North East Essex HEALTH FORUM

TENDRING Patient Participation Groups (PPG) LIAISON MEETING

Wednesday 20th July 2016
Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN
2.00 pm to 4.00 pm

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
Pat Chandler	PC	Lawford Patient Participation Group
Anne Coupe-Harris	ACH	St. James Patient Participation Group, Alzheimer's Society
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
Louise Harper	LH	Mayflower Patient Participation Group
Jenny Heard	JH	Caradoc Patient Participation Group (Secretary)
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)
Brian Mckeown	JBM	East Lynne Patient Participation Group (Chair), Health Forum Committee Tendring Representative (Elected)
Barry O'Connell	BOC	Old Road Patient Participation Group
Sue Opperman	SO	Caradoc Patient Participation Group
Richard Price	RP	Walton Patient Participation Group
Kevin Sines	KS	Ranworth Patient Participation Group (Chair)
Tony Whitmarsh	TW	Mayflower Patient Participation Group
Holly Williams	HW	Improving Access through Psychological Therapies

Item		Action
52.0	**Welcome:** The Chair welcomed everyone to this meeting of the Tendring Patient Participation Groups	
53.0	**Apologies:** Sam Childs (Practice Manager, Fronks Road), Anne Haylett (Mayflower PPG)	
54.0	**Introductions:** The attendees all introduced themselves and explained the capacity in which they were attending the meeting.	
55.0	**Minutes of Meeting held on 20th April 2016:** The minutes of the above meeting were approved.	
56.0	**Matters Arising (not among the agenda items):** Referring to page 2 of the minutes of the meeting held on 20th April, PC asked whether the pilot scheme on Tiptree ward referred to discharge that had happened or was delayed. The Chair clarified by saying this this scheme was connected to My Social Prescription and related to providing social support once a patient had been discharged and returned home.	
57.0	**Presentation: Improving Access to Psychological Therapies (IAPT):** The Chair introduced Holly Williams (HW) who would be speaking about the above topic. HW commenced by asking how many present had heard about the IAPT service. Only a small number of attendees had. HW then asked, of those that had heard of the service what their understanding was of it. JH replied that there had been a presentation about IAPT services at a recent Local Health Matters and she believed it to provide treatment for	

	low and mid-level mental health issues such as anxiety and depression. HW confirmed this was correct and went on to explain that the service offered a stepped care programme ranging from telephone and on-line support to face to face counselling and group therapy sessions. In addition the service linked in with Colchester MIND and also utilised STaR (Support, Time and Recovery) workers who could provide additional support. There were also links with perinatal services. HW explained that when an individual contacted the service they would be assessed and directed to the most appropriate part of the service. MJ asked who would make the decision regarding which care pathway was best. HW replied that an administrator would take the initial call and if there was any concern of risk they would be put through immediately to a duty worker. If no risk was identified then an initial appointment would be arranged. HW stated that the administrators were all supported by clinicians. MJ asked whether this support was given by a wide variety of professionals. HW confirmed it was. MJ then asked where the service operated from. HW replied that it was based at the Crusader business unit in Clacton, and from Lexden Hospital in Colchester. In addition, the service could be accessed through some GP surgeries and various community venues. KS asked whether family members or concerned individuals could refer a patient into the service. HW replied that they took all calls very seriously, and, if there was a risk to the individual, then the service would look at providing support. However, it was important to ensure patient confidentiality at all times. BOC asked whether the service worked with the military. HW replied that it did and military personnel could access the service in the same way as anyone else, i.e. self-referral via telephone, or on-line, or referral via their GP. BOC then asked whether the service linked in with organisations to support combat stress. HW confirmed they did. KS asked whether there were links with bereavement support organisations. HW confirmed there were and explained that once an assessment of an individual had taken place, they would then be put in touch with a bereavement support group if that was identified as the best source of support and advice for them. RP asked how GPs were reacting to the service. HW replied that the reaction was mixed. GPs were obviously concerned about providing treatment as quickly as possible and although the service was working hard to bring waiting times down, sometimes there was a longer wait than would be ideal. However, some parts of the service could provide support almost immediately. PC raised a concern that patients were allocated a fixed number of treatment sessions and sometimes these were not at the most suitable times, particularly for those patients on medications that meant they could not get to early morning appointments. She wondered whether the number of sessions could be extended if one or more was missed. HW replied that it depended on the circumstances. If 2 or more appointments were missed then a letter would be sent to the patient to ascertain why. If they were unable to make contact with the individual then consideration would have to be given as to whether this was actually the right time for them to be receiving treatment. A deactivation letter would then be sent and their GP informed. However, the letter would make it clear that they could re-access the service at any time. ACH asked what the age criteria for referral was. HW replied that there was no upper age limit and the service worked with individuals from the age of 17. Returning to the issue of medication preventing some individuals from attending early morning appointments, HW reported that the service was developing a long term condition pathway so was mindful that medication	

