

Forum Focus

New group to liaise on local pharmacies

YOUR Health Forum Committee has been following the national debate over community pharmacy funding support.

Now that an average 7.5% funding cut is to be imposed from the new contracts starting in the spring, chair Ray Hardisty met representatives of the Essex Local Pharmaceutical Committee (LPC) to discuss their thoughts on the local scenario.

He also took the opportunity to raise the topic of patient self care which features heavily in both the Urgent Care Review and the Sustainability Transformation Plan.

The meeting took place with their chair, Colchester pharmacist Simon Moul and Contractor Development Manager, Karen Samuel-Smith.

Funding:

LPC members hope that national pharmacies will be able to absorb the reduction without any restriction to services.

They forecast the following possible changes to independents:-

- Those with high prescribing businesses - little change
- Those with lower prescribing income - reductions in opening hours; possible mergers or, depending on the age of the owners closing down.

However, at the moment, they have not been notified of any members taking any particular actions.



Additional Services:

One aspect of the revised contract that has received less publicity is that all pharmacies will have to display the extra services they offer patients, from issuing flu jabs to medication reviews, on NHS Choices from April 28.

Ray believes this could be a very useful source of information for the NEECCG communications teams to add a relevant section to the revised website informing patients on what self care advice and information can be received and what times it is available.

HFC Actions:

Members decided the HFC should set up a HFC PPG Liaison Monitoring Group with Ray and five PPG members; one from Harwich, one from Clacton, one from the rest of Tendring, one from central Colchester and one from Colchester villages.

It's aim is to monitor what is happening with local pharmacies, liaise with them and the LPC where possible and investigate ways of ensuring that information on self care services is provided as far as possible.

Focus aims to keep Health Forum members informed and in touch with the Health Forum Committee

Can you do more to help the Forum?

Three members of the Health Forum are currently talking to the Health Forum Committee about ways they can assist in the wider work and representation of patients.

However, more are needed.

We are looking for members who are prepared to donate roughly two days a month to have their say on behalf of others in the shape of future of health services.

With so much going on in the NHS, you could not be coming on board at a more exciting time.

The whole map and content of health provision is up for review from GPs and pharmacies to acute hospitals and specialist care like transplants.

But the changes need input from patients to ensure they are provided in the way, times and locations that the public wants.

Which is where our members come in.

We need members to join with clinicians and commissioners to discuss the plans.

And, of course, to link with the Health Forum Committee to allow the free flow of information between representatives so they all know what is going on.

Members are currently considering assisting with outreach activities and, possibly, the very important finance role.

But we need more.

For example there are a number of deputy representative positions on key groups.

These members attend groups in the main members absence but keep up to date with papers and minutes and offer supporting words of advice to their colleague.

Ambulance

End of Life

Quality

System Resilience Operational Group

(urgent care).

If necessary, one member could obviously be the substitute for all of them but that individual would have to be prepared to be a regular attendee at Health Forum Committee meetings so they can keep up to touch with all the aspects of local health activity.

And accept that they would have plenty of reading to do!



It is though an excellent opportunity to be involved in the Health Forum Committee.

All representatives are automatically non-voting members but they do receive all the paperwork and are invited to widen their involvement to special monitoring and task and finish groups which could champion topics of their particular choice.

Other roles where involvements are needed include:

- 1 Colchester representative for the new Audiology Network;
- 2 Patient representatives with Anglian Community Enterprise (ACE) who provide the present Care Closer to Home services.
- 3 PPG members to join the community pharmacy monitoring group.
- 4 An existing Healthwatch Essex ambassador to step up and be the eyes, ears and link between Healthwatch and the Health Forum.

But we never turn any member away, so if there is something you are very keen to be more involved with and it has not been detailed in this piece, get in touch anyway.

We would be very pleased to discuss how your special interest would help you to fit in to our existing operation.

And do not be concerned if you have never been involved in such matters before.

Full assistance and guidance will be given and, as fellow patients ourselves, help is available ... even at evenings and weekend!

So, please, if you have a couple of days a month you can spare fellow patients please get In touch. Contact details on the back page.

