DRAFT: 8 DECEMBER 2010

MID AREA FORUM

TASK AND FINISH GROUP

SCRUTINY REPORT ON HEALTH INEQUALITIES AND PROVISION OF SERVICES ACROSS THE MID ESSEX AREA (AFM-SCR-01)

DECEMBER 2010

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Preface

I am pleased to introduce this report which reviews Health Inequalities and provision of services in Mid Essex with particular reference to access to services.

As chairman of the Mid Essex Area Forum Task and Finish Group my thanks are extended to all those who helped with our review; the members of the Forum's Task and Finish Group, health professionals and the witnesses that were interviewed. Particular thanks are extended to Jane Richards, Assistant Director of Public Health (Health Improvement & Health Inequalities) from Mid Essex Primary Care Trust who attended all our meetings and was very supportive.

I believe that the review highlights the inequity in provision of health services in Mid Essex and would urge the relevant health organisations to ensure that appropriate action is taken to implement the recommendations in this report.

County Councillor Bob Boyce
Chairman
Mid Area Forum - Health Inequalities Task and Finish Group
December 2010

Report on Health Inequalities across Mid Essex undertaken by Mid Essex Area Forum Scrutiny Task and Finish Group

Background

The Area Forum meeting on the 11th September 2009 received a presentation on Health Inequalities in Mid Essex following which members of the Forum raised some concerns over the ease of access and transport to health services in the area.
As a consequence, Essex County Councils' Health Overview and Scrutiny Committee delegated to the Mid Essex Area Forum the task of reviewing health inequalities and provision of services to ensure equality of outcomes across the area of Mid Essex PCT, with particular reference to access and transport issues.

At the Area Forum meeting on 12th November 2009 it was agreed that a Task and Finish Group would undertake this task comprising of members from all three tiers of local government together with representation from the third sector and the group was formed with the following membership:-

Essex County Councillor Bob Boyce (Chairman)
Essex County Councillor Joe Pike
Essex County Councillor Sandra Hillier
Essex County Councillor Maureen Miller
Braintree District Councillor Tony Shelton
Chelmsford Borough Councillor Jean Murray
Maldon District Councillor Alison Warr
Heybridge Parish Councillor Lew Schnurr
Judy Cuddeford, Braintree District Voluntary Support Agency
Lorraine Jarvis, Chelmsford Council for Voluntary Services
Paul Murphy, Maldon Council for Voluntary Services
Michael Blackwell, Local Involvement Network (LINK)

Process for the scrutiny

Prior to the first meeting of the Task and Finish Group, Mid Essex PCT was requested to provide information around cross border patient flows to GP surgeries, waiting times for hospital admissions and appointments to see GPs and transport issues from a PCT perspective, along with other information that would form the basis for initial discussion. At the first meeting of the Task and Finish Group on the 14th July, 2010 this information was discussed with representatives from the PCT present to answer and comment on any questions raised.

The group was very clear that there needed to be equity of scrutiny across the Mid Essex area, which incorporates the districts of Braintree, Maldon and Chelmsford and that the process should reflect public voice and concerns; with this in mind it was decided to gather evidence in the form of witness statements and witness sessions that could be considered at future meetings and the officer supporting the group was charged with undertaking this task.

Witness statements were taken from the following individuals (in order):

- David Rutlidge, Resident of Alphamstone and Chairman of Alphamstone and Lamarsh Parish Council
- Steve Boulter, Resident of Gestingthorpe and former Braintree District Councillor
- Dtr Hamid Latif, GP at the Burnham Surgery, Chairman of Maldon Practice Based Commissioning Ltd and former Elected Executive Board Member of Maldon and South Chelmsford PCT prior to its restructure as part of Mid Essex PCT
- Janet Cloke, Resident of Althorne and Chairperson of Maldon District 50 Plus Forum
- Bryan Harker, Resident of Heybridge and Maldon District Councillor
- Brenda Keighley, Resident of Heybridge and Maldon District Councillor

All witness statements were checked and amended as appropriate by each individual interviewed to ensure accuracy.

Freda Mountain, Resident of Chelmsford, Chelmsford Borough Councillor and member of several Voluntary Organisations in the Chelmsford area also gave oral evidence at the Task and Finish Group meeting held on the 8th September 2010.

Emerging Issues

Having received evidence from witnesses and information gathered, the following issues emerged:

Transport to hospital is a major concern for many residents in all three districts with some having to travel long distances involving changing buses when using public transport; specifically the following journeys:

- Dengie residents travelling to St Peters Hospital in Maldon or Broomfield Hospital in Chelmsford
- Maldon residents travelling to Broomfield Hospital in Chelmsford
- Chelmsford residents living in the South of the District travelling across Chelmsford to Broomfield Hospital in the North
- North Braintree residents travelling to Walnut Tree Hospital in Sudbury and West Suffolk Hospital in Bury St Edmunds

Residents living in Heybridge and some surrounding villages have insufficient access to a GP and limited transport links to their nearest surgery.

