

## DIARY DATES

**May 27** ... North East Essex Clinical Commissioning Group board meeting in Rooms 12A and 14A, Primary Care Centre, Turner Road, Colchester. 2pm

**June 4** ... Harwich Local Health Forum in the Sanctuary of Central Church, Dovercourt. 2pm

**June 6** ... Tendring Local Health Forum in Sam's Hall, Rosemary Road, Clacton. 2pm

**June 9** ... Colchester Local Health Forum in Rooms 12A and 14A at the Primary Care Centre, Turner Road, Colchester. 7pm

**June 10** ... Healthwatch Essex board meeting at St Cedd's Hall, Chapter House, New Street, Chelmsford. 5pm

**June 30** ... July Forum Focus published.

**July 3** ... Maternity Services Liaison Committee in Room 14A Primary Care Centre, Turner Road, Colchester. 10am

**July 15** ... Essex Health and Wellbeing Board. Town Hall, Ingrave Road, Brentwood. 2pm

**July 28** ... August Forum Focus published.

**July 29** ... North East Essex Clinical Commissioning Group board meeting at Community Centre, Brightlingsea. 2pm

**August 4** ... Colchester Local Health Forum in Rooms 12A and 14A, Primary Care Centre, Turner Road, Colchester. 2pm

**August 6** ... Harwich Local Health Forum in the Sanctuary, Central Church, Dovercourt. 2pm

**August 8** ... Tendring Local Health Forum, Sam's Hall, Rosemary Road, Clacton. 2pm

## Local funding offered for boosting wellbeing

COMMUNITY organisations which help improve people's health, wellbeing or welfare across north east Essex are being invited to bid for a share of funding being offered by Anglian Community Trust (ACT), a charity which has been set up by local community healthcare provider, Anglian Community Enterprise (ACE).

ACE, as a social enterprise, can use a percentage of any profit it makes at the end of every financial year to invest in the local community.

ACT has been provided funding by ACE to invest in one-off new or existing community and charity projects.

ACT closed its first funding round in May but is still inviting applications from local charity organisations and

Community groups because it is the intention to offer funding opportunities regularly through the year.

Application forms and supporting information can be found on ACT's website:

[www.angliancommunitytrust.org](http://www.angliancommunitytrust.org)

Lawrie Payne, Chair of ACT said: "It is important to us to be able to support charity or community organisations and groups which in turn support people in the local community and we are keen to hear from anyone who feels their project would benefit from ACT's funding."

ACT was launched in January and was set up by ACE, a social enterprise providing NHS community healthcare services across north east Essex, as well as learning disabilities therapy and some specialist nursing in north Essex.

## Explaining how the new community health and care is designed to work

THE Department of Health has published a new guide explaining the details behind the new system working towards fully combined health and care community services.

It became fully operational from April 1 to deliver the Health and Social Care Act under which NHS England, Public Health England, the NHS Trust Development Authority and Health Education England will gradually take on their full range of responsibilities.

Health and Wellbeing boards are designed will bring together clinical commissioning groups and council's providing social services to work in partnership while Healthwatch will provide a voice for patients and local communities.

To download the guide visit [www.gov.uk/government/publications/the-health-and-care-system-explained](http://www.gov.uk/government/publications/the-health-and-care-system-explained).

This newsletter is produced for North East Essex Health Forum by the Communications Working Group of the Health Forum Committee who would love to hear your views on it. Members and their contact details are:

Ray Hardisty .... Group Chair .... 07434 309261  
Dawn Bostock .... Forum Chair .... dawn.bostock@nhs.net  
Rodney Appleyard .... rodney.appleyard@nhs.net  
Marjorie Appleyard ..... marjorie.appleyard@nhs.net

## North East Essex Health Forum

# Forum Focus

Informing, Engaging and Debating

June 2014

## INSIDE THIS ISSUE

Decision day over the 'temporary' closure of coastal maternity units to births ... **page 3**

Facts and figures halt ambulance services working group ... **page 5**

NHS participation pledge to give us access to the top decision makers .... **page 8**

End of Life care report finalised and ready to download ... **page 9**

FREE training in how to use radio for publicity offer to local groups ... **page 10**

Big Care Debate public meeting queries answered and information given ... **pages 12 and 13**

North Essex Health Forum membership explained, plus how you can be involved details ... **page 14**

Local funding offered for boosting wellbeing ... **page 16**

## Big shake-up following the



PATIENTS across Tendring are to be offered an innovative new way of providing health care services from their community hospitals of Clacton and the Fryatt (Harwich).

Local health chiefs and GPs claim this will bring many significant benefits, particularly to older patients.

The new service is expected to be introduced from August 2014.

It follows an extensive review and the Big Care Debate, involving the public and health professionals, into how the beds in wards at Clacton and Harwich Hospitals (also known as community beds) can be best used to ensure the

best care for local people.

Anglian Community Enterprise (ACE) runs the community wards at Clacton Hospital and Fryatt Hospital, Harwich; they have been working closely with the North East Essex Clinical Commissioning Group (NEECCG) during the past twelve months to devise a more effective model for offering care and treatment to older people.

\* *Dawn Bostock on the changes and how they will work, page 7*  
\* *Questions raised during the Big Care Debate have been answered, in detail, by NHS England. See the them across pages 12 and 13.*

## Newsletter has brand new look



HELLO and welcome to the new style Health Forum newsletter Forum Focus. It will arrive by PDF which can be printed out by members in booklet form so it can be distributed as widely as possible to spread the message of public engagement on local health issues. In line with the new format, Forum Focus will be published monthly to ensure it is topical.

