

TENDRING Patient Participation Groups (PPG) LIAISON MEETING
 Wednesday 18th January 2017
 Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN
 2.30 pm to 4.30 pm

MINUTES

PRESENT:

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| Ray Hardisty (Chair) | RH | Health Forum Committee, Chair & Colchester Representative (Elected), Ambrose Avenue Patient Participation Group (Colchester) (Secretary) |
| Louise Armstrong | LA | Mayflower Patient Participation Group |
| Pat Chandler | PCh | Lawford Patient Participation Group |
| Barrie Coker | BC | Epping Close Patient Participation Group & Great Clacton Residents' Association |
| Paul Cooke | PC | Director of Strategy & Commercial Development, Anglian Community Enterprise (ACE) |
| Melvyn Cox | MC | Great Bentley Patient Participation Group (Chair) |
| Gerry English | GE | Senior Contract Manager, North East Essex Clinical Commissioning Group (NEE CCG) |
| Dave Garnett | DG | Frinton Road Patient Participation Group (Secretary) |
| Rita Garnett | RG | Frinton Road Patient Participation Group (Chair) |
| Jenny Heard | JH | Caradoc Patient Participation Group (Secretary) & Frinton Resident's Association |
| Jim Higgs | JHg | Thorpe Patient Participation Group & Helping Hands Charity |
| Marilyn Jones | MJ | Mayflower Patient Participation Group (Chair) |
| Myrna Liles | MyL | Health Forum Committee, Tendring (ex. Harwich) Representative (Elected) & Caradoc Patient Participation Group |
| Michael Loveridge | ML | Mayflower Patient Participation Group |
| Paula Martin | PM | Patient Engagement Officer, North East Essex Clinical Commissioning Group (Minutes) |
| Brian Mckeown | JBM | Health Forum Committee, Tendring (ex. Harwich) Representative (Elected) & East Lynne Patient Participation Group (Chair) |
| Alan Newman | AN | Thorpe Patient Participation Group |
| Sue Opperman | SO | Caradoc Patient Participation Group |
| Patricia Paxton | PP | Mayflower Patient Participation Group |
| Kevin Sines | KS | Ranworth Patient Participation Group (Chair) |
| Robyn Williams | RW | Integrated Care Manager – Adults (Tendring North), Anglian Community Enterprise (ACE) |

| Item | | Action |
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| 74.0 | Welcome: The Chair welcomed everyone to this meeting of the Tendring Patient Participation Groups (PPGs). | |
| 75.0 | Apologies: Keith Beaman (Ranworth PPG), Anne Coupe-Harris (St James PPG), Sarah Esson (NEE CCG), Hazel Harris (Walton PPG), Marcelle Hagger (Epping Close PPG), Anne Haylett (Mayflower PPG) and Sandra Howlett | |
| 76.0 | 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 |

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| | <p>Tendring (exc. Harwich): Myrna Liles Harwich: Ann Watson Young Persons Representative: Hannah Madsen</p> | |
| 77.0 | <p>Introductions: The attendees all introduced themselves and explained the capacity in which they were attending the meeting.</p> | |
| 78.0 | <p>Minutes of Meeting held on 19th October 2016: The minutes of the above meeting were approved.</p> | |
| 79.0 | <p>Matters Arising (not among the agenda items): There were no matters arising.</p> | |
| 80.0 | <p>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.</p> <p>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.</p> <p>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.</p> <p>JH asked who the three providers were. PC replied GP Care, Scrivens and Specsavers who had joined at the end of 2015 when problems had been experienced with the other providers. He went on to say that once patients were referred into the service they would be processed initially through the ACE Gateway who would contact them and offer a choice of provider they could see. If, after three attempts, the Gateway was unsuccessful in making contact, they would then assign the patient to the provider geographically closest to them. LA commented that, in the Harwich area, a lot of patients would prefer to change providers. PC replied that the idea was to make the service as seamless as possible for people, but if someone was unhappy with their current provider then a change to another could be looked at. He then went on to say that an audiology network was being established and would involve all three providers, ACE, the NEE CCG and patient representatives. He will take LA's point to the network for discussion.</p> <p>LA then asked whether there was a possibility of better hearing aids being provided. She explained that her husband was a musician and the hearing aid given to him was not adequate; the only solution offered had been to remove the device whilst he was playing. PC felt that the patient needed a</p> | |

