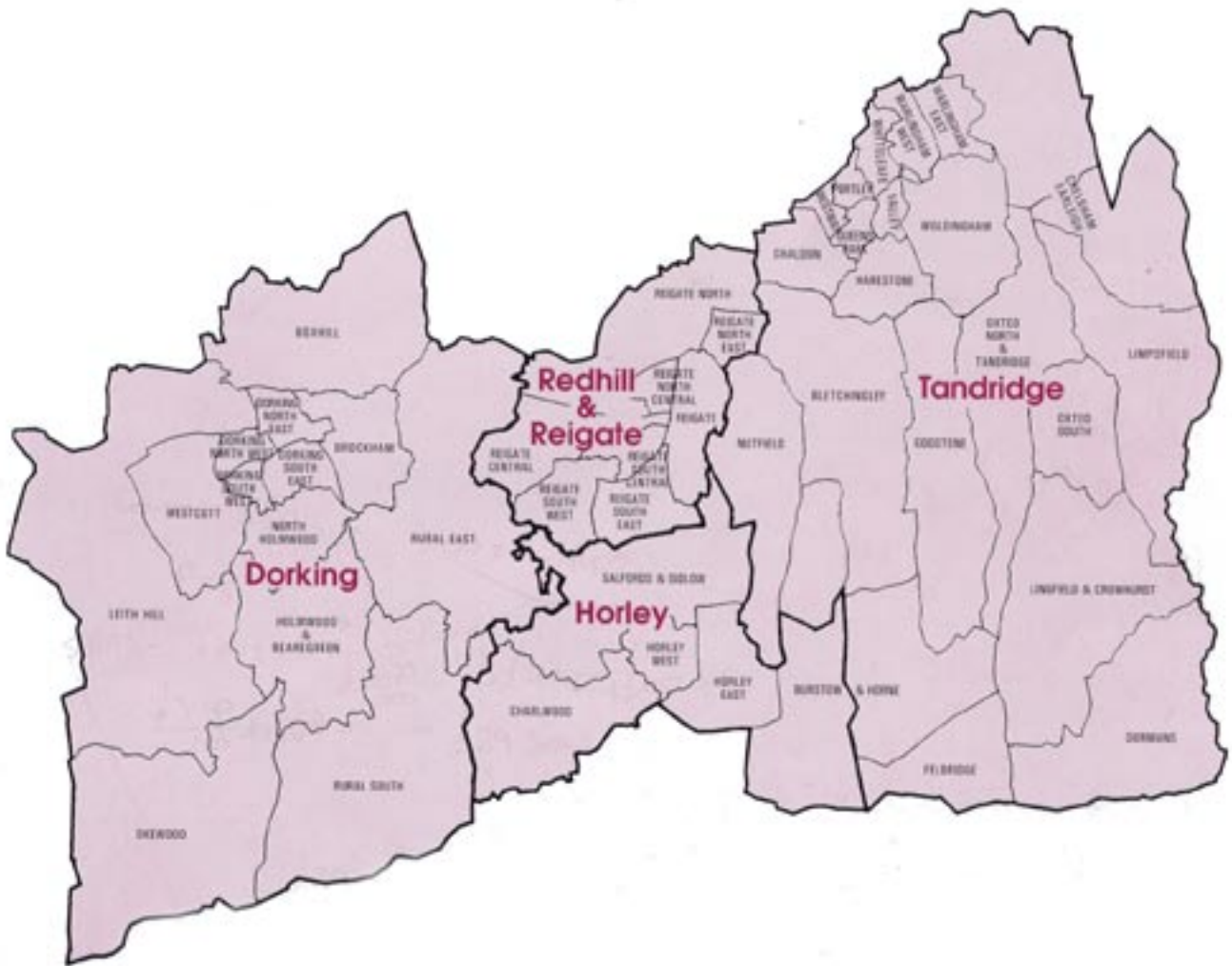




EAST SURREY COMMUNITY HEALTH COUNCIL

ABOLISHED



**FINAL REPORT OF YOUR LOCAL
HEALTH SERVICE WATCHDOG
2003**

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This is the end of my third year as chairman. Once again it has been challenging and eventful.

