North East Essex HEALTH FORUM

NHS North East Essex Clinical Commissioning Group

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

MINUTES

PRESENT:

Ray Hardisty (Chair)	RH	Health Forum Committee, Chair & Colchester Representative (Elected), Ambrose Avenue Patient Participation Group (Colchester) (Secretary)
Andy Baker	AB	Lawford Patient Participation Group
Pat Chandler	PC	Lawford Patient Participation Group
Melvyn Cox	MC	Great Bentley 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)
Michael Loveridge	ML	Mayflower Patient Participation Group
Jackie Lyons	JL	East Lynne Patient Participation Group
Paula Martin	PM	Patient Engagement Officer, North East Essex Clinical Commissioning Group (Minutes)
Roger Miller	RM	Frinton Road Patient Participation Group
Brian Mckeown	JBM	Health Forum Committee, Tendring (exc. Harwich) Representative & East Lynne Patient Participation Group (Chair)
Geoffrey Nunn	GN	Lawford Patient Participation Group
Sue Opperman	SO	Caradoc Patient Participation Group
Kevin Sines	KS	Ranworth Patient Participation Group (Chair)
Janette Streeting	JS	Lead Diabetes Specialist Nurse, Team Manager, North East Essex Diabetes Service (NEEDS)
James Taylor	JT	Essex Lifestyle Service, Provide
Ann Watson	AW	Health Forum Committee, Harwich Representative (Elected) & Riverside Patient Participation Group (Chair)

Item		Action
96.0	**Welcome:** The Chair welcomed everyone to this meeting of the Tendring Patient Participation Groups (PPGs).	
97.0	**Apologies:** Keith Beaman (Ranworth PPG), Anne Coupe-Harris (St. James PPG), Dave & Rita Garnett (Frinton Road PPG), Jenny Heard (Caradoc PPG), Myrna Liles (Caradoc PPG) & Barry O'Connell (Old Road PPG).	
98.0	**Introductions:** The attendees all introduced themselves and explained the capacity in which they were attending the meeting.	
99.0	**Minutes of Meeting held on 19th April 2017:** The minutes of the above meeting were approved.	
100.0	**Matters Arising:** None.	
101.0	**Presentation: Diabetes Prevention Programme:** The Chair welcomed Janette Streeting (JS) to the meeting. JS 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.	

	JS 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. JS 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. JS 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. JS 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. JS 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. JS re-iterated that a lot of work was being done around education, both of healthcare professionals and patients. JS 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 how 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. Speaking about foot care, JS stressed the importance of maintaining a good blood supply to the feet in patients with diabetes. Additionally, JS reported that in-patients at the hospital had access to a specialist diabetes nurse. JS 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. Moving on to talk about the Year of Care, JS 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 9 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. JS 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.	

	JS 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, JS 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. JS 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. PC asked why the prevalence of diabetes was higher in North East Essex. JS replied that it was slightly higher than the national average at 5.6% and felt that this was due to the age of the population, as well as areas of deprivation. ML stated that he had been originally diagnosed as diabetic whilst living in Canada and was surprised, upon moving back to the UK, that his GP knew very little about the condition. He went on to say that he spoke with many diabetics and very few knew how to manage their condition or had the motivation to do so. He felt that, although, NEEDS provided education and support there was very little joined up thinking. ML reported 12,052 of the 18,000 Mayflower surgery patients were diabetic. He also mentioned that he had run Type 2 Together for 3 years and not one person had been referred to the group by their GP or NEEDS. JS responded by saying that GPs needed to be able to diagnose the condition before signposting to another healthcare professional that had more specialist training, usually a diabetic specialist nurse within the practice. She explained that GPs needed to know a little about many conditions and could not possibly have an in-depth knowledge about everything; what was important was that they could identify and diagnose the condition. She also mentioned that NEEDS were there to offer support and help to nurses within practices. ML felt that the system had broken down and reported that 90% of diabetic patients were not happy to see the nurse at Mayflower surgery. JS replied that she was aware of this situation and it is being addressed. JS then mentioned funding, which had previously been given by Diabetes UK. She stated that although the funding from them had stopped, NEEDS were still providing education and support both to clinicians and patients. ML felt that NEEDS were not signposting to Type 2 Together. JS replied that a leaflet on the group was given to all newly diagnosed patients in the information pack they received. ML also commented that some promotional material about support groups was out of date as well as mentioning that he thought the Expert course was very beneficial and it was a shame it had been dropped. He went on to say that he had created a social media site to trawl the internet looking for new research. He commented that NEEDS take the information down from it. SO asked how much money was spent on research. JS replied that, unfortunately, she did not have that information. ML suspected it was a vast amount. ML voiced caution about believing all the research that was out there. She stated that one needed to be an expert in order to know what was appropriate for any given individual. KS reported that he had undertaken an Open University course on diabetes and since doing that had been invited to become a patient representative to the foot clinic. He felt that there was no one answer to foot care, and being	