Forum member Liz takes views national



Liz Norton and Rose Chitseko ... far left and right, at Whitehall.

Health Forum member Liz Norton took her carer issues to the Department of Health.

Thanks to Healthwatch Essex, she and fellow carer Rose Chitseko were able to raise concerns with Mark Browne, the Carer Policy Lead at the department.

Mark and his team are collecting experiences and views to inform a new government strategy for carers that will outline how support can be improved.

This strategy will aim to reflect carer's lives now and set out what more can be done to offer quality support in the future.

Liz reports:

"After introductions and lots of photographs, we were taken to their big and rather daunting executive boardroom!

"We were put very much at ease by everyone as Rose, Tom Nutt, the Chief Executive Officer of Healthwatch Essex and myself chatted to the Carers Policy Team about our role as carers. We went on to discuss what carers' day to day lives actually look like.

"We explained that we wanted recognition as involved experts in the care of people we love, and support from all the organisations with which we indirectly collaborate.

"Rose and I were now in our comfort zone and happy to talk about the job of caring having spent many years in this vital role.

"We discussed the Healthwatch Essex Carers Said report, which outlines what Healthwatch



Essex has learnt by listening to hundreds of carers.

"Their work provides a fantastic insight into the lived experience of carers and highlights our hugely diverse needs and experiences.

"The report includes quotes from carers themselves. What comes through time and time again is that services are fragmented, inconsistent and information not helpfully shared between statutory organisations.

"Rose and I felt very inspired to talk about how carers feel and the importance of listening to what we say about our caring role and felt empowered being together to share this great day.

"We welcome the development of the new Carers Strategy, this feels like something very exciting for all carers.

"It focuses on topics like better carer's health... something which has often been overlooked in the past and yet is hugely important for the whole family".

Liz is not the only Health Forum Committee member who has gone national See Emma Sarson's report on the back page.

Forum response to urgent care survey

As part of the Five Year Forward View, NHS England is taking action to review urgent and emergency care services across the country. The aim is to take the pressure off A&E and emergency departments and meet the increasing healthcare needs of the population.

Across North East Essex ("NEE"), the Clinical Commissioning Group ("CCG") aims to provide services that are simpler for patients or carers to access and also to ensure that they choose the right service for all urgent health needs, regardless of the time of day. Thus the need to review urgent care services within the region. Three potential approaches have been developed by clinicians following a listening exercise conducted by the CCG in 2016 and they are also open to fresh suggestions.

The choices are:-

- To continue to commission a Walk in Centre service ("WIC") in Colchester and Minor Injury Units ("MIU") at Clacton and Harwich.
- To stop providing the Walk in Centre and Minor Injury Unit services.
- The establishment of a minor injury service ("MIS") in the community.
- Another approach that has not been considered. The public have been encouraged to put forward ideas and suggestions.

Introduction:

The Health Forum Committee ("HFC") set up a Task and Finish Group ("TFG") to assist with the public consultation on strategy, receive, sort and record comments; to analyse suggestions made and provide an overall patient view.

Having spoken to various members of the Health Forum, the public and also members from individual patient participation groups, the TFG make the comments and suggestions herewith.

1. Uncertain Factors:

It is the opinion of the TFG that some factors which could markedly influence the future provision of services currently delivered by the WIC and the MIUs will probably still not be clarified by end of the consultation period which is 1st March 2017. These uncertain yet influential factors include:

- the declared intention by CCG to move towards the amalgamation of GP surgeries into hubs (or 'super GP practice');
- how these 'GP Hubs' or 'Super Practices' will oper-



-ate and where they would be located;

