COLCHESTER PATIENT PARTICIPATION GROUP (PPG) LIAISON MEETING
Monday 16th January 2017
Elm Meeting Room, Aspen House, Stephenson Road, Severalls Business Park, Colchester, CO4 9QR
2:30 pm to 4:30 pm

MINUTES

PRESENT:

Ray Hardisty (Chair)	RH	Chair; NEE CCG Health Forum Committee & Colchester Representative, Secretary; Ambrose Avenue PPG
Peter Barfield	PB	Mill Road PPG
Paul Cooke	PC	Director of Strategy & Commercial Development, Anglian Community Enterprise (ACE)
Yaa Dankwa Ampadu-Sackey	YDAS	Joint Chair; North Colchester Healthcare Centre PPG
Paul Davison	PD	Deputy Director of Business Intelligence, IT & Contracting, NEE CCG
Gerry English	GE	Senior Contracts Manager, NEE CCG
Tony Friedlander	TD	Ambrose Avenue PPG
Robert Harrington	RHrr	Tiptree PPG
Margaret Jones	MJ	Creffield Road PPG
Neil Lodge	NL	Wivenhoe PPG
Don Manhire	DM	Vice-Chair; NEE CCG Health Forum Committee, Ambulance & Urgent Care Representative, Ambrose Avenue PPG
Paula Martin (Minutes)	PM	Patient Engagement Officer, NEE CCG
Robin Rennie	RR	NEE CCG Health Forum Committee, Resilient Communities Programme Board (RCPB) Representative
Su Rhys-Jones		Health Forum Committee Quality Representative, West Mersea PPG
Don Warne	DW	West Mersea PPG
Robyn Williams	RW	Integrated Care Manager – Adults (Tendring North), Anglian Community Enterprise (ACE)

Item		Action
129.0	**Welcome:** The Chair welcomed everyone to the meeting.	
130.0	**Apologies:** Rosemary Raddon (Ardleigh PPG), Frances Millard (Wivenhoe PPG), Christine Cheetham (West Mersea PPG)	
131.0	**Results of 2016-17 Health Forum Committee Elections:** The Chair reported that the following had been elected to the Health Forum Committee (HFC): Colchester Locality: Ray Hardisty Su Rhys Jones Tendring (exc. Harwich): Myrna Liles Harwich: Ann Watson Young Persons Representative: Hannah Madsen	
132.0	**Introductions:** The attendees all introduced themselves and explained the capacity in which they were attending the meeting.	
133.0	**Minutes of Meeting held on 17th October 2016:** The minutes of the above meeting were approved.	
134.0	**Matters Arising:** The Chair reported that he had written to all North East Essex MPs regarding the ratio of patients to GPs and had received holding replies from all, stating they would carry out	

	investigations. The Chair will report back at a future meeting.	
135.0	**Presentation: Audiology Contract:** The Chair introduced Gerry English (GE) Senior Contracts Manager, NEE CCG, Robyn Williams (RW) and Paul Cooke (PC) of Anglian Community Enterprise (ACE) who hold the contract for provision of audiology services. GE began by offering apologies from Sarah Esson, Business Manager, NEE CCG who had been due to attend today. The Chair then explained that the request for further information had originally been raised at the Tendring version of this meeting, but he felt that it would be useful for all. SRJ agreed saying there was a particular interest in the replacement of hearing aid batteries. GE then went on to explain that in 2014 audiology had been an entirely hospital based service, covering both age related and medical hearing loss. However, due to increased pressures on the service and waiting times, the NEE CCG went out to the market to find providers who could provide audiology services for those that did not necessarily need to be provided in a hospital setting, thus allowing for a more community based service. In 2015, age related hearing services had been placed with providers in the community and at the same time the NEE CCG began working on the Care Closer to Home (CC2H) contract which had been awarded ultimately, to ACE. Since 1st April, 2016 ACE had taken over the provision of age related hearing services. Medical relating hearing loss was still looked after by Colchester Hospital. GE felt that this may be where some of the confusion was stemming from, particularly in regard to batteries. GE also stated that ACE were free to deliver the service in the manner they felt fit however, during the first year they had been using the same providers as previously. There were three of these in the community but the contract was between NEE CCG and ACE and contained standards that must be met. ACE can then sub-contract to other providers and will have their own standards in those contracts. Speaking about replacement batteries, the Chair said that previously the hospital had run a system whereby patients had been able to obtain these from a variety of locations. With the change to community providers, batteries could now only be obtained from the original provider of the hearing aid and this was causing confusion and problems for patients. In addition the Health Forum Committee (HFC) had heard about issues in regard to where, and how, hearing tests were being carried out. DW commented that some test locations were unsatisfactory. He explained that Essex County Hospital (ECH) had had a sound deadened room to conduct tests in and stated that extraneous sounds and conversation could detract from the quality of the hearing test conducted at some community providers. PC replied that that ACE had not had previous experience of providing audiology services and were therefore keen to gain as much feedback as possible. They were in the process of establishing an audiology network which would include the three community providers and the NEE CCG. He stated that they had wanted to keep the three providers in order to maintain the status quo. It was also felt that, as long as assurances of quality could be provided, then this would provide a service closer to home for most patients. Returning to the topic of batteries, SRJ asked whether providers could provide a card for patients giving details of how to obtain replacements. RW commented that they should be doing this already. The Chair commented that individual issues raised with the HFC had all been dealt with to the satisfaction of each patient. PC reported that a new national framework had just been established and ACE were looking at how they would need to change specifications going forward. There were also discussions about expansion of the service. He stressed the objective was to provide high quality care in the right place for patients. RHrr asked who provided the service at ECH. GE replied it was Colchester Hospital. RHrr then reported that his experience of the audiology service, prior to the change, had been good. However, there was now a lot of confusion and GPs did not issue replacement batteries. He also commented that he was surprised to hear that ACE did not have	