Focus helps to keep Health Forum members across Colchester and Tendring informed and in touch with their local health scene

# Women leading the battle

By **VICKY CHAMBERLAIN**  
Chair, North  
East Essex  
Maternity Services  
Liaison Committee



## over birth units



*North East Essex Maternity Services Liaison Committee brings together service users and providers to work together to improve maternity services.*

TEMPORARY closures of birth units in Clacton and Harwich have been met with a good deal of opposition from women and their families living in the area.

More patients and their relatives than usual have been contacting the committee.

And protests over Halstead Hospital also being closed for births has swelled the numbers.

While the units are still open for antenatal and postnatal care, women are concerned that the service may be removed altogether from what is a predominantly rural and some cases, isolated area.

There is also concern over how quickly women will be able to get to Colchester while in labour, and from women living in Colchester about the effect this may have on numbers using the Obstetric and low risk Juno suite.

There are currently no statistics available to tell us whether this is a justified fear or not.

We have, however, heard from midwives that many more women, particularly in Clacton, are opting to have their babies at home.

The decision will be reviewed at the Colchester Hospitals University Foundation Trust (CHUFT) board meeting on June 12 (see page 3).

CHUFT have advertised for, and are in the process of appointing midwives, which they are hoping may ease staffing pressures.

In addition, women have been feeding back on the reconfiguration of the community midwifery teams, which should mean that a woman will receive more continuity of care during her pregnancy and in the postnatal period.

Midwives will now be working from GP surgeries and the old "teams" that operated in some areas are now disbanded.

As this is a new model of care we are really keen to get feedback from women and their partners regarding the effectiveness of the new service.

We would really welcome your thoughts and experiences on any maternity issues. Please get in touch via email at [neemslc@nhs.net](mailto:neemslc@nhs.net). Facebook: [ColchesterAndTendringMSLC](https://www.facebook.com/ColchesterAndTendringMSLC) or Twitter @MSLCNorthEssex

# 50 pack out Harwich health forum

WITHDRAWING community hospital maternity birth services at Harwich and Clacton community hospitals led to no less than 50 people attending the Harwich Local Health Forum in April.

There was concern and anger. People suspected the move could be intended to be permanent, and feared in Harwich, that Fryatt Hospital was being run down.

Colchester Hospitals University Foundation Trust (CHUFT) managers closed the births service at Harwich and Clacton to achieve safety standards in Colchester. Midwives continued to provide ante-natal and post-natal care locally and support births at home.

By **SIMON BANKS**  
Facilitator,  
Harwich  
Local  
Health Forum



The manager responsible, Amanda Hallums, gave a presentation and answered, often hostile, questions until time ran out.

She assured those attending the forum that the move was temporary and would be reviewed by CHUFT's board on June 12.

Should any proposal emerge to close services at Clacton or Harwich then emerge, she promised extensive consultation.

She said the standard for the proportion of midwives to mothers was 1:29 but in Colchester it had been 1:39, in Clacton 1:18 and in Harwich, 1:14.

Meanwhile there were five births a week at Harwich Hospital compared to 70 at Colchester.

Several questioners suspected the greater use of Colchester for hospital births could be not just due to patients' and professionals' perception that the site was better-equipped to deal with complications, but also to mothers being guided there in order to run the other services down.

Amanda Hallums strongly denied this.

## Assisting future researches

THE National Institute for Health Research (NIHR) is undertaking a strategic review of public involvement in health, social care and public health research.

The review, entitled *Breaking Boundaries: thinking differently about public involvement in research*, will examine future options for building an active collaboration with the public and making best use of their skills, knowledge and experience in the work of the NIHR.

Patients and the public, researchers and clinicians, the NIHR and other research organisations are being asked to contribute their views with a particular focus on new approaches that will help the NIHR break new ground plus the barriers and challenges to be overcome in the future.

The review is being steered by a panel of service users, researchers, clinicians and staff from across the NIHR and the wider research community.

For further information, including to view the terms and reference of the review, visit: [www.nihr.ac.uk/Pages/default.aspx](http://www.nihr.ac.uk/Pages/default.aspx).

THE Ministry of Justice is currently reviewing how it operates Section 135 and 136 of the Mental Health Act to make sure the law is giving the right support to people at the right time.

These parts of the law give the police powers to temporarily remove people who appear to be suffering from a mental disorder and who need urgent care to a 'place of safety'.

It is done so that a mental health assessment can be carried out and appropriate arrangements made for their care.

A place of safety is usually a hospital, but sometimes police stations are used.

However, there have been questions over whether a police station is appropriate place to keep people suffering a mental health crisis, especially young people, and whether the maximum length of detention (72 hours) is too long.

If you have been sectioned under these parts of the Mental Health Act or you know someone who has, please take part in their online survey..... <http://www.homeofficesurveys.homeoffice.gov.uk/s/mentalhealthact> .....by June 3.

## Help CQC make changes

THE Care Quality Commission are changing the way they regulate, inspect and rate health and care services and are consulting the public, until Jun4, on what they think of these plans.

What the CQC looks at on an inspection; how they judge what good care is;

How they rate care services to help the public judge and choose care;

How they use information to help them decide when and where to inspect.

For further information on the consultation visit:

[www.cqc.org.uk/public/get-involved/consultations/consultation-how-we-regulate-inspect-and-rate-services](http://www.cqc.org.uk/public/get-involved/consultations/consultation-how-we-regulate-inspect-and-rate-services).

