South Woodham Ferrers Health and Social Care Group
Task Force Meeting held in WI Hall South Woodham Ferrers on 25th April 2017

South Woodham Ferrers "Lighthouse" Project

Attendee Organisations (Attendees 18)

- Patient Participation Groups (2 from each Practice)
- City Council
- Town Council
- Town Clerk
- County Council candidates (2)
- Church
- Business Community
- U3A
- GP
- Health and Social Care (3)

1. **Welcome.** Chairman David Birch welcomed the attendees to the meeting. He explained that it was a Task Force meeting rather than an open meeting because it was hoped that the invitees would take the messages from the meeting back to the Groups they represented. Thereby facilitating dissemination. He introduced Melanie Crass and Rachel Harkes from the Mid Essex Clinical Commissioning Group (MECCG).

2. **Background.** The "Lighthouse" project has arisen from the work of the Essex Success Regime and the sustainable funding initiatives. There had been two events in South Woodham Ferrers covering the Essex Success Regime work on Acute Hospitals and in order to achieve the goals of that work, major changes are necessary at the primary and social care level. The MECCG has been given the task of progressing the changes. The basic geographical unit being adopted is Locality level, usually an area comprising a population of around 40,000. The Mid and South Essex commissioners have each selected a locality to take the work forward, the Mid Essex one being South Woodham Ferrers and the South Essex one being Benfleet. South Woodham Ferrers was chosen because it is an easily definable community geographically, although smaller than many localities. Its Practices and other health professionals work closely together. It has a well organised patient representative group. It has the Health and Social Care Group which can put on events involving the wider population as necessary. The "Lighthouse" project has already had numerous meetings of the health professionals with a recent meeting also including patient representatives. Some of the work set out by the project has already started with more to follow. Some of the key elements are:-
    - the need to concentrate on the frail and elderly patients to avoid referral to hospital, particularly A&E.
    - a willingness to share resources and skills at the practice level including the setting up of specialist clinics to which any patient can be referred.
    - closer working of administrative staff whilst maintaining the independence of each practice
    - more local accountability for budgets
    - increased use of IT for interfacing with patients
    - inclusion of other health professionals such as pharmacists, physiotherapists,

social carers, nurses etc
- sharing of patients' records
- an individual patient care plan for high users

Melanie gave a presentation covering all aspects of this work and progress to date. There will be a sign off date – 6th June – after which the Locality will expect to take on the work with appropriate MECCG support. The success of the approach will determine how it is rolled out to all other localities in the Mid and South Essex areas. A copy of Melanie's presentation is appended to these notes.

3. **Questions and Answers**

Q1: Does the National £2.4 billion funding over 3 years cover social care.

A1: Yes. In Mid Essex there is £500,000 extra for primary care this year and £700,000 next year. The Primary care budget sits with NHS England as joint commissioners with the MECCG.

Q2: In South Woodham Ferrers there is an underused Clinic. Why cannot some of the services utilise this?

A2: Do not know. Services tend to be commissioned in silos eg Mental Health, Phlebotomy and provided by different agencies -Provide, Mid Essex Hospital, etc. Melanie will look into it. Hopefully under the proposals the Locality Group will have more control over siting of services. This may improve if new Health Centre is built.

Q3: When will Lighthouse start?

A3: Decisions will be made fairly quickly but implementation is likely to be slow. It will take 3 years to implement fully. Dr Cormack added "the funding will be needed to do it"

Q4: How will you deal with concerns of sharing of patients' information?

A4: This would be with the permission of the patient, and the clinician would have access to patient records for that consultation alone.

Q5: Person fell outside Church -waited long time for ambulance and then spent 5 hours in hospital. How would this change?

A5: The process would not change if there was a fracture. Hopefully if other cases are kept out of hospital the waits will be shorter.

Q6: Child falls in playground and bangs head what happens?

A6: No standard policy. Some GPs would treat, others would refer to A&E. Tendency for schools to go for hospital option.

Q7: Type 1 diabetic subjected to uncoordinated review process wasting his and hospital time. What can be done?

A7: Wastage is a big problem some of which may be addressed by a more patient focused approach. In other cases education is key. For instance £50 million pounds of prescription money is wasted on repeat prescription drugs never used.

Q8: Are the new plans embracing The Practice building. A Clinic Annex sign has gone up there.

A8: It is envisaged that all clinic work will be in one building. However the Practice has always had a Clinic element to its building and presumably this can be utilised if NHS still paying rent. (Melanie will talk to Adrian Heywood)

Q9: Why is a community nurse triaging in A&E and not a hospital nurse?

*A9: T*here is a Community led Urgent Care Centre at Broomfield with a GP, Frailty Nurse, Mental Health Specialist to try and relieve pressure on A&E staff.

Q10: There is a shortage of community nurses, midwives etc. in SWF. Do we not need dedicated staff who are mobile to visit people in their own homes?

A10: It is envisaged that GPs will be able to discuss care plans and problems with providers for patients needing this type of help.

Q11: Why can we not have a mobile unit available to avoid people having to travel to hospital?

A11: Cost is the main barrier. You need to have a population of 23,000+ to make a mobile diagnostic service viable.

Q12: Are GPs going to have a lot more input in local service provision?

A12: One of the reasons that SWF was chosen was because of the dedication of its GPs who have attended every Lighthouse meeting. It is envisaged that all the Primary Care money in the budget is pooled. GPs will then have the summer to work out how to spend it in their Locality. It amounts to £15 per patient. The Clinical Commissioning Group will remain the commissioner, commissioning at local level but paying at GP level.

Q13: How long will it take to introduce triage at the point of reception?

A13: We are trying to promote Connect Well so patients can be signposted.

Q14: Are we sure that patients will take well to the idea?

A14: It is being operated in Galleywood with no major objections so that patients can make an appointment with the appropriate health professional in the Practice.

Q15: Why is no notice being taken of patients' wishes? An overwhelming proportion asked have said no to the move to the proposed Health Centre but plans are going ahead any way.

A15: Do not have an answer to this question. The decision is being made by the GPs in conjunction with NHS England.

4. **Other business.** The final Lighthouse meeting will take place on 6th June 2017. The PPGs and Health and Social Care will be invited. A summary will be produced for the Task Force members. Another Task Force may be convened later in the year when decisions about services and funding are finalised.