


**COLCHESTER PATIENT PARTICIPATION GROUP (PPG) LIAISON MEETING**

 Monday 17<sup>th</sup> July 2017

 Elm Meeting Room, Aspen House, Stephenson Road, Severalls Business Park,  
 Colchester, CO4 9QR  
 2:30 pm to 4:30 pm

**MINUTES**
**PRESENT:**

<b>Ray Hardisty (Chair)</b>	RH	Chair; NEE CCG Health Forum Committee & Colchester Representative, Secretary; Ambrose Avenue PPG
Peter Barfield	PB	Mill Road PPG
Yaa Dankwa Ampadu-Sackey	YDAS	Joint Chair; North Colchester Healthcare Centre PPG
Paula Martin (Minutes)	PM	Patient Engagement Officer, NEE CCG
Frances Millard	FM	Wivenhoe PPG
Su Rhys-Jones	SRJ	West Mersea PPG
Louise Roberts	LR	Senior Diabetes Specialist Practitioner, North East Essex Diabetes Service (NEEDS)
James Taylor	JT	Essex Lifestyle Services, Provide

Item	Action
<b>153.0</b> <b>Welcome:</b> The Chair welcomed everyone to the meeting.	
<b>154.0</b> <b>Apologies:</b> Margaret Jones (Creffield Road PPG).	
<b>155.0</b> <b>Introductions:</b> Everyone present introduced themselves and explained the capacity in which they were attending the meeting.	
<b>156.0</b> <b>Minutes of Meeting held on 24<sup>th</sup> April 2017:</b> The minutes of the above meeting were approved.	
<b>157.0</b> <b>Matters Arising:</b> None.	
<b>158.0</b> <b>Presentation: Diabetes Prevention Programme:</b> The Chair welcomed Louise Roberts (LR) to the meeting. LR began by explaining that NEEDS had been born in 2014 after it had been thought that combining hospital and community diabetes services would be beneficial. Previously these two services had been relatively poor at communicating with each other. Now NEEDS deals with all diabetes care and has diabetes nurses in both Colchester Hospital and the community.  LR then moved on the numbers of diabetic patients within the region. She explained that prevalence varied between areas; some having 10-11% of the population diagnosed with diabetes. This was split as follows; type 1 – 10% & type 2 – 90%. Diabetes is a rapidly growing health threat, particularly as many people were not taking enough exercise.  LR explained that, in 2014, the service went out to tender and was won by the Suffolk GP Federation; a group of 42 GPs that had come together to form a healthcare service provider. They were a Community Interest Company (CIC) which ran on a “not for profit” basis. LR commented that the demand on the service was huge. Previously, hospital consultants were seeing all type 1 diabetics every 6 months and the service had become rather static. This resulted in a move to get the service out of the hospital and into the community and also to create more liaison between the two. It was essential that the service grew and evolved, however the budget for this was very small.  LR explained that NEEDS had undertaken the education of GPs and Practice Nurses and	

was now in the fourth year of an accredited programme running with Anglian Ruskin University. 144 GPs and nurses had been through the programme and the aim was to have, a minimum of one healthcare professional with specialist diabetes training in each practice. LR reported that 37 of the 38 GP practices in the region had received such training and linked in with NEEDS who provide support and backup. One method to do this was quarterly meetings attended by practices.

The aims of the service were to improve patient outcomes by ensuring that all care processes are measured, these include things such as blood pressure, cholesterol levels, blood glucose levels, as well as regular foot checks. During the first year of the contract, only 42% of patients were having these processes measured. This figure is now up to 72% of the 19,000 diabetic patients in North East Essex. All patients are provided with written information about what their levels are, what they should be and how to manage the condition.

LR re-iterated that a lot of work was being done around education, both of healthcare professionals and patients. LR reported that evidence showed that patients who were better educated about their condition had a better chance of staying well. Support for GPs and practice nurses was also provided by a central support line. Community clinics were still being run even though they were very expensive and there were also problems in finding suitable venues. However, NEEDS had just sourced office space above Bluebell surgery and now had space for two clinic rooms enabling patients in Colchester to be seen there. The Clacton clinics were now based at the Clacton Leisure Centre, 3 days a week. In Harwich, clinics were held at the Fryatt Hospital.

