

MECSUG

	<p>progressed. Finer analysis not on MECSUG website as previously reported – GH concerns that ‘DRAFT’ obscuring text on certain documents for website - publication on hold for 2 weeks – CB to send details to KH for comment before the documents are uploaded to MECSUG website.</p> <p>C/F to June Meeting</p> <p>MEHST Survey</p> <p>JL has met with Jonathan Wright(JW). Survey ready to go but general concern on methodology, which questions will be included and how to ensure actions are taken on results – needs commitment from MEHT. CHUFT RT survey could be used a guide for how to progress, it identified significant issues with access to RT Car Park and there seem to be changes in parking that may/may not be related. Memo - The previous suggestion to open up access to the RT carpark directly from the Northern Approach is the Highways Agency’s responsibility and would need support from CHUFT Board to progress.</p> <p>KH raised concern with Governance – JL/KH to liaise using previous survey as a baseline but to consider outcomes of MEHT’s NCPES results and commentary within the questions to be asked in the survey – also need to identify the resources required to complete the survey and associated report. JL to circulate latest version of the survey and subgroup to meet early July (JL, JH, JH JPW, KH, LT, JW, CB). This work is one of MECSUG’s key action points for 2015 and it is important the process is completed “right first time” in order that the Trust may consider its results/outcomes to be sufficiently reliable to take any remedial action; any patient survey is only as effective as the actions taken thereafter!</p>	<p>All</p>
<p>5</p>	<p>Cancer Services Management Board (CSMB)</p> <p>March and April meetings did not take place (KH raised concern with CEO) – JPW/JL unable to attend proposed 5th June meeting – now rescheduled for 19th June. MECSUG representation is nominally JPW (Chair) and JDS (Vice Chair) although JDS has been unable to attend many meetings. JL advised he is still included in CSMB emails, agendas etc., and is happy to attend when available. Concern was raised re Head and Neck Cancer Services – Laura Harding advised CSMB that replacement for H&N surgeon underway and MEHT/SUHFT consultant is covering – <i>an elderly patient requesting transfer from Addenbrokes has been advised this is possible but is currently delayed because of insufficient resources at MEHT so she is still having a long and arduous journey for consultations etc</i></p> <p>Ongoing concern that the management changes in MEHT and the lack of MEHT (non-clinical) representation at the Essex Local Cancer Forum etc could impact cancer services at MEHT – KH to expand on Mark Angus’ info re recent appointments and send details of structure (ADOs etc) to JPW to include with minutes. Memo – KH and Denise Gale(DG) represented MEHT at recent LCF but DG’s 6 month employment by MEHT ends June.</p> <p>MECSUG Priorities for 2015</p> <p>Better Patient Information – inconsistencies within MEHT to be addressed (discharge letters, diagnostic results etc).</p> <p>Draft ‘new patient’ document for consideration by MEHT prepared by MH – electronic version has been be sent to JPW to be raised again at next PEG (c/f to June 2015 meeting)</p>	<p>JPW</p> <p>KH</p>
<p>6</p>	<p>EOE SCN – Essex Local Cancer Forum (LCF)</p> <p>Main focus of meeting was CHUFT recovery actions. Problems identified with</p>	<p>JPW</p>