	previous experience in this field. PC commented that CC2H involved a vast array of services and the NEE CCG had decided that ACE had a history of providing a lot of services so also included others in the contract. ACE holds prime responsibility for lots of services and was looking to learn going forward. RHrr reported that ECH had indicated they were employed by Mid-Essex CCG and if he chose to go to another provider they would not be able to provide batteries. PC replied that the service at ECH was commissioned by the NEE CCG. He also commented that, if a service could be safely provided in the community, then it would take pressure away from the hospital. RHrr re-iterated that the service at ECH was good but it had got worse since methods had been changed. PC replied that he would take this into consideration. GE asked exactly what was worse. She stated that it was important to have feedback about what needed to improve, particularly as the drive was to move services away from the hospital that could be safely provided in a community setting. SRJ commented that if a contract was written to a particular specification then it was the NEE CCG's responsibility to ensure that standards were met and, it they weren't then they needed to do something about it. She went on to say that patients were raising concerns with PPGs and they needed to know that if the PPG escalated the matter it would be addressed. PC stated that complaints raised with providers had to be registered with ACE and if they were not dealt with to the patient's satisfaction they could then take the matter up with ACE. He stressed that ACE was keen to hear patient views and would also like patient input at the point of design. He went on to say that they were developing their patient strategy and there would be more opportunities for patients to get involved with their patient panel. SRJ felt that it was important to actually have a physical presence on the panel and not just send documents to participants for reviewing. RHrr stated that batteries used to be available at the Walk-In Centre but they now sent people over to Colchester Hospital. RW replied that part of the service was still provided at ECH and they would therefore be responsible for some battery replacement provision. GE said that she could see how it would be confusing and she would feed all this back to Sarah Esson. NL commented that he was also on the Town Council and they used to provide batteries but this had been taken away from them. He did not understand why when the service had been working so well and the Council was happy to provide it. GE replied that the idea was that patients returned to the provider of the hearing aid to obtain replacement batteries. NL felt that some patients may not be able to easily return to the provider but found the Town Council an easier location to reach. PC replied that all these points would be taken back to the audiology network for discussion. The Chair stated that there was a patient representative who would be getting involved with the network, but if there were further opportunities for patient representation then ACE should liaise with the HFC and PM over this. He then thanked GE, PC and RW for their presentation and comments. PC and RW left the meeting at this point.	
136.0	As Paul Davison of the NEE CCG had indicated that he would be delayed, the Chair stated that this item would be dealt with later in the meeting. The Chair reported that Kevin Sines, who was due to present on the new podiatry service, was not in attendance; this item would be deferred to a future meeting. He then moved on to the next agenda item. **Group Concerns, Issues & Matters to Share:**	
136.1	**Patient Story: Mental Health Treatment:** The Chair drew attention to the document already circulated and asked for any comments. Both RHrr and SRJ felt the author made good points. RHrr commented that he had read similar stories but was not sure what could be done. The Chair felt that it was important to bear the contents of the report in mind. RR reported that he had attended a risk management meeting at Colchester Hospital and had suggested that patient stories be presented as a short video rather than a written report. He felt that this would have a greater impact.	

