	<p>Ann Nutt read out the project proposal for an Older People's event in Harlow in early July. Ann explained that in 2008, a meeting was held in Waltham Abbey, focusing on older people. It was planned that in subsequent years this event would be held in Harlow and Uttlesford. West Essex is ideally placed to lead on issues regarding older people; it has rural and urban communities, an aging population, a combined mixture of eastern European, travellers and areas of deprivation. At the meeting in 2008, there was representation from the local authorities and PCT. There has been no real consultation on the needs' of older people since the late 1990's hosted by Harlow Council; there has been no follow up meetings and with such a changing agenda for older people, it was agreed that the west Essex locality continue to investigate the needs of older people especially with a proposed new Community Wellbeing Centre for the town.</p> <p>Ann remarked that a similar event will take place later in the year in Uttlesford though it will be tailored slightly differently as there is already a comprehensive directory of older people's services which is updated bi-annually.</p> <p>Both project proposals were approved.</p> <p>Roy Howland asked for a copy of the project proposal in preparation for the meeting he is attending on 30<sup>th</sup> March.</p>	JH
8	Any other business	<p>Ann Nutt introduced Raine Hunt – Head of Communications PAH.</p> <p>Raine explained that the hospital writes an Annual report and now also needs to produce a Quality Account which will give patients and the public an insight into the quality issues faced by the Trust. The report will identify where the Trust is performing well and where it needs to make improvements. Raine asked what the locality group would like to see in the report – it needs to be concise. The full Annual Report will be issued on 23<sup>rd</sup> April and the Quality Account will follow afterwards in June.</p> <p>Raine will issue page 34 onwards of the Annual Report – Raine asked does it give an insight into the quality agenda? Julie will distribute to members by email and post with a deadline of 2 weeks for feedback.</p> <p>A question was raised about the language barriers experienced with A&amp;E staff and attracting quality staff. Raine replied that recruitment and retention of staff is identified in the Annual Report and it will be useful to reference this in the Quality Account.</p> <p>Considerable delays were highlighted with outpatient appointments – especially with phlebotomy. One attendee remarked that he can arrive at 8am and still be waiting to be seen at 10.30am. Raine replied that the hospital is looking at flexible working hours which will benefit people working in London. David Bamber praised the hospital for the very good electronic reporting of blood testing and electronic scans.</p> <p>Raine reported that the Trust provides out patient services over 7 sites including Herts &amp; Essex at Bishops Stortford, Tower Clinic at</p>	RH/ JH

		<p>Hoddesdon and Rectory Lane Loughton. The Trust wants to get clinics into the community – the new scanner at St Margaret’s Hospital is taking pressure off PAH.</p> <p>Chris Hudson commented that the LINK did not have speaking rights at the PAH board meeting (unlike the previous PPI Forum for PAH) and Linna Howard offered to follow this up. Julie remarked that a letter may already be on its way as she had received contact from Gerald Coteman’s office (PAH Chairman).</p>	LH
9	Dates of future meetings	<p>Tuesday 13<sup>th</sup> April 2010 2pm – 4pm Friends Meeting House, Saffron Walden</p> <p><b>Wednesday 12<sup>th</sup> May 2010 7pm – 9pm Budworth Hall, Ongar</b></p> <p>Tuesday 8<sup>th</sup> June 2010 – AGM in Harlow</p> <p>Tuesday 13<sup>th</sup> July – Uttlesford area</p> <p>Wednesday 15<sup>th</sup> September – Epping Forest area</p> <p>Tuesday 12<sup>th</sup> October – Harlow</p> <p>Tuesday 9<sup>th</sup> November – Uttlesford area</p> <p>Tuesday 7<sup>th</sup> December – Epping Forest area</p>	