The CQC has developed the changes over the past year together with help from the public, providers, and organisations with an interest in their work.

The CQC have also been testing their new style inspections in hospitals, mental health and community health services, adult social care services and GP practices.

## Inviting those with long term conditions to say what they want

REDRICK Research is asking those living at home with long term medical conditions and their carers to take part in an information-gathering survey aimed at discovering how they wish to take more control of their health and wellbeing.

The results will help the NHS better understand what really matters to patients and carers who have often been difficult to gather opinions from.

They are asked to go online to complete the short survey at the following address which is unique to the North East Essex Clinical Commissioning Group.

<http://survey.redbrickresearch.co.uk/a/TakeSurvey?id=3833836&custom25=NEECCG>



Dawn Bostock,  
chair

## Committee chair endorsed and deputy chair elected

MEMBERS of the Health Forum Committee unanimously endorsed the leadership efforts of their chair, Dawn Bostock, when her term of office came under review in April.

Ray Hardisty was elected as her deputy chair. New to the committee this year he has a track record of health involvement through the Alzheimer's Society.



Ray Hardisty,  
deputy chair



## Join the Health Forum to give your views

VOLUNTEERS interested in shaping their local health services are the lifeblood of the North Essex Health Forum.

People who want to do something meaningful and make change happen.

Members have the chance to get involved at different levels according to what interests they have and what time they can commit.

Sometimes the Clinical Commissioning Group may ask for your views on a specific matter.

At others, the Health Forum Committee, which is elected by Health Forum members, will seek opinions and comments

You will be sent information or newsletters to keep you in touch with what is happening and your thoughts will be sought on service changes in the early stages of planning.

You can take part in the Patient Participation Group at your local surgery and attend regular public forums in Colchester, Clacton and Harwich if you want.

All members also get the chance to apply to take part in workshop sessions, focus teams and review teams aiming to ensure that patients receive the best possible service.

The level of commitment is up to you!

**Members can also shape the Forum ...**

MEMBERS can stand for election to the Health Forum Committee.

Help the forum committee carry out its responsibilities.

Vote in the elections of members to the committee.

Take part in appointment of lay members to the Clinical Commissioning Group board.

## Who can become a member of the Health Forum?

POTENTIAL members must be one or more of the following:

Be a registered patient at a GP practice in North East Essex.

Live or work in North East Essex.

Use any services commissioned by the North East Essex Clinical Commissioning Group.

Be a carer or guardian of someone using a service commissioned by the North East Essex Clinical Commissioning Group.

Be a volunteer, or representative from a voluntary organisation, operating within North East Essex.

Even if you do not meet any of the criteria you will still be welcome to join as a non-voting member.

That means you will still receive information and newsletters and be able to give your opinions when asked.

To join simply surf to [www.neeccg.org.uk](http://www.neeccg.org.uk) and click on the button marked Join The Health Forum on almost any page.

Or request a Health Forum joining form from chair Dawn Bostock at [dawn.bostock@nhs.net](mailto:dawn.bostock@nhs.net) or deputy chair Ray Hardisty at [ray.hardisty@nhs.net](mailto:ray.hardisty@nhs.net) We look forward to working with you!



### Other ways to have your say on local NHS services

YOU can join your own surgery Patient Participation Group by simply visiting the website or calling in at the surgery and talking to reception staff.

Taking part in consultations and surveys.

By joining Healthwatch Essex or applying to take part in the work of the Maternity Services Liaison Committee.

### Public responses to decisions taken over maternity safety concerns



Birthing units at Harwich and Clacton hospitals have been closed but all the associated maternity services are continuing at both locations including home births.

# Decision day over maternity services

PROTESTERS, campaigners and mums-to-be have all pencilled Thursday June 12 as a date not to be missed in their diaries.

For that is the day that the board of directors at Colchester Hospital University Foundation Trust is due to debate the current closure of maternity units at Clacton and Harwich hospitals.

Many plan to attend the meeting which is open to the public.

It will be held in the Training Room South at Colchester Hospital starting at 11am.

Colchester Hospital University NHS Foundation Trust took the decision following a risk assessment carried out at Colchester Hospital maternity unit where there was concern that staffing levels could lead to problems.

Coastal unit midwives are currently covering those staff shortages in Colchester while recruiting takes place.

But Tendring district councillors fear the move is part of a plan to close units permanently.

Speaking at Tendring Council's April meeting, Ivan Henderson, put forward a motion – which was unanimously agreed – calling for all existing maternity services to be retained in both Harwich and Clacton and for no long-term review to take place until the units are fully functioning again.

"This is about a woman's choice – a woman's choice to go into a local maternity unit," he said.

The decision was followed by two separate protest marches over the weekend of April 26 and 27 with hundreds of people marching through Clacton calling for local baby units to be re-staffed and re-opened.



How the coastal local papers have been labelling maternity unit news coverage.

### Getting the papers

AGENDA for the board meeting and papers to be presented should be posted on the trust's website seven days before the meeting.

Surf to [www.colchesterhospital.nhs.uk](http://www.colchesterhospital.nhs.uk), click on About Us and then Board Meetings to be taken to a general area.

Part of the text will be highlighted for you to click and be taken to where you can print off as many documents as you wish.



Assisting research at Essex University

## Five minute researchers

BABIES are the focus of a new research initiative at the University of Essex.

Based in the University's Centre for Brain Science, the Essex Babylab is investigating infant and child cognitive development

The research will help academics gain a better understanding of how typically developing children learn to perceive and act in the world around them.