136.2	**PPG Publicity: What they do & how patients can get involved:** The Chair reported that this had arisen from a request raised at the last meeting. He then tabled a draft leaflet on PPGs and explained that the request had been discussed by the HFC and the leaflet created. Printed copies would be available shortly. SRJ reported that it had been discussed at the last West Mersea PPG meeting and they were in support of it. RHrr felt the leaflet was good. He commented that there was a national organisation for PPGs. The Chair explained that the leaflet was geared towards patients and agreed that there was a national body but not all surgeries were members. MJ commented that no mention was made of virtual groups. The Chair replied that this was because the HFC was not in favour of virtual groups as an alternative to face to face meetings of PPGs. He explained that they could work well alongside, such as at Ambrose Avenue PPG, but should not be the sole method of forming a PPG.	
136.3	**Mental Health: MPs Mental Health Forum – Feedback:** The Chair drew attention to the report previously circulated and reported that he had attended the meeting referred to therein. Sam Hepplewhite, Chief Officer, NEE CCG had also been in attendance, together with the Quality Representative from NEPFT. Other charities and organisations were also involved. The Chair explained that Will Quince MP wanted to see what was happening in regard to mental health and how services could be carried out in the community. Another meeting would be held later in the Spring to look at how things were changing. Referring to the report, RHrr asked whether the Borough of Lambeth was renowned for their mental health provision. The Chair replied that this referred to a specific service that was reported as being very good.	
136.4	**Building Better Partnerships:** The Chair drew attention to the document previously circulated and particularly to the part stating that practices need to resource PPGs appropriately. TF asked how the Chair proposed that would come about. The Chair replied that funding should be forthcoming for things like printing of newsletters and keeping of files. The Chair replied that some PPGs had to seek funding elsewhere for such things. YDAS reported that, prior to the Chair's attendance at a North Colchester Healthcare Centre PPG meeting, funding was not provided by the surgery for the PPG, but this had now changed. She then referred to the National Association of Practice Participation and stated that the practice would be funding a representative to attend their conference in June. NL asked whether there had originally been government funding for PPGs. The Chair confirmed there had been but this was no longer being continued.	
136.5	**Public Health England: One You Initiative:** The Chair drew attention to the report already circulated and stated that this was something the HFC was looking at. He stated that there was also another current national campaign in regard to sepsis awareness. Referring to the One You initiative he reported that he and PM were having problems obtaining further literature but would continue to try to get further resources which would be passed on to attendees. Referring to health checks, TF wanted to know what happened for patients who were not eligible due to previous health issues such as heart conditions. He also wondered how many people in the age range referred to, actually knew they were eligible to have such checks carried out. The Chair felt that the question that should be asked of practices was "that PPGs understood from ACE that practices provide health checks for certain patients every 5 years and would like to know whether they were being carried out". RR commented that ACE also ran mobile health check units. RHrr raised a concern about duplication if GP surgeries provided health checks as well as the ACE mobile units. GE replied that not all GP surgeries provided health checks. RHrr then asked if they were paid per check carried out. GE replied that she believed so. SRJ felt the mobile units helped to cater for those that wouldn't visit a GP practice. RHrr questioned their effectiveness and	

	reported that he had visited one that had only had 2 people attend in 2.5 hours. Another had been based outside a local community hall and no one had attended. In the end the caretaker had asked attendees of an art class to visit the unit. GE commented that NHS England commission ACE to cater for those patients whose GPs don't provide the service. TF felt the system was not very joined up. DM asked what happened when a patient reached the age of 74. MJ replied that patients over 74 were asked to attend annual health checks. RHrr felt that NHS England needed to be questioned about the effectiveness of the service. The Chair stated that this could be done, but precise questions would have to be formulated and asked attendees to send these in to either himself or PM. NL questioned why, if the surgery at Wivenhoe provided health checks, there was a need for a mobile unit to attend the area. However, he did not feel the service should be reduced and felt that more promotion was needed, but he did think that a mobile service may not be necessary in areas with an active GP surgery. YDAS felt it would be useful to have a list of GPs and pharmacies providing health checks as well as the ACE mobile unit schedule. RR felt that it would be helpful to know how the effectiveness of the service was assessed to ensure that it was a good investment. TF wanted to know how the locations of the mobile unit were decided. DW wondered if results were sent to a patient's GP. The Chair requested that all members with questions should send them to PM or himself and they could be collated and forwarded together to ACE and other health bodies. At this point PD joined the meeting, so the Chair took agenda item 8 next.	
137.0	**Presentation: Pathology Laboratory Relocation:** The Chair welcomed Paul Davison, Deputy Director of Business Intelligence, IT & Contracting, NEE CCG to the meeting. PG began by explaining that the alterations in pathology provision had been part of a planned change due, in part, to the publication of the Carter Report, 5 years ago. This required a centralisation of such services. The resilience of the service for Colchester and Ipswich at the hospital was uncertain in terms of aging equipment and staff availability to cover a 24 hour service across numerous sites. Increasing volume was putting extra pressure on the system and it was becoming unviable. Pathology Partnerships (PP) won the contract to provide the revised service across North East Essex, Suffolk, Cambridgeshire and Peterborough. The plan was to provide a centralised service in Ipswich as there was a bigger and better laboratory available. On 12th September, after some work with GPs regarding electronic ordering of pathology tests, all tests were sent to Ipswich. A lot of work had been done around logistics and routes were planned in detail to ensure samples arrived at Ipswich within the required timeframe. Unfortunately, despite all the planning PP had not taken into account how GP practices differ and they should have worked out schedules with individual practices. Also there were problems with the courier collecting all samples from all practices before transporting them to Ipswich. All of this contributed to some samples arriving and being too old for testing; most tests needed to be carried out within 8 hours of blood being drawn. During the first week of the new service 1600 samples were not tested in time and the NEE CCG was quick to question PP. PP agreed to instigate a voluntary remedial plan and now this figure is down to an average of 100 per week, which PD agreed was still too high and work was continuing to reduce it to 1% of all tests. Following disquiet in GP practices, work was done on courier collections and now GPs have up to 3 collections per day. PD stated there were still improvements to be made but things were getting better. He reported there had been two formal complaints made through PP and these had received responses. A Serious Incident (SI) had been raised relating to the whole situation and this would be reported back on at the end of the month. PD stressed that a lot of work had been, and was continuing to be, done to improve the situation. Apologies had been made to patients and PP had provided a letter to GP practices admitting that they had been at fault. PD informed those present that Colchester Hospital now had the ability to submit tests electronically as well. He stated that the switch over had not been planned as best as it	

	could, particularly due to the difference in practices and the increased level of work. He was confident, however, that lessons had been learned and the situation would not be repeated. SRJ asked whether results were being sent back to GPs and hospitals. PD replied that the majority of results were sent back electronically to GPs and were also available to the hospital. YDAS reported that the practice manager at North Colchester Healthcare Centre complained about receiving results that did not relate to the Centre's patients, but she was unable to reject them. PD gave YDAS his contact details and agreed to look into the matter. TF felt that the timeframe needed for tests was interesting. He wondered what the distribution across the region was for the 100 tests that fell outside the timeframe each week. PD replied that only tests for North East Essex and Suffolk were sent to Ipswich. Cambridge and Peterborough were taken to a different laboratory in Cambridgeshire. TF then asked where blood tests requested by A&E were carried out. PD explained that tests fell into two categories; hot and cold. Cold tests were those requested by GPs and hospital departments other than A&E and were taken to Ipswich. Hot tests were those required by A&E and were carried out within the hospital. RR asked whether the laboratory at Turner Road was still open. PD replied that it had closed. MJ asked whether the plan was to decrease the 100 failed tests per week further. PD replied yes and ideally it was hoped to bring it down to 0.5%. The Chair thanked PD for coming along to update on the situation. PD and GE left the meeting at this point. The Chair then returned to item 10.6 on the agenda.	
138.0 **138.1**	**Group Concerns, Issues, Matters to Share:** **RCGP Warning of Winter GP Pressures:** The Chair drew attention to the document already circulated and stated that this type of media coverage was slightly worrying as all practices were different. Those patients who were able to get same day appointments may be concerned to read that there was a 4 week waiting time for appointments, which was not the case everywhere. He then suggested that PPGs get figures on waiting times at their individual surgeries and report back at a future meeting. Members agreed to request the statistics from their practices.	**ALL**
138.2	**The Patients' Association: Report on Pharmacies in GP Practices:** The Chair drew attention to the report which was for information. He suggested that if anyone had any concerns or wished to raise any issues in conjunction with it, they contact him or PM and it could be raised at the next meeting.	
138.3	**Report on GP Receptionists:** The Chair drew attention to the report previously circulated for information only. DW commented that patients tried to ring the surgery at 8am in the morning to make appointments but couldn't get through on the telephone so came along in person and were often then sent off to the Walk-In Centre. DM commented that patients often wanted to see the same GP, but sometimes it was suggested to them that a nurse practitioner may be able to see them sooner. SRJ reported that the neurology department had taken the decision that patients with long term conditions were seen by a nurse practitioner for yearly reviews and only referred on to a consultant if the nurse practitioner deemed it necessary or had any concerns. She commented that this had not been received as well as it had been hoped initially but people were gradually getting used to the idea. NL felt that the matter came down to education, particularly as people wanted to only see the same doctor all the time. RR understood why some patients felt this way; saying that it made sense as seeing the same doctor would	