	diabetic was a matter of balance. He was always happy to hear about different approaches and felt that it was necessary to empower people to look after themselves. JS agreed with KS' comments saying that this was what NEEDS tried to do, particularly with the introduction of the Year of Care. KS then referred to in-patients in hospital and stated that there used to be a dedicated nurse to deal with foot care. JS replied that there were still diabetic specialist nurses within the hospital for in-patients however, there was no foot care specialist at present; it was hoped that this would change very soon. Referring to the use of statins to lower cholesterol, HH asked whether NEEDS supported the use of plant sterols. JS replied that they were mentioned in their education programs and they did support people using them. She also mentioned that there were alternative medications to statins. MJ asked about the patient pathway following diagnosis. JS replied that a patient experiencing symptoms would visit their GP who would carry out a HbA1c blood test and, if above 48, would be referred to the specialist nurse and provided with an information pack. They are then referred to NEEDS who would offer education sessions. On-going care would then, usually, be provided by the specialist diabetic nurse at their GP surgery. MJ asked whether the consultants were based in Colchester Hospital. JS replied that they also held clinics in Harwich and Clacton. AB commented that he had attended a diabetic education course and felt that there was too much information crammed into one day. JS replied that it was designed to run over one full day or two half days. However they had found that many people did not return on the second day. AB then asked whether the course was aimed solely at the newly diagnosed. JS replied that it was designed for both. The Chair thanked JS for her presentation and the attendees for their input. He then mentioned that ML had recently received an award from Diabetes UK.	
102.0	**Presentation: Essex Lifestyle Services:** 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. In regard to smoking cessation, a patient will be referred to an advisor. Provide offer smoking cessation via either nicotine replacement. 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. Another part of the service is to advise on increasing activity levels and, whilst this is wide ranging, includes referrals into exercise schemes. 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". 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. HH asked how an individual was referred into the service. JT replied either by their GP or via self-referral. SO asked what other help, apart from smoking cessation, the service offered. JT replied they held individuals with eating healthily and increasing physical activity. MJ asked how success was measured. 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. MJ then asked what the time period of smoking cessation was for it to have been considered successful. JT replied that they adhered to the national guidelines which stated that an individual had to have given up for a period of 4 weeks. However, they did also consider the information provided by the service's follow up calls after 6 and 12 months. Referring to the service contract, MJ asked how long Provide was funded for. JT replied they were one year into a five year contract with a possible two year extension. PC asked how long from the first call to when an individual saw someone face to face. JT replied this could vary but was usually within two weeks. Referring to physical activity, AB asked where people were signposted to. JT replied that they had negotiated special rates with local leisure centres. For example a two week free trial and then a 20% reduction in membership costs. AB asked whether they suggested things such as Gym in the Park. JT confirmed they did as well as utilising things such as social prescribing. ML asked for website details. The Essex Lifestyle Service can be contacted as follows:- Tel. 0300 303 9988 | Email: provide.essexlifestyles@nhs.net Web: www.essexlifestyleservice.org.uk MH asked what could be offered, in terms of physical activity, for the disabled. JT replied that they were often signposted to specialist groups such Disability for Sport. SO asked whether the service offered support for drug addiction. JT replied that this needed much more specialist support so they tended to signpost to Choices. The Chair thanked JT for his presentation. JT left the meeting.	
103.0 **103.1**	**Group Concerns, Issues & Matters to Share:** **Closed GP Lists:** The Chair drew attention to the report on this issue that had already been circulated. PC asked whether GPs, who were about to close their lists had to publicise	