Research leader Dr Silvia Rigato of the Department of Psychology, said: "We understand that babies won't want to sit around too long with head nets on because they would rather be crawling around, so we have to be clever at designing our studies so they are simple, fun and interesting but also something we can get data from."

She added: "That is why the actual study and recording is only about five minutes long."

## NHS revises its pledge on dementia

ALL NHS staff will have received dementia training by 2018, according to the latest Health Education England mandate.

The commitment runs in parallel to plans aiming to make sure that NHS higher education courses include dementia training in their curriculum, in recognition that dementia has a widespread impact on society, including on the NHS.

The training will support staff to spot the early symptoms of dementia, to understand how to interact with people with dementia and to signpost to the most appropriate care and support.

The previous target for 100,000 NHS staff to be trained on dementia by March 2014 has been exceeded, with almost 110,000 already trained.

## Forum thanked for epilepsy help

MEMBERS of two epilepsy support groups are delighted that the Health Forum backed the moves to get an Epilepsy Specialist Nurse up and running again.

Shelley Anderton, working through North East Essex Clinical Commissioning Group and Anglian Community Enterprise (ACE), is to be a first point of contact for a person with epilepsy as long as their GP is within North East Essex.

Patients can be referred to her either by their neurologist; GP or they can self-refer.

Contact can be made by people newly diagnosed, or others, if things are not going well; advice is needed following a change in dosage; a new medication; when planning personal events such as pregnancy or even long-haul holidays.

This role will take some of the workload from the consultant

neurologist and soon it should be possible to reduce the delays that are currently being experienced.

Margaret Smith of the Tendring branch thanked the Forum for the support given over the application for funding for this post.

She said: "I would like to thank you for all the work you put in helping us to fight to get an epilepsy specialist service back in this area again".

Each person's epilepsy is different and so it is important to be able to discuss things with people who understand such as an epilepsy specialist nurse or neurologist as well as others experiencing epilepsy.

The two voluntary groups in the area supported by Epilepsy Action meet monthly. For Tendring branch, which meets in Clacton, contact Margaret on 07733 147257 and for Colchester call Wendy on 0784 3763 078.



## Queries answered

### What is the Essex Area Team of NHS England doing to support local GP practices?

THERE have been a number of actions taken nationally, regionally and locally in Essex in response to this issue including:

- 1 Nationally ensuring that 50% of speciality trainees choose to enter GP speciality training.
- 2 In the East of England there has been an increase in GP specialty training programmes from 272 in 2013 to 292 in 2014 and Health Education East of England (HEEoE) intend to increase recruitment into GP training to 332 in 2015.
- 3 NHS England last year launched a consultation on the future of primary care recognising the challenges.

### Why is there a shortage of GPs in Tendring?

THE shortage has been flagged up for some years in various reports.

It is both a national and international problem.

Recent figures show that Essex has one of the lowest concentration of GPs per resident in the country.

Some practices in the Tendring area have highlighted to the Essex Area Team that they have not been successful in recruiting partners or salaried GPs to replace partners or salaried GPs who have retired or resigned from the practice.

However, they have been using locum doctors to ensure that they provide the same amount of appointments for patients.

There has been a change in doctors working preferences.

'Sessional' GPs now make up 40% of the workforce. The term covers all salaried and locum GPs, and therefore those outside of partnerships. The Local Medical Committee (LMC) held an

The Essex Area Team of NHS England is working with everyone to consider how best we can increase GP numbers in Essex through both increasing recruitment, increasing the retention of doctors both in mid-career and pre-retirement.

The group is looking at ways to ensure that primary care workforce will be sustainable. Options being considered are:

- 1 Postgraduate primary care nurse courses. This will provide an accredited qualification for nurses moving from the acute sector in to primary care.
- 2 The development of locum chambers. Locum chambers provide sessional GPs with mentoring and training. They set a standard of what practice can expect from sessional/locum doctors and provide standardisation.

event to look at how sessional doctors can be utilised more to benefit practices and the use of locum chambers was discussed.

NHS England has commissioned a project specifically for the Tendring locality which is looking at the current workforce capacity in the area and looking at the options to correct any identified deficiencies in the GP workforce capacity.

The Essex Area Team is supporting practices to look at new ways of working with one another.

In conjunction with Anglian Community Enterprise (Community Interest Company) and the LMC are arranging a meeting with practices throughout Tendring to look at how primary care services can support each other throughout the district.

The Essex Area Team has facilitated discussions with practices that are looking to merge contracts to ensure the sustainability of services for patients in the future.

## Points to note about using your Forum Focus



**FORUM Focus is created in Microsoft Office Publisher and then turned into a PDF for easy delivery to members through e-mail or printed copy.**

**However, readers may find that the various highlighted web address links may need to be copied and pasted into your browser instead of just clicked like many online newsletters.**

**To print into a magazine you will need to use A3 paper and fold the pages.**

**Printing onto A4 paper will give you 16 separate sheets.**



# Queries answered

## **What is the role of NHS England?**

NHS England commissions many of the primary care services previously commissioned by Primary Care Trusts (PCTs).

It is responsible for primary care contracts and has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care.

NHS England is a single organisation and takes a consistent approach to managing contracts wherever it can

There are 27 Area Teams. One Area Team covers Essex.

## **Who is responsible for employing staff (GPs, nurses and other primary care professionals) within GP practices?**

It is the responsibility of the GP partners within a practice to employ primary care professionals (GPs, nurses, health care assistants) to provide clinical services to patients as well as administrative staff to ensure the practice is managed efficiently and professionally.

