

MINUTES

ESSEX AND SOUTHEND LINK: SOUTH EAST ESSEX LOCALITY MEETING

Date and Time 10th February 2010 from 2.00pm – 4.00pm
Location SAVS, 29 – 31 Alexandra Street, Southend on Sea, Essex, SS1 1BW.
Organisers & minute taker Gill Dawson
 Sharon Cohen

Attendees: Harry Chandler (Chair), Eddie Camp (Vice Chair), Barrie Andrews, Sue Nicholls (Disability Essex), Dave Poulten, Cllr Alan Crystall (Southend Borough Council), Chris Gasper (Labour Party), Denis Garne, Majzoub B Ali, Paul Beckers, Mary Beckers, Irene Grubb, Alan Grubb, Beryl Furr (NHS SEE), Margaret O'Connor, Elaine Blatchford, Rutendo Chitiga (Sauce Consultancy), Michael Bull, Tony Hopper, Carol Orriss, April Lawlor (Essex County Council), Lyn Kochen.

LINK staff: Sharon Cohen & Gill Dawson

	Topic	Discussion	Action
1	Welcome & Introductions	Harry welcomed everyone to the meeting.	
2	Apologies for absence	Angela Garrard, Gareth Gault (St Luke's Healthy Living Centre CIC), Nicky Hart (NHS SEE), Ahmad Khwaja, Martin Emery (Head of Patient Experience Department Southend Hospital), Frances Cohen, Pat Dalton, John Sayer, Lynne Collins, Ros Matty, Tony Wright, Trevor Johnson, Linda Cook, Jackie Brown (RRAVS).	
3	Declarations of potential conflicts of interest	Eddie Camp – Governor Hospital Foundation Trust, member Patient & Public Voice. Harry Chandler - member of Patient & Public Voice. Cllr Alan Crystall – Southend Borough Council & Southend appointee hospital Governor. Elaine Blatchford – member of Patient & Public Voice. Beryl Furr – Non Executive Director NHS SEE. Tony Hopper - member of Patient & Public Voice. Michael Bull – Chair of Patient & Public Voice. Chris Gasper – Rochford & Southend East Labour Party.	
4	Minutes of previous meeting	a) To be agreed: The minutes were agreed for accuracy subject to the following minor amendments; P1 Attendees, 1 st line; Principle should be principal. P1 item 4 ii, Young should be Yeung P7 item g, 1 st line; “a” needs to be deleted. The minutes were taken as a true record of the meeting which took place on 13 th January 2010. b) Matters Arising: i) A member raised further questions relating to the NHS Care Records presentation which took place at the 13 th January SE LINK locality meeting. It was stated that Marlene Winfield will be having a follow up meeting on 10 March 2010, 1:15pm – 3:15pm at Chapter House, Chancellor Room, Cathedral Office, New Street, Chelmsford, Essex, CM1 1TY. It was suggested that these	

		<p>questions were put to Marlene directly at this meeting.</p> <p>ii) A member asked if we had had a response to the question raised in the last meeting from the presentation Claire Ogley gave on the Summary Care Record “will South Essex Partnership University NHS Foundation Trust (SEPT) and the East of England Ambulance Trust would have access to the SCR?” A response from Peter King was received (see below) and circulated to members;</p> <p><i>“Along with the Summary Care Record, we will be enabling the Data Sharing Model within SystmOne (our Community Electronic Patient Record). This sharing will enable patients to give consent to the Community Clinician treating them to see their electronic patient record. GPs will able to mark certain elements of the record ‘Private’, if there are items that the Patient does not wish the Community Clinician to see. This will only apply to community services being provided by South East Essex PCT but, with 80% of our GPs on this system it will mean that the majority of patients will benefit from the Community Clinician treating them to see their records. This system already interfaces with Southend Hospital so Clinicians will continue to be able to see items such as Blood Test Results and Discharge Summaries. For the 20% of Practices not on this system, the usual manual processes will continue.</i></p> <p><i>The enablement of the Detailed Care Record; which will enable different PCT, Mental Health and Acute Trust systems to speak to each other and share information will be rolled out at a later date and as yet, we have not been told when this will be.”</i></p> <p>iii) A member raised a point that she felt that information sharing of medical records was not happening especially with children & mental health patients. Data protection was “hidden behind” and a reason that was often given for this. There was a suggestion that staff should be brought up to date on data protection. Harry Chandler suggested that we raise this matter formally to get a comprehensive response from the Mental Health Trust, Southend Borough Council, Essex County Council, Southend Hospital, NHS SEE and Essex Ambulance Trust. Harry asked Margaret O’Connor to draft a letter to send.</p> <p>iv) A question arose from the recent Funding for Psychological Therapies report. The question asked was; is SEE NHS paying for south west Essex services? The response was that although the funding for these services has been reduced by the Strategic Health Authority for the next financial year. SEE NHS are not paying for SW Essex services.</p>	MOC
5	Strategic Improving Information Programme presentation	<p>Alan Allman (Assistant Director DH Strategic Improving Information Programme) was due to give a presentation on the Strategic Improving Information Programme. Unfortunately due to unforeseen circumstances Alan was unable to attend the meeting.</p> <p>It is hoped that the presentation can be reschedule at a later date.</p>	GD/SC
6	LINK organisation & election	<p>a) LINK Structure</p> <p>Harry Chandler referred members to the south east Essex locality of the Essex and Southend Local Involvement network structure document which was approved at the public meeting on 18th February 2009.</p> <p>Harry briefly reminded members of the structure of the LINK and the roles and duties of the Chair, Vice Chair & Committee members. He then reminded members that it was agreed that an election for each officer and LINK representative would take place annually.</p> <p>b) Election of Chair, Vice Chair & Committee</p> <p>At the meeting on 18th February 2009 it was agreed that a self nomination process would be the best option for nominating</p>	

		<p>members for each post. Before this meeting every member had been circulated with a copy of the structure document which listed the following:</p> <ol style="list-style-type: none"> 1. Structure 2. Purpose of the committee 3. The duties of the committee 4. The role of the chair and vice chair 5. A committee member should 6. Nomination process <p>Together with a self nomination form. Harry suggested that the current structure should be discussed and agreed at the 10th March public meeting and for the election to take place at the 14th April public meeting.</p> <p>Margaret O'Connor requested that the "Election Protocol & Procedures" draft document developed by Margaret O'Connor and Rosalind Peek for the Countywide Group be circulated to members prior to the March meeting, before any decisions were made. Gill & Sharon were asked to action this request.</p> <p>A discussion followed about the number of words allowed on the personal profile section of the self nomination form. It was agreed that a limit of 100 words would be set and anything over this would not be accepted. The wording on the self nomination form should be modified accordingly.</p>	<p>GD/SC</p> <p>GD/SC</p>																
7	<p>Progress reports and updates</p>	<p>a) Hospital Update – Martin Emery</p> <p>Martin tendered his apologies for the meeting. He was unable to attend due to unforeseen circumstances. Martin advised that a briefing paper would be sent to the LINK which he hoped could be attached to the minutes.</p> <p>Harry Chandler reminded members the Strategic Plan for NHS South East Essex states that it is proposed to move some of the services provided by Southend Hospital into primary care. A discussion then arose around the Primary Care Centres (PCCs). The discussion covered the current PCCs and the new proposed PCCs that now have been postponed. At the last PCT board meeting on 28th January 2009, it was decided that it was better to have a short delay in building the proposed PCCs to avoid putting the PCT into a difficult financial position. The new proposed dates for the PCCs are;</p> <table border="0" data-bbox="480 1352 995 1621"> <tr> <td>Westcliff 1</td> <td>Oct 2011</td> </tr> <tr> <td>Westcliff 2 (Valkyrie Road)</td> <td>Oct 2011</td> </tr> <tr> <td>St Luke's (Temple Sutton)</td> <td>Oct 2011</td> </tr> <tr> <td>Shoebury</td> <td>Oct 2012</td> </tr> <tr> <td>Westcliff 3</td> <td>April 2015</td> </tr> <tr> <td>Canvey 2</td> <td>June 2014</td> </tr> <tr> <td>Benfleet</td> <td>April 2015</td> </tr> <tr> <td>Rayleigh/Hockley/Rochford</td> <td>June 2014</td> </tr> </table> <p>A member asked if there were any further cuts in funding would there be any further delays? Beryl Furr replied that all public services are dealing with financial problems at the moment, but the PCT remains committed to providing high quality services in high quality premises.</p> <p>A member stated that the proposed Westcliff 3 Primary Care Centre covers 3 doctor's surgeries in his area but now would not come on stream till 2014. Since two of the three surgeries are currently in "not fit for purpose" premises he suggested that the PCT should retain the clinic that would be vacated by GPs on completion of Westcliff 2, and adapt it to provide higher quality interim accommodation for all 3 surgeries until Westcliff 3 was ready for occupation. Beryl Furr was asked to raise this issue within the PCT so that Nicky Hart could report to the next meeting</p>	Westcliff 1	Oct 2011	Westcliff 2 (Valkyrie Road)	Oct 2011	St Luke's (Temple Sutton)	Oct 2011	Shoebury	Oct 2012	Westcliff 3	April 2015	Canvey 2	June 2014	Benfleet	April 2015	Rayleigh/Hockley/Rochford	June 2014	<p>ME</p> <p>BF</p>
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of the LINK. A member pointed out that 2 surgeries in the Leigh Primary Care Centre have got open lists at the moment therefore patients from the surgeries mentioned above could register with them. A discussion then arose around access to surgeries both in rural and more central areas. Beryl agreed to ask Nicky to provide the LINK with relevant information on urban and rural access as set out in the PCT Primary Care Strategy.