The NHS Plan published in July 2000 signalled the end of Community Health Councils. The last three years have been a period of great uncertainty and speculation. At last in January 2003, the abolition date was set for 1st September 2003, and then at the '11th hour' on 4th June the Minister announced this has been put back until 1st December because, despite all this length of time, new structures are still not in place.

This total incompetence has left patients, the public and Members and staff expected to keep on going despite four abolition dates. The public have a right to know how much this mismanagement is costing.

Community Health Councils have been working as the patient's advocate within the NHS since 1974. Each year Community Health Councils have assisted with about 30,000 complaints. Community Health Councils contribute £7.4 million worth of free labour to the NHS and have produced some influential reports both nationally and locally and continued with 'Casualty Watch', scrutiny work and visiting programmes.

The statutory rights of Community Health Councils have been powerful in gaining a fair deal for patients and local communities. We hope that the spirit and work of Community Health Councils over the last 29 years will not be lost in the new arrangements.

Since 1974 East Surrey Community Health Council has provided a one-stop shop for the public – first in Bell Street and latterly in Tern House, Upper West Street. The Independent Complaints and Advocacy Service (ICAS) is now due to be in place by 1st December 2003 for complex complaints and Patient and Public Forums at the same time.

Despite uncertainties Members have continued to work with enthusiasm on behalf of patients and the public. Their motivation has not waned. They have also continued training in preparation for involvement in the new organisations.

The staff in the office have worked extremely hard during this uncertain time. They have received training and advice on seeking new employment and we wish them every success.

During the last year we were very sad to lose Derek Edge who passed away in August 2002, Jane Thomas left us and Barbara Hall, our Vice Chairman, was appointed to East Surrey Primary Care Trust as a Non-Executive Director.

Our new Vice Chairman is Alan Jones. We have been three Members short as the Secretary of State has not appointed to these vacancies during the last three years.

We have provided this review of health service provision in East Surrey as our commitment in support of the Surrey County Council Health Select Committee and Patient and Public Involvement Forums.

Until 1st December this Community Health Council will be promoting the interests of patients and the public in East Surrey in having access to the best quality of health care.

So, finally thank you to our public; Sue Dickson our Chief Officer, Julie Fryer, Julia Newstead, Alison Richardson, the staff in the office and to the Members for all their hard work and for giving me their support in the last three years and those Members who have voluntarily given of their time over the last 29 years.

Mrs Heather Barrett
Chairman

Our Review

This final report is for our successor bodies, the public we serve and colleagues in the NHS and local authorities to ensure that they will not be faced with a completely blank canvas. Furthermore, this review of health service provision in East Surrey is to provide information in support of the Surrey County Council Health Select Committee and Patient and Public Involvement Forums. It comprises observations on key issues and concerns that we have identified. It does not claim to be comprehensive but we trust that it will encourage local people to take an interest in their health services, in order to influence decisions and ensure that they have the best service and outcomes for their health.

Susan Dickson
Chief Officer

Organisation of Health Services in East Surrey

Health care in East Surrey is in the hands of the following Trusts:

Surrey and Sussex Healthcare NHS Trust
Surrey Oaklands NHS Trust
East Surrey Primary Care Trust
East Elmbridge and Mid Surrey Primary Care Trust (for people living in Dorking)
Surrey Ambulance Service NHS Trust

Surrey and Sussex Strategic Health Authority

Surrey and Sussex Strategic Health Authority have responsibility for the strategic direction of health services within its area and reports directly to the Department of Health. It is the health authority's responsibility to ensure that the NHS Trusts achieve satisfactory performance and deliver good health care to the people of East Surrey.

Surrey and Sussex Healthcare NHS Trust

Surrey and Sussex Healthcare NHS Trust are

responsible for services provided at East Surrey Hospital and are the major provider of hospital care to people of East Surrey.

Surrey Oaklands NHS Trust

Surrey Oaklands NHS Trust is the main provider of mental health and learning disability services to people in East Surrey. They are currently developing a strategy for mental health provision and we will say more about this later.