## **What happens if a GP practice closes?**

If a GP practice were to close then NHS England has an established process to secure alternative GP services in the short term, and to secure sustainable GP services for the longer term. Patients would not be left without a GP practice.

## **How are GP practices funded?**

GP practices receive money for each patient registered at their practice.

The amount per patient is weighted depending on age, gender, if they live in a care home etc. This is known as the global sum.

GP practices also receive additional income for providing 'enhanced services' to patients.

Examples of some of the directed enhanced services that GP practices can sign up to provide in 2014/2015 are:

- 1 Avoiding unplanned admissions.
- 2 Childhood immunisation.
- 3 Extended hours access scheme.
- 4 Facilitating timely diagnosis and support for those with dementia
- 5 Influenza and pneumococcal scheme
- 6 Learning disabilities health check scheme
- 7 Minor surgery scheme
- 8 Shingles vaccination programme

Practices can also participate in the Quality Outcomes Framework (QOF) which was established in 2004 to ensure provision of quality care and to help standardise improvements.

Practice participation in the framework is voluntary, but payment is made to practices based on their achievement.

All practices in Tendring participate in the Quality Outcomes Framework..

## **What is NHS England doing to help improve service and access to GP practice for patients?**

THE changes introduced in the 2014-15 GP contract aim to support improvements in primary care, including more proactive and personal care for older people and people with more complex health needs and the promotion of more consistently high standards of quality.

The Essex Area Team of NHS England is also meeting with practices in the area to look at access and has offered to fund demand and capacity audits for the practices to enable them to review their appointment systems.

Although some practices in the Tendring area have highlighted that they have not been successful in recruiting partners or salaried GPs, they are using locum doctors to ensure that the same amount of appointments are available for patients.

## Patients have new care rights

PEOPLE with complex health care needs now have the 'right to ask' for a personal health budget.

The scheme has been rolled out across the country after the budgets were tested in a national pilot programme.

Personal health budgets give people more independence over how their healthcare money is spent, be that on carers to provide intensive help at home, equipment to improve quality of life or therapies like counselling.

A personal health budget is an amount of NHS money available to some people with long term conditions to meet their healthcare and wellbeing needs.

People design and agree a plan with their healthcare team that shows how they will use the budget to meet their goals, which could include therapies, personal care and equipment.

## £2m winter help scheme

PASS on details of the £2million Reduce Pressure in Hospitals Fund.

It will provide grants to develop social action interventions that provide extra support to older people and help reduce pressure on hospitals during next winter.

It aims to reduce the number of older people who find themselves having to go to A and E or being admitted to hospital when it could have been avoided..

For further information on the fund, including how to apply before the deadline of noon on Friday June 13, visit [www.sibgroup.org.uk/hospitalfund](http://www.sibgroup.org.uk/hospitalfund).

# New figures put a pause on meetings

By **DON MANHIRE**  
Chair, Health Forum  
Committee Ambulance  
Working Group



MEETINGS of the Health Forum Committee's Ambulance Working Group have been put on hold after revelation of figures showing the East of England Ambulance Service provides the lowest standard of service in the country.

And statistics appear to illustrate other worrying trends.

They indicate:

\* East of England Ambulance provides the lowest standard of service in the country

\* East of England Ambulance gives a poorer service to the more rural parts of Colchester and Tendring than to the main urban areas of Colchester, Clacton and Harwich.

\* Colchester General Hospital takes longer to accept handover of patients from the ambulance service than comparable hospitals in the East of England.

\* There is an ongoing issue of public misuse of East of England ambulances for relatively minor medical conditions.

Once there is a closer understanding of all the main issues that lie behind these statistics, it should be possible to resume the series of open meetings and to formulate proper terms of reference for the working group.

The figures came to light after the committee's Ambulance Working Group had two successful meetings

## Feedback wanted

STAFF at the Patient Services Team of the East of England Ambulance Trust want to know how you feel about the way it has served you. Call them on 0800 028 3382 or email: [eeasnt.feedback@nhs.net](mailto:eeasnt.feedback@nhs.net)

with North East Essex Clinical Commissioning Group staff and East of England Ambulance Service Trust representatives.

Those involved decided to pause the open meetings while Don Manhire, the group's chair, has one-to-one meetings with East of England Ambulance, PALS (the Patient Advice and Liaison Service) and the clinical commissioning group's publicity team.

\* The latest statistics follow a Care Quality Commission report in January which said two standards were not being met .... staffing levels and improvements needed to respond more quickly to people in urgent situations.

The report commented: "There continued to be large variations in response time performance across different regions of the trust and there remained problems in getting people who had suffered a stroke to a specialist centre within 60 minutes.

"Ambulance delays at hospitals, although improving in some areas, still did not meet the required level of performance and the trust had incurred fines from its commissioners as a result."



## Ideas to assist complex patients

THE Department of Health and NHS England have published a joint plan, entitled Transforming Primary Care, to provide personalised, proactive care for people who need it most.

The report sets out plans for more proactive, personalised and joined up care, including a Proactive Care Programme, providing something like 800,000 patients with the most complex health and care needs with:

- 1 A personal care and support plan;
- 2 A named accountable GP;
- 3 A professional to coordinate their care; and
- 4 Same-day telephone consultations.

The plan, which builds on the role of primary care in keeping patients well and independent, explains how professionals across the healthcare system can work together to transform care to become more proactive and tailored to patients' individual need.