Residents are also concerned about hospital closures in the Chelmsford and Sudbury areas.

Residents of South Chelmsford fear that with the closure of St Johns Hospital in South Chelmsford, they will need to travel to Broomfield Hospital to access services previously available at St Johns.

Residents of North Braintree also fear the possibility of Walnut Tree Community Hospital closing in Sudbury. This is exacerbated by the fact that although many Essex residents access Suffolk services, Suffolk PCT does not communicate or consult with them and as a consequence, these residents are left without any information as to what was happening.

Another issue to emerge is the inconsistency of phlebotomy services in Mid Essex. Whilst some residents are able to have blood tests at their local GP surgery, others have to travel to a community or acute trust hospital as not all GP surgeries provide this service and those that do will only provide blood tests for those patients on their lists.

Audiology services within the area are also inconsistent. Some areas provide an appointment only service whilst other areas also provide a 'drop in' facility.
The 'drop in' facility is considered particularly useful for older residents who might need their hearing aids adjusted or a change of batteries.

Reaching Conclusions

At the Task and Finish Group meeting of the 8th September it was decided that information should be sought from acute trusts and Suffolk PCT regarding these emerging issues and letters were written to Colchester Hospital University Foundation Trust, West Suffolk Hospitals NHS Trust, Mid Essex Health Trust and Suffolk PCT requesting clarity on some of these issues.
With the information forthcoming, members at the Task and Finish Group meeting on the 23rd November 2010 discussed and agreed their findings and recommendations. Members at this meeting were also very aware of the changes currently taking place in the NHS with the implementation of the recent Government White Paper, 'Equality and Excellence-Liberating the NHS' and made it clear that the recommendations made should be a priority in discussions between Mid Essex PCT and the emerging GP consortia.

Findings and recommendations

Findings	Recommendations
There is a lack of a community Hospital in Chelmsford and no possibility of funding one in the foreseeable future.	

A number of Essex residents use services commissioned by Suffolk PCT and delivered by West Suffolk Hospital NHS Trust.	
It has been long term health policy to centralise as many services as possible on the Broomfield site for both clinical and cost effective reasons however is not to the benefit of residents living long distances away.	
Bus routes for those Essex patients using bus services when visiting their GP surgery in Sudbury are inconsistent.	
Parking in Bures is difficult for those patients wishing to visit the GP surgery there.	
There are insufficient GP surgeries in the Heybridge, Goldhanger, Wickham Bishops and Totham areas with limited local public transport links to surgeries in Maldon and branch surgeries in Heybridge.	
If phlebotomy services could be	Mid Essex PCT should review current

provided from all GP surgeries locally, it would be beneficial to patients.	commissioning arrangements for phlebotomy services and make it a priority issue for discussions with emerging GP consortia in the future
Chelmsford residents who have until recently used phlebotomy services provided at St Johns Hospital will now have to travel across Chelmsford to Broomfield Hospital to access the service.	Members welcome the new provision of phlebotomy services at Chelmsford Medical Centre and Christ Church United Reform Church by Mid Essex Health Trust
Drop-in Audiology Facilities are inconsistent in Mid Essex.	Mid Essex PCT should consider commissioning Drop-in Audiology Facilities consistently across Mid Essex
Residents of North Essex who use Suffolk health services do not receive any information from Suffolk PCT and are not included in any consultations they might undertake.	Suffolk PCT should include Essex residents whose use their services when disseminating information and undertaking consultations.
There are plans to discontinue services at Walnut Tree and St Leonards Hospitals and relocate them to a new development soon to be built in Sudbury.	Members welcome the intention of Suffolk PCT to continue providing a range of health services in the Sudbury area.
There are insufficient wheelchairs for visitors to Broomfield Hospital who	Mid Essex Health Trust should provide sufficient wheelchairs for those visitors

have a level of reduced mobility.	who need them.
District nurses spend a greater proportion of their time travelling between patient visits than was formally the case due to the larger geographical area they are now expected to cover.	
There are an inadequate number of step-down beds in the Maldon community for older patients discharged from hospital.	
Mid Essex PCT has been very open and supportive throughout the Task and Finish Group Process.	

N.B. All correspondence received has been retained by Essex County Council for future reference as necessary.

MID AREA FORUM – HEALTH INEQUALITIES

EVIDENCE RECEIVED

The Group held four meetings and received both oral and written evidence. Each meeting was minuted and the appropriate extracts from the minutes are reordered and reproduced in so far as they relate to four evidence areas in the following Appendices.

APPENDIX 1 - NHS Mid Essex

APPENDIX 2 - Braintree area

APPENDIX 3 - Chelmsford area

APPENDIX 4 - Maldon area

APPENDIX 1

NHS Mid Essex

Witnesses: **Carol Winser, Interim Commercial Director**
Jane Richards, Assistant Director of Public Health

Both Carol Winser and Jane Richards attended the Group's first meeting on 23 July 2010 and thereafter Jane Richards attended all the subsequent meetings following up on further requests for information and reporting back to the Group as appropriate.

