

**Public Discussion Event Meeting Notes**  
**Audley Mills Centre, Rayleigh**  
**7<sup>th</sup> March 2018**



**Q&A**

**Q**

**I do support the bringing together of specialist teams which I think is great. I'd be interested to know what the senior surgeons feel. To achieve an increase in staff we need to stop haemorrhaging staff, which is an issue not just for this area but for the NHS. We need to look after the staff we have. I am a patient at this practice I think it is very good that GP practices will have a wider range of services but some patients will insist on seeing their GP.**

**A**

The senior clinicians are all involved but there are people with doubts and concerns and we will talk them through. There is no silver bullet to all of our problems. There are some who may have other options, but part of consulting is to understand and listen to views from across the board.

**Q**

**Many of the acute Non-Invasive Ventilation patients are elderly with comorbidities. Will they be moved back to Southend?**

**A**

Some would benefit from specialist care and it is clinical lead and a clinical discussion. If moving is a decision of that group it is backed up in that way, if it's not it's not. We have asked clinicians "for your group of patients what could we do better by bringing together specialist care?". NIV is one of those groups being discussed.

**Q**

**Mental health. There is an 18 week wait. I think we need more Indians and less chiefs.**

**A**

We want to improve access to psychological therapy. There is evidence that access to cognitive therapy has a big impact. The number of people increases year on year, but the government realises it's a cost effective thing to do because if you treat them they can go back to work and get the paying taxes again there is a result from that investment.

**Q**

**I would just like to know if there is any consultation on bowel cancer at Basildon Hospital.**

**A**

It's a live conversation between the abdominal consultants. Could we provide it a better location? And as part of that Broomfield is being discussed.

**Comments & Suggestions:**

- My aunt was admitted to Broomfield. Because staff were not able to get her GP records they didn't know what she was doing. They thought she was having an asthma attack, but she was having a heart attack. I do not understand why the information isn't there at the tap

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of a button.

- The continuity of care in general practice is important. If you are a young working person, you don't necessarily care which GP you see. That will free time for GPs to give longer consultation..
- There is a commitment to talk even more about this and the importance of feedback on how these plans change over time.

**Other Comments & Suggestions:**

**Transport**

- These proposals cannot be delivered without the right transport solution.
- Contact with patients and families important for recovery but also for advocates if a patient has dementia. Making sure we don't assume people have access to digital communications for messages from the NHS about transfers.
- Would it not be better to have transport going from somewhere other than the hospitals.
- Use of voluntary divers.

**Stroke**

- Care in local hospitals: a patient in Southend, who will look after me in my local hospital. Does the consultant travel with me and will more than one patient be transferred at a time.
- Patient choice – if you don't want to transfer. Patient choice will remain.
- Snap data – there is some very detailed modelling behind the proposals.
- Can we invest in current teams? For example Southend wages not the same as Basildon.
- Ethnic minorities – around self-care and analysis about ethnic minorities recognising the increased risk to ethnic minorities. Do more to engage with patient groups.

**Mental Health**

- Services available for people with LD and care assessments they have. The failure to bring together social and healthcare professionals. LD people should have an annual health check.
- The waiting list for IAPT. A bit about anti-depressants. Spend on mental health has been pretty flat and currently central government has prioritised these services.

**GP and community services**

- What are the ways we could encourage GPs to want to work in Essex or those already here to retire later.
- Concern that GP hubs were a stepping stone to future privatisation.

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- These plans concentrate on the health part and where were the plans about the integration of health and social care centre.
- A discussion about the issues around a depleted workforce across all health environments and what could we do differently to make people want a career here and in the future.
- ARU medical school and its impact.