East Surrey Primary Care Trust

East Surrey Primary Care Trust is a relatively new organisation established in April 2002. It is charged with improving the health of the community, developing primary and community health services, and commissioning hospital services.

East Elmbridge and Mid Surrey Primary Care Trust

East Elmbridge and Mid Surrey Primary Care Trust, based in Leatherhead, has responsibility for the Dorking part of our area.



Dorking

Surrey Ambulance Service NHS Trust

Surrey Ambulance Service is responsible for the provision of ambulance services across the whole of Surrey and the part of Sussex which covers Gatwick Airport.

A – Z Review

Accident and Emergency (A & E)

At the Community Health Council meeting held on 18th September 2002 it was agreed that a formal letter be sent to East Surrey Primary Care Trust, as commissioners of service, regarding the continuing concerns the Community Health Council have about the management of Accident and Emergency services at East Surrey Hospital. These concerns are:

- Continuing long trolley waits as monitored by Casualty Watch
- Patients subjected to loss of privacy and dignity
- Patients have been observed lying on trolleys in the middle of the department
- Despite a reforming emergency care strategy, progress has been disappointingly slow. We have heard the same reasons for long patient waits and we fail to see why it is beyond management's capability to deal with these issues instead of making the same excuses

The Commission for Health Improvement (CHI) found that although many staff are caring and professional, there are frequent and serious issues with the way that the Trust organises care for emergency patients. Since the CHI Report there has been much activity and no less than six working groups established to review the approach to emergency care.

CHI had serious concerns about the organisation of care for emergency patients.

The concerns were not about clinical practice but about the way services are organised. This theme was repeated consistently throughout the Report.

The Community Health Council has received a number of papers on organisation of emergency care and wishes to see this translated into action for the benefit of patients.



Chief Officer and Chairman

Ambulance Services

Along with most other Trusts, Surrey Ambulance Service has had difficulty in meeting the target of reaching 75% of emergency calls within 8 minutes. We understand the Trust is now achieving this target, largely by siting ambulances and crews at strategic positions and using rapid response vehicles.

The initiative may help achieve government targets but do we know what the evidence is on the outcome for patients who may initially be treated by a rapid response team but still have to wait for an ambulance to convey them to hospital?

Audiology

There is a shortage of trained audiologists and, this, together with the introduction of new digital hearing aid technology has resulted in unacceptable waiting times for people with hearing impairment.

Beds

There appears to be an acute shortage of beds at East Surrey Hospital. We understand that the hospital runs at between 95 – 97% capacity so that when there is a high number of patients in the Accident & Emergency department there are no beds for them to be admitted into. Many factors influence demand and supply. However there does not appear to be enough beds for medical patients. Furthermore, patients may miss out on specialist nursing as they can be treated on inappropriate wards and have increased bed moves. There is also frustration for medical staff who have to spend time searching for their patients.

We believe the pressure on meeting national elective waiting list targets has influenced priorities and the needs of medical patients have not been given the same attention as those of surgical patients.

On the other hand surgical patients have to face the stress of cancelled operations when the patients of medical consultants are obliged to occupy surgical beds.

Cancer Services

Cancer services are one of the government's priorities. Consultants now see most patients with a suspected cancer within two weeks of referral. This is good news. Referrals have risen, particularly for endoscopic investigation in patients with suspected cancer, and this has inevitably created delays for other patients awaiting routine endoscopy. We are concerned about these delays.

The Community Health Council is concerned that waiting times for radiotherapy seem to be getting longer, and we ask any group representing patients and the public to consider endoscopy and radiotherapy waiting times as a priority area for monitoring.



Reigate

Cardiology

Good progress has been made with implementation of the National Service Framework for Heart Disease both within hospital services and primary care.

Care Pathways

Care pathways are an important source for implementing National Service Frameworks. They will help establish clear national standards for services to improve quality and reduce unacceptable variations in standards of care and treatment.

Members have been involved in developing care pathways in neurological rehabilitation and reforming emergency care. We would like to see more progress in this area and support the development and implementation of care pathways in the NHS.

Child and Adolescent Mental Health Services

A consultation paper on the future of specialist mental health services for young people in Surrey was produced by East Surrey Primary Care Trust.