- the intention of the Government to introduce a 7-day working period at GP surgeries;
- the advocacy, by the CCG, for patients to make more use of pharmacies set against current funding changes by the Government which could lead to a reduction in pharmacies;
- how the CCG intends to deal with its current financial deficit;
- the extra demand on urgent care services created by new housing in both Colchester and Tendring Districts. Colchester's Local Plan (2021 – 2032) expects a population increase of 33,000 and an increase in people over 65 of 50%. Tendring's Local Plan (2013 – 2033) anticipates a population increase of 20,000 or 14.4% and an increase of people over 65 of more than 33%.
- Future A&E attendance figures by those suffering from excess alcohol and/or drugs and its impact on A&E;
- the details of what the enhanced MIS model would entail and where they would be located;
- the treatment of patients not registered with GP surgeries within the NEE area;
- the respective impacts of either approach on staff and the CCG's finances;
- the continuing reports by patients all over NEE regarding difficulties negotiating primary care appointment systems to access clinical advice and general information. This situation being particularly concerning on the coast; and
- lack of clear understanding of what services are provided by community pharmacies;

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1 Many patients confuse assistants with pharmacists.

2 Greater use of pharmacies is also portrayed as a solution. Unfortunately, the CCG has revamped its website without a full list of pharmacies and details of what services they actually offer. Like our valued GP practices they are all essentially self-directed and there is no evidence to suggest what reception a patient will receive if he/she attends a pharmacy and requests medication or treatment advice.

3 There may be the need to identify community pharmacies which could provide triage services. Halstead Pharmacy for example has a confidential consulting room and offers a service that deals with issues which would otherwise take people to the WIC. There are existing facilities in some GP surgeries in Colchester and there needs to be an assessment undertaken to measure their effectiveness.

Background Realities:

Coastal patients want a WIC for the coast dealing with minor injuries and general medical conditions, but this has to be carefully assessed against the mentality that "if Clacton has something, then Harwich must have it too."

The older generation stick with traditional pathways while the younger generations, who are not prepared to argue with GP receptionists or wait to ring for an appointment the next day, go for the instant gratification of treatment or advice now and prefer to go to a WIC or A&E.

Services Provided by GP Surgeries:

There remains the need to address the thorny issue of patients not being able to get an appointment with their GPs.

Patients are insistent that they require services closer to home; therefore if the current GP surgeries could offer longer opening hours and also provide a 'walk-in' service to make appointments more readily available, then it may reduce the current pressure on the WIC and A&E.

There is a suggestion that groups of surgeries need to be established to be able to provide a broader range of services. This could include a "walk-in" facility, services provided by a nurse triage facility, pharmacist consultation and GP Care Assistants providing health and social care advice/ service provision.

GP surgeries could provide, in a confidential facility, the ability to access health advice/ diagnosis on the internet, with appropriate sup-



-port from surgery staff.

Role of Public Transport:

The existing public transport links across Tendring and Colchester are historic and not flexible and are unlikely to change. They need to be rethought completely. In Colchester approximately 30% (51,000 people) live in rural areas. The CCG should liaise with public transport providers to try and ensure that services are run to any chosen location to enable patients and carers access urgent care services in a timely way. Any review must be linked to the patient transport service commissioned by the CCG and provided by the East of England Ambulance Service (EEAST).

Consultation of Service Providers:

There's no evidence to suggest that service providers, such as GPs and pharmacists, have been consulted as part of this urgent care review. It may therefore, be beneficial for the CCG to bring all service providers together to discuss how they can work together to provide a service that allows patients to access the services they need closer to home.

NHS 111 Service:

The TFG are aware that patients currently do not have confidence in the NHS 111 service which could explain it's under use. Therefore to close the WIC with the expectation that patients will use NHS 111 more is unsubstantiated.

The Role of Colchester Hospital University Foundation Trust ("CHUFT"):

There is a very professional Health and Social Care Team facilitating discharges at the hospital but they come across obstacles, both internally and in the community in being able to discharge patients who have urgent care needs. In addition the need for review of the discharge procedures has been very effectively demonstrated by the 2016 report by Healthwatch Essex.

Towards an Alternative Approach:

Relocate the WIC to be alongside CHUFT A&E to act as a filter to properly assess all patients intending to use the services at A&E. This will provide a competent triage reception that could assess the patient need and then direct them to

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the appropriate service. We understand this has previously been ruled out on financial grounds but believe it should be looked at again in the light of continuing community developments and services usage,

Provide a suitable clinical mental health and drug/alcohol triage within the community so that those patients can be properly assessed and given the appropriate medical help including directing them to the correct services.