	could cause issues. She then went on to say that the service wanted to improve people's awareness of it and how to access treatment and asked for attendees' thoughts and ideas on how this could be achieved. PC and BOC both felt that posters in GPs surgeries were not particularly effective as were often not actually seen by patients. HW agreed and said that although posters used to be sent out to the practice in general, now they did try to obtain an individual's name and address them personally. It was felt that, in the past, posters did tend to get overlooked. PC then suggested contact be made with Citizen's Advice Bureaus. HW that this was already in place via STaR workers who also liaised with Job Centres. SO suggested the Samaritans and local libraries. HW confirmed that this was already in place. MH suggested posters in pharmacies. HW replied that this had been looked into but there were some issues surrounding it that still needed to be addressed. MH then suggested posters be put up at bus stops. RG agreed that this was likely to be more effective than posters in surgeries. MJ suggested public toilet cubicles. KS suggested that the posters be sent to PPGs for them to ask the surgery to display. RP agreed saying that if PPGs were aware of the posters being sent to the surgeries they could then question why they were not being displayed. BOC agreed. KS also mentioned that surgeries with TV screens in the waiting areas could display posters on these. HW commented that a screen saver was being looked into. KB suggested the Salvation Army and food kitchens. JH suggested village magazines and referred to the Frinton Resident's Association magazine saying she would pass on HW's contact details. BOC suggested free newspapers may also be a good way to publicise the service. JH also commented that Tendring Council had a Health and Wellbeing Committee that may be able to help. ACH stated that the service could be publicised through the Alzheimer's Society dementia cafes. PM suggested that HW contact Essex County Council about putting leaflets into school book bags. PM to pass on contact details. HW thanked everyone for their input and the Chair thanked HW for coming along to the meeting.	**PM**
58.0	**Presentation – Working with Creffield Medical Centre to Fight Loneliness:** The Chair apologised saying that, unfortunately, the scheduled speaker had been unable to attend. He drew attention to the slides that had been circulated and tabled an additional sheet. He then mentioned that the presentation would be given at the PPG Summit to be held on Monday 25th July 2016 3pm to 6pm at Weeley Village Hall.	
59.0 **59.1**	**Group Concerns, Issues & Matters to Share:** **Fronks Road GP Surgery:** PM reported that she had received a telephone call from Sam Child, the Practice Manager at Fronks Road who had asked why the surgery was on the agenda and apologised that she would not be able to attend the meeting. She said that she was keen to provide what information she could but could not do this if she did not know why the surgery was listed as an agenda item. The Chair stated that it had been hoped that an update could be given on the situation regarding the special measures that the surgery had been placed into by the Care Quality Commission. However, this had not been possible as the only PPG contact the Health Forum had for Fronks Road was not in a position to engage effectively with them at the moment. He then asked that PM invite Sam Child to attend the next Tendring PPG Liaison meeting on 19th October 2016 along with a PPG representative. TW commented that in the early days of the Health Forum, Fronks Road	**PM**