Evidence received on 14 July 2010

The meeting on 14 July 2010 received information from NHS Mid Essex in response to initial questions that had been submitted to the PCT on behalf of Members in advance of the meeting (MAFHI/01/10). In particular the PCT provided statistical information on GP and other referrals for the Mid Essex PCT for 2010 by provider, on Mid-Essex Residents with a GP outside of the area and on Inpatient spells by provider for 2009/10. Each of the questions was addressed in turn as recorded below.

(i) What hospital provision do residents who live in mid Essex (Braintree, Chelmsford, Maldon) use?

Statistical information on GP and other referrals for the Mid Essex PCT for 2010 by provider had been supplied by NHS Mid Essex. Total referrals for 2009/10 were 70,660. Clearly the majority of Mid Essex PCT referrals to secondary care providers were to the Mid Essex Hospital NHS Trust (Broomfield Hospital) comprising 86% of total GP referrals. Referrals to Essex Rivers Healthcare Trust (Colchester Hospital) comprised 8.1%. Members discussed the initial choice of referrals given by GPs to patients and the guidance given by GPs on the suitability of options. It was **Agreed** that the Mid Essex PCT provide further information on choice of referrals including referral to private specialists.

Other referrals listed totalled 64,101. Other referrals comprised referrals for eye conditions to ophthalmic opticians etc, referrals to dentists, referrals made within hospitals after being admitted for another reason (i.e. A&E). It was confirmed that as a result of the last category there would be some element of double counting.
A number of constituents in the Braintree area were served by GPs in Suffolk and this was reflected in the list.

Mid Essex PCT had the highest number of hospital admissions to A&E. It was **Agreed** that NHS Mid Essex would provide further data on A&E admissions including ambulance admissions and non GP referrals.

It was suggested that the disproportionately higher incidence of hospital admissions in Mid Essex could correlate with health inequalities if there was any evidence to support that patients were waiting longer until their condition warranted hospital treatment rather than seeking earlier preventative treatment. Members also discussed whether patients who lived closest to hospital and other facilities would use them disproportionately more due to their convenience. Members agreed that it was important to distinguish between inequality and inequity of access.

It was **Agreed** that: (a) further data analysis by post code be undertaken to look at geographic spread and ascertain if referrals came disproportionately from deprived areas; and (b) that Mid Essex NHS extract re-admissions from the data.

(ii) What provision is there for patients with transport problems i.e. some older people, those who are disabled, socially disadvantaged etc?

Patients on benefits are entitled to claim back travel costs. A range of transport options are available for patients unable to use public transport or without their own transport through East of England Ambulance Service. Although not a primary role for the PCT it would try to recognise transport issues and availability when it was planning health services. For example additional dental services had been located in Maldon as it had easier transport links for people travelling in from outside Maldon. However, it was recognised that sometimes it was difficult to configure services and appointment times with transport links.

Members discussed the area north of Braintree bordering Suffolk and suggested that access to dentists was poor in that area and that people often would travel to Halstead or Suffolk for treatment rather than coming down to the Braintree area. Members mentioned the possibility of greater provision of periodic (part-time surgeries) in rural areas and local outpatient facilities. In the end it came down to patient choice and GP advice. The PCT strategic plan was looking to move as many services as possible to community clinics, homes and hospitals so as to be nearer to people's homes.

Members discussed transportation links and services in other isolated areas with particular reference to the use of Community or Neighbourhood Transport Schemes supplementing bus services that were not particularly suitable for appointments. Members questioned how such schemes could be supported and how they could link in with the locations of GP practices for example. However, there had also been feedback that some people had felt that getting to appointments was not necessarily a problem particularly with the extension of GP opening hours.

(iii) How many Essex patients are registered with GP practices located in Mid Essex?

As at 1 April 2010 the number of patients registered with Mid Essex practices was 377,969 broken down as follows:

Chelmsford 166,646
Braintree (NHS Mid Essex Boundary) 142,084
Maldon 62,619
Colchester 4,788
Uttlesford 1,031
Epping Forest 89
Basildon 561
Braintree (NHS West Essex Boundary) 35
Rochford 32
Brentwood 27
Other Essex LAs 14

(iv) How many Essex patients who live in Mid Essex are registered with GP practices located outside Mid Essex?

15,758 residents in Mid Essex were registered with a GP outside of the area and the data provided by the PCT had broken this down by PCT area with the largest numbers registering in neighbouring West Essex PCT, North East Essex PCT and South West Essex PCT with significant registrations also in the Suffolk PCT area. Registrations in South East Essex PCT area were considerably lower and there were negligible registrations in the Hertfordshire, Havering, Barking and Dagenham, and Redbridge PCT areas. As the analysis indicated concentration of large numbers with certain GP practices it was requested and **Agreed** that further information be provided mapping the locations of the GP practices listed.