LR stated that patients were usually referred into the service via their GP but could also self-refer if they were concerned about their healthcare needs in relation to diabetes. LR mentioned, however, that it was usually the more complex cases that the service dealt with.

Additionally, NEEDS provide specialised healthcare professionals such as a diabetes specialist midwife, who deals with women right through from pre-pregnancy to post-natal. LR commented that patients were being diagnosed with type 2 diabetes at a younger and younger age, sometimes even as young as 11. The service also provides 2 dieticians whose job is very specialised. They deal mainly with type 1 patients, who had to carefully monitor their insulin levels according to their intake of carbohydrates. The service also runs special education courses, dealing with diet, for both type 1 and type 2 patients.

Moving on, LR reported that a pump service was also provided. She explained that pumps were very expensive and were only issued after assessments had been carried out to ensure that patients would benefit from using them.

Speaking about foot care, LR reported that clinics were held at Colchester Hospital every Monday and Friday. Healthcare professionals available at these included consultants and nurses, as well as 4 podiatrists and, where necessary, vascular surgeons. LR stressed the importance of maintaining a good blood supply to the feet in patients with diabetes. Additionally, LR reported that in-patients at the hospital had access to a specialist diabetes nurse. Unfortunately, though there was currently only one, as the service was underfunded in this respect. However, applications for additional funding were underway and it was hoped that more nurses would be provided in the future. Another aspect to the NEEDS service was the provision of a handover team for paediatric patients into the adult team.

LR then explained that although the service was run by NEEDS, some community services, such as podiatry, were bought in from ACE, as were hospital services from Colchester Hospital.

In regard to GP support, LR explained that "link nurses" made a minimum of one visit per year to GP surgeries, saying it was important to maintain the relationship as the service could not exist without it. GPs are paid for some of the diabetes work that they do, but LR explained that good will and motivation are of equal importance. Some sponsorship was also provided by pharmaceutical companies who worked closely with the service.

Moving on to talk about the Year of Care, LR explained that this had been employed in

other parts of the country and in 2014 was adopted in North East Essex. She explained that every patient entering the service should have 8 processes checked which are then followed up after two weeks. In the meantime, all patients receive the results of the checks so that they are aware of them prior to the follow up consultation. LR also explained that lots of work was being done to try to engage with patients who did not follow up after diagnosis and continued to follow the same lifestyle as before. One particular practice in Clacton was working closely with NEEDS to engage with hard to reach individuals.

LR then went on to speak about finance and budgets saying that practices that worked with NEEDS received a payment per patient on their lists for providing diabetes care, as well as additional payments depending on results and services offered. Each month every practice has to provide anonymised data about their patients, as well as having the capability to compare their data with other practices to see how they were doing. The contract had been awarded to NEEDS for 5 years.

Referring to the National Diabetes Audit, LR explained that there had been some errors in the inputting of figures into the database. She explained that the two figures for blood pressure readings had been input at different times causing the calculations to be incorrect. This had now been adjusted and the next set of figures should be correct.

LR then went on to say that the service linked closely with mental health services, such as Improving Access to Psychological Therapies (IAPT). She felt that many improvements had been made, such as making access to the service and education much easier for everyone, as well as raising the standard of care. LR mentioned that the number of patients receiving foot checks had increased and it was essential that everyone knew whether they are at low, medium or high risk of foot problems. She then mentioned that the National Institute of Care Excellence (NICE) had recently changed their guidelines to say that low risk individuals should only be seen annually by podiatry clinics. They would therefore have to fund services, such as toe nail cutting, themselves. LR explained that Age UK provided a toe nail cutting service at a reduced rate and were accredited by NEEDS. The change to NICE guidelines meant that the podiatrists were freed up to concentrate on the medium to high risk individuals.

Referring to the annual check up, LR commented that it was also advisable for patients to have a six monthly check as well. However this would not normally be so in-depth but would include blood tests and blood pressure checks. The Chair asked whether it was up to the patient to request checks when they were due. LR replied that some surgeries did automatically contact patients to remind them to book their checks.

