



TENDRING Patient Participation Groups (PPG) LIAISON MEETING
 Wednesday 19th April 2017
 Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN
 2.30 pm to 4.30 pm

DRAFT MINUTES

PRESENT:

Ray Hardisty (Chair)	RH	Health Forum Committee, Chair & Colchester Representative (Elected), Ambrose Avenue Patient Participation Group (Colchester) (Secretary)
Keith Beaman	KB	Ranworth Patient Participation Group
Anne Coupe-Harris	ACH	St. James Patient Participation Group
Dave Garnett	DG	Frinton Road Patient Participation Group (Secretary)
Rita Garnett	RG	Frinton Road Patient Participation Group (Chair)
Marcelle Hagger	MH	Epping Close Patient Participation Group
Hazel Harris	HH	Walton Patient Participation Group
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)
Barry O'Connell	BOC	Old Road Patient Participation Group
Sue Opperman	SO	Caradoc Patient Participation Group
Kevin Sines	KS	Ranworth Patient Participation Group (Chair)
Ann Watson	AW	Health Forum Committee, Harwich Representative (Elected) & Riverside Patient Participation Group (Chair)
Karl Winchester	KW	NHS Health Check Operational Service Lead, Anglian Community Enterprise (ACE)

Item		Action
86.0	Welcome: The Chair welcomed everyone to this meeting of the Tendring Patient Participation Groups (PPGs).	
87.0	Apologies: Jenny Heard (Caradoc PPG) & Brian Mckeown (East Lynne PPG).	
88.0	Introductions: The attendees all introduced themselves and explained the capacity in which they were attending the meeting.	
89.0	Minutes of Meeting held on 18th January 2017: The minutes of the above meeting were approved.	
89.0	Matters Arising (not among the agenda items): RG reported that she had forwarded some comments to Paul Cooke of ACE in relation to the presentation on audiology held during the last meeting. She stated that she had made it clear in her email that it was not a formal complaint, however it appeared that ACE were treating it as such as she had been contacted by their PALS team. The Chair reported that ML had assisted with some work regarding the possible closure of community pharmacies within the area and thanked him for his time and effort involved in this. KS asked whether the PPG information leaflet had been produced and whether copies were available. The Chair reported they were and PM will	

	forward some to KS.	PM
90.0	<p>Presentation: Health Checks: The Chair introduced Karl Winchester (KW) of Anglian Community Enterprise (ACE) who was here to speak about the NHS Health Check service.</p> <p>KW began by explaining that the service was available to everyone aged between 40 and 74 without a pre-existing condition such as cardiac problems or diabetes. The check took approximately 20 minutes and included blood pressure, cholesterol and body mass index (BMI) tests. Participants were also asked lifestyle questions covering things such as diet and smoking. From this, their risk of cardiac conditions and/or diabetes could be worked out and the participant then signposted to the correct health professional.</p> <p>HH asked what was available for people over the age of 74. KW replied that such individuals were eligible for the senior health check which GPs are commissioned to carry out. These tests are repeated every two years. HH commented that she had never heard of this health check and had never been offered one by her surgery. KW stated that GP surgeries should be identifying relevant patients and contacting them. AW commented that most people of that age would be seeing their doctor over other health issues.</p> <p>MJ asked whether the service had to be provided by GPs. KW replied that they were commissioned to do so and ACE did everything they could to encourage GPs to offer the service. KW then went on to say that ACE also ran outreach units to target areas of high depression and deprivation as well as those where the local GP surgery was not offering a health check service. He commented that the aim was to offer patients a choice.</p> <p>ML then asked what the take up for the service was. KW replied that there were 86,000 eligible patients of which 33,000 were utilising the service. He commented that GPs were not reaching the target and 95% of Essex GPs were signed up to the service which they were paid for.</p> <p>MJ asked how patients found out they were eligible for the health check service. KW replied that ACE asked GPs to share their lists so that they could invite eligible patients to have a health check carried out. Returning to payment for the service, SO asked whether this was up front or whether GPs were paid according to numbers seen. KW replied that the payment was on activity and surgeries had to produce a list of patients seen.</p> <p>MJ then asked how often a patient could have the health check repeated. KW replied that the interval was once every 5 years. ML asked if this service overlapped with anything else offered. KW replied that the new patient health check did involve similar tests, but this was only carried out once.</p> <p>The Chair mentioned that there had been some confusion amongst attendees in regard to a similar service offered by Provide who had been contacting GPs. KW explained that Provide hold the “health trainer” contract which provides a more intensive one to one service. In order to draw people into this service a mini health check is carried out initially.</p> <p>MJ asked whether the staff carrying out the health checks were clinically qualified. KW replied that ACE trained all the relevant staff but they were not clinically qualified staff such as nurses. BOC wondered whether this was rather dangerous. KW explained that they did not prescribe but simply gave lifestyle advice and signposted to other more appropriate services, according to individual need. BOC asked what would happen if a specific problem was found. KW replied that, in such a case, the patient would be signposted to their GP.</p>	

	<p>MK asked how their success with the service was measured. KW replied that annual audits were provided to Essex County Council (ECC) showing how many referrals to weight management and smoking cessation clinics, as well as hypertension and diabetes referrals were made. ML asked what percentages of patients are referred on. KW replied that last year, 40% were referred to their GP for follow ups.</p> <p>KS asked whether patient records are sent back to their GP. KW confirmed they were, either via NHS.net email or via uploading to System One. KS then asked KW to provide a list of GPs signed up to provide the service. KS will send this to PM for forwarding to attendees.</p> <p>KW mentioned that the service also linked into the national diabetes prevention programme and there was some discussion on the tests required to identify an individual's propensity to diabetes. KS commented that it was important that the service linked in with others such as North East Essex Diabetes Services (NEEDS) and practice diabetes nurses. KW replied that patient information was forwarded on. ML voiced concern over the level of training undertaken by health check staff and commented that it needed to be to be a fairly high level in order to undertake the required blood tests to ascertain diabetes risk. KW replied that the units all carried a HbA1C testing machine.</p> <p>BOC asked whether cutbacks in ECC funding would affect the service. KW replied that they had been subject to a reduction in budget but continued to hold the contract for a further 3 years.</p> <p>The Chair thanked KW for coming along to answer questions. KW then left the meeting.</p>	KW/PM
<p>91.0</p> <p>91.1</p> <p>91.2</p> <p>91.3</p> <p>91.4</p>	<p>Group Concerns, Issues & Matters to Share:</p> <p>East Lynne GP Surgery: The Chair reported that the surgery had recently undergone a Care Quality Commission (CQC) inspection and the report was available on the Health Forum document depository of the NEE CCG website at http://www.neessexccg.nhs.uk/nee-health-forum The surgery had received green ratings. PM then read out an email from Brian Mckeown, PPG Chair at East Lynne which stated that the CQC were happy with the surgery and would not be inspecting again for 5 years.</p> <p>Ardleigh Surgery: The Chair drew attention to the CQC report which was available on the Health Forum document depository of the NEE CCG website at http://www.neessexccg.nhs.uk/nee-health-forum</p> <p>Great Clacton Surgery (Dr. Spelt): The Chair drew attention to the CQC report which was available on the Health Forum document depository of the NEE CCG website at http://www.neessexccg.nhs.uk/nee-health-forum</p> <p>RG commented that there had been a statement from a previous partner at the Great Clacton Surgery stating that they were no longer associated with the practice. She also mentioned that because the surgery was in special measures they would no longer be moving into the new Kennedy way site as it was considered that they needed to sort out the issues causing them to be placed in special measures first.</p> <p>Walton Surgery: The Chair drew attention to the CQC report which was available on the Health Forum document depository of the NEE CCG website at http://www.neessexccg.nhs.uk/nee-health-forum</p> <p>The Chair then mentioned that Riverside surgery had also been inspected</p>	