(v) How many GP practices located in Mid Essex are single handed?

14 practices had only one or one WTE GP Principal but seven of these employed salaried doctors or regular locums to provide some sessions.

(vi) What provision/contingency plans are in place if the above should have an issue/fail e.g. GP is long term sick, GP retires and unable to find a replacement?

There was a duty on a GP practice to try and provide continuity of care. The PCT had a sickness and maternity leave policy that enabled qualifying practices to apply for financial assistance with locum costs. Replacement of a retired doctor in a group practice was the responsibility of that practice: retirement of a single-handed GP would require intervention by the PCT as the contract would lapse with the option, after appropriate patient consultation, to merge a practice with another, formal tender process for the practice or disperse the patient list to other nearby GP practices.

(vii) Is the PCT planning for bigger more centralised GP practices and what impact will this have on patients i.e. harder access, transport issues etc?

The PCT were not planning centralised GP practices. There was a good variety of size of GP practices in the Mid area with many single handed GPs in rural areas co-operating

with other nearby GPs to provide cover for each other. The PCT gave the Maylandsea area as an example of this co-operation.

(viii) What plans do the PCT have to make hospital care more localised – some areas have turned general hospitals into A&E only and made provision locally for patients needing hospital care?

The PCT were providing more district nurses and community based services. However, as medicine became more specialist it led to two divergent trends; the increased desire and capability to maintain and monitor people at home with the increasing availability of, and need to use, specialist equipment and expertise based in hospitals.

(ix) What pinch points does Mid Essex PCT have and what plans has it got for dealing with these?

The PCT advised that they were operating in a tough and challenging financial environment. To counter these pressures they were looking to further improve their own service quality, innovation and productivity.

The Coalition Government White Paper to increase local health services, if implemented, would dramatically change the landscape and involve the PCT increasingly working with GPs during a demanding transitional period. Members questioned whether the PCT thought the proposed reconfiguration of services would be detrimental to rural areas and could compound inequalities of access. The PCT advised that it could be dependent on how many GPs formed further practice group clusters. The presence of GP practice group clusters could be beneficial in leading to increased focus on local services and community hospitals. Alternatively, if the clusters of GP practices became too big they could become more remote to patients and have the opposite effect for patients trying to connect with local services. It was expected the bigger clusters would be nearer Chelmsford. It was possible that some rural GPs might feel that they worked better with other rural GP practices and not urban GPs.

(x) Are there big/varying gaps in waiting times for hospital admissions and appointments to see a GP?

The PCT had met national targets for treatment waiting times except for a small number of very specific specialist treatments. The PCT still sought to meet contractual standards despite many of the central targets having been lifted recently by the Coalition Government. Patient surveys generally gave positive feedback on hospital admissions and waiting times and review meetings were held with GP practices where feedback had not been good.

<u>Evidence received on 8 September 2010</u>

At its second meeting the Group received a further report from NHS Mid-Essex (MAFHI/02/10). The report comprised a map showing GP Practices Outside Mid Essex

with Patients Resident in the NHS Mid Essex Boundary: The highest incidences being at practices just across the NHS Mid Essex Boundary in the Clare and Sudbury areas on the northern boundary, Tiptree to the east and Wickford on the southern boundary.

Evidence received on 20 October 2010

At its third meeting the Committee received a statistical report MAFHI/06/10) from Jane Richards, Assistant Director of Public Health, NHS Mid-Essex. Specifically the statistics included: (i) a breakdown of registered patients at the Blackwater and Longfield Medical Centres in Maldon by postcode distinguishing those domiciled at CM9 4XX and CM9 8XX Heybridge and Dengie postcodes from the rest of registered patient population; (ii) patient breakdown at these practices by broad age band and (iii) analysis of travel distances for registered patients in those Heybridge and Dengie post codes to the Blackwater and Longfield Medical centres and other branch surgeries. Broadly 40% of the registered patients at the two main Maldon based medical centres were not residents of Maldon. Members suggested that existing transport, parking and attendance facilities at these two main medical centres was insufficient for the suggested numbers that may be going to them from both within and outside Maldon. Information remained outstanding on the numbers and domiciles of patients actually visiting the surgeries and using their services. Ms Richards would follow-up directly with the medical centres to obtain this information and whether those non Maldon domiciled patients registered at Blackwater and Longfield medical centres actually used any alternative branch surgeries.

Members discussed travel distances for patients visiting GP services at Longfield and Blackwater Medical Centres. Whilst attention generally would focus on older people, consideration also should be given to other age demographics such as, for example, certain outlying areas where there was a concentration of younger families, particularly young mothers, who also used Longfield and Blackwater Medical Centres and who may also have transport issues. Travel distances to Longfield Medical Centre for residents domiciled in CM9 4xx and CM9 8XX post code areas were circuitous particularly if undertaken by public transport.