	had seemed reluctant to set up a PPG. The Chair commented that it was now NHS England's policy for all GP practices to have a PPG. MJ wondered what sanctions would be imposed by NHS England, however, if a practice did not have one.	
59.2	**East Lynne GP Surgery:** JBM commenced by saying that if the Care Quality Commission (CQC) had visited the surgery today, it was likely that it would have been closed down as it was trying to operate with only one GP and one nurse. JBM said that on one particular day he had received 51 emails and 19 telephone calls regarding the lack of staff. JBM reported that he had spoken with the Chair of the Health Forum who had suggested he call the NEE CCG which he duly did. The NEE CCG had tried to get additional GPs to cover the surgery but had been unsuccessful. He then went on to report that, according to the NEE CCG, when the new company that was due to take over the practice, had been sent the lease it had transpired that it was incorrect. Consequently, proceedings had been held up while the correct lease was issued. The new company would now be taking over on 1st August 2016 and the surgery would have to manage as best it could until then. JBM felt the whole situation was a disgrace but he could not see how he could move the matter forward. There had been suggestions that he call NHS England but he did not know whether this would be effective. The Chair replied that the current practice is still under contract with NHS England and therefore came under their control. JBM explained that as soon as the new contract came into place then one GP will leave immediately and the other in October. A third GP had already left, so the surgery was not running at full capacity anyway at present. He went on to say that, faced with the possibility of another coastal surgery running into problems, the NEE CCG had found a company willing to take it on. The Chair then commented that he could not see any problems arising with JBM taking the matter to NHS England. RP felt that NHS England must surely be aware of the situation. BOC reported that there had been a discussion about this at Old Road which was almost at breaking point because of additional patients wanting to join. He felt that the surgery could not accommodate any more patients on its books. MJ asked what the link was between NHS England and the CQC. She found it implausible that the report could simply be ignored. JBM reported that originally, one of the East Lynne GPs had approached the NEE CCG reporting difficulties. The NEE CCG had brought in a company called Open Junction to provide advice and guidance but in the end they had decided to take over the surgery and suggested that the current GPs may need a sabbatical. He felt that the situation had been taken in the wrong context. JH stated that the responsibility lay with NHS England, not the NEE CCG. KS stated that with every CQC report there was a letter from the inspector of premises saying whether special measures were required and the timeframe required for improvement. Then following a re-inspection, an administrator may be brought in if improvements were not made. DG asked who would ensure that something was done if NHS England did nothing. JBM replied that it would be the responsibility of the Government. RG commented that it was nigh on impossible to get a reply from NHS England and stated that she had contacted them asking various questions and had not received an answer. On sending them another communication asking when she could expect a reply she was told that they did not think she needed a reply if they did not have anything to say.	

	Returning to the CQC report, the Chair stated that the practice would be re-inspected in 6 months. He stated that this was the same formula that was being followed at Colchester Hospital. He also mentioned that the safety issues were often associated with administration procedures and not clinical care. These procedures often did not happen correctly due to the pressure of work on the staff. Also referring to the CQC report, MJ disagreed with this, saying that reference was made to handling and prescription of medication and infection control. TW commented that the date of the original inspection was 28th October 2015 and wondered when the next one would be. He also wondered how long the current situation would have to endure before NHS England took action. He felt that perhaps, as a group, they should take the matter up with NHS England saying that it was not right for, or fair to patients. JBM commented that there had been a meeting between an East Lynne GP and the Secretary of State but nothing had been achieved from it. There had, however, been a follow up report in January but he felt it had been a box ticking exercise only. KS voiced a concern about where the patients would go if the surgery was closed down. BOC agreed that this was a concern to Old Road surgery as well. KS then stated that Ranworth had closed its books 18 months ago and commented that perhaps the time had come to create the proposed "super hub" and pooling of resources at a Clacton Hospital base. RG commented that there were simply not enough GPs and nurses but she did not feel that NHS England accepted this was the case. Returning to the topic of the company due to take over East Lynne, JBM reported that they were based near Chelmsford and was concerned that travelling to Clacton on a daily basis would prove to be difficult. He reported that a meeting due to take place with the staff of the practice had already been cancelled once because the Open Junction staff member had encountered traffic problems. The Chair stated that the issue could not be resolved at this meeting but they could agree that a problem was not envisaged if JBM contacted NHS England on behalf of the East Lynne PPG. He also took on board the point made by TW and MJ about the linking up of the CQC and NHS England. RG suggested an approach be made to the press about the situation. KS reported that he had given a radio interview at the beginning of the year and nothing had changed as a result, so wondered whether it might be a good time to let the press know. SO commented that the previous situation around Caradoc had made national news. JH suggested that an approach be made to the programme "Inside Out".	
59.3	ML commented that he was very new to these meetings but was concerned that this situation was affected a large number of patients. He also felt that any GP deemed to be unsafe was uninsurable. The Chair was not sure that this was the case and also felt that, it the practice was unsafe, it would be closed down immediately. **Future Healthcare Provisions in Harwich:** The Chair drew attention to the report already circulated. TW agreed that there were many facilities not being properly utilised and it was about time something was done about it as value for money was not being achieved. He felt that no one seemed to want to own up to what was being actioned. The Chair agreed and referred to the Sustainability and Transformation Plan saying that this was another term for the future healthcare provision in North East Essex and South Suffolk. He then went on to explain that a "success regime" had been implemented, initially for the whole of Essex, because of acute hospitals, mental health services and some GPs running at a deficit. This would involve health and social services working together to provide a more cohesive unit. However, eventually it had involved only Mid, South and West Essex CCGs.	