	the fact. The Chair said they did not, but did need permission from NHS England. KS asked about the current status with surgery closures in North East Essex. The attendees replied as follows:- Mayflower still believed to be closed, Epping Close is open, East Lynne and Lawford are open, all surgery lists in Colchester are open.	
103.2	**Use of Careline/Helpline to Pick Up Fallers:** 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. However, if, on arrival at the caller's house, the Careline/Helpline representative considered an ambulance was needed, they could call one. The Chair then reported that the Health Forum Committee had a vacancy for a patient representative on the Ambulance Committee. If anyone was interested in taking up the role they should contact either himself or PM.	
103.3 **103.3.1**	**Care Quality Commission (CQC) Reports:** **Lawford Surgery:** PC stated that she had been unaware that an inspection had taken place. ML commented that the CQC were supposed to speak with PPG representatives as part of their inspections. The Chair agreed, but said that it was up to the practice to organise this. He suggested that PC query why the PPG had not being involved with the inspection. MJ asked how often surgeries were re-inspected if they received a "Good" rating. JBM replied 5 years. There was then some general discussion around PPG operation and liaison with their practices. The Chair suggested that PC contact the Chair of another PPG to discuss this in more depth and gain insight into how other PPGs operated. AW offered to assist in this regard. PC asked if there should be a minimum number of PPG members. The Chair replied that there were no guidelines, but he would suggest at least 6 were required for meetings. He then informed the meeting that he had received, this morning, some information distributed by the National Association of Patient Participation (NAPP) that had been handed out at their recent conference. PM will distribute this to the PPG Liaison Groups.	**PM**
103.3.2	**Crusader and Old Road Surgeries:** The Chair informed the meeting that new CQC reports had been published. The reports for both surgeries, and Lawford, can be found at http://www.neessexccg.nhs.uk/nee-health-forum	
103.4	**Super Surgeries & GP Surgery Alliances:** The Chair drew attention to the document 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. MJ found this confusing, saying that it did not match up with what her practice had said. She stated that she will investigate this further with the practice manager. She asked who had produced the document. The Chair replied it had come from the NEE CCG. ML felt that sharing of such services would be difficult as IT systems were not linked.	

	The Chair informed the meeting 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". There was then some discussion around GP hubs, during which JBM reported that such a set up was being trialled in other parts of the country. HH asked whether transport had been considered, saying that it was very difficult for patients without cars to travel for medical appointments. AB commented that super surgeries and GP hubs could work, but issues such as transport needed to the carefully considered. Further discussion on the future of Primary Care took place and PM cautioned that Super Surgeries, as detailed in the chart, and GP hubs were completely different, with Super Surgeries being groups of practices coming together to share administration functions.	
103.5	**Care Navigators:** The Chair passed round an article published on the 1st 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. PM will circulate this to Tendring PPG Liaison members.	**PM**
104.0 **104.1**	**NEE CCG & Health Forum Activities:** **Joint HFC/PPG Outreach:** KS was keen for the HFC and PPGs to work more closely together, particularly in regard to dementia. He asked whether it was possible for a Dementia Friends session to be organised prior to a PPG Liaison meeting. The Chair agreed to organise this. KS then reported that he was trying to organise a joint meeting between Chairs of other PPGs geographically close to Ranworth Surgery in order to try to involve more people in patient participation. He will report back on the success of this at a future meeting.	**RH**
104.2	**Frequently Asked Questions about the Health Forum:** The Chair drew attention to the leaflet previously circulated and stated that copies were available through PM for anyone that wanted them.	
104.3	**Update on Task & Finish Group Looking at Primary Care:** The Chair reported that no meeting of the Group had been held yet. He suggested the group meeting within the next 2 to 3 weeks. 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.	
105.0	**PPG Activity Initiatives – What's Happening Where:** Other than the items mentioned in 104.1 - Joint HFC/PGG Outreach, there were no other activities reported.	
106.0	**Any Other Topics:** ML asked for an update on the Urgent Care Review. The Chair replied that this was currently being worked on by the NEECCG Urgent Care team and would be presented to the next meeting of the Board. Referring to the presentations that had been given at the recent PPG Summit 3, MJ commented that some of the figures mentioned in regard to GP shortfall had been removed, which was a good thing as they had not appeared to have been correct. However, she felt there was a need for clarification, particularly in regard to how multi-speciality community providers fitted into any proposals regarding GP hubs. The Chair agreed that the HFC will look into this. JBM asked whether the timings of future PPG Liaison meetings could be changed to start at 2pm and finish at 4pm. This was agreed.	**RH**

	The Chair then thanked everyone for attending and closed the meeting at 4.40pm.	
107.0	**Date, Time & Venue of Next Meeting:** Wednesday, 18th October 2017 2.00pm to 4.00pm Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN	