

## MINUTES

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

**Date and Time** Tuesday 8th June 7pm – 9pm  
**Location** Park Inn Hotel, Southern Way, Harlow CM18 7BA  
**Organiser** Julie Harkus (minute taker)

**Attendees:** John Carr, Ann Nutt, Ken Hearn, Carrie Welch, Mollie Pattenden, Gillian Ramshaw, David Bamber, Heather Paget, David Paget, Chris Hudson, Roy Howland, David Jackman, Joy Das, Linna Howard, Michael Walker, Sheila Bass, Mary Welby, NEPFT (North Essex Partnership NHS Foundation Trust) - Harriet Carr-West, Jackie Fretten, Stephanie Rea and Stephanie Hunter, Public Governors NEPFT – Andrew Smith and Sheila Jackman.

**Guest speakers:** **Catherine O’Connell** – NHS West Essex, Chief Executive  
**Dr Charlie Davison** - NHS West Essex PEBL Project

	Topic	Discussion	Action by who/ when
1	Welcome, Introductions & house-keeping	John Carr, Chairman, welcomed everyone to the meeting and Julie ran through the housekeeping arrangements for the venue.	
2	Declarations of Interest	None.	
3	The impact of a coalition government – Catherine O’Connell (NHS West Essex)	<p>John introduced Catherine O’Connell, Chief Executive NHS West Essex.</p> <p>Catherine gave a powerpoint presentation – “The impact of a coalition government” - copies are available from Julie Harkus. The presentation covered the following:</p> <ul style="list-style-type: none"> <li>• The 7 aims of the PCT’s Health Strategy</li> <li>• What is new?</li> <li>• Impact for patients and the public</li> <li>• Engaging with patients and local people</li> <li>• What local people tell us ..... good and bad!</li> </ul> <p>The following questions were asked:  <b>There are too many unnecessary emergencies into hospital.</b></p>	

**People are not fully fit to be discharged and are being re-admitted into hospital.**

There has been a 50% rise in re-admissions within 30 days of discharge and Catherine reported that the PCT (primary care trust) is working with Princess Alexandra Hospital (PAH) on this issue.

**Andrew Lansley, Secretary of State for Health, has talked today about inappropriate discharges and that treatment will not be paid for. This is like the revolving door syndrome experienced in mental health – how will the service cope with this?**

Catherine explained that re-admissions under 30 days are not paid for at the moment. The proposal is that the hospital will have responsibility for the patient once they are discharged for a period of 30 days so it is vital to make sure that the patient is fit to be discharged. Work is being done to look at people who regularly attend hospital to assess when they are likely to need help and intervene before this happens.

**You have explained that there are differences in life expectancy in different wards of west Essex- health goes with wealth - if welfare benefits are cut, this will have an impact.**

Catherine agreed that less social care provision will impact on health.

**How can GPs be influenced to take on more responsibility like the out of hour's service?**

The government has pledged to renegotiate the GPs contract, to redress the balance and allow more leverage so that under performing GPs can be removed.

**Community care for mental health patients is disproportionate in Epping Forest. Uttlesford Mind was awarded the Community Bridge Builders contract. Roding House has closed and the Spanners drop in (provided by AIM – Action in Mental Health) has kept going for 9 months but that will cease next month. A lot of people rely on this important resource.**

Catherine commented that she would look into this.

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**How will you monitor the quality of services provided – will you have control?**

Catherine replied that there is a strong contract in place with the provider arm with key performance indicators to measure outcomes and an emphasis on what patients tell the PCT. Community services are difficult to measure and monitor due to lack of data but this is changing; in future we will have more information on who and the number of people seen as well as patient experience feedback as well as the type of service provided.

**Why won't the PCT allow my GP patient group to purchase IT equipment for the nurses?**

There is a lot of red tape around how charitable funds can be spent. The PCT cannot accept funding that supports core services.

**Timely discharge from hospital has been discussed but there has been no mention of district nurses. Early discharge needs a dedicated team of community nurses.**

Catherine responded that the PCT executive team has agreed

		<p>additional community nurses to target discharge patients and these will lead to cost savings in the longer run.</p> <p><b>If the proposal is for GPs to do the commissioning, this implies budget reductions.</b></p> <p>The government has pledged to make 30% savings in administration costs in the NHS. Because of the way that the reduction is calculated, this will mean that the PCTs will need to find in the region of 45% cut in management costs across Essex. These savings will be reinvested in front line services. It is not clear yet how GP commissioners will be supported; however, a Dept of Health white paper is due out in July which will give more detail.</p> <p><b>GPs are going to have more responsibility. They are already very busy. You are told you have 5 minutes for an appointment. How can they take on extra duties – it takes my mother 1 month to see her GP and 1 week for me to see mine.</b></p> <p>Catherine replied that there was lot of work to do to make this work and that more resources would be required. She also pointed out that an appointment to see your chosen GP can take longer, but that you should be able to see another GP within 48 hours.</p> <p><b>Do you have service user representation on the PCT board? There is a disabled users group at PAH.</b></p> <p>Catherine reported that this is set down in statute and board members are selected through the Appointments Commission and it is not always possible to get that representation from across all groups in the community. A non executive director on the board does champion disability issues. Government changes will mean that elected members will be appointed to PCT boards in the future.</p> <p><b>The local authority is now getting involved in health with the local area forums but they don't have patients or service users involved.</b></p> <p>This may be due to the fact that the members are publicly elected. A PCT representative will attend these meetings.</p> <p><b>Patients are being sent to the Darzi Centre in Loughton and turned away.</b></p> <p>Catherine replied that no complaints to this effect had been received.</p> <p><b>Patient participation groups are very important. Margaret Fitch has been trying to get these off the ground in Epping Forest but is having great difficulty.</b></p> <p>We are trying to address this in Epping Forest and encourage more input from patients. This is especially important as GPs get more control so public engagement will be more important.</p> <p>John thanked Catherine for her informative presentation and for giving her time to attend the meeting.</p>	
4	PEBL Project – Dr Charlie Davison (NHS West Essex	John introduced Charlie Davison from the PEBL Project (Patient Experience and Public Engagement BLogs).	