59.4	The Sustainability and Transformation Plan had therefore come about to incorporate the parts of the county from the Coast to South Suffolk and was, initially, scheduled to be finalised by the end of June but would not now be until August/September. RG voiced concerns over services moving out of the North East Essex area and how patients would travel to them. The Chair stated that this point had been made, particularly with the poor provision of public transport. He stated that eligible patients would be entitled to use the ambulance service but this did not cover family/carers. JL confirmed that only patients with Alzheimers or another form of dementia were able to have a carer travel with them. MJ commented that this situation was not new and the same arguments had been had when various cancer services had been relocated. **Care Closer to Home Telephone Gateway:** The Chair referred to the report previously circulated. RG confirmed that there were still serious problems with the Gateway. She said her original understanding of Care Closer to Home was that it would provide care for people in their homes and would enable them to ring one number to sort out any problems. However, in practice the service had been expanded. When calling the central number a caller, would be put through to a call handler who then refers back to the appropriate team and then comes back to the caller. However, no idea is given as to when this call back will happen. Also sometimes the original call has to be referred to the appropriate clinician which can take even longer. RG reported that one particular issue had taken 2 months before she was able to sort it out. If a clinician contacts you direct, but has to leave a message the only way to return the call is to go back through the Gateway. RG then went on to say that she had been told it would be 4 weeks before she received an appointment for one particular problem and after 5 weeks she had heard nothing so finally decided to visit Clacton Hospital to try to sort out the problem and was told that they had forgotten to send the referral through. She reported that she had complained about the system and had got nowhere, simply being told about changes being made. She had then complained again and was now waiting for the Terms of Reference of the complaint to be sent through to her. She had received a telephone call from Anglian Community Enterprise's (ACE) Complaints Manager to say that many changes to the Gateway system had been implemented and did she still wish to pursue the complaint. RG considered that this was inadequate and wanted a written reply reporting on what is happening. Returning to RG's comment about the original ideas behind Care Closer to Home, the Chair stated that the NEE CCG had always said that the new provider would decide how it would operate. RG commented that ACE say they are running the service according to the contract with the NEE CCG. KB asked whether the Gateway policy was based on the fact that many people now used mobile phones so were more readily contactable. RG stated that she had never been asked for a mobile but wasn't prepared to discuss her health issues anywhere that wasn't private so did not want to be called on a mobile number. She then went on to say that she had had to change an appointment which the Gateway managed to do but were not able to confirm the change by letter. PC commented that there seem to be general confusion about where appointments were held. She reported that a friend had had an appointment with a Consultant at Clacton but the procedure would be carried out at Colchester. She felt that this was not always made clear. Some of the other attendees said that this was always the case but it was usually made clear in a letter. PC felt that when a letter was not involved it was not made clear via the telephone. The Chair reported that, in his capacity as Chair of the Health Forum	

