

MAFHI/05/10

Committee Mid Area Forum - Health Inequalities Across Mid-Essex Scrutiny Task and Finish Group

Date 20 October 2010

Maldon area overview

Attached as Appendices A, B and C respectively are three written reports of witness statements given recently to John Zammit, Area Co-ordinator commenting on health issues in the Maldon area.

- (a) Interview with Mrs Janet Cloke, Chairperson of Maldon District 50 Plus Forum and resident of Althorne (Appendix A);
- (b) Interview with Mr Bryan Harker and Mrs Brenda Keighley, Maldon District Councillors and residents of Heybridge;
- (c) Interview 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

APPENDIX A

Interview with Mrs Janet Cloke, Chairperson of Maldon District 50 Plus Forum and Resident of Althorne Wednesday 22nd September 2010

Mrs Cloke was asked if there were any issues regarding access to health services in her area and her response was as follows:

Mrs Cloke felt that the greatest issue for the Dengie Peninsular was access to transport and to illustrate the point, gave the following example:

Althorne Village is served by a bus, the 31X, and the route that it takes has been changed so that it now only stops in the lower part of the village. As most residents live in the top half of the village, having to walk to the bus stop at the bottom of the village if one is elderly or disabled is difficult or impossible because a steep hill is involved.

There are also other villages in the Dengie Peninsular that have similar issues and in some cases, no bus service at all.

Mrs Cloke went on to talk about phlebotomy services stating that there were five GP practices in the peninsular, three of which undertook phlebotomy services and two who didn't. She then pointed out that of the three practices that did, only patients on those particular practices' lists could avail themselves of the service. Patients who attended the two practices that didn't had to go to Burnham Clinic or St Peters Hospital in Maldon which was not easy if one was elderly or unwell. Within the three practices that did provide phlebotomy services, bloods were taken and then collected by van and taken to be tested making this easier for patients.

APPENDIX A cont...

Residents of the Dengie Peninsular were fortunate as they had 'One Place' which was situated in both Burnham and Southminster and run by the Dengie Project Trust. 'One Place' was an information and advice service available to all the community that answered questions and signposted people to appropriate services. They would even make phone calls on a persons' behalf and had introduced a 'One Stop' bus that provided the same service to villages in the area.

The Dengie Project Trust also provided a 'Home from Hospital Service' and through its 'Integrated Community Enablement Volunteer Team', a range of further services 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.

Mrs Cloke concluded the interview by stating that people in the Dengie Peninsular were generally well catered for because of the services they had fought for.

APPENDIX B

Interview with Mr Bryan Harker and Mrs Brenda Keighley,

Maldon District Councillors and residents of Heybridge

27th September 2010

Mr Harker and Mrs Keighley were asked if there were any issues regarding access to health services in their area and their response was as follows:

Mr Harker stated that he was relatively satisfied with the health services in his area and to illustrate the point gave the following examples:

Mr Harker felt that he might be experiencing a problem with his prostate and so went to see his doctor at a surgery located in Rowan Drive near where he lives which is a satellite surgery of The Blackwater Medical Centre practice. After seeing the doctor, a PSA blood test was requested and about a month later Mr Harker had a blood test at St Peters Hospital in Maldon. A few days later, he went to see his doctor again for the results who told him everything was in order.

Mr Harker also felt he was a little hard of hearing and so went to see his doctor again who arranged for him to have his ears syringed at the Blackwater Medical Centre practice. This he had done and an appointment was made to see a London based consultant at a local clinic who four weeks later informed Mr Harker that he needed a hearing aid. Two weeks later a mould for his hearing aid was made and now Mr Harker is awaiting a hearing aid test.

Mr Harker was particularly impressed with the satellite surgery opening times as he was able to get an appointment for 7.15am which allows patients to see their doctor before going to work.

APPENDIX B cont...

Mrs Keighley felt that when she talked to residents about health issues, the main problem was older people having to access certain clinics at Broomfield Hospital. One older person in particular said that they didn't go to see their doctor and when asked why they stated that the doctor would only send them to Broomfield Hospital and they were not able to get there.