Provide a number of 'Super Surgeries' across the NEE area which are fully equipped and open for 7 days a week and longer hours (7 am to 10 pm). Such surgeries could provide services including audiology, asthma and blood checks, self-diagnosing apps, and a dispensing pharmacist.

Establish community pharmacies with enhanced pharmacy services, i.e. pharmacies where there is an independent prescriber present to attend to patients. This could also include pharmacies that would offer appointments for patients for consultations. Such pharmacies would also have a pharmacist who is clinically trained and a consulting room for the privacy of patients during consultation.

The introduction of a mobile WIC should be considered. Currently there is an SOS bus which operates in Colchester Town on a Friday and Saturday night. This bus deals with many people who would otherwise go to A&E. Although most of these cases are drink and drug related, it is evident that the model works. It may therefore be worth experimenting with mobile WICs in various locations across NEE as "Urgent Care Centres".

This could offer a complementary approach, where mobile WICs deal with particular medical problems.

The WIC and MIUs should not close before an alternative model is established and proven. Therefore, it may be advisable for the CCG to introduce a number of approaches on a pilot scheme basis. This will enable each approach to be assessed to decide its effectiveness which will then assist the CCG in making any informed decisions.

Although GP Surgeries are private businesses under contract with NHS England, it is essential that they are brought into a united strategy linking all aspects of primary care including pharmacies with secondary care through mutual agreement to offer services to patients during agreed opening hours.



The need for patient education in increasing the supply of assistance and advice available through seeing nurse practitioners, paramedics and other health professionals instead of assuming GPs are their only route to health care.

Our Option

There should be 3 WICs established across the NEE area while negotiations continue with GP surgeries and community pharmacies over a combined strategy.

These would be situated in Colchester, Clacton and Harwich, where the present WIC and MIUs are located

These WICs should be accessible 7 days a week from 7am to 10pm each day. The services provided at these WICs should include treatment of a range of minor injuries, minor illness, common infections, skin complaints, minor wounds and muscle, bone and joint injuries.

The size of these units could vary according to the needs of the local population.

The main reasons for choosing this option are: It would demonstrate to local people in each part of NEE that they were being offered exactly the same level of service

Local people are already very familiar with the location of these facilities

It would provide a solution – be it only partial – to the demographic pressures outlined in 3 (g) above.

This option would need to be supplemented by, and integrated with, other approaches – such as 'super surgeries' – when these can be properly trialled beyond the deadline of April 2018 for commissioning or replacing existing Urgent Care provision.

The Health Forum Committee unanimously accepted the report and the complete file was submitted as the Health Forum's response to the consultation.

What the local press has been saying about health and health issues

Read all about it!



A summary of just some of the news stories carried in local papers at the start of the year. The Health Forum Committee does not have cuttings. Further details, if wanted, must be gleaned by obtaining back issues or searching on the individual paper's web sites.

February

2 EADT ... MP Douglas Carswell calls for radical health change to encourage GPs to the coast.

2 EADT ... Ipswich Hospital now equipped to give 3D and 4D scans to mums-to-be

2 EADT ... BMJ research article claims older people seeing same GP cuts hospital admissions

2 Daily Gazette ... Heath chief defends cancer waiting times

2 Daily Gazette Public urged to have their say on urgent care review.

3 EADT and Daily Gazette ... Hospital merger will save up to £33m a year. Documents released of three different ways of joint working. 3

3 Daily Gazette ... ECC funding for personal arms and support for people living in sheltered housing schemes may be axed altogether.

4 EADT ... Reaction to merger idea. MPs show general support while Healthwatch highlights patient travel to specialist services concerns'

6 Daily Gazette ... Hospital bosses interviewed on merger plans ... Bob Russell claims it is 'takeover in disguise' .

7 Daily Gazette ... St Osyth and Point Clear First Responders offering free training to sports clubs on how to react to cardiac arrest.