The Community Health Council wishes to see appropriate local services developed which provide specialist mental health care for all young people in Surrey, and those effective services need to be in place to support young people whether they are living in the community or in hospital.

We were concerned that the closure of Woodside had been known much earlier than was brought to the public's attention. However we are pleased that the Surrey Child and Adolescent Mental Health Services Strategy Group, which includes parents, has been making progress developing services for children and young people across the county.



Warlingham

Complaints

The Community Health Council has continued to support and assist complainants through the maze of the NHS Complaints Procedure. Complaints received by the Community Health Council have been predominantly concerned with the handling of complaints by NHS Trusts, communication and attitude.

Whilst it is pleasing to see a reduction in the number of clinical complaints, we are concerned about communication with patients, their carers and families, and the attitude of some professionals.

This may well reflect the level of pressure and stress on staff and the expectation of patients and the public. Clearly further work needs to be done by NHS Trusts in this

area. The Community Health Council has supported complainants in Independent Review Panels and with investigation by the Health Service Ombudsman.

Delayed Discharges

Considerable progress has been made in reducing the number of delayed discharges from East Surrey Hospital. Surrey Social Services and local care managers have worked extremely hard to arrange care packages. Partnership working with East Surrey Primary Care Trust has seen very positive developments in intermediate care which has enabled patients to be discharged from hospital and supported within their own homes until they have recovered.

Dentistry and Orthodontics

The Oral and Facial Unit at East Surrey Hospital, in addition to providing a wide range of services, now provides access for non-NHS registered patients to routine dental treatment.

Generally, we have received very favourable reports about dental services within the area: although patients sometimes telephone us regarding dental charges. It will be helpful when all dentists display their charges clearly for patients to see and this would get rid of a lot of misunderstanding.

Diabetes

The implementation of the National Service Framework for Diabetes will be fundamental in changing the delivery of care for people with diabetes. It is important that there is an agreed strategy on the way forward for diabetic services in order that the National Service Framework targets for screening, establishing a register and service standards are achieved.

Estates - Primary Care

A high priority is the need to improve general practice premises and the Community Health Council is pleased that developments have been agreed in Reigate, Oxted, Horley and Redhill, and that a new practice is to open on the old Royal Earlswood Hospital site this year.



Redhill

Estates - East Surrey Hospital

There is an urgent need to improve the condition of the estate. Signposting is complex and difficult for patients and visitors, the state of pavements is uneven and an accident hazard. Whilst we have received reports from patients and users that the environment is cleaner there is still room for improvement.

Finance

The Community Health Council has been kept informed of the financial recovery plans for the East Surrey health economy. This has involved grants from the NHS Bank. However, future stability will depend on the ability of the NHS Trusts to reconfigure services for patients and reduce costs.

General Practice

The average number of patients per GP in East Surrey is currently above the national average. This has the effect of limiting patient choice as to which GP they can register with.

East Surrey Primary Care Trust is undertaking a number of initiatives to increase the number of GPs and open more surgeries.

Infection Control

The Community Health Council has expressed concern that there must be adequate investment to support the infection control team at East Surrey Hospital and in the equipment to bring sterilising facilities up to standard.

Learning Disability Services

It is important to ensure full access to all NHS services for people with learning disabilities as equal members of the communities within which they live.

Mental Health

At the time of writing this report (June 2003) a mental health strategy covering all of Surrey is awaited. This document will be open for consultation for three months and the Community Health Council, in the time remaining, will respond to this consultation. There is considerable concern amongst users and carers about the reduction of beds in Capel Ward at East Surrey Hospital and the transfer of these beds to a temporary site at West Park, Epsom, in addition to acute mental health inpatient services being centralised in Epsom.

Of most concern is transport to this area. This has been repeatedly raised with Surrey Oaklands NHS Trust and East Surrey Primary Care Trust. It is extremely important that this issue is resolved as some users and carers from the east of our area (ie Oxted and Lingfield) have no means of public transport to get to Epsom.



Oxted

Older People

The Community Health Council is pleased to see an emphasis being made in supporting older people in their own homes. The National Service Framework for Older People sets out service improvement targets for all care agencies.

Of particular concern to the Community Health Council has been the length of time older people have been waiting in the Accident & Emergency department at East Surrey Hospital and the lack of discharge planning for some older people when they leave hospital.

There is a need to strengthen services for older people with mental health problems and to support carers. We understand there is a significant need for social care support in people's homes. However, we are pleased that progress is being made in providing social care to enable older people to remain in their own homes.

Organisational Stability

In last year's annual report the CHC expressed concern about the tremendous organisational changes within East Surrey. We still remain concerned about the extent of the changes particularly as it takes time for people to settle into their jobs and become fully effective.

Oxted and Limpsfield War Memorial Hospital

In 2001 Oxted and Limpsfield War Memorial Hospital was closed on health and safety grounds. The Community Health Council asked why the situation had been allowed to happen and pressed for the re-provision of services. Shortly, work will start on the hospital site to build a new nursing home and rehabilitation facilities. At the time of writing this report we are still awaiting the signing of contracts for Oxted Health Centre where remaining services are to be re-provided. Two years down the line the people of Oxted and Limpsfield have still not got the new facilities they have been promised for so long.

However we firmly believe that services will be in place within the next eighteen months.

Patient Choice

The counties of Surrey and Sussex are a pilot area for patient choice, which offers patients currently waiting in excess of six months for general surgery and urology the option to receive treatment at an alternative provider. This initiative is to be rolled out across all specialities from April 2004.



Two of our Members

The Community Health Council would like to see East Surrey Primary Care Trust be an advocate and a facilitator for patient choice which needs to begin at the point of referral within the GP surgery. GPs need to have information about where a patient can be treated nearest to home, quickest or by a specialist of their choice. GPs must be able to refer to any hospital of the patient's choice.

Public Involvement

The CHC is pleased that all the NHS Trusts have now appointed Patient Advice and Liaison Services (PALS) persons. Also several of the Trusts have patient focus or patient panels in place. We have been particularly pleased with East Surrey Primary Care Trust's approach at trying to involve the public both in the development of their local delivery plan and the outline business case for services in East Surrey.

This is a promising start. We hope that all NHS organisations will support the Patient and Public Involvement Forums once they are established after the awaited guidelines from the Department of Health/Commission for Patient and Public Involvement in Health are issued.



Dorking

Simon Robbins, Chief Executive, Surrey and Sussex Strategic Health Authority has recently

been reported as saying "patients come first". This is very welcome.

The NHS approach to risk and control needs to change to truly embrace the needs and preferences of patients and the community. Patient and Public Involvement for managers should mean sharing the risk and letting go of absolute control. The NHS needs to develop new trusting relationships with its users for the benefit of all patients.

- Trust me I am a patient
- Tell me the truth
- Nothing about us without us

Staffing – Recruitment and Retention

In order to deliver good healthcare to the people of East Surrey it is important that there are trained and skilled staff to deliver this care. A lot of work is being undertaken in all the NHS Trusts to recruit and retain healthcare staff.

There is also an important need for the Trusts to have robust management information. We are aware that some Trusts are not able to identify their sickness and absence levels, or the age of their workforce for succession planning. More work also needs to be undertaken on talking to staff about the reasons that they leave the service.

Substance Misuse

A strategy for substance misuse services "The Way Forward" was agreed in 2000. Locally more education on substance misuse and an improvement in accessibility to these services is required.



Two of our Casualty Watch Members

Therapies – Allied Health Professionals

The Community Health Council has continually highlighted the long waits for treatment by allied professionals in all areas such as Audiology, Chiropody, Dietetics, Occupational Therapy, Physiotherapy and Speech Therapy.

It is particularly important that when waiting lists initiatives are introduced by the hospital then resources are increased for therapists ie physiotherapists, speech therapists as part of the patient's post operative care. There is also a need to ensure adequate services for those patients needing rehabilitation.



Lingfield

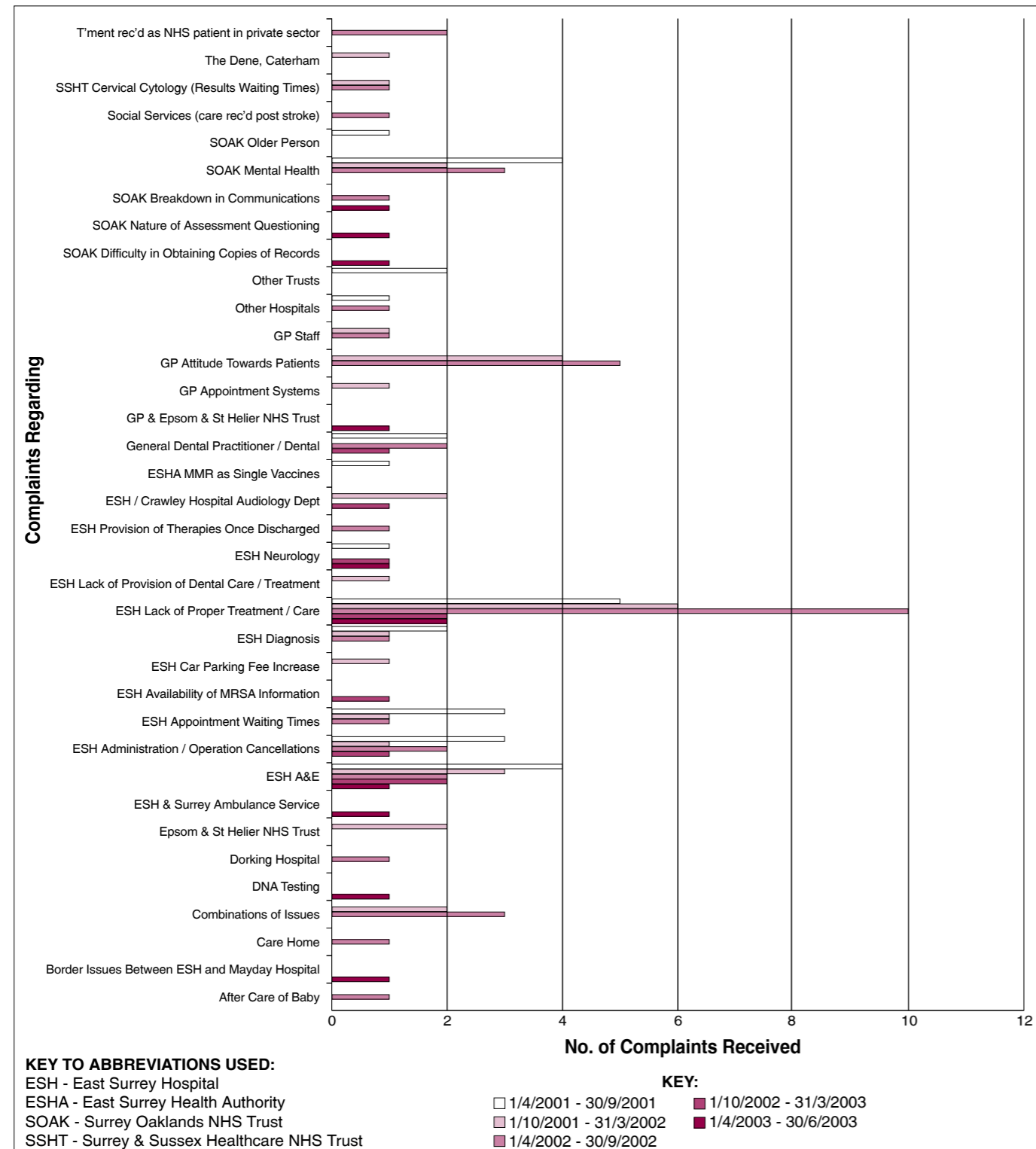
Urology

This is a service patients value particularly highly, and we congratulate the staff on their care of patients.

Complaints

The Community Health Council supported and advised people on a number of issues in relation to health service provision throughout this year. We received a total of 127 complaints in the past two years (the graph below shows the number of complaints received during each six month period of monitoring since 1st April 2001) and are concerned about the number of serious complaints that we receive on communication, care and treatment. We have taken the opportunity to discuss these issues with the NHS providers.