To download the plan visit [www.gov.uk/government/publications/plans-to-improve-primary-care](http://www.gov.uk/government/publications/plans-to-improve-primary-care).

## Local Health Forums are your way to discover what is happening here

ALL three Local Health Forums will give you the change to tell the Essex NHS team what you would like to see GP, dental, pharmacy and optician services in the future.

Informative presentations will be followed by group discussions on: Do the reasons for change make sense? Does the new model look right? Is the NHS missing something? Are there hidden down-sides to the changes?

In addition, those the Harwich forums will hear about research on how older people are coping with homecare services and how such care impacts on their feelings of self-worth.

Those attending at Colchester have a presentation and discussion on the final End of Life care strategy.

Meanwhile, the second topic at the Tendring forum in Clacton, is looking at difficulties faced by GP surgeries in Clacton and Walton.

Harwich Local Health Forum is in the Sanctuary of the Central Church, Dovercourt, from 2pm on June 4

Tendring Local Health Forum is in Sam's Hall, Rosemary Road, Clacton, from 2pm on June 6.

Colchester Local Health Forum is in Rooms 12A and 14A at the Primary Care Centre, Turner Road, Colchester, from 7pm. The lift will be working for those who need it.

## How do people really feel about receiving home care?

SUE Hughes, a Doctoral Researcher at Anglia Ruskin University, is interested in how an older person in receipt of domiciliary care services maintains their sense of self within an environment of financial austerity and a rapidly growing older population.

Through direct contact with older people receiving domiciliary care, she hopes to gain an understanding and appreciation of their lived experience and day to day realities in answering the following questions: How does being in receipt of care affect an older person's sense of self and how they are seen by others? How do care practices promote dignity and autonomy? How does being in receipt of care affect quality of life and well-being?

It is her belief that the answers will usefully inform care providers, social workers and other professionals to better understand the perspectives of the service-user during care and support, and inspire new strategies for care provision.

She is looking to recruit older people (65+) from Essex who are in receipt of home care and who would like to talk to her about their experiences.

Any information collected will be confidential and personal details would not be passed to anyone else.

If you are interested in taking part, or you would like further information about the study, please contact Sue Hughes on 07578 869384 or email [suzanne.hughes2@student.anglia.ac.uk](mailto:suzanne.hughes2@student.anglia.ac.uk)

## How to get in touch with Healthwatch Essex

GETTING in touch with Healthwatch Essex is easy. Visiting [www.healthwatchesessex.org.uk](http://www.healthwatchesessex.org.uk) finds the phone number 01376 572829 and the address: RCCE House, Threshelfords Busi-



ness Park, Inworth Road, Feering, Essex, CO5 9SE.

## Health and wellbeing activity with community and voluntary groups

### New social care help wants to make links

THE Community Agents Essex scheme for older people is a new Essex-wide approach to prevention and early intervention in adult social care.

The scheme looks to build on the learning from the Village Agents programme that worked solely in mid Essex providing support to vulnerable adults mainly aged 50+ in rural communities.

The scheme will start on July 1, and during this interim period, the four organisations (Rural

Community Council of Essex, British Red Cross, Age UK and Neighbourhood Watch) would welcome the opportunity to make local links and would be very happy to meet to talk about the approach and how to make it most effective in their localities. The project manager for the partnership is Brian Goodwin who works for the Rural Community Council of Essex and for further information and to arrange discussions Brian can be contacted at the following email address. [brian.goodwin@vaessex.org.uk](mailto:brian.goodwin@vaessex.org.uk)



colchester **catalyst** charity



Assisting at the double!

## Boosts for children

### Promoting community

MANY health and wellbeing organisations, charities and community groups are supporting the Promote Colchester Showcase and Volunteers' Celebration on Saturday May 31.

Held at Charter Hall, Colchester Leisure World, from 10am to 3pm, the event is free to attend.

As well as celebrating volunteering their will be an array of stands, information, interactive displays and special presentations.

It is all about promoting the local community and explaining what activities take part in it.

COLCHESTER Catalyst has awarded £16,367 to buy iPads and set-up a new therapy suite for Autism Anglia.

It has also awarded £30,000 to help Mistley Kids Club to expand its premises and improve its services for Special Needs' children.

Part of Autism Anglia's money will be used to purchase a suite of iPads and health-related applications for the specialist education sites that care for children and young people with autism aged three to 19.

Speech and language therapists and occupational therapists will work alongside these children, to provide personal interactive tuition.

The project will be based at Doucecroft School in Eight Ash Green and will offer specialist education for up to 78 children, plus young people.

Catalyst will also contribute £10,000 towards the costs of setting up a new Sensory Integration Room which will consist of padding to floors and walls

to provide a safe and clean space for youngsters to explore the array of specialist equipment that will be installed, such as swings.

The Mistley Kids Club has plans to expand their base at Mistley Village Hall, to improve their services for children with special needs that they serve across North East Essex.

The total cost is £90,000. Catalyst has offered £30,000 and the Mistley Kids Club is looking for a further £50,000 from The Maltings Trust.

The development of the hall will include creating a dedicated storage area for toys, the construction of a specialist wet room, a new canopy cover for the outside play area, improved accessibility arrangements and a new cloakroom and lobby area to accommodate the needs of wheelchair users.

The village hall has also agreed to create an area as part of this project, to help keep the children calm.



**SAMARITANS in Colchester are holding a special day in the Upper Castle Park on June 21 to mark the unveiling of a flower border display for the group's golden anniversary year. Events start at 11am and run through to 4pm.**

## Families get extra help

CHARITY Caudwell Children, has launched a new Family Support Service in North East Essex.

