

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

Membership

- | | |
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| * County Councillor Joe Pike
(Chairman) | * Maldon District Councillor Alison
Warr |
| * County Councillor Bob Boyce | * 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:

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

Also in attendance:

- | | |
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| Freda Mountain | Chelmsford Borough Councillor |
| Jane Richards | Assistant Director of Public Health, NHS Mid
Essex |

1. Chairman

It was **Agreed** that with immediate effect County Councillor Joe Pike would stand down as Chairman of the Group and that County Councillor Bob Boyce would Chair the Group going forward.

2. Apologies and Substitution Notices

The Committee Officer reported apologies from County Councillor Sandra Hillier, Lorraine Jarvis, Chelmsford Council for Voluntary Services, and Paul Murphy, Maldon Council for Voluntary Services.

3. Declarations of Interest

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

4. Approval of minutes

The minutes of the last meeting of the Group held on 14 July 2010 were approved as a true record and signed by the Chairman.

5. NHS Mid Essex

The Committee received and **noted** a report (MAFHI/02/10) from Jane Richards, Assistant Director of Public Health, NHS Mid-Essex. 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.

6. Braintree area overview

The Committee received a report (MAFHI/03/10) comprising two written reports of witness statements given recently to John Zammit, Area Co-ordinator, commenting on general health related issues in the Braintree area.

- (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.

Mr Redgwell advised that HOSC had formally responded on the White Paper in so far as it affected the operation and authority of the HOSC and other formal responses would be co-ordinated by the responsible Cabinet Member (Anne Naylor). A presentation on the White Paper was to be given to the next Mid Area Forum on 16 September 2010 at Braintree Town Hall.

7. Chelmsford Overview

Chelmsford Borough Councillor Freda Mountain was in attendance to give 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.

8. **Proposed further witnesses/evidence**

(a) Maldon overview

Members discussed obtaining evidence on health issues in the Maldon area and any preference for written witness statements or oral evidence. Members felt that there was a problem in analysing the scale of some problems in Maldon due to the lack of quantitative data granulated beyond just a district level. It was **Agreed** that NHS Mid Essex be asked for the following information:

- (i) Number of registrants registered at Blackwater and Longfields GP practices in Maldon; and
- (ii) Number of registrants at each practice with Heybridge, and Tothams, Goldhanger and surrounding areas postcodes;
- (iii) Number of appointments per week seen at the Longfields surgery in Bentalls shopping centre and at the Blackwater surgery in Heybridge.

Members discussed suitable witnesses including a resident from Althorne, a Councillor in Maldon and a GP in Burnham who had all indicated that they were willing to give evidence to the Group and it was **Agreed** that Mr Zammit arrange for submission of evidence from these sources with at least one of these witness submissions to be oral.

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.

(b) Services for cross border patients

Councillor Shelton advised that some residents of Braintree looked towards Colchester hospital rather than Broomfield for their acute services.

In addition it was suggested that letters could be sent to relevant councils on the provision of cross border transport services. However, Mr Redgwell advised that there had already been previous studies on the provision of non urgent patient transport to try and rationalise services, although it had been aimed more at patient visits to hospitals rather than to GP surgeries, and that copies of these studies were available to Members for review.

(c) Audiology and phlebotomy services

From earlier discussions in the meeting it was **Agreed** that a letter be sent to the Chief Executives of Mid Essex Hospital Trust, Colchester Hospital Trust and Suffolk PCT to advise on how and where they deliver audiology and phlebotomy services in their area.

(d) Further reports

As a result of discussions earlier in the meeting further information would be sought on (i) the latest CQC Report on West Suffolk Hospital and (ii) Broomfield hospital dispensary delays for patients being discharged.

9. **Date of next meetings.**

20 October and 23 November – both starting at 10am

10. **Scoping Document**

The Committee received the current scoping document (AFM/SCR/1). To reflect discussions at the meeting. It was **Agreed** that acute hospital trusts should be added to the sources of evidence and witnesses.

There being no further business the Chairman closed the meeting at 11.41