EDICS Patient' Forum Meeting

Venue: Friday 29th August 10am – 12.30pm
Ebbisham Centre

Present
Mr David Heal (Ex Epsom & St Helier Trust, Vice Chair Mid Surrey Transition LINk)
Madeline Boissiere, member project team women and children's services
Sonia Begley Moore, member project team women and children's services
Mr Peter Raw, Member of local health consultative committees
Bess Harding, Epsom Medical Equipment Fund
Cll Chris Frost, Surrey County Council, Health Scrutiny Committee
Mr Alan Barnes, patient representative, Walton on the Hill
Dr Peter Stott, Medical Director, EDICS
Dr Anne Hollings, Medical Director, EDICS

Apologies
Jo Forrest, Epsom Branch Diabetes UK
Cll Nick Harrison, Deputy Mayor, Reigate and Banstead, R&B Health Scrutiny Committee
Rosemary Najim, Surrey Transition LINk
Mrs Mary Raw

1. **Introductions**

2. **Introduction to the work of EDICS**
PS and and AH described of the work and scope of EDICS and of the relationship between EDICS, EDICS Leatherhead and MEDICS Gateway. These organisations work in Epsom, Worcester Park, Banstead, Leatherhead and the Elmbridge area. Together they manage out-patient referrals for 230,000 patients. PS and AH focussed particularly on the initial agenda which was set for EDICS by the PCT

   - to enhance patient choice by developing community options (intermediate care)
   - to work with other agencies to do this
   - to help shorten waiting times for consultant appointments
   - to develop a Gateway to assist GPs (and more latterly) patients to find the most appropriate care, measure inputs, and reduce waste. The Gateway is staffed by GPs with special training. They examine every GP referral letter and decide whether cases can be seen in intermediate care clinics. If so, then the case is seen again by the team responsible for this clinic before any appointment is sent out.

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- to provide more care at equivalent cost

PS outlined how EDICS works with other NHS providers to do this – Epsom and St Helier Hospital Trust, Kingston Hospital, Surrey and Sussex Trust. He discussed the specialities in which EDICS ran community/intermediate care clinics and the way in which each clinic is staffed – with consultants, nurses, specialist practitioners and GPs with special interests (GPSI). Nearly all of the consultants involved in these clinics have contracts with EGH. As a consequence, in intermediate care clinics, patients are most often being cared for by the same consultant they would have seen if they had gone to EGH. This frees-up EGH to concentrate on cases which need a more high-tech approach and upon their in-patient work. He described the role of the GPs who staff the 'triage desk' and who help GPs (and increasingly patients) to make informed decisions regarding referral options.

3. Key areas for patients
PS lead the group in discussion of areas of major interest to patients:

- the time taken to triage cases (less than a day if the case goes to a hospital; up to a week if triaged to intermediate care)
- choice (patients' ability to choose where they are seen)
- choose and book (the electronic booking system which restricts choice to only services where patients can receive their first out-patient appointment within targets waiting times)
- 18 week targets (which restricts services to those in which the patient can be seen and treated within 18-weeks)
- The role of the triage team and the Gateway (which attempts to reconcile these various issues)

SBM and MB were particularly interested in the implications of EDICS for women's and children's services. PS said these were run at Leatherhead Community Hospital and Tattenham Clinic staffed by paediatric consultants from EGH, health visitors and GPs. It was felt that any services provided through EDICS were integral to the future plans for EGH and should be more widely publicised and discussed – particularly at the Women's and Children's Group. PS suggested that this could form the basis for a more detailed discussion at the next meeting – possibly with a presentation from the teams involved.

Transport: DH was concerned about transport to EDICS clinics. At present, Surrey PCT's (SPCT) contract for ambulance services only covers transport to and from Trust premises. So in general this is not available for EDICS clinics. In theory, each referral letter should include details of this requirements (plus need for interpreter and disabled access) and the triage team take this into account when considering possible options. PS said that any decision by SPCT to extend transport to other services had major implications outside those just for EDICS clinics (eg dentistry, chiropody).

3.2 Conflicts over freedom of choice: PS lead the group into considering the extent to which the EDICS triage process compromised freedom of choice for patients. He emphasised that where the GP and/or patient had expressed a definite wish to be seen in a specific place,

and where this was possible, the patient's wishes would take precedence over any other decision. In general the Forum members felt that provided the mechanism was fully understood by patients, and providing the triagers had no conflicts of interest (eg were likely to benefit financially from the decision) then such an informed opinion was helpful.

4. Promoting the work of EDICS: The group felt that the availability of intermediate care services was generally beneficial to the area and that they should be promoted more widely. They were keen that these services should be integrated with those at Epsom General Hospital (EGH) wherever possible and that this would help to ensure the continuance of EGH. Suggestions included articles in local papers, presentations to residents associations and health care interest groups, and advertising. The group felt that by being more aware of EDICS they would be able to discuss issues more usefully at other venues.

5. Integrated care PMS+ pilots: PS outlined the Integrated Care PMS+ Pilots which SPCT will be introducing over the next year. These groups will manage the whole budget for patients under their care, and thereby integrated commissioning with provision of services. He said more details would be available once the groups had been decided.

6. Role of the Patient Forum: The group felt its aims should be to understand the role of EDICS, to offer opinion on important issues, to be able to discuss EDICS in an informed way at other meetings, and to offer opinions on future developments. There was discussion as to whether the group wished to adopt a formal constitution at this stage. The general feeling was that this was probably unnecessary. All members of the group were keen to remain involved. PS suggested that there could be another meeting in two months time concentrating on women and children's intermediate care services. He suggested that this would include presentations from the teams involved.

7. Next meeting: the next meeting will be arranged in around 2 months time and will focus on services for women and children.

PCS
22 September 2008