It will help parents to access statutory support and funding, and also provide equipment, treatments, therapies and short breaks, to disabled children with a range of conditions.

Co-ordinator Bev Montague explained: "We often provide support at a time of crisis, diagnosis or hospitalisation.

"For some this means support in their own home or in hospital, for others it may require help to access powered wheelchairs, car seats or sensory equipment."

However, for many parents it's simply a case of sitting down and helping them to complete the necessary paperwork to access statutory support.

For further information on the services that Caudwell Children provide, contact Bev on 07975 981769.

## Fresh advice

IF you live in Colchester and are looking for advice and do not know who to turn to, there is a new information service to try.

Colchester Advice Network (CAN) is an email advice service offering free, confidential and impartial advice on debt, employment and welfare benefits.

It is a partnership of nine agencies working together to assist residents of the borough of Colchester.

## Catalyst AGM looks at changes in funding

MORE than 60 people attended the 54<sup>th</sup> Annual General Meeting of Colchester Catalyst.

Suzanne Lowe, policy manager from the Office for Civil Society, provided a national perspective on changes to statutory sector funding and how the new commissioning process is affecting the voluntary and community sector.

She was followed Tracy Rudling, of Colchester Community Voluntary Services and Sharon Alexander, of Community Voluntary Services Tendring, on the success of recent projects; advice on how groups can adjust to the new commissioning structures locally and what kind of support can be provided by other funders.

## See your group's messages on the airwaves

COLCHESTER CVS is joining with internet radio station Colne Radio to give local voluntary and community groups and local charities the chance to make their own radio programmes or news items for broadcast.

There will be free training to all groups and the first training day has been organised for June 21 at CCVS offices on High Street, Colchester.

The course will take up to 10 participants and places will be allocated on a first-come, first served basis.

Please apply by June 7 to secure a place.

The training will be organised again later in the year, so if you cannot attend on the 21st June, we will keep you informed of later training dates.

The training course will be highly practical and participants will learn, in a safe environment, the basic skills needed to make short radio pieces.

These can be used to tell people what you do, promote your organisation, highlight its work and celebrate its successes.

To book email to [information@ccvs.org](mailto:information@ccvs.org) or phone 01206 505253.

It is an intensive day from 9am to 5pm with a working lunch.



By the end of it you will:

1. Have ideas of how to use Colne Radio to promote your organisation and its work
2. Know how to produce high quality recordings for broadcast
3. Be able to produce short interviews for broadcast
4. Understand how to write and present 'radio-friendly' scripts
5. Be able to edit speech for broadcast
6. Understand the dos and don'ts of broadcasting

# New model of care coming to Tendring

By **DAWN BOSTOCK**  
Chair,  
Health Forum  
Committee



TENDRING'S coming new model of care follows many months of looking at options for providing the best levels of care, as well as speaking with and listening to members of the public and professionals involved in the front line of healthcare provision, locally and further afield.

This is a link to a presentation given by Dr Shane Gordon, the trust's clinical chief officer: [http://prezi.com/hqeka3hw5jgy/?utm\\_campaign=share&utm\\_medium=copy](http://prezi.com/hqeka3hw5jgy/?utm_campaign=share&utm_medium=copy)

### What is this 'new' model of care?

The establishment of a 'community-based rapid assessment service' for Tendring residents. Basically GPs who have concerns about a patient can refer them to this new service.

Advance Nurse Practitioners, who have consultation, diagnostic and prescribing skills, will provide a rapid response comprehensive assessment of patients, mostly in their own home.

Following the assessment, patients will, whenever possible, remain at home with support.

If enhanced tests are needed, patients can be referred to the new Rapid Assessment Unit (RAU) at Clacton Hospital and if necessary, be admitted directly onto a ward at Clacton or Harwich (referred to as step-up beds).

### What is the current patient experience?

Often older people being unwell leaves a doctor is unsure whether they will be able to look after themselves properly at home or thinks they might need further tests.

So they are currently admitted to Colchester

## Ward by ward look at what the changes will mean

ALL three wards affected will receive enhanced access to therapy sessions.

**Kate Grant Rehabilitation ward, Clacton Hospital** - will continue to receive recovering stroke and orthopaedic patients from Colchester Hospital. Nursing skills will be enhanced in the ward and will be supported by Advanced Nurse Practitioners (ANPs) who will be supported by a community based older persons consultant.

**St Osyth Priory ward, Clacton Hospital** – will change from a step-down ward (receiving patients from Colchester Hospital) to a step-up

Hospital first and then transferred to either community hospitals as part of a discharge plan.

### How is the current service changing?

Under the new arrangement, if a patient needs a comprehensive assessment, but does not require emergency care, they can be referred by their GP, the ambulance service or other community health professionals to be assessed quickly by this new 'community-based service'.

This is where Advanced Nurse Practitioners (ANPs) will assess the patient in their home and then decide if the patient:

- 1 Remains at home with appropriate support
- 2 Is transferred to a new unit called the Rapid Assessment Unit (RAU) based at Clacton Hospital for more enhanced tests and, if necessary, a short stay in Clacton or Harwich Hospital.
- 3 Is directly referred to Clacton or Harwich Hospital for a short stay
- 4 Is referred to Colchester Hospital as the patients' condition is deteriorating and requires more acute care.

