

**MINUTES OF A MEETING OF THE HEALTH INEQUALITIES TASK AND FINISH
GROUP HELD AT COUNTY HALL, CHELMSFORD ON
23 NOVEMBER 2010 AT 10AM**

Membership

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| * | County Councillor Bob Boyce
(Chairman) | | Maldon District Councillor Alison Warr |
| * | County Councillor Joe Pike | * | Heybridge Parish Councillor L Schnurr (representing Mid Essex Parish Councils) |
| * | County Councillor Mrs Sandra Hillier | | Judy Cuddeford (Braintree District Voluntary Support Agency) |
| * | County Councillor Mrs Maureen Miller | | Lorraine Jarvis (Chelmsford Council for Voluntary Services) |
| | Braintree District Councillor Tony Shelton | * | Paul Murphy (Maldon Council for Voluntary Services) |
| | Chelmsford Borough Councillor Jean Murray | * | Michael Blackwell (Mid Essex LINK) |

* Present

Officers in attendance were:

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| Graham Hughes | - | Committee Officer |
| Graham Redgwell | - | Governance Officer |
| John Zammit | - | Area Co-ordinator, Mid Essex |

Also in attendance:

Jane Richards	Assistant Director of Public Health, NHS Mid Essex
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1. Apologies and Substitution Notices

The Committee Officer reported apologies from Judy Cuddeford (Braintree District Voluntary Support Agency), Chelmsford Borough Councillor Jean Murray, Braintree District Councillor Tony Shelton and Lorraine Jarvis, (Chelmsford Council for Voluntary Services).

2. Declarations of Interest

Heybridge Parish Councillor Lew Schnurr declared that he was a member of the PCT Provider Board.

3. Minutes

(a) Approval of minutes

The minutes of the last meeting of the Group held on 20 October 2010 were approved as a true record and signed by the Chairman.

(b) Matters Arising from previous meeting

The Committee received copies of the following correspondence and/or reports and noted the contents therein with subsequent discussion as noted below under each item:

(i) **Correspondence with NHS Suffolk 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.

(ii) **Further correspondence with the Director of Business Development & External Relations at NHS Suffolk 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.

- (iii) **Correspondence from West Suffolk Hospital NHS Trust (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.
- (iv) **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.

Whilst the new central Chelmsford sites were welcomed they would still leave Great Baddow and Galleywood residents without a phlebotomy facility operated by the Trust in that area. LINK had also made representations to MEHT requesting the provision of further Chelmsford sites to provide phlebotomy services.

[Post meeting note by the Committee Officer: the MEHT website advised that both the service at Chelmsford Medical Centre and at Christchurch Reform Church were strictly by appointment only with no drop-in facility. It 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.]

- (v) **Waiting times for dispensing of prescriptions at Broomfield Hospital:** when a patient was being prepared for discharge from 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.
- (vi) **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.
- (vii) **A copy of Southend and Essex LINK ‘Change One Thing’ Survey Report (MAFHI/11/10):** 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.

- (viii) 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).

4. **Further evidence/Draft Final Recommendations**

(a) Further evidence

Members concluded that the evidence received to date had covered the brief given to them by the scoping document and that they did not consider further witnesses were necessary as it was unlikely to identify any different issues to those already identified.

(b) Draft findings and recommendations

Draft findings and recommendations had been prepared, in consultation with the Chairman of the Group, in advance of the meeting and had been circulated with the agenda (MAFHI/16/10). Members considered each in turn (in the order as presented in the draft document although the actual order of findings and recommendations might subsequently change for the final report) and the following issues/points were discussed and agreed:

- (i) Draft Findings 1-5 were approved unchanged;
- (ii) The draft Recommendation for Finding 5 ('This should be one of the issues that PCTs discuss with emerging GP consortia') to be amended to 'Mid Essex PCT should review current commissioning arrangements for phlebotomy services and make it a priority issue for discussions with emerging GP consortia in the future'.
- (iii) Draft Finding 6 was approved unchanged.
- (iv) Draft Recommendation for Finding 6 (Suffolk PCT should include Essex residents who use their services when disseminating information and undertaking consultations) was approved unchanged. It was acknowledged that the recommendation could have 'knock-on' consequences with other bordering counties asked in future to introduce consultation with Essex border residents and similarly Essex PCT's asked to introduce similar for residents in other counties using Essex based services..
- (v) Finding 7 approved unchanged.
- (vi) Finding 8 to be amended as follows:
'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.'
- (vii) Finding 9 to be amended as follows: 'It has been a long term health policy to centralise as many services as possible on the Broomfield site for both

clinical and cost effective reasons; however, this is not to the benefit of residents living long distances away.'

- (viii) Finding 10 and Recommendation approved unchanged.
- (ix) Finding 11 and Recommendation approved unchanged.
- (x) Finding 12 and Recommendation approved unchanged
- (xi) Finding 13 and Recommendation to be amended to reflect the recent announcement of new phlebotomy sites in central Chelmsford, after obtaining further clarification on the opening hours of the new sites, which may not be deemed sufficient, whether there were drop-in facilities or just appointment only, and whether further sites were planned to specifically cover Great Baddow and Galleywood areas. John Zammit, in consultation with the Chairman, was authorised to draft a suitable revised Finding and Recommendation reflecting the above, for circulation to Members for consideration.

(c) Additional findings

Members discussed the evidence received from Dr Latif at the previous meeting of the Group (Minute 5(c)(i) – 20 October 2010). Members agreed that two further Findings should be added and that they would look to the PCT to consider these as part of their current and future consultations with emerging GP consortia.

' District nurses spend a greater proportion of their time travelling between patient visits than was formerly the case due to the larger geographical area that they were now expected to cover.'

'There are an inadequate number of step-down beds in the Maldon community for older patients discharged from hospital. '

It was agreed that the Final report of the Group should highlight that the Group had only been able to scrutinise and comment on access to health facilities in the Mid Essex area as at the time of the report and that it could not anticipate changes likely in the near future which might further impact on such access. However, the Group wanted their findings and recommendations to remain at the forefront of the Mid Essex PCT's ongoing and future discussions with emerging GP consortia and any other relevant commissioning bodies.

Members thanked Jane Richards and her colleagues at NHS Mid Essex for their time and efforts in responding to requests for information and assisting them in their discussions.

It was noted that certain relevant health issues had been raised by a Village Agent at a meeting on access to health and social care in North Braintree DC. Graham Redgwell was asked to look into this so as to avoid duplication of scrutiny work.

It was noted with regret that attendance by members of the Group had not been higher for the last meeting.

There being no further business the Chairman closed the meeting at 10.55 am

Councillor B Boyce (Chairman)