<p>91.5</p> <p>91.6</p> <p>91.7</p>	<p>in January 2017 and the CQC report was available on the Health Forum document depository of the NEE CCG website at http://www.neessexccg.nhs.uk/nee-health-forum</p> <p>Digital GP Services: The Chair drew attention to the report which had been previously circulated and stated that the CQC had carried out inspections of the services. He explained that he had provided the report in order to raise attendees' awareness of such services. KS commented that there had recently been some press coverage of digital GP services. ML stated that many such services were emerging at the moment and cited one that charged an annual subscription fee of £50 and guaranteed an on-line consultation with a GP within an hour.</p> <p>Doctors in Trouble – As Reported in “The Week”: The Chair drew attention to the report which set out the current situation facing GPs. He explained that this had originally been presented to the Health Forum Committee (HFC) who had thought it might be of interest to PPGs. ML commented that it made interesting reading.</p> <p>MJ asked whether any response had been received from NHS England regarding the question raised at the previous meeting about how patients could register with GPs when so many in the area had closed their books. PM replied that she had not received a definitive response and would chase this up.</p> <p>Provision of Care Navigators: KS asked whether anyone had come across “care navigators” and whether any progress had been made in regard to their use. He explained that they were basically a “super receptionist” capable of triaging patients to the correct healthcare professional within a practice. The Chair reported that he had investigated the term and it appeared to cover many different things. He stated that some CCGs were looking at setting up systems with GPs, in their areas, to encompass care navigators.</p> <p>MJ commented that there would not be a need for care navigators if there were not so many services and professionals to signpost patients to.</p> <p>KS mentioned a request, at the last meeting, for PPG representatives to provide data on waiting times and did not attend (DNAs). He wondered whether this had been done and commented that it would be helpful information to have. After some discussion it was agreed that the Chair and PM would draw up a questionnaire to be circulated to PPGs.</p> <p>Returning to care navigators, BOC felt that a better term could be used.</p> <p>The Chair mentioned that the NEE CCG was considering the possibility of surgeries combining “back room” functions such as bookkeeping and administration. RG commented that something similar was being considered by Frinton Road surgery. She mentioned that they were also looking at using reception staff to direct patients to the correct healthcare professional. However, the sticking point seemed to be an appropriate way of asking patients for details of their particular issue. AW stated that patients did not like to divulge information about their issues to receptionists. RG agreed, which is why the way in which such questions are asked is crucial. She felt that surely, it was better that a patient saw a nurse sooner, who could, at least, then speak with a doctor if necessary, than have to wait a long time to see a GP.</p> <p>KB felt that it was rather like a watered down NHS 111 system. RG agreed, but said that at least, the patient would see someone face to face. KS felt that there were ways around such problems depending on the appointment system used. He stated that, at Ranworth, there were 6 prescribing</p>	<p>PM</p> <p>RH/PM</p>
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	<p>clinicians available during the mornings with 80 appointments available to deal with minor issues. GP consultation appointments happened in the afternoon. However DNAs were very high at 320 monthly. 230 appointments were offered weekly. He also mentioned that one GP recently saw 15 patients, of which 12 could have been dealt with by other surgery staff. KS felt that re-education was needed.</p> <p>HH commented that patients could see pharmacists, but the Government was cutting funding to pharmacies. KS stated that pharmacists could not prescribe. MJ replied that some, such as consultant pharmacists, based in surgeries, could.</p> <p>SO asked whether Ranworth surgery used locums. KS replied only when needed to cover annual leave or sickness. He reported that the surgery had 3 GPs and 4 nurse practitioners. ML asked how many patients the surgery served. KS replied 9,000. The Chair commented that each surgery was different; Ambrose Avenue had 18,000 patients, 7 GPs, 2 nurse practitioners, 4 nurses, 2 trainee GPs and had two surgeries in two buildings.</p> <p>Referring to the creation of a questionnaire, SO asked whether it would also be possible to make suggestions for the future. She felt that there appeared to be a high degree of duplication in some areas and felt that the future lay in centralisation. HH commented that transport is a big problem in regard to centralising services. AW agreed with this. SO felt that there could be financial assistance with transport, via means testing, with the money saved by centralising services. RG commented that the demography and geography of the region needed to be taken into account and felt that this would make centralisation in North East Essex very difficult. The Chair mentioned that, accordingly to the NEE CCG website, centralisation of GPs is something they encourage, but only in regard to administration and not patient services. SO commented that this had arisen at the last NEE CCG Board meeting, which she had attended. MH felt that this would be a return to cottage hospitals. KS felt that some GPs would not be interesting in working together. He also mentioned that something similar did happen in Clacton in regard to the Minor Injuries Unit (MIU).