As Community Health Councils are being disbanded by 1st December 2003, we have not taken on any further cases as these might not be resolved by abolition – we can now merely advise people.



Representation

East Surrey Community Health Council has representation at the following:

- Care Spectrum Editorial Panel
- Dental Health/Oral Health Advisory Committee
- East Elmbridge & Mid Surrey Primary Care Trust Dorking Locality meetings
- East Surrey Primary Care Trust Board meetings
- East Surrey Primary Care Trust Commissioning Forum
- Maternity Services Liaison Committee
- National Service Frameworks for Coronary Heart Disease and Older People
- Patient Access Group
- Reforming Emergency Care Steering Group
- Reprovision of services at Oxted Steering Group
- Surrey Ambulance Service Trust Board meetings
- Surrey and Sussex Healthcare NHS Trust Board meetings
- Surrey and Sussex Healthcare NHS Trust & East Surrey Primary Care Trust Clinical Governance Committees
- Surrey and Sussex Healthcare NHS Trust – Modernisation Group
- Surrey Oaklands NHS Trust Board and Liaison meetings

Budget

East Surrey Community Health Council was allocated a total budget of £120,424 for 2002/2003. This is broken down as follows:

	£
Pay Costs	74,893
Non Pay Costs – Members' Expenses	2,886
Core Costs	24,564
(eg rents, rates, water, sewage, gas and electricity)	
Office Running Costs	15,448
(eg telephone, printing, stationery, postage, publications, computers, subscriptions etc)	
Training	2,085

At the end of the financial year the Community Health Council was under budget by £548.

This Community Health Council was fully audited in February 2003.

The Chairman and Members do not receive any remuneration other than their travelling expenses.

Membership as at 31st March 2003

Local Authorities, the Secretary of State and voluntary organisations nominate Members

LOCAL AUTHORITY NOMINEES

Mole Valley District Council, Pippbrook, Dorking, RH4 1SJ
Margaret Cooksey, 'Parklands', 43 Deepdene Avenue, Dorking, RH5 4AA

Reigate & Banstead Borough Council, Castlefield Road, Reigate, RH2 0SH
Sally Moran, 11 Carlton Green, Redhill, RH1 2DB
Jane Thomas, 47 Frenches Road, Redhill, RH1 2HR
Madge Mooney, 2 Sparrows Mead, Redhill, RH1 2EJ

Surrey County Council, County Hall, Kingston upon Thames, KT1 2DN
* Heather Barrett, 'Constantines', Meath Green Lane, Horley, RH6 8JA

Tandridge District Council, Council Offices, Station Road East, Oxted, RH8 0BT
Barbara Harling, 76 Chestnut Copse, Oxted, RH8 0JJ
Sally Herrtage, 'Wideways', 100 High Street, Bletchingley, RH1 4PA
** Robert Alan Jones, 'Four Oaks', 61 Redehall Road, Smallfield, RH6 9QA

SECRETARY OF STATE APPOINTMENTS

Gordon Ridgway, 'Wansford', Brassey Road, Oxted, RH8 0EU

3 vacancies awaiting notification

VOLUNTARY ORGANISATIONS

Arthritis Care

Reverend Steven Bickell, 28 Nutfield Road, Merstham, RH1 3EW

League of Friends of Caterham Dene Hospital

Eric Allen, 13 Mount Avenue, Chaldon, RH3 5BB

South East Surrey Care Association

Anne Glasby, 'Tally Wood', Limpsfield Chart, Oxted, RH8 0TF

Age Concern, Redhill,

Lorna McCulloch, 79 West Street, Reigate, RH2 9DA

CO-OPTED MEMBERS (co-opted to a Working Group)

Eric Stevens, 'Sequoia', 6 Redwood Mount, Beech Road, Reigate, RH2 9NB

Joan Mears, Flat 1, The Elms, 23 London Road, Reigate, RH2 9PY

One of our Members, Derek Edge, died during August 2002

* Chairman

** Vice Chairman

We can be contacted at:

Tern House, Upper West Street, Reigate, Surrey RH2 9HX

Tel: 01737 241686

Fax: 01737 242118

Email: eastsurreychc@aol.com

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