YDAS asked whether NEEDS did much work geared towards prevention. LR replied, that they had not been very involved in this until now, but would shortly run a conference for healthcare professionals in order to raise prevention awareness.

LR also mentioned that NEEDS ran some clinics themselves and SRJ asked where these were located. LR replied that, in Colchester, at their offices situated above the Bluebell Practice in Highwoods. In Clacton, clinics were run from the Leisure Centre and in Harwich, from the hospital. In addition, education events were also held in Mersea.

The Chair mentioned that some Ambrose Avenue patients had been concerned about receiving a letter from the service, rather than the GP about the possibility that they may develop diabetes.

Returning to the subject of prevention, YDAS asked whether NEEDS could challenge practices regarding contacting patients that could potentially develop diabetes. LR replied they could. The Chair commented that, of late, far fewer issues, regarding diabetes, were being raised with the Health Forum. SRJ felt that many patients may not be aware of their potential to develop diabetes. LR agreed saying this was why education was so important and why there was a big drive to promote knowledge through education.

The Chair asked whether diabetes support groups were still running. LR confirmed they were in Colchester, Walton, Harwich and Clacton.

	<p>LR then mentioned that another initiative underway was one of working with dentists to identify patients at risk of diabetes. The dentist would contact the GP of any of their patients they felt had the potential to develop the condition.</p> <p>The Chair thanked LR for her presentation and the attendees for their input. LR left the meeting at this point.</p>	
159.0	<p><b>Presentation: Essex Lifestyle Services:</b> The Chair introduced James Taylor (JT) from Provide. JT began by explaining that the health and lifestyle services offered by Provide ran across Essex and were provided free of charge to patients. He went on to say that once a referral was received the patient would be contacted within 48 hours. They would then be asked a series of questions about what they were looking for from the service, and what type of lifestyle changes they wished to make. This was then followed up with an appointment at a community based clinic.</p> <p>In regard to smoking cessation, a patient will be referred to an advisor. Provide offer smoking cessation via either nicotine replacement.</p> <p>In regard to lifestyle changes, support can be offered over the telephone or on a one to one basis. Support is varied, including advice on exercise and nutrition. Referral and signposting to other services can also be given. Patients can attend face to face appointments at the Community 360 offices in Colchester as well as the library and in Clacton Library, Foundry Court, Manningtree, Harwich library and job centre. However, sessions are by appointment only. Home visits can also be arranged, although they tended to be for the first and last sessions with telephone sessions in between.</p> <p>Another part of the service is to advise on increasing activity levels and, whilst this is wide ranging, includes referrals into exercise schemes.</p> <p>JT then turned to weight management and explained that Provide worked closely with Anglian Community Enterprise (ACE) on this. ACE offer an 8 week group course called "Shape Up" and also a one to one scheme called "My Weight Matters".</p> <p>JT explained that if anyone called the scheme for advice, their details would be taken and a follow up call would happen after a month. JT then went on to say the organisation was able to signpost individuals to many different organisations and groups. Anyone that signs up to one of Provide's programmes will be followed up 6 months after cessation to see how they are doing. If the patient feels they need further help they can come back into the programme. If they report that they don't feel a need for further help with their chosen lifestyle changes at that time, they will receive a further follow up call after another 6 months. There are no limits on how many times an individual can access the programme.</p> <p>Returning to smoking cessation, JT explained that the service would support individuals choosing e-cigarettes as a method of giving up tobacco. However, as these products were not licensed no recommendations could be made. He also mentioned that Provide had trained smoking cessation coaches in 10 vaping shops across the area.</p> <p>FM asked how individuals are referred into the service. JT replied mainly through GPs or self-referral. FM then asked about success rates. JT replied that in terms of smoking cessation, 70% of people coming to the service for assistance quit successfully. However, in terms of weight loss and alcohol there was not any clear data.</p> <p>The Chair thanked JT for his presentation. JT left the meeting.</p>	
160.0 160.1	<p><b>Group Concerns, Issues &amp; Matters to Share:</b> <b>Closed GP Lists:</b> The Chair drew attention to the report on this issue that had already been circulated. He commented that it was more relevant to the Harwich area at present.</p>	
160.2	<p><b>Use of Careline/Helpline to Pick Up Fallers:</b> The Chair drew attention to the previously circulated report, explaining that it related to the new contract that enabled Careline/Helpline to respond to calls from individuals who had fallen at home and needed assistance in getting back up. By using these organisations a quicker response time could be provided and pressure on the ambulance service relieved.</p>	