</p> <p>SO asked whether the 40 GP surgeries in North East Essex that came under the NEE CCG had a 5 year contract. The Chair explained that the NEE CCG worked alongside local practices but did not hold the contract with them; that was held with NHS England. The NEE CCG commission some services carried out by GPs, as well as liaising with them in regard to the general health of the community. SO asked whether contracts are reviewed regularly. The Chair confirmed that they were and are held for varying lengths of time. SO felt that GPs had somewhat of a monopoly and suggested that some competition may be a good thing. MJ said that there was a shortage of GPs so this was unlikely.</p> <p>91.8 Public Health England: One You Initiative: The Chair drew attention to the previously circulated report and suggested that an informal monitoring group be set up. He envisaged this communicating mainly by email rather than by face to face meetings. This was agreed and the following will form the group:-</p> <p>Ray Hardisty / Michael Loveridge / Brian Mckeown / Ann Watson</p> <p>AW reported that Boots were now opening on bank holidays following requests from the Riverside PPG and that they also attended PPG meetings periodically.</p> <p>91.9 ACE Primary Care Bulletin: The Chair drew attention to the document previously circulated and PM tabled a list of Care Closer to Home (CC2H) services offered by ACE.</p>	
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<p>91.10</p> <p>Sharps Disposal: MyL reported that there were no sharp disposal facilities for residents in Frinton and Walton, meaning they had to travel into Clacton to dispose of sharps.</p> <p>KS suggested that patients request a clipper on prescription from their doctor which would enable needles to be disposed of in household waste. MJ felt that surely, this would only be safe depending on the patient's condition. After some further discussion it was agreed that PM should raise this with the NEE CCG and report back.</p> <p>91.11</p> <p>Co-Commissioning: The Chair decided to take this item and agenda item 8.2 – Request for Participants in Task & Finish Group to look at Primary Care together.</p> <p>He then reported that the NEE CCG now had consent to go ahead with co-commissioning and had to draw up a statement regarding this, therefore it was not something that would come into effect immediately. He suggested having a patient group to work alongside the NEE CCG and felt it was best to draw participants from PPGs. KS asked for more details of what the group would be looking at. The Chair reported that it would investigate how co-commissioning of primary care would impact patients and also potential re-organisation of the Health Forum Committee. The following volunteered to form this group:-</p> <p>Sue Opperman / Barry O'Connell / Myrna Liles / Kevin Sines / Michael Loveridge / Ray Hardisty.</p>	<p>PM</p>	
<p>92.0</p> <p>92.1</p> <p>92.2</p> <p>92.3</p> <p>92.4</p> <p>92.5</p>	<p>NEE CCG & Health Forum Activities:</p> <p>Joint HFC/PPG Outreach: The Chair reported that he would like to increase outreach in terms of talking to patients, fact finding, etc. He stated that some representatives had joined the HFC in this capacity and would be happy to support PPGs in terms of outreach.</p> <p>Audiology Network Representatives: The Chair referred to the ACE presentation at the January 2017 meeting. He reported that the NEE CCG had recruited one patient representative to this network. However, at his request, had agreed for more to be involved. He asked if anyone else was interested in taking part. ACH re-iterated a previous interest from her husband, which the Chair noted. MJ suggested that patient representatives should be involved in the contract process.</p> <p>AW mentioned that, at the recent Tendring Local Health Matters meeting, she had asked ACE representatives whether transport was taken into account when services were commissioned. The reply received indicated they were when new services were set up but obtain information on available public transport was difficult.</p> <p>Sustainability & Transformation Plan – Task & Finish Group: The Chair drew attention to the previously circulated report. He explained that the group would now continue as a monitoring group.</p> <p>Urgent Care Task & Finish Group: The Chair drew attention to the previously circulated report. MJ voiced concern over the wording relating to Harwich residents feeling that they should have facilities simply because Clacton had them. She stated that Harwich needed healthcare facilities and this was why residents voiced concern. She felt the wording was very unprofessional. AW agreed and also felt that references to older people were also inappropriate. The Chair noted their comments.</p> <p>Forum Focus:</p>	