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	<p>SUHFT Brachytherapy and concern expressed on how this fits with SUHFT as one of the major 'preferred' RT centres in Essex and the other RT developments in Essex. SCCG and CCG commissioning or RT to be the biggest factor on what gets delivered and where!</p> <p>Specialist Urology Surgery – next meeting 8th June – MEHT will NOT be making an 'expression of interest' (will focus on H&N and Upper GI).</p> <p>Did not have time to discuss latest NHS plans for RT – looks like a serious review of RT services is planned (again!)</p> <p>Anecdotally advised that 'Locality Group' will be reforming but will be limited to MEHT – concern expressed that this may be restrictive as pathways frequently involve CHUFT, SUHFT, Basildon etc</p>	
7	<p>CHUFT RT</p> <p>Travel Survey – Survey finished end April. CB to prepare report for JPW and Sonia Tankard(ST).</p>	CB
7	<p>Patient Information</p> <p>CRUK - Patient Portal.</p> <p>Access to Patient Portal requires 'face to face' authorisation – even though sent proof of identity and hospitals and offer of video calling they were unable to deviate from this!</p> <p>Request for information from BHR (Queens) initiated via PALS on 26 Feb 2015 appears to be 'stuck' as no information received – not meeting NHS guidelines!</p> <p>Memo – 'Under the Data Protection Act, requests for access to records should be met within 40 days. However, government guidance for healthcare organisations says they should aim to respond within 21 days'</p> <p>see http://www.nhs.uk/chq/pages/1309.aspx?categoryid=68</p>	JPW
8	<p>Appointment System (Netcall)</p> <p>No further problems reported.</p> <p>JPW asked that as patients often have appointments at different hospitals within Essex (e.g. latest patient had appointments at Broomfield and Colchester) there was an opportunity to standardise the system between these trusts – IH agreed to follow up.</p> <p>C/F to Jun Meeting</p> <p>Concern was raised re internal 'cross referrals' between disciplines (e.g. H&N patient presenting and Upper GI concern identified). AW to clarify current MEHT practice and whether this is possible WITHOUT referring back to GP and subsequent delays.</p> <p>C/F to Jun Meeting</p> <p>Specific concerns raised with late phone messages advising of appointment, multiple conflicting letters rescheduling/cancelling appointment, disparity with info at consultation and that advised to GP, confirmation of future appointments.</p> <p>TJ to pass details to KH for follow up – CB to feedback on his latest experiences.</p>	<p>IH</p> <p>AW</p> <p>TJ/KH</p>
9	<p>PEG</p> <p>Feedback from PEG meeting Friday 1st May</p> <p>Steve Tupper appointed new Chair of Patient Council – has direct input to CEO and Sheila Salmon. Wants group to be more 'proactive' and gateway to Snr Execs - concerned that it consists mainly of 'older' people (widespread issue for all groups on how to engage with younger people)</p> <p>CB advised he has resigned as MECSUG representative, explaining his frustrations</p>	All

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	<p>with lack of progress in certain areas raised by MECSUG, including but exclusively the Chemotherapy Day Unit. In wider discussion and response to KH, CB confirmed that all his concerns had been previously raised with the CEO (31st January), COO (6th January), Christine Watts and Lynn Thomas.</p> <p>'Health Informatics' paper copied and issued with agenda – concerns identified with scope (MEHT only – why not other Essex Trusts) and timing (2020 end date – too long in IT terms).</p> <p>Inpatient Safety info sheet issued with agenda – looks good!</p>	
<p>10</p>	<p>AOB</p> <ul style="list-style-type: none"> • Urology Review – next meeting 8 June 2015 – see 6 above • HALO project Broomfield – update – see 4 above – C/F to next CSMB • Non Attendees Feedback – Chemo Experience – concern to be progressed directly with MR & Lisa Villiers(LV) – JPW to advise SP • Cancer Support Groups See 3 above – Macmillan to advise of local groups and links to be established (JL leading for new Pancreatic Support Group) • Efficacy of MECSUG – need to understand if/when/how it has been effective and its future – the question asked in 2013 'what have we achieved' is still relevant. Probably raising RT for mid Essex patients as an issue was a contributory factor in the latest private initiatives – but that was BRAG not MECSUG! - MEHT to respond/advise! 	<p style="text-align: center;">JPW KH SP</p> <p style="text-align: center;">All</p> <p style="text-align: center;">KH</p>
	<p>Next meeting: 10:00-12:00 22 June 2015 Venue: Olga Rippon Room, MAU - Broomfield</p>	