	mean that they were more familiar with the patient's notes. The Chair stated that another concern revolved around discussing issues in a public environment and felt they were being triaged by a receptionist. However, sometimes a form of triage was necessary, particularly with surgeries offering a large array of treatment. He felt that they may be a need for clinical receptionists and suggested that an eye be kept on the situation. SRJ commented that some people felt receptionists lacked respect and were rude and difficult to deal with. The Chair replied that a lack of training could be the cause of this as receptionists should not come across in this manner. SRJ stated that a whole West Mersea PPG meeting had been spent discussing this and there was a general feeling that they took their lead from the top. RR suggested that a computer based screening may provide a solution. SRJ felt that a triage system was a good idea but it did not overcome a lack of training. TF commented that turnover of staff should be considered and stated that patients could be rude too. He felt that saying it was simply a matter of training was too simplistic. SRJ commented that training applied to patients as well. DW said that people who were unwell, and not getting what they expected were likely to become angry. People in charge of systems should make adjustments for that. TF commented that a solution was not easy.	
138.4	**Community Pharmacies:** The Chair referred the attendees to the report that was issued for information only.	
138.5	**Ear Syringing:** The Chair drew attention to the report and stated that the most recent update was towards the end. DW stated that he did not feel the matter to have been resolved as a patient could not look into their own ear and also there were no instructions on how best to attempt to use the equipment recommended. SRJ commented that patients wearing hearing aids were prone to build ups of impacted wax in the ears. She stated that when a service patients were used to having provided was withdrawn, a lot of upset and tension was created. DW stated that if a hearing aid provider required a patient to have their ears syringed then the surgery would carry out the procedure. The Chair reported that the HFC's liaison with the surgery had not indicated that they insisted that patients had to carry out the procedure themselves. SRJ commented that patients are advised to try themselves but usually they then have to return for an appointment with a nurse. DW reported that he had been advised to go to the chemist and buy the tool which he had done but felt that it was a rather dangerous object to put in his ears. He thought the whole situation was impossible.	
139.0	**NEE CCG & Health Forum Activities:** The Chair decided to take the next three agenda items together.	
139.1	**Chance to Join HFC Task & Finish Groups/Urgent Care Review/ Sustainability & Transformation Plan (STP):** The Chair drew attention to all the documents relating to the above. TF and MJ left the meeting at this point. He stated that PPG members were welcome to join either of the Task & Finish Groups set up to discuss these plans; YDAS & RHrr had already become involved.	
139.2	**PPG Summit:** The Chair reported that the PPG Summit organised for the autumn of 2016 during Self-Care Week had been cancelled due to a lack of participants. A new date would be announced for some time in the Spring 2017.	
139.3	**NEE CCG Draft Operational Plan:** The Chair drew attention to the document relating to the above and explained that this was how the NEE CCG saw the first two years of the STP. A HFC Task and Finish Group, including himself and the Vice-Chair, will look at it in detail. The group also included representatives on NEE CCG committees and would meet monthly. He asked that	

	members feed in anything they felt needed to be looked at more closely.	
140.0	**PPG Activity Initiatives: What's Happening Where:** YDAS reported outreach sessions on 9th and 10th January 2017. She stated that they wanted to create awareness amongst people to use the Walk-In Centre appropriately. SRJ reported that, due to the proposal for creation of an additional 350 houses on the Island, the creation of a neighbourhood plan was being looked at. There would be a section relating to health but the PPG was only involved on the periphery However, due to this it had been proposed to survey patients to find out what they really wanted from healthcare on the Island YDAS was keen to find out how other PPGs increased their numbers. SRJ replied that they used the local press for promotion. NL said that they did the same, as well as using the Wivenhoe Society. He then reported that the surgery would be moving from its current site to Philip Road. The Chair reported that Ambrose Avenue PPG was now holding monthly outreach sessions at both surgeries. Discussions were also underway with the surgery about holding social activities including things for the over 65 housebound patients and health walks for others.	
141.0	**Any Other Topics:** The Chair drew attention to the Sepsis Awareness information that was available for participants to take away. He then thanked everyone for attending and closed the meeting at 4.45 pm.	
142.0	**Date of Next Meeting:** This was set for Monday 24th April 2017, 2.30pm to 4.30pm and would be held in Elm Meeting Room at Aspen House, Stephenson Road, Colchester, CO4 9QR.	