The Urgent Care Centre was discussed briefly, it was pointed out that Nicky Hart has requested a slot at a forthcoming meeting to provide an update on this matter.

b) PCT update

In absence of Nicky Hart Beryl Furr provided the PCT update and reported progress on the recent refresh of the Strategic Plan - Delivering Together: better health; better care; better value. Beryl explained that the PCT consulted widely on the first version of their plan last year and as a result of their discussions with local communities they identified some key themes that needed to be addressed:

- NHS SEE have higher than average spend on hospital services
- There is significant potential to develop more services in the community – in fact, historically they have under invested in community health services.
- The structure of SEE primary care services is unusual compared to other PCTs due to the higher number of single handed practitioners
- However, patients value local primary care services and especially their personal relationships with, and ease of access to, their local GP.

The consultation and engagement programme included a major strategic planning event that was attended by a wide range of people, 106 public meetings. 450 full draft plans and 5200 summary documents were circulated which included a feedback form 2400 local people actively participated in the process. Stakeholders were broadly in support of the PCTs plans, with the exception of proposals to develop the PCCs. Support and objection to these was in equal measure. People feared they may lose their personal relationship with their GP and may have to travel further for primary care services. However, since then, local people have been actively involved in helping to develop the plans for local PCCs.

There had been extensive media coverage of the recent NHS SEE board decision to delay the operational dates of the PCCs across SE Essex. These delays range from 6 months to over 2 years but the projects remain 'live'. In the meantime, work will continue to provide innovative and integrated services to ensure that people are not disadvantaged by the delays.

Beryl said that in the first year of the Plan, NHS SEE set out to invest in improving health in SE Essex, to build up a network of GP, primary care and community services and achieve a better organised NHS by changing systems. A review of the 1st year showed some significant achievements;

- Introducing additional hours and sessions for community phlebotomy – new locations include 11 community clinics, 20 GP surgeries and two clinics at Southend Hospital
- St Luke's health centre providing GP services for registered patients and a walk in centre for non registered open from 8am to 8pm, 365 days a year.
- Increased access to NHS dentistry and a dedicated dental helpline
- Improved access to psychological therapies

		<ul style="list-style-type: none"> Improved child and adolescent mental health services Community endoscopy services in Leigh, Eastwood and Queensway and plans in place to commission further services on Canvey <p>Patients and the public had been engaged throughout the commissioning process, including plans for care of the elderly and musculo-skeletal services in the community, and on implementing Department of Health programmes such as improving access to screening and treatment for diseases such as Hepatitis B and C, and in providing outreach services for vascular health checks. The refresh reflected the fact that in its second year the plan must take account of the more challenging economic climate facing the whole NHS. Priorities have been reviewed, and since some issues have been resolved some priorities have been dropped or taken off the list without damaging patient care or services. The plan now reflects the PCT's commitment to utilising resources to best effect, making savings where appropriate and reinvesting in priority areas in order to achieve 15% greater productivity in four years time. NHS SEE is currently waiting for comments from the East of England Strategic Health Authority on the refreshed draft and the plan will come back to the Board's March meeting. Informal patient and public engagement will take place from April to June after which the final plan will be approved by the Board in July. Beryl was thanked for her update.</p>	
8	Consultations	<p>a) NHS Constitution: a consultation on new patient rights. Harry Chandler reported that he had sent the response on behalf of the LINK on 4th February.</p> <p>b) 'The future of community services in mid and south Essex' The response has been submitted to the PCT.</p> <p>c) Consultation on the proposals to implement generic substitution in primary care (of prescribed medications) Information was previously circulated around this matter and a patient representative was required by the PCT to represent the LINK. Two members put their names forward and Hilary Lister was suggested as the representative. Members agreed that they were happy for Hilary to represent the LINK.</p>	
9	Proposed outreach project	<p>A project proposal form was circulated prior to the meeting and tabled at the meeting relating to a new proposed project. The South East Essex Locality Outreach project is aimed at increasing the diversity and participation in the SE Essex LINK that differs for our current core group members. The focus is to extend our reach to the whole of Essex. Members were asked if they were in agreement for the project to go ahead. No objections were stated and the project was agreed.</p>	
10	Representative' reports / updates	<p>a) Bullwood Hall representative required; Bullwood hall is a local prison based in Hockley. In the past NHS services in the prison had not been satisfactory. A representative is being sought to represent the LINK. Hilary Lister put her name forward. Members agreed they were happy for Hilary to represent the LINK. Gill and Sharon to inform the PCT of the meeting's decision.</p> <p>b) Dental Services, Central Southend, representative required; SEE NHS has requested a member of the LINK to participate in the procurement process for dental services. The patient representative would need to be someone who lives in Southend. The meetings will be monthly, and will require some reading in preparation. The procurement process will last 9-12 months. The patient representative will be asked to give an input into the</p>	GD/SC