Members acknowledged that further statistical information on patient use of GP practices in the Maldon area would not reflect if registered patients were receiving other services unconnected to the GP practice, such as seeing an occupational therapist, district nurse or a care/health service provided by local voluntary or charitable organisations (e.g. Family Carers).

Further discussion on 23 November

However, further information on the numbers and domiciles of patients actually visiting the Blackwater and Longfield Medical Centres and using their services had not been forthcoming. Members discussed how valuable such information would be as it was thought that such statistics, if available, could be limited and would probably only include GP appointments and would exclude other services at the GP surgery such as physiotherapy, non NHS examinations, immunisation clinics, travel vaccinations etc; Members agreed that the information received to date had already clearly indicated a lack of GP practices and services in the Heybridge and Dengie areas. Some concern was expressed that branch offices operated in these outlying areas could have limited opening times and/or limitation on the numbers that they were able to serve.

APPENDIX 2

Braintree area

Evidence received on 8 September 2010

At its second meeting on 8 September 2010, the Group received two written reports of witness statements commenting on general health related issues in the Braintree area (MAFHI/03/10).

(a) Witness statement from Mr Steve Bolter, resident of Gestingthorpe, outlining the following issues:

- (i) that many local residents used GP surgeries based across the county border in Suffolk;
- (ii) the limited prescription dispensary service;
- (iii) the bus service to these surgeries from Gestingthorpe generally being satisfactory ;
- (iv) the lack of consultation and information for Essex based users on any proposed closures or changes to GP services in the Suffolk based surgeries that they used: they received information from Mid Essex PCT about services which they did not use.
- (v) West Suffolk Hospital at Bury St Edmunds was the natural 'default' hospital for those patients using the GP practice in Sudbury and public transport links were poor;
- (vi) Concern about certain hygiene aspects at West Suffolk Hospital;
- (vii) Concern about communication links between hospitals outside Essex, that treat and then discharge Essex based residents who need further social care services, and Essex Social Care Direct.

(b) Witness statement from Mr David Rutledge, resident of Alphamstone and Chairman of the local parish council:

- (i) that many local residents used GP surgeries based across the county border in Suffolk;
- (ii) lack of nearby available parking for patients visiting the Bures surgery by car, which made access particularly difficult for patients with limited mobility;
- (iii) whilst local canvassing had not thought a part-time satellite GP surgery was needed, residents did feel there should be more GP home visits.

Members agreed that the two witness statements generally raised similar issues with residents content with their GP service but there were transport issues. Councillor Shelton had received an email from an elderly couple in Wickham St Pauls complaining

that it had taken four hours for an ambulance to arrive and get them to West Suffolk Hospital. Members discussed issues arising from this and the witness statements and, in particular, that there seemed to be unsatisfactory communication between Suffolk based GPs and acute services (being used by Essex based residents on the County border) and Essex Social Services: an example given was the confusion caused over the provision of a wheelchair which each said was the responsibility of the other.

Mr Zammit had spoken to Essex Social Care Direct about these issues and confirmed that ordinarily social services would be obliged to arrange social care for a patient within 24 hours of being advised of the proposed discharge. Reference was made to an ECC initiative in the Maldon area to provide transport for medical services.

Ms Richards advised that Suffolk NHS would not have been given funding to commission care services for Essex based patients registered with GP practices in Suffolk. Members thought there should be a statutory responsibility to commission such care if it was needed. Similarly NHS Mid Essex did not have funding to purchase GP services for a patient going to GPs outside the Mid Essex area. Members discussed the likely outcomes of the Coalition Government White Paper which might reduce some of the current artificial administrative borders and that the formation of GP commissioning consortiums likely would lead to more flexibility in where they could purchase services. Ms Richards agreed to discuss this further with appropriate colleagues at both NHS Mid Essex and NHS Suffolk and to report back to the Group.

It was acknowledged that even if the White Paper was fully implemented there would still remain an issue with delayed discharges from hospitals if the social care required to be purchased was in a different County commissioning area. Members noted that ECC had a dedicated Task and Finish Group looking at delayed discharges at the Mid Essex Hospital Trust and that some issues raised at the meeting could be referred to them if appropriate.

Regarding the report of hygiene issues at West Suffolk Hospital John Zammit would follow-up on this with appropriate colleagues at Suffolk County Council for up to date Care Quality Commission reports on the hospital.

As a result of the above discussions members suggested it might be appropriate to invite the Suffolk PCT to visit the Group but this was deferred pending obtaining the most up to date CQC report on the hospital and further information obtained from Ms Richards on general commissioning of services for Essex residents.