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| <p>type of device that was not offered by the service but suggested it may be possible for the patient to pay the additional cost involved in providing a different type of hearing aid. LA commented the providers should be able to advise on the different types available and whether they could be used if the additional cost was met by the patient. PC agreed that this could be taken up with providers. He stated that the contract with the NEE CCG was based on better outcomes for the patient and this was a good example of how outcomes could be improved. He also suggested that it should be fed into the audiology network.</p> <p>Referring to age related hearing loss; MJ asked what the age limit was. PC replied 50 plus, but ACE were currently in discussion about a reduction in the age limited in order to allow some patients being treated in the hospital to come through into the community. MJ then asked whether, if an audiologist found an additional problem, whether the patient would have to go back to the GP for a further referral. RW replied no, the audiologist could refer direct to the hospital.</p> <p>RG asked how community treatment was monitored. She stated that at one provider most of the audiologists appeared to still be in training and working under their tutor's accreditation. She felt it was also very hard to get them to deal with simple things in a timely fashion and appointments could take up to 8 weeks. She felt that the service was nowhere near as good as it had been when at the hospital. PC agreed that this was not acceptable. He explained that a NHS Contract was in place with clear service specifications and performance indicators. He stated that he would like to know more details and specific examples in order to ensure that providers were meeting the standards expected of them. He asked that RG speak with him further regarding this and PM will pass on his contact details.</p> <p>JBM then asked for some clarification regarding the issuing of replacement batteries. PC replied that this concern had been raised at the Colchester PPG Liaison meetings as well. He explained that as, historically, there had only been one provider they could supply batteries from wherever they wished. However, with the new model a patient had to obtain replacement batteries from the provider who had supplied their hearing aid. As patients should be being seen by their geographically closest provider this should also mean that this would be the closest for replacement batteries. He mentioned that postal supply was also something being looked into. ACE recognised that there were lots of problems with battery replacement at present and this was something that the audiology network would be looking into. The Chair commented that there was already a patient representative due to be involved with the network, but, ideally it would be good to have one representing each locality.</p> <p>KS reported that he had a good experience in regard to audiology and had seen a number of providers. He stated that one provider had produced a very good leaflet about the service and also dealing with replacement batteries. However he had concerns that he had been contacted by other companies offering audiology services and felt that it was important for patients to have a single point of contact. PC replied that funding was provided under a single tariff per patient, patients could not switch between providers for different parts of their treatment, except in exceptional circumstances and that they would remain with one provider for 3 years. He also said that providers should not be contacting patients other than their own and he would take this back to the providers via the audiology network. KS felt that the 3 year timeframe should be made known to patients.</p> <p>PCh joined the meeting at this point.</p> <p>SO asked whether all branches of all providers offered an audiology service. PC replied that they did not believe that they did. Returning to the</p> | <p style="text-align: center;">PM</p> |
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| | <p>earlier discussion regarding training, RG asked whether audiologists were supposed to be fully qualified before treating patients. She mentioned that the provider she went to had notices saying that all their audiologists were fully trained. RW replied that in any healthcare setting there would be clinicians that were still training but patients should be informed if they were being treated by a trainee. RG then asked whether a fully qualified clinician should be available on the premises. RW felt that this was another issue that could be looked at by the audiology network and agreed to take this back to them. MJ felt that this should be something that was included in the contract. PC stated the key issue was that complaints were logged. RG was concerned that trainees may not be qualified enough to pick up additional problems.</p> <p>Returning to the issue of replacement batteries, JH stated that she was disappointed to hear that this was still causing problems as she had originally raised the matter over six months ago and had been in correspondence with Sarah Esson (SE) and the NEE CCG. GE replied that SE was aware of the issues and was working on resolving them.</p> <p>KS asked why a well running service had been taken away from Clacton Hospital. GE replied that she understood that patients were used to a particular system in a central place but the aim was to bring the service closer to patients as well as taking pressure off the hospital. She acknowledged there were problems but work was being done to resolve them.</p> <p>SO left the meeting at this point.</p> <p>The Chair then thanked GE, PC and RW for coming along to talk to the group. GE, PC and RW left the meeting at this point.</p> | |
| <p>81.0 81.1</p> | <p>Group Concerns, Issues & Matters to Share: East Lynne GP Surgery: JBM stated that there was not really a great deal to report since the last meeting. He confirmed that all the GPs had resigned and the practice had been taken over by a company located on the other side of Chelmsford. Initially the practice had been staffed entirely by locums but now had one dedicated GP brought in to sort out issues raised by the Care Quality Commission (CQC). He then reported that he had received an email from the Practice Manager and Business Manager saying that things were settling down.</p> <p>JBM reported that a paramedic and prescribing nurse practitioner were also in place at the surgery which had helped to ease things. Additionally, patients no longer had to ring at 2pm for afternoon appointments and could ring at 8.30am for both morning and afternoons. This was suggested by the PPG and had been taken up. However, there were still queues of 15-16 people each afternoon. The next PPG meeting at the surgery would take place on 9th February 2017.</p> | |
| <p>81.2</p> | <p>PPG Publicity: What they do and 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.</p> | |
| <p>81.3</p> | <p>Public Health England: One You Initiative: The Chair drew attention to the document previously circulated. KS said that lots of GPs were concerned about providing another service and asked if there would be additional funding and whether it was part of their contract. The Chair replied that he did not know but the Health Forum would ask this question of Public Health England.</p> <p>MJ asked what happened, in regard to health checks, to people aged over</p> | <p>PM</p> |