	<p>However, if, on arrival at the caller's house, the Careline/Helpline representative considered an ambulance was needed, they could call one.</p>	
<b>160.3</b>	<p><b>Colchester Medical Practice – CQC Report:</b> The CQC report on this practice can be found at <a href="http://www.neessexccg.nhs.uk/nee=health-forum">http://www.neessexccg.nhs.uk/nee=health-forum</a> The Chair reported that during the previous inspection the CQC had found one area, involving paper procedures relating to patient safety, as needing improvement. During the most recent inspection, the CQC had reassessed this area as being safe.</p>	
<b>160.4</b>	<p><b>Dr. Abiodun Obisesan (Winstree Road) – CQC Report:</b> The CQC report on this practice can be found at <a href="http://www.neessexccg.nhs.uk/nee=health-forum">http://www.neessexccg.nhs.uk/nee=health-forum</a> The Chair noted that this practice was still in special measures and would be inspected again later this year.</p>	
<b>160.5</b>	<p><b>Super Surgeries &amp; GP Surgery Alliances:</b> The Chair decided to take the next two agenda items together. He drew attention to the chart that had been previously circulated and explained that some GP surgeries had come together to form 3 larger groups. Some practices were not included in any of the groupings as they had chosen to remain independent at present. He went on to report that, according to his practice, this joining together was to enable the sharing of facilities and services such as accountancy and some administration work.</p> <p>PB asked what a practice had to do to join one of the groups. The Chair replied that they needed to agree to work together and share the relevant functions. SRJ wondered why some practices had elected not to join. The Chair replied that he did not know at present. SRJ then commented that this joining together would free up rooms within surgeries which may enable additional clinical services to be offered. She also mentioned that there had been some speculation that one individual practice, within the groupings, may be responsible for a specific service, such as home visits. However, she was not sure that this would work particularly well on Mersea.</p> <p>The Chair reported that he had been asked by the Ambrose Avenue Practice Manager to liaise with the PPGs of other practices in the COLTE grouping with the aim of forming a "super PPG". FM wondered whether this was a good idea.</p> <p>PB expressed surprise at the lack of attendance at the PPG Liaison meetings. YDAS asked whether there was a contractual obligation on the part of the NEECCG, to ensure that PPGs were up and running at each surgery. There then followed a short discussion on PPG Liaison attendance and engagement with PPGs. The Chair explained that, currently, although GP surgeries had to have a working PPG, responsibility for ensuring this happened lay with NHS England and not the NEECCG.</p> <p>Referring to the recently held PPG Summit 3, YDAS expressed surprise that there was no follow up information, or reports on the event, available on the NEECCG website, particularly as there had been a large attendance.</p> <p>PM apologised for any inaccuracies in the distributed chart on super surgeries and explained that she was currently in the process of creating an up to date database.</p>	
<b>160.6</b>	<p><b>Care Navigators:</b> The Chair tabled an article published on the 1<sup>st</sup> June 2017 in the East Anglian Daily Times. He commented that the utilisation of Care Navigators was something advocated in NHS England's 5 Year Forward View and this article helped to explain what they actually were.</p> <p>SRJ reported that West Mersea practice had already appointed an Advanced Nurse Practitioner (ANP) who carried out triage in the surgery every morning until 11am. She explained that the timing had been set to enable her ensure patients needing a care package could have this put in place by 3pm.</p>	
<b>161.0</b>	<p><b>NEE CCG &amp; Health Forum Activities:</b></p>	
<b>161.1</b>	<p><b>Frequently Asked Questions about the Health Forum:</b> The Chair drew attention to the leaflet previously circulated and stated that copies were available through PM for anyone that wanted them.</p>	