	The Chair asked for any comments on the recent issue. There were none, but SO thanked the Chair for all his hard work in regard to the publication.	
93.0 93.1	PPG Activity Initiatives – What’s Happening Where: Patient Participation Awareness Week – 19th to 24th June 2017: SO asked whether literature would be available. The Chair replied it would via the National Association of Practice Participation (NAPP). He then agreed to design a poster for PPGs.	RH
94.0 94.1	Any Other Topics: Meeting Venue: The Chair reported that SO has suggested meeting at Tendring Village Hall and asked what other attendees’ thoughts were. After a brief discussion it was agreed to continue to hold meetings in the current venue.	
94.2	MPs Raise North East Essex Issues in Commons Debate: The Chair drew attention to the report on this debate that had been circulated previously.	
94.3	Closure of Hamilton Lodge, Great Bentley: The Chair reminded attendees that Hamilton Lodge was due to close. KS asked what was located there. The Chair replied that it was a children’s home run by a charity.	
94.4	Unusually High Number of Clacton 999 Calls: The Chair stated that there had been a report on this in the East Anglian Daily Times. He then went on to report that, last year, a pilot scheme had come into effect to encourage organisations to work together to reduce the number of 999 calls from the area. Investigation had shown that calls from one region were in the realm of 1.5 a day. He explained that callers knew certain phrases and words to say that would ensure an ambulance was called and they were transported to A&E even though there was no physical reason for them to be. There were usually mental health issues involved; however, a call to the emergency services was not the best way for the issues to be dealt with. SO asked who a person with Multiple Sclerosis (MS) should call if they had a fall and wondered if there were any organisations that could be contacted in such cases. ACH replied that Careline were the organisation that could deal with such incidents. They had recently introduced a service to lift people after falling. She also mentioned that the ambulance service were considering using them instead of sending an ambulance and crew. BOC reported that following a recent Court case, people who parked in disabled spaces in a retail outlet’s car park, without holding a valid blue badge, could be refused service in the store and asked to leave. KS asked for an update regarding the Chair of the NEE CCG, as he would like a letter of thanks to be written to Gary Sweeney on behalf of the PPG Liaison groups. The Chair replied that he had no information at present but would certainly draft such a letter as and when appropriate. RG reported that the renal unit at Kennedy Way was due to open later this year. It will be run by a private company and is also helping to expedite Frinton Road surgery’s move to the site. The unit would comprise 8 beds and run 3 sessions per day. The Chair referred to System One and reported that there had been uproar over the discovery that the system had been running as an open system when normal security barriers had not been in place. However, he did not know if any North East Essex practices had been involved. The Chair then thanked everyone for attending and closed the meeting at 4.36pm.	
95.0	Date, Time & Venue of Next Meeting:	RH

	<p>Wednesday, 19th July 2017 2.30pm to 4.30pm Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN There will be a presentation on GP referrals into the Diabetes Prevention Programme.</p>	
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