	Committee, he had been told that there had been some problems with the Gateway in the first couple of months. The number of calls received had been much higher than anticipated and they found that the computer programme used did not work as well as expected. This has now been changed however, he did feel that all patient information needed to be on a central database that could be accessed by the person answering the call so that they had all the required information to deal with the call properly. KS believed that the system is improving and suggested that someone from ACE come along to talk the issues through. JH stated that there must be a NEE CCG contract manager who monitored the contract. She suggested that this person come along to explain what was being done. MJ agreed saying, there must be penalties written into the contract. JH suggested that someone ask the question at the next NEE CCG Board meeting. The Chair reported that the NEE CCG PALS team had been looking into this matter.	
	The Chair decided to deal with agenda item 10: Any Other Business at this point.	
60.0 **60.1**	**Any Other Business:** **Big Care Debate 2 – Feedback:** The Chair explained that this would be dealt with more fully at the PPG Summit and tabled a document related to it. He also reported that there was talk of a Big Care Debate 3 later in the year. The Local Health Matters meetings in August would cover Urgent Care and services provided by St. Helena Hospice.	
61.1	**PPG Activity Initiatives – What's Happening Where?** PC reported that Lawford now had a virtual PPG. She said that the surgery were keen to administer it but there had been one face to face meeting; unfortunately only two people had attended. JBM reported that the next meeting of the East Lynne PPG would be on 11th August and the membership was increasing. JH reported that at the next meeting of the Caradoc PPG, Jackie Fairweather would be talking about My Social Prescription. A TV screen based information service funded by the PPG was due for installation. ACH reported that the St. James PPG was virtual and she could not persuade the surgery to have anything other than a virtual PPG at present. The Chair said that patients needed to request a face to face PPG from the surgery. In her other role, ACH requested ideas as to how she could contact surgeries about dementia awareness. BOC reported that Old Road was trying to deal with the increase in patient numbers and was also experiencing problems with some pharmacies over the changes in repeat prescriptions TW asked who would be attending the PPG Summit in terms of PPGs. The Chair replied both Tendring and Colchester PPG representatives would be present. He explained that it was being held at Weeley Village hall as the first summit had been held in Colchester. MJ reported that the Mayflower PPG had met last month and a GP and the Practice Manager had attended. There was also a presentation scheduled from a pharmacist at a future meeting. She presumed that the change in repeat prescriptions would be covered at the PPG Summit. She felt that there was some confusion over the changes. The Chair clarified that only the automatic re-ordering of prescriptions by pharmacists on behalf of patients was stopping, nothing else was being changed. TW commented that the leaflet explaining this was very confusing. RG reported that someone was due to be coming to the next Frinton Road PPG meeting to provide an update on the proposed move to Kennedy Way.	

	MH reported that she had only been to one Epping Close PPG meeting but the surgery were keen for PPG members to take control of the meetings by electing a Chair and Secretary. However people were reluctant to take on the roles. BOC asked whether there was any further information about deletion of patients from GP lists. The Chair replied that this was a national campaign and designed to stop surgeries listing patients on their lists that had moved away but he would try to find out more. RP reported that things were continuing well with Walton PPG. KS reported that Ranworth were keen to provide assistance to PPGs just starting up. He then said that he had been asked to become the patient representative on the NEEDS Foot Care committee and would like to give a short talk at the next PPG Liaison meetings. PM to put this item on the agenda. The Chair then reported that a public meeting was being held in St. James Church Hall in Clacton tonight from 7pm to 9pm to discuss the mental health ward moves between Clacton and Colchester. There would also be discussion about a possible merger between North and South mental health services.	**RH** **PM**
	Date, Time & Venue of Next Meeting: Wednesday 19th October, 2016 2pm to 4pm Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN The Chair then thanked everyone for attending and closed the meeting.	