		<p>evaluation of the bids. They will also be invited to attend as an observer at the interviews with the preferred bidders. The first meeting will be in March or April 2010. If any members are interested, please let Gill or Sharon in the Southend LINK office know.</p> <p>c) Patient Group representative required; Pam Sabine (SEE NHS) requested a couple of representatives from the LINK to attend 6 monthly user care group meetings. Full information has been circulated previously and was tabled at the meeting. Lynne Collins put her name forward. Members had no objections to Lynne representing the LINK. Pam had requested two representatives. If any other members are interested please let Sharon or Gill in the Southend LINK office know.</p> <p>d) Southend Social Care: Harry Chandler suggested that we have a presentation on Social Care in Southend. Members had no objections to this. Harry will liaise with Sharon Wheeler to get this set up.</p> <p>e) Essex Social Care: Harry Chandler also suggested that we have a presentation from Essex Social Care. Harry will liaise with April Lawlor to arrange this.</p> <p>f) HOSC Children & Lifelong Learning: Irene Grubb stated that there was not a lot to report back from the last meeting. The main thing discussed was budgets. Irene also reported that the meeting had quite a sad note due to the recent death of Anne Robertson (a local councillor).</p> <p>g) HOSC Adult Community Services: Eddie Camp reported that presentations were made at the meeting by the Primary Care Trust.</p> <p>h) SEPT update: Margaret O'Connor started by saying that Mike Waddington will be leaving the Trust and will be greatly missed. She also reported the recent passing away of Mike's wife. Margaret stated that she had recently attended a meeting at which it was revealed that the New Horizons mental health team will exist but in a different format. Margaret raised the Alzheimer's Commissioning Group and stated that she was not on this group and that she had been put on the apologies for the last meeting. She was concerned that the two elected reps on this group were not being involved. Harry was asked to raise this with Elizabeth Parma when he met with her on Feb 11th, Elizabeth has taken over from Ray Boateng who is currently on sick leave. Teresa Jago has resigned as the SE locality representative for liaison with SEPT. Margaret reminded members of the presentation meeting with Faye Swanson at Pride House on 1st March 10am – 11am. In relation to Accessing Psychological Therapies Margaret reported that 80% of the IAPT people who have applied to Southend have substance abuse problems, 70 people were so ill they needed to be hospitalised. Bedford & Luton Trusts will be going under the management of SEPT.</p> <p>g) Others: Hospital Board meeting update – Elaine Blatchford stated that members who had internet access could log onto the hospital website www.southend.nhs.uk/generalinformation (follow the links -who's who, trust board papers), to get more information. Elaine gave an update following the Southend Hospital Board of Directors meeting which took place on 6th January 2010. Elaine reported that the CQC (Care Quality Commission) who will be regulating all health & adult social care in England from 1st April 2010. Will be making the system clearer and will emphasise what is important to patients and their carers rather than the systems, processes and policies to deliver care. While 3rd party opinion is not required the hospital has promised to be open and transparent with</p>	<p>All members</p> <p>All members</p> <p>HC</p> <p>HC</p> <p>HC</p>
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its partners.
The hospital is performing better than expected in terms of the Hospital Standard Mortality Rate. Accident and Emergency continues to cause concern After difficulties in October there was an improvement from the beginning of November to mid-December. Weeks 3 & 4 failed to meet the 98% target of less than a 4 hour wait. Week 4 saw a big increase in patients, due to the adverse weather. Since 24/12 the hospital has faced an outbreak of Norovirus; at one point 7 wards were closed to new admissions; by 6th Jan. this was down to 4. Ward closures have caused cancellations of routine elective surgery, as have the number of fractures needing surgery. Staff are working very hard to cope with all the difficulties.