<p><b>161.2</b></p>	<p><b>Joint HFC/PPG Outreach:</b>  The Chair reported that an outreach team had been set up and they would be happy to attend any PPG events in order to promote the Health Forum.</p> <p>There was a short discussion on PPG outreach events and SRJ reported that West Mersea PPG had been asked by their Practice Manager to host a tea party. PM reported that a presentation on this had been given at previous PPG Liaison meeting; she will forward the minutes to SRJ and YDAS, who also requested a copy.</p> <p>There was then some discussion on funding of PPGs and YDAS reported that she had heard from other PPGs that there was no funding for them. However, in the past, practices had been given 33p per registered patient towards PPG related costs. Once it became a contractual obligation to have a PPG however, this money was absorbed into the total monies paid. The Chair commented that not all PPGs would have access to this information and, also, Practice Managers may not know that the money was now included in the total amount. YDAS agreed to forward some documentation obtained at the recent National Association of Patient Participation (NAPP) conference. The Chair agreed to add the matter to the agenda of the October 2017 PPG Liaison meeting.</p> <p>YDAS went on to say that she was concerned that many Practice Managers were not clear on what exactly a PPG was and what it should do. She suggested that the Health Forum engage with Practice Managers with a view to educating and informing them on what PPGs were and how they should operate. The Chair replied that one difficulty was that some Practice Managers were reluctant to lose control over the running of PPGs. He explained that there were currently, two types of PPGs; one that was largely led and run by patients, which was what the Health Forum advocated, and the other where it was managed much more by practice staff. YDAS felt that it was essential to correct this situation. The Chair agreed, but stated that it was difficult, as there were no set standards for PPGs and nothing to say that it had to be patient led.</p> <p>PB asked the Chair whether the Ambrose Avenue Practice Manager attended PPG meetings. The Chair confirmed either he, or another practice representative, did. Returning to set standards, YDAS stated that there was an umbrella body overseeing patient participation and they providing guidelines. However, she felt that some Practice Managers were not aware of this. She suggested that the Chair meet with Practice Managers. SRJ suggested that perhaps, the Chair could attend Practice Manager meetings. The Chair agreed that he would look into this.</p>	<p>PM</p> <p>YDAS RH</p> <p>RH</p>
<p><b>161.3</b></p>	<p><b>Update on Task &amp; Finish Group Looking at Primary Care:</b>  The Chair reported that no meeting of the Group had been held yet. If anyone was interested in getting involved, they should contact him.</p> <p>The Chair then drew attention to some presentations that had been distributed prior to the meeting. He explained that these were given at the recent PPG Summit 3. SRJ commented that she had found the presentation on addressing GP Shortfall very useful. FM stated that, unfortunately, she had not. She felt that the document was full of jargon and only seemed to advocate someone other than GPs to provide healthcare and advice. She did not feel it actually addressed the issue of GP shortfall at all and did not explain how people would be expected to travel in order to see clinicians.</p> <p>The Chair clarified that there was a definite difference between super surgeries and GP hubs. He stated that GP hubs would involve geographically neighbouring surgeries to link up, both together and with other organisations. FM was still unsure how this would address GP shortfalls.</p> <p>There was a brief discussion on surgery premises. FM reported that things were progressing with the Wivenhoe surgery site. SRJ reported that nothing was currently happening in regard to the West Mersea surgery move.</p>	
<p><b>162.0</b></p>	<p><b>PPG Activity Initiatives: What's Happening Where:</b>  PB and SRJ both reported that their PPGs were looking into holding tea parties. YDAS reported that her PPG were waiting for permission from the Practice Manager to hold outreach events.</p>	

	FM reported that they were still waiting for surgery premises which was hoped to be available in the autumn.	
<b>163.0</b>	<b>Any Other Topics:</b> As there was none, the Chair thanked everyone for attending and closed the meeting.	
<b>164.0</b>	<b>Date of Next Meeting:</b> This was set for Monday 16 <sup>th</sup> October 2017, 2.30pm to 4.30pm and would be held in Elm Meeting Room at Aspen House, Stephenson Road, Colchester, CO4 9QR.	