<u>20 October 2010</u>

The subsequent letter received from West Suffolk PCT did not detail which particular GP practices provided phlebotomy services and John Zammit, Area Co-ordinator, would follow-up on this. The West Suffolk Hospital Patient Advice and Liaison Service (PALS) Manager had provided details on opening times for audiology and phlebotomy services

at hospitals in Suffolk nearest the border with north Essex (West Suffolk Hospital, Bury St Edmunds, Walnut Tree Hospital, Sudbury and St Leonards Hospital, Sudbury);

A response on the latest Care Quality Commission report on the West Suffolk hospital and the status of Walnut Tree Hospital was outstanding. It was suggested that Walnut Tree Hospital was now part of the Community Service arm of Suffolk PCT. John Zammit would follow-up on this (and the outstanding Care Quality Commission report) both with the hospital direct and West Suffolk PCT Manager (if appropriate).;

A letter had been received from Colchester Hospital which outlined service locations for phlebotomy (Colchester General Hospital, Essex County Hospital Clacton Hospital and Harwich Hospital with samples taken from practice staff in GP surgeries in the Halstead and Colne Valley and sent to Colchester for testing). Audiology services principally were provided at Essex County Hospital with simple repairs and battery exchanges provided on a drop-in basis supported by a telephone helpline and postal repair service.

23 November 2010

Correspondence from NHS Suffolk had been received regarding which particular GP practices provided phlebotomy and audiology services (MAFHI/07/10);

Provision of phlebotomy services by GPs in Suffolk was variable. There were also additional locations where phlebotomy services were provided by acute units or Suffolk Community Healthcare including at West Suffolk Hospital, Walnutree Hospital (Sudbury) and a 'Mobile' service provided by West Suffolk Hospital through a number of GP practice premises in the West including at five Bury St Edmunds practices.

Phlebotomy was available to housebound patients being seen by the local health care teams.

From the evidence submitted no audiology services were available outside the acute hospital settings in the Suffolk border areas that were most likely to be used by Essex residents. There was further provision for audiology services for new born children in community/hospital clinics.

Further correspondence with the Director of Business Development & External Relations at NHS Suffolk had been received with information on the status of Walnut Tree Hospital (MAFHI/08/10); a new health facility at Church Field Road, Sudbury was to be provided to replace both Walnuttree and St. Leonards Hospitals as well as the Acton Lane Health Centre. Until the new building had been completed (expected in 2013), services in Sudbury would continue at their current locations. Provision for in-patient intermediate care was now being provided at care homes in the community and the intermediate care beds at Walnuttree Hospital had been closed.

Further correspondence from West Suffolk Hospital NHS Trust had been received (MAFHI/09/10) on the latest Care Quality Commission report: The most recent independent annual inspection undertaken by the Patient Environment Action Team, which was managed by the National Patient Safety Agency, had rated as ‘good’ the food, environment and privacy and dignity in the hospital. The Care Quality Commission (CQC) considered these ratings as part of their assessment of the Trust. The Trust had last been inspected by the CQC in November 2009. The overall judgment from this visit was that the CQC found no evidence that the Trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

APPENDIX 3

Chelmsford Overview

At its second meeting on 8 September 2010 the Group received oral evidence from Chelmsford Borough councillor Freda Mountain commenting on general health related issues in the Braintree area.

Evidence received on 8 September 2010

Chelmsford Borough Councillor Freda Mountain

Councillor Freda Mountain gave oral evidence on health issues recently identified to her by constituents:

Since the announcement of the transfer of services from St John's Hospital to Broomfield Hospital:

(i) Constituents felt that there had been a lack of information on where alternative phlebotomy services were available in a central Chelmsford location. GP practices had been offered the opportunity to provide a blood testing facility - four GP practices had signed-up to undertake blood tests but they were only funded to provide this service for their own registered patients. Members discussed a drop-in facility at Sainsbury's (Boreham) which did include an out of normal GP hours blood service (not include fasting blood tests) but this clearly was not convenient for central Chelmsford patients. Ms Richards advised that if there was a significant community demand for certain services then the PCT would be duty bound to raise it as an issue for possible contractual provision by the hospital trust ;

(ii) A telephone service was available for arranging hearing aid repairs (including replacement batteries) which did not seem appropriate. Members discussed transport links to Broomfield hospital from the previous St John catchment area, the need for patients to make appointments now (rather than having a drop-in facility) and whether replacement batteries could be picked-up from GP surgeries. Ms Richards was not aware that a hearing aid service was offered by any GP practice in Mid Essex but Jane Richards/John Zammit would follow-up with the hospital trust on the specific services and locations available. Councillor Shelton advised that there was a similar issue in the Halstead area where patients had to travel to Colchester for hearing aid maintenance and that

he was not aware of any significant consultation with older persons organisations on whether the current provision of these services was satisfactory. Members discussed whether the transfer of such services to Broomfield constituted a substantial variation of health services which would require scrutiny by the Health Overview and Scrutiny Committee;

(iii) Members also raised that Chelmsford did not have its own community hospital and patients had to travel to Braintree or Maldon for such services. In the past there had been nurse-led wards in St John's Hospital. Ms Richards advised that there were no plans for a Chelmsford community hospital within the NHS Mid Essex strategic plan; However, they were looking at extending some services that would have been typically available at a community hospital into care and community homes. Recently NHS Mid Essex had piloted the provision of a 24/7 named senior community matron to co-ordinate care for patients which they were looking to commission throughout mid-Essex. Out of hours contact would be through the District Nursing Service;

(iv) Inadequate wheelchairs were available at Broomfield Hospital which was a major issue for those arriving at the hospital with limited mobility;

(v) Excessive waiting times for the dispensing of prescriptions at Broomfield Hospital after a patient had been discharged. Members suggested that a dialogue needed to be opened up with the hospital trust specifically on this issue.

Members acknowledged that, with the exception of the reference to a community hospital, the majority of the Chelmsford issues raised above were general issues for the whole of Mid Essex.

Councillor Shelton advised that there were also issues in Witham; the lack of phlebotomy services in the town mirrored the issues raised in central Chelmsford.

<u>Evidence received on 20 October 2010</u>

A letter had been received from Mid-Essex Hospitals Trust on the provision of phlebotomy and audiology services and which outlined hospital based and GP based clinics in the Mid Essex area:

There were Phlebotomy clinics at St Johns, Broomfield, St Michaels Braintree and St Peters Maldon and a limited service at Brentwood Community Hospital. In addition there were phlebotomist service GPs at Danbury, South Woodham Ferrers and Witham.

However the letter still referred to phlebotomy services at St John's Hospital as one of the locations for the service and did not specifically address the alternative premises for that service once St John's finally closed later in the year. Unless

the replacement site was in the same area, future phlebotomy patients would have increased travelling time to a new service location.

Audiology services were available at Broomfield/St John's Hospitals, St Peter's Hospital Maldon and a soon to be opened facility at Braintree Community Hospital Braintree – all of the locations were/would be appointment only.

Members discussed whether Central Essex Community Services would be dispersing service provision across the whole of the Mid Essex Area rather than concentrated in developed areas such as Braintree, Chelmsford and Maldon. Concentration of services in centres could be an issue as it often could be access to these centres from remote outlying areas that was problematic. However, Members acknowledged that there would need to be a balance drawn between this wider variety of service locations and clinical good practice; in particular audiology services often required specific types of facilities (sound proofed rooms etc) although phlebotomy had less specific requirements and probably could be provided on a wider dispersed basis. Ultimately this was a commissioning decision and Ms Richards would investigate their intentions specifically for audiology as Mid Essex PCT were one of the commissioners for such services and then follow-up with shadow GP consortia as they were established next year.

<u>Evidence received on 23 November 2010</u>

When a patient was being prepared for discharge from Broomfield hospital an appropriate request would be made to the pharmacy in the hospital to issue a prescription TTA (To Take Away). There would be some pressure points for the pharmacy at peak discharge times. The hospital had acknowledged that they had tried to minimise any delays and were not aware of a significant number of complaints about delays in prescriptions being issued.

A brochure called 'Broomfield moves' (MAFHI/10/10), produced by Mid Essex Hospital Services NHS Trust (MEHT), outlining the re-provision and timing of services being transferred from St John's Hospital to Broomfield Hospital: The phlebotomy service at St John's would close on 19 November 2010 with the relocation of services to the new PFI Hospital Wing at Broomfield Hospital. Blood tests would then be available at Broomfield, St Michael's and St Peter's Hospitals. In addition, two new centres for phlebotomy services would be opened in central Chelmsford at Chelmsford Medical Centre and the Christchurch Reform Church. Members noted and were concerned that the brochure seemed to suggest that the phlebotomy service at Broomfield Hospital was appointment only and did not offer a drop-in facility and they queried whether this also would be the same for the two new central Chelmsford sites announced the previous week. Members also queried the actual location of the new sites and whether there was sufficient parking provision at them.

However, upon researching MEHT website after the meeting it was clear that both the service at Chelmsford Medical Centre and at Christchurch Reform Church were strictly by appointment only with no drop-in facility. The website also advised that whilst an appointment system had been set-up at Broomfield Hospital, as a trial to help those patients who do not find it convenient to use the walk-in service, there was also a walk-in facility remaining available in the new hospital wing.

Further information direct from MEHT (MAFHI/17/10) was received on 1 December 2010 (after the last meeting of the Group). MEHT outlined the rationale behind finding alternative centrally located accommodation for community services, such as phlebotomy, which had been previously provided at St John's Hospital. MEHT had selected Chelmsford Medical Centre and Christchurch URC after considering certain criteria including ease of access (both sites were on a main bus route and had nearby or onsite parking), central location, sterile facilities and size of location. Due to the busy locations of these two new sites it had been important to manage the patient flow and an appointment only booking system ensured that patient numbers were controlled and ensured that patients could have a designated booking slot at a convenient time for them. Such a booking system also reduced patient waiting times on site and enabled MEHT to plan to have the right number of staff available. The initial opening hours for both new facilities was limited (each being for only three days a week and with the Chelmsford Medical Centre also only being open in the mornings on those days); however, it was noted that from Monday 13 December 2010, the opening times for the facility at Christchurch URC would be extended so as to be open five days a week (7am to 3.45pm).