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| | <p>74. The Chair replied that people would be eligible to an annual health check which some GPs were contracted to run. BC confirmed that people over 74 had a named GP who was obliged to contact them for annual health checks.</p> <p>PC felt there was an element of duplication and stated that her PPG had had a presentation from Provide who also provided health checks. The Chair explained that there were different funding streams and this one may be through Essex County Council. JBM felt that different providers may cover different areas. PM suggested that she ask both Provide and ACE for lists of the areas that they health checks cover. This was agreed.</p> <p>ML asked who ACE actually were. The Chair replied that they were a Community Interest Company (CIC) staffed by former health professionals who had formed a company. RG commented that profits were channelled back into the community. PM will send out minutes of a Local Health Matters meeting at which ACE presented on their company structure.</p> <p>PC asked who was responsible for checking that profits actually went back into the company and often was this checked. The Chair replied that it would be the responsibility of the shareholders.</p> <p>81.4 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.</p> <p>81.5 Care Quality Commission Reports: St. James, Colne & Dr. Coggan: The Chair drew attention to all the reports. MJ mentioned that she believed Fronks Road surgery had also been re-inspected. PM will check whether she has set up an alert for this surgery.</p> <p>The Chair then took the next four agenda items together.</p> <p>81.6 Report on GP Receptionists/Community Pharmacies/Building Better Partnerships/Pharmacists in GP Practices: The Chair drew attention to all documents relating to the above which were circulated for information only.</p> <p>MJ felt that, in principle, having pharmacists in GP practices was a good idea particularly as patients with long term conditions were supposed to have annual medicine reviews. JBM felt that PPGs could assist in ensuring reviews happened by checking that the surgery was carrying them out.</p> <p>Referring to community pharmacies, MJ wanted to know whether a list of those likely to be closed could be provided. The Chair directed her to the web link including in his report but said that this covered the whole country and was not categorised in any form. ML agreed to try to order this so that pharmacies in North East Essex could be more easily identified.</p> <p>AN asked whether closure was compulsory. The Chair replied no, but any government funding would cease which may make it difficult for some pharmacies to remain open.</p> | <p>PM</p> <p>PM</p> <p>ALL</p> <p>PM</p> <p>ML</p> |
| <p>82.0 82.1</p> | <p>NEE CCG & Health Forum Activities: Chance to Join HFC Task & Finish Groups: The Chair drew attention to the document relating to the above. He stated that PPG members were welcome to join either of the Task & Finish Groups set up to discuss the first two plans mentioned in the item below.</p> | |

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| 82.2 | <p>Urgent Care Review/Sustainability & Transformation Plan (STP)/NEE CCG Draft Operational Plan: The Chair drew attention to the all the documents relating to the above which were for information. In regard to the Operational Plan he 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.</p> | |
| 82.3 | <p>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.</p> | |
| 83.0 | <p>PPG Activity Initiatives – What’s Happening Where: ML reported that Mayflower PPG was trying to become more active through the use of Facebook. He stated that the practice was functioning well even though it was short of GPs although there was active on-going recruitment drives. The nurse triage system was working well. MJ stated that the surgery lists were still closed and they asked the Chair for an update in relation to the letters he wrote to MPs regarding patient/GP ratios. The Chair replied that he had received holding replies from all North East Essex MPs and would follow this up if he did not hear anything further within another month.</p> <p>MJ asked what the process was if a patient couldn’t register with a GP in their locality because all had closed lists. PM will ask this question of NHS England.</p> <p>KS felt the situation needed to be watched and commented that Ranworth had re-opened its lists. JBM confirmed that East Lynne lists were also open.</p> <p>There was then some discussion regarding the Urgent Care Review and LA commented that the NEE CCG promoted GPs as being the first place patients should go but she felt that was increasingly difficult with GPs closing their lists. MJ felt that comparison between usage of the minor injury units and Walk-In Centre was not fair as the Harwich unit did not open for the same amount of time as the others.</p> <p>RG reported that the move to Kennedy Way was progressing well and there would be a presentation at the next PPG meeting from a project manager. She then reported that the Practice Manager had sent an email warning that a patient on West Mersea had received a telephone call from someone purporting to be from their doctor’s surgery and trying to sell them products. She felt people should be aware that this was a scam.</p> | PM |
| 84.0 | <p>Any Other Business: As there was none, the Chair thanked everyone for attending and closed the meeting.</p> | |
| 85.0 | <p>Date, Time & Venue of Next Meeting: Wednesday 19th April, 2017 2.30pm to 4.30pm Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN</p> | |