

Public Discussion Event Meeting Notes
Brentwood Community Hospital
21st February 2018



Q&A

Q

I am partially deaf and nearly completely blind and some have guide dogs as well and also I have a carer – communicator guide – how is this going to work when we move the services?

A

It should be exactly as it now – outpatients will still be a local and you will be able to be supported in the same way that you are now.

We know that people in Brentwood go to different hospitals – if you choose to go to Queen’s or independent sector it won’t change.

Q

The issue of mental health services – haven’t really talked about much today – there is a need to address the way we deal with those services.

A

As part of the plan we are wrapping mental health services around community service – common offer – commission once for mid and south Essex. Not something we have forgotten but not part of this consultation.

Q

Only concern is having caught on news tonight the level of vacancies – how will you do all the things you say you want to do?

A

By creating these specialist centres we can create a better career and create 1 in 7 rota - it gives some of the clinicians a more sustainable work life balance.

Q

We recognise that the trend to centralisation has many benefits for several conditions –but older people who may have many co-morbidities.

A

The conversation we have been having with our clinical teams is: are there a group of patients that could be getting better care than they currently do if we were to move their complex and very specialist care

Q

We really welcome that there is new money coming and really think video link could make a real difference.

We focussed on introduction – the self-care element – biggest concern for me is vast majority of people no access to computer or smart phone – how do we educate those people? How do you get the information out to people to come?

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A

Self-care many ways of reaching out – not brilliant at reaching at the moment and plan is to improve access to information – have a GP that is leading on that. Care navigation is about how we train them up to professionally inform patients of ways in which they can get help and support.

Q

How does the proposal work if you have a fixed number of beds – and an older population and a growing population? Have you taken that into account?

A

Example locally of closing 22 beds in Mayflower – patient intensive rehabilitation now able to support 32 at any one time – have to have right offer for patient in their own home – shortens the length of stay which means a lot better outcomes.

Comments:

- It is great that you are feeding patients to right area of expertise. Concern is that if partner is then left alone – is the bus service just from major centres or could you consider having different centres to pick up from?
- We are here in Brentwood Community Centre and the point I want to make is that this facility is under-utilised - we need more services here.
- We talked with the Stroke Association – couldn't disagree about anything you said about stroke.
- We are from Doddinghurst – we had a new surgery – were supposed to have blood tests there but we don't. Need more local places to get blood test to stop people clogging up hospital – could pharmacists do it perhaps?
- It all sound very good – sounds like it could work. Things are still moving. But it feels like they (the Government) could move the goal post – concern it could take longer to get this going than you want.
- Mental health – people with long term illness and sensory problems – still have mental health issues and people can still have those issues.
- I used to work for EPP (Expert Patient Programme) – they stopped funding it – we have been running it ourselves – for people with long term conditions. It is getting more and more difficult to run.
- I often hear on TV that we have got an older generation – thanks to our excellent NHS – we are far more active at this age - we are going to live longer we are going to do things our grandparents never even thought about – this needs to be considered.
- In this group we talked about specialist centres and about expertise at Southend – cancer - often think that when you go distances for that care and you are separated when you want

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loved ones with you. Possibilities that transport service could solve that problem – but the concern is if not able to get there when you want.

- Nothing much about mental health – that is the Aunt Sally of the health service.

Other Comments & Suggestions:

Transport

- Key issue is the difficulty people that live in villages and rural areas have in getting to health services now.
- Transport hubs – perhaps with a park and ride philosophy, Opportunity also for staff who have to drive to work. And not being an exclusive service. Something that people would be prepared to pay something towards if meant
- Need for frequency and to be designed around visiting hours – e.g. park and ride at Chelmsford finishes at 6pm.
- Need to look at NHS patient transport now – issue around how long people are waiting.

Mental Health

- Mental health in health service is not very joined up – not a great deal of help for MH – not appear on forms for disability.
- Trying to deal with MH is very difficult – talked about mentoring – need to meet up with people to meet up in local community.
- How can you be helped? How can you get into hospital? – there isn't always help as support nurses not there every day – need someone to help you in the hospital but people are short of time – e.g. for support to fill forms.

Shared Story:

- *“I had a brain tumour when six year old – belong to Head Way group – everyone has MH problems – has had OCD since 8. Lost dad five years ago has carer but not very often – when I get post then I get anxious as I have to wait for them to help”.*

Emergency

- General agreement that A&E should be for A&E but needs better care in community - better access to urgent care.
- Better social services are needed - those elderly frail can't cope – shouldn't be in hospital for a long time but there nowhere else to go – hope there would be more help for them – more streamlined care. We support the plan as we have heard it.

Stroke

Aftercare is the concern – it is all very good when you are in hospital. Understand the benefit of

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having the knowledge in one place will that filter out – will it be as good after you leave hospital?

- There is a lack of education on the prevention of stroke and knowledge in community. Lack of service or people don't know what is there.
- But these plans are very positive in theory.

GP and Community Care

- Access to GP service is a big concern, and how you contact them through the phone systems –concern about how are decisions made about whether urgent or not.
- Positive feedback on online GP system for those.
- There is an opportunity to use patient groups more effectively.
- Talked about the consultation – more could be that could be done to reach out via the local newspapers.
- Support to align social workers around GP services.
- How many appointments do we actually need GPs for – divert to other part of system.
- When you go to the dentist you have to pay – maybe it should be the same in for doctors now.
- Care navigator – not receptionist – if they are triage then they need to have expertise.
- Concern around how access to records once referred.

Workforce

- Don't attract people into health service – loss of bursary – fundamental things to change.