Whilst the new central Chelmsford sites were welcomed they would still leave Great Baddow and Galleywood residents without a phlebotomy facility operated by the Hospital Trust in that area. LINk had also made representations to MEHT requesting the provision of further Chelmsford sites to provide phlebotomy services. However, it was noted that NHS Mid Essex PCT, as the local NHS health commissioner, was responsible for the commissioning of any future services, and they had generally been trying to encourage GPs etc to provide more community phlebotomy services under the 'Any willing provider' scheme with little success to date.

APPENDIX 4

Maldon area

Written witness statements received on 20 October

The Committee received three written reports of witness statements commenting on general health related issues in the Maldon area (MAFHI/05/10).

(a) Witness statement from Mrs Janet Cloke, Chairperson of Maldon District 50 Plus Forum and resident of Althorne, which made the following comments and/or outlined the following issues:

(i) That the greatest issue for the Dengie Peninsular was access to transport and commented on bus services and the location of bus stops which were not always conveniently located for the majority of residents;
(ii) Three out of the five GP practices in the Dengie peninsular undertook phlebotomy services but only patients registered with those three practices could avail themselves of the service; those registered with the other two practices had to go to Burnham Clinic or St Peters Hospital in Maldon;
(iii) Residents had access to the 'One Place' information and advice service run by the Dengie Project Trust (located in both Burnham and Southminster) which also signposted people to appropriate services;
(iv) The Dengie Project Trust also provided a 'Home from Hospital Service' that included accompanying a person to their appointments, provision of car transport and short term support in household tasks for those with a health issue.

(b) Witness statement from Mr Bryan Harker and Mrs Brenda Keighley, Maldon District Councillors and residents of Heybridge:

(i) Cited positive treatment experiences of two particular health ailments;
(ii) Were impressed with the flexibility offered by the satellite GP surgery opening times;
(iii) Main problem was older people having to access certain clinics at Broomfield hospital and the difficult public transport connections to it;
(iv) If driving to Broomfield Hospital they found parking was very difficult.

(v) Problems with accessing a wheelchair upon arrival at Broomfield Hospital;
(vi) Cited example of a discharge of a patient late in the evening and that there was a 1-6 hours wait for an ambulance;
(vii) Questioned why patients were repeatedly asked for their medical history each time they attended hospital.

(c) Witness statement with Doctor Hamid Latif, GP, at the Burnham Surgery, Chairman of Maldon Practice Based Commissioning Limited and former Elected Executive Board Member of Maldon and South Chelmsford PCT:

(i) Before Maldon and South Chelmsford PCT was amalgamated to become Mid Essex PCT Services it had been more localised with a team headed by a Community Matron operating from Burnham; one of its services was specifically to help older people and this had resulted in a reduction in hospital admissions and telephone calls to 'out of hours' services. This local team had been dismantled and moved to a 'hub' in Southminster without any consultation and now served a wider area. As a result it had become too impersonal and nurses now spent a much greater proportion of their time travelling between patient visits due to the larger geographical area that they were now expected to cover. Members acknowledged that any re-instatement of the previous more personal and localised service was a commissioning issue currently for the PCT and, in future, for the appropriate GP Consortia.
(ii) Maternity care: previously had a localised service that included a midwife and health visitor who would be introduced to the patient through the GP. Now midwifery services were booked centrally and excluded liaison or communication with the GP who, as a consequence, was not aware of the services some of his patients were receiving.
(iii) There did not seem to be an adequate number of step-down beds in the community for older patients discharged from hospital nor physiotherapists or occupational therapists to assess patients.

<u>Evidence received on 23 November 2010</u>

A copy of Southend and Essex LINk 'Change One Thing' Survey Report (MAFHI/11/10) was received: The survey had been a pilot in Maldon and LINk now intended to roll-out the survey to Braintree and Chelmsford. There would be a public presentation on the evening of 15 December at Maldon Town Hall. The report concluded that there was a great need for more training and development for social care staff and improved communication between GPs and hospital staff. Maldon residents had specifically commented on the lack of public transport to Broomfield hospital, limited amount and expensive car parking at the hospital site,

and long waiting times to speak to a surgery or hospital receptionist to book, or re-schedule, an appointment with their GP. The report had also highlighted a relatively low public awareness of the Patient Advise Liaison Service (PALS) provided by Mid Essex PCT and Broomfield Hospital.

Members noted that there was a current initiative between Essex County Council, the PCTs and other appropriate organisations to put together a programme of non urgent medical transport in certain areas where it was felt there was inadequate public transport provision. Tenders had been received from two potential operators and were currently being evaluated.

It was noted with disappointment that no responses had been received from Age Concern, Action for Family Carers, Farleigh Hospice and Disability Essex to letters sent to them inviting them to comment on health issues across Mid Essex generally and specifically in the Heybridge and Dengie areas (MAFHI/12/10 – MAFHI/15/10).