	Research Team)	<p>Charlie gave a demonstration of the website (<a href="http://www.westessexpebl.com">www.westessexpebl.com</a>) which has been set up to enable residents to voice their experiences of local health services to NHS managers in west Essex. Views and stories as well as discussions are encouraged and Charlie showed how easy it was to use the site. People use their own words, in their own time and as many times and as often as they like. Every month PEBL will send a summary of the blogs, stories, debates, views and comments directly to commissioners and senior managers about the patient experience.</p> <p>Funding for the project comes from the National Institute for Health Research and it is run by the NHS West Essex Research &amp; Development Office.</p> <p>John thanked Charlie for attending the meeting.</p>	
5	Election of officers	<p>Julie reported that one self nomination had been received for chairman from John Carr. A show of hands unanimously voted John as chairman for the coming year. Julie explained that three self nominations had been received for the three vice-chairman vacancies and it was agreed that Joy Das, Ken Hearn and Ann Nutt would take these positions. Ken explained that Margaret Fitch (in her absence) would continue to deputise for him and attendees agreed.</p> <p>Joy Das and Ann Nutt submitted self nomination forms for the locality countywide representative. John Carr has been the representative for the past year and as a chairman he receives an invitation to the bi-monthly meetings. Ann and Joy gave verbal profiles of their background and experience and attendees agreed that both were valuable nominees and that both should represent the locality. John said he would raise this at the public AGM on 16<sup>th</sup> June.</p> <p><b>Subsequently, both Ann and Joy were both elected as independent representatives to the Countywide Coordinating Group at the AGM on 16<sup>th</sup> June.</b></p>	JC
6	Locality Annual Report	The locality annual report was available at the meeting and it was approved for inclusion in the main LINK document which will be approved at the aforementioned AGM.	
7	Approval of minutes for previous meeting – 12 <sup>th</sup> May 2010	The minutes were approved by Ken Hearn and seconded by Roy Howland.	
8	Matters arising	<ul style="list-style-type: none"> <li>• <b>Page 3 item 4</b> – Mary Roles and Dorreen Gilmour did feed back their comments on the social care booklet which has now been finalised and awaiting printing costs.</li> <li>• <b>Page 4 item 8 – AOB bullet point 3</b> – Joy Das, Margaret Fitch and Dorreen Gilmour collated a locality response to the Dept of Health consultation – “Your GP, your choice, your say: A consultation on how to enable people to register with the GP practice of their choice”. This consultation has been extended until 2<sup>nd</sup> July. Several individual member responses were also submitted.</li> </ul>	

9	Any other business	<ul style="list-style-type: none"> <li>• A west Essex locality project – a seniors event to find out what services people want in the area – is taking place in Harlow on 16<sup>th</sup> July between 9.30am and 3.30pm and Harlow residents are encouraged to attend. RSVP to Jackie Sully at Rainbow Services (01279 306589 or <a href="mailto:Jackie@rainbowservices.org.uk">Jackie@rainbowservices.org.uk</a>). A similar event is planned for the Uttlesford area later in the year.</li> <li>• Linna Howard from Princess Alexandra Hospital reported that Chris Pocklington, Chief Executive, was leaving the trust and Gerald Coteman, Chairman, is working with the Strategic Health Authority (SHA) to have a successor in post by the second half of June.</li> <li>• Chris Hudson offered a vote of thanks to John, Julie and the Vice-Chairs for the work that they had done on behalf of the locality.</li> <li>• Andrew Smith, Public Governor NEPFT, reported that Action in Mental Health (AIM), a local Epping Forest charity, has lost funding and will have to close its service user club, known as Spanners, from 2nd July 2010. Spanners ran drop-ins at Loughton Methodist Church and at St. John's Church Hall, Loughton. The decision to withdraw funding follows the closure of Roding House at Buckhurst Hill last year. The mental health commissioners for West Essex have switched mental health day services funding from emphasis on clubs and support groups meeting at fixed points and times to the Community Bridge Building service which tries to engage individual service users and re-integrate them into the community in a limited time in a manner to suit each person.</li> </ul> <p>However, there is anecdotal evidence that the approach does not suit those with long-term serious mental illnesses and no real prospect of future employment. For such people the club or drop-in model may be better provision. The danger is that they can withdraw into what is described as "four walls syndrome". Further risks include secondary mental health effects such as depression and an increased risk of relapse and readmission to hospital. Andrew asked that the LINK should collect evidence of the effect of this decision so that when the commissioners come to review provision, both sides of the argument can be considered.</p> <ul style="list-style-type: none"> <li>• Andrew Smith reported that the NEPFT AGM will take place on 8<sup>th</sup> September 4.15pm at Latton Bush Centre, Southern Way, Harlow.</li> <li>• Heather Paget reported that a 91 year old male was upset because his 'tenna' pads had been withdrawn and the substitute pads leaked and caused sores. They are less absorbent and have a green strip which is supposed to hold them up &amp; this cuts into his skin. The locality agreed to contact NHS West Essex Provider Services for a response to this issue.</li> </ul>	JH
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10	Dates of future meetings	<b>Wednesday 14th July</b> – Foakes Hall, Great Dunmow 2pm – 4pm <b>note change of date</b> Wednesday 15th September – Epping Forest area Tuesday 12th October – Harlow Tuesday 9th November – Uttlesford area Tuesday 7th December – Epping Forest area	
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