7 East Anglian Daily Times ... Work to begin on Colchester Hospital new imaging centre.

(Event reported in Daily Gazette of Feb 10)

8 Daily Gazette ... Discharged Colchester Hospital patient 'walked two miles in slippers' due to no transport available.

8 Daily Gazette ... Feature of Colchester Hospital whistle blowing champion.

8 Daily Gazette ... Douglas Carswell MP asks for meeting with CCG to save MIUs from closure.

9 Daily Gazette ... Petition to save Walk In Centre from closure attracts more than 1,200 signatures and is still growing.

10 Daily Gazette ... Operations and training cancelled as staff transferred to deal with heavy demand at A and E for two days.

13 Daily Gazette Colchester family aiming to raise £35,000 to send mum to Germany for special breast cancer treatment not available on NHS.

13 Daily Gazette and 14 EADT Healthwatch film clips of 10-year-old Harriet interviewing senior managers over what the South Suffolk and North east Essex STP is all about.

13 EADT Feature of charity organising community groups to entertain and pamper Ipswich Hospital patients.

14 EADT ... Ipswich and East Suffolk CCG warning over too few GPs to cope with growing patient demand.

14 Daily Gazette Admission by the CCG that closing the WIC and two MIUs is the most unpopular option in Urgent Care Review feedback.

15 Daily Gazette ... Launch of £250,000 appeal to provide USA drug treatment for two-year-old Colchester girl in the USA.

15 Daily Gazette ... Closure of two minor injuries units would place 'greater pressure' on overstretched coastal GP surgeries alleges Clacton MP Douglas Carswell.

15 Daily Gazette ... Minor Injuries Units 3,000 signatures on Tendring pensioners' petition.

17 Daily Gazette ... Woman with alopecia opens Colchester wig salon.

18 EADT ... North Essex MP Bernard Jenkin calls for 'fundamental changes' to the NHS.

21 Daily Gazette 76.4% of A and E patients seen within four hours during January but 1,627 waited longer.

21 Daily Gazette ... St Helena Hospice consultation shows public want Tendring and Colchester services maintained on separate sites if High Woods site closes.

21 Daily Gazette NEECCG commissions private firm to provide dermatology services.

22 Daily Gazette Tendring Council wants MIUs kept open with extra services provided.

24 Daily Gazette ... January cancer waits at Colchester Hospital worst in two years.

27 Daily Gazette ... Critical CQC on Winstree Medical Practice, Stanway.

27 Daily Gazette ... Marches in Harwich and Clacton opposing the closure of MIUs under urgent care review proposals.

27 Daily Gazette ... £20,000 boost for Colchester Hospital cancer department Time Garden appeal.

Maternity Voices working for mums

Since the successful relaunch of Maternity Voices in the summer, Health Forum representatives Emma Sarson and Jo Roosenbek have been working hard to identify areas of care that the service users have highlighted as needing improvement.

Using the survey monkey results as a data source, common themes were identified and evaluated. Support with this was gained from an initiative being run by the Royal College of Midwives and Sheffield university.

Three themes were identified as areas of dissatisfaction. These were:

1 Discharge home from the postnatal ward.

Women reported that their experience would have been improved if this process could be smoother and quicker.

2 Breastfeeding support on the postnatal ward. Women reported that more support in this area would improve their experience.

3 Continuity of care. Women reported that they valued getting to know their own midwife enormously. Those that did not receive continuity, listed it as something that would have improved their experience

Through her work at Colchester Hospital, Emma has been working on a project that enables service users to be involved with and have an equal say in planning and improving mater-

-nity care

This has enabled CHUFT and Maternity Voices to work together with service users to improve care.

Voice for the future

Two further large engagement activities have now been planned for the spring and summer, in which service users (mums, dads, grandparents and carers) will be invited to give their views on how the three identified areas of care might be improved.

This data will be enhanced by the survey monkey engagement, in which answers and ideas will be sought on the three specific areas of care already identified, in turn. The survey will be shared on the CCG, CHUFT and other websites to enable as many service users as possible to engage.

National praise

In December, Emma travelled to London and gave a presentation to the Royal College of Midwives, professors at Sheffield University, service user groups and service providers.

She spoke on the engagement activities undertaken and the development of our local Maternity Voices group.

Enhanced, more transparent co working between providers and service user groups was reported and praised.

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