Whilst some clinics can be accessed locally, for others, patients have to travel to Broomfield Hospital and if they are elderly or unwell, this involves taking three buses.

For those patients who do drive, parking at Broomfield Hospital is incredibly difficult. Mrs Keighley had experienced this personally when taking her husband to the Oncology department at the Helen Rollenson Unit which is part of Broomfield Hospital.

Not only was parking very difficult but Mrs Keighley also had problems accessing a wheelchair as there are not enough for those who need them.

Mrs Keighley's mother had unfortunately been a frequent visitor to Broomfield Hospital and on one particular occasion had been taken to Broomfield Hospital by ambulance. Her mother in this instance was discharged at 11pm and whilst Mrs Keighley was with her having taken her car, she felt she was unable to get her mother in the car to take her home. She asked for an ambulance to take her mother home and was told that an ambulance would be between one and six hours. Eventually and with help, she did manage to get her mother in the car.

Her mother had to go to Broomfield Hospital about nine times over a period of some months and on each occasion, although the health professionals she saw had her notes in front of them, she was constantly asked about the history and

APPENDIX B cont...

details of her illness. For an older person who is unwell and may be confused, this can be an unpleasant experience.

APPENDIX C

**Interview with Doctor 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)
Wednesday 15th September**

Doctor Latif was asked if there were any issues regarding access to health services in his area and his response was as follows:

Doctor Latif felt that when centralisation of health services happened, there was a loss of communication between people who had worked alongside his GP Practice and to illustrate this gave the following example:

Before Maldon and South Chelmsford PCT was amalgamated to become part of Mid Essex PCT, services could be provided at a local level to suit the needs of the community. Doctor Latif recognised that older sick people were in the most need of help and through funding from the former PCT, a team headed by a Community Matron was introduced to impact upon this need. This team operated from the Burnham practice with great success and the team became the benchmark to aspire to.

The Community Matron was the 'architect' for the good practice and received a gold award for care of the dying.

Because of the work of the team, hospital admissions were reduced as were the number of telephone calls to 'out of hours' services which meant that the investment in the team could be offset by the cost savings realised through these reductions.

APPENDIX C cont...

When Maldon and South Chelmsford PCT became part of Mid Essex PCT, provider services within the PCT moved to become a separate organisation now called Central Essex Community Services (CECS) who under the pretext of re-organisation dismantled it.

CECS stated that there was inequity within Chelmsford, Braintree and Maldon regarding the number of community nurses and all the team operating from the GP practice were moved to a 'Hub' in Southminster without any consultation. The 'Hub' covered a much bigger area that included South Woodham Ferrers, Maldon and Burnham. This led to the nurses having to cover much bigger distances and with travel taking up a considerable amount of their time there was less patient contact. The three senior nurses including the Community Matron eventually resigned along with other former team staff members. There was such protest over the reconfiguration that an outside consultant Jane Kinnibrugh was commissioned to try and improve the service and some more funding was secured.

Currently, Doctor Latif does not know the nurses who go to visit his patients and is only allowed to communicate with them by fax. He then has to rely on the nurses phoning him back.

Doctor Latif then gave a further example regarding maternity care.

When the aforementioned team operated from his practice, included in it were a midwife and health visitor. Doctor Latif would see the pregnant woman initially and then introduce them to the midwife and health visitor who would then visit as needed. The system changed and now he does not even know which of his patients is pregnant. The midwife is booked through the surgery administration

APPENDIX C cont..

for pregnant patients and the midwife arranges visits without any liaison or communication with the doctor.

Doctor Latif concluded the interview by stating that when an older patient leaves hospital they quite often need intermediate care in the form of a step-down bed and when back in the community to be looked after by a local primary care team. The current situation is that there are very few step-down beds in the area (not very many at St Peters, the local community hospital), not enough physiotherapists or occupational therapists to assess patients with a view to deciding if they are fit to return home and no local team to look after them when they do.