Clacton Hospital will also see a new 'flexi-beds' service for patients, which will be jointly provided by health and social care services and will support the re-ablement of patients before they return home, after breaking a limb, for example.

ward, receiving direct referrals from the community. It will also accommodate a separate Rapid Assessment Unit (RAU). Nursing skills will be enhanced on this ward by introducing advanced nurse practitioners (ANPs) who have assessment, diagnostic and prescribing skills.

**Trinity ward, Fryatt Hospital, Harwich** – will continue to receive step-down patients from Colchester Hospital and step-up patients directly from the community. Nursing skills will be enhanced on this ward, introducing more advanced nurse practitioners (ANPs) who have assessment, diagnostic and prescribing skills.



Dr Shane Gordon

## Gordon on data panel

TAKE a trip to Chelmsford and you will be able to hear North East Essex Clinical Commissioning Group Clinical Chief Officer Shane Gordon explaining details of the new NHS data information system.

He is part of a three-strong panel in a public meeting organised by Healthwatch Essex at the Chapter House from 7pm to 9pm on Tuesday June 24.

Booking, via the Healthwatch, website opens on June 2 and is on a first come, first served, basis.

## Represent patients in local decisions

POTENTIAL members of a new project group had to be turned down because so many applied to take part.

Morag Kirkpatrick requested one member of the North East Essex Health Forum to join the project group reviewing the need for increased primary care support for residential care homes.

Ideally she was looking for a member who has experienced care home services in the past or knows people who have done so.

Participation within this project group will include helping to develop and shape a service that meets the needs of care home staff and residents.

She had so many offers that she asked three forum members to attend the group's first meeting on May 13.

Morag said: "I had a really good response.

"So much so that I had to turn people down and meet a couple separately to gain some views.

"Please feedback to members how good I have found the process, not having used it before!"

Other roles in the pipeline that will be offered as soon as the various participation descriptions are written are deputies for existing forum members of:

- 1 Finance and Performance Committee
- 2 Quality Committee
- 3 Transformation and Delivery Committee
- 4 End of Life
- 5 Maternity and Children's services

Those taking part are expected to feedback to the Health Forum Committee and Forum Focus on what has been discussed and decided at meetings attended.

*\*Would you like to be considered for some of the roles mentioned but are not a member of forum? Turn to page 14 and see how easy it is to join up!*

## NHS Citizen pledges to be 'accountable to all of us'

NHS England has developed NHS Citizen, a new project which aims to enable engagement and communication with the public, patients and voluntary sector organisations.

The project will allow interested parties to hold the NHS England Board to account, set the agenda for discussions, and find people interested in the same areas.

It also intends to create a conduit into the NHS England board for all citizens and make the board accountable to the all the public for the first time.

For further information, including how to get involved, visit [www.nhscitizen.org.uk](http://www.nhscitizen.org.uk)

NHS England and the NHS citizen team hosted a two-day NHS Citizen design workshop in



Leeds in May because NHS Citizen is still being designed and so needed feedback and comments to design the next version of NHS Citizen.

To view the current version of NHS Citizen visit [www.nhscitizen.org.uk/wp-content/uploads/2014/02/NHS-Citizen-System-Paper-v05.pdf](http://www.nhscitizen.org.uk/wp-content/uploads/2014/02/NHS-Citizen-System-Paper-v05.pdf)

## Better for relatives

A room in the critical care department at Colchester General Hospital used by patients' relatives has been transformed thanks to a £2,300 upgrade.

The room has been redecorated, fitted with a new floor, had prints hung on the walls and has had most of its furniture replaced with new items.

The special project was funded by the Organ Donation Committee of Colchester Hospital University NHS Foundation Trust.

Committee Chairman John Crookenden, who is an organ transplant patient himself, said the aim was to make the room more homely and less clinical.

"The feedback from people who knew what the room was like before has been overwhelmingly positive," he said.



Dr Helen Agostini, the clinical lead for organ donations, relaxes in the refurbished room

## End of Life strategy final report agreed

FULL details of the North East Essex strategy for End of Life care until 2017 have been published.

It is available to download at [http://www.neessexccg.nhs.uk/library/uploads/files/end\\_of\\_life\\_strategy\\_approved\\_28\\_01\\_14\\_with\\_cover.pdf](http://www.neessexccg.nhs.uk/library/uploads/files/end_of_life_strategy_approved_28_01_14_with_cover.pdf)

The clinical commissioning group is now commissioning health services in accordance with the agreed final strategy.

The End of Life service is for adults who have an advanced progressive or incurable condition and are expected to die within the following 12 months; are at risk from dying from a sudden acute crisis in their condition or have a life threatening acute condition caused by sudden catastrophic events

The service offers support to the families and carers during the End of Life pathway and a bereavement service after death.

The report states that 5,000 calls have been received by the new SinglePoint service run by St Helena Hospice.

It was reported to the board that, by January, 660 people had registered their wishes in an Advanced Care Plan with their GPs.



For help from SinglePoint any time day or night call 01206 890360



The strategy endorses the approach adopted in the draft "Care Closer to Home" strategy, for people living with long-term health conditions; work to support carers; community mental health and dementia services; integration with social care and support for people to care for themselves effectively.

Board chair, Dr Gary Sweeney said: "The board reflected that this strategy so far has been informed by local patients and by feedback from the public including through the Health Forum and the Big Care Debate meetings and interviews.

"However, we feel that we have developed a more detailed strategy, drawing on this feedback, which now needs to be offered for scrutiny and comment by everyone: patients, public and partner agencies alike".



Dr Gary Sweeney