Learning Disability, in response to two reports: "Healthcare for All" and "Six Lives", in August 2009 an action plan was developed and a Learning Disability Steering Group set up. The group is multi-disciplinary, meets regularly and is making progress. When possible and clinically appropriate, Learning Difficulty patients will be admitted to Balmoral Ward. Currently there is a lack of data from Southend Borough Council and NHS SEE to note Learning Difficulties on Patient Records. There are approximately 800 people locally identified with Learning Difficulties, but only approximately 300 known to the hospital. This has implications for care and discharge.

A couple of questions/statements arose from the update;

1) A member stated that the data from GP's in relation to people with learning disabilities needs to be improved. Beryl Furr stated that there was a new requirement for GPs to hold registers of people with learning difficulties and to call them for an annual health assessment. As the new director whose portfolio included primary care, Ian Stidston would be responsible for progress in this area. Beryl Furr will ask Nicky Hart to provide the LINK with more information about GPs' responsibilities for maintaining details of people with learning disabilities, and also for maintaining details of carers.

BF/NH

2) A member asked how GPs assess learning disability? Beryl responded that the requirement was not for GPs to make an assessment of whether or not a person had a learning disability but to provide annual health checks for those who had been formally assessed as having such a disability. Beryl was asked to arrange for the LINK to receive information about care pathways for people who are assessed as having a learning disability and especially what health and social services are available for young people from birth to 18 and 18+ following assessment.

BF/NH

Elaine also gave an update on the 3rd February 2010 Hospital Board meeting. She reported that the Accident and Emergency department was continuing to cause concern. Difficulties continued in the first 2 weeks in January with them failing to meet the 98% target of less than a 4 hour wait. This was partly due to the adverse weather conditions. The last 2 weeks of January saw an improvement. At the hospital's request the Department of Health's Intensive Support Team visited on Wednesday 3rd February 2010. They commented on how clean the hospital was and how honest everyone they spoke to was. Initial feedback was that the Trust had effective plans that once fully embedded would deliver sustainable performance. The 3rd February is the date of junior Doctor rotation and had been chosen as the start date for the move to ward-based specialities in medicine and increased presence of consultant and other clinical staff in the Acute Assessment Unit (AMU). From 11th February Surgery is moving to an emergency surgeon of the day

		<p>system. These are part of the Emergency Pathway Project. PROMS (Patient Reported Outcome Measures). This is a system by which patients or their carers will comment on their health, their usual activities and pain/discomfort before and after certain operations.</p> <p>A few questions arose following the report, which Elaine was asked to take to the board at the next meeting;</p> <p>1) In relation to the ward based specialist how will this work with multiple or chronic conditions?</p> <p>2) What are the staffing levels for out of hours care?</p> <p>3) In relation to the PROMS, is it possible to ask the patient what would be the one thing they would change themselves?</p>	EB
11	Progress reports on projects	<p>a) Hospital Discharge: Harry Chandler reported that approximately 30 patients had been interviewed.</p> <p>b) Experience of Dementia Services; Several draft questionnaires have been developed but a final version has not been agreed yet. Once the questionnaire has been finalised carers of dementia patients will be questioned.</p> <p>c) Needs assessment (ward profile) project: Margaret O'Connor reported that the report for the Chalkwell Ward was in the process of being written. Margaret has made a presentation to the West Essex locality LINK group on the project and would like to do so to the South East locality.</p> <p>h) Gypsies and Travellers: The draft project report has been submitted to the LINK Project Manager and feedback is still awaited.</p> <p>i) Mapping Assets: The draft report for this project has been submitted to the Chair.</p>	HC/IF
12	Any Other Business	<p>a) Beryl Furr circulated a flyer titled "do you know your NHS number" and a brief discussion followed its distribution.</p> <p>b) April Lawlor reported that Essex County Council will be inspected by the Care Quality Commission. The inspection will commence on 22nd March for 2 weeks. The CQC will be looking at how the council uses leads, resources and the Safeguarding Agenda for adults. Carer and Social Engagement groups will be set up. LINK and individual carers may be asked to participate in these.</p> <p>c) Members were asked if they were happy to continue with the current date and time of the full locality meetings in the format they had followed for the last year. Members had no objections to this.</p>	
13	Details of next meeting	<p><u>Wednesday 10th March 2010</u> 2pm – 4pm The Salvation Army, Hadleigh Temple, 146-148 London Road, Hadleigh, Essex, SS7 2PF. (George's Hall).</p>	