

TENDRING Patient Participation Groups (PPG) LIAISON MEETING
 Wednesday 19th October 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
Melvyn Cox	MC	Great Bentley Patient Participation Group (Chair)
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
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)
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)
Barry O'Connell	BOC	Old Road Patient Participation Group & Veteran's Mental Health Committee
Richard Price	RP	Walton Patient Participation Group (Chair)
Kevin Sines	KS	Ranworth Patient Participation Group (Chair)

Item		Action
63.0	Welcome: The Chair welcomed everyone to this meeting of the Tendring Patient Participation Groups (PPGs).	
64.0	Apologies: Marjorie Appleyard (St. James PPG), Hazel Harris (Walton PPG), Brian Mckeown (East Lynne PPG (Chair)) and Sue Opperman (Caradoc PPG).	
65.0	Introductions: The attendees all introduced themselves and explained the capacity in which they were attending the meeting.	
66.0	Minutes of Meeting held on 20th July 2016: The minutes of the above meeting were approved.	
67.0	Matters Arising (not among the agenda items): BOC stated that the Old Road Practice Manager would like to know which other practices in Clacton had closed their books to new patients as Old Road was inundated with patients wishing to register. JL reported that East Lynne's books were closed. RG stated that Epping Close's register was open. KS reported that Ranworth had closed theirs. MJ commented that the Practice Manager should be able to find out this information via NHS England. BOC then stated that the Practice Manager at Old Road would also like an update on the current status of the phlebotomy service. KS replied that there were two places within the Clacton area that patients could have blood taken, if it was not offered at their own GP surgery. These are Old Road surgery via an appointment systems and a walk-in service at Clacton Hospital. BOC felt the situation was very confusing as some patients were being told	

	<p>to go to Old Road, or the hospital, but some patients were having tests done at their own practice. He understood the review of the service had been done in order to speed up the service by only having blood taken at two locations.</p> <p>Referring to the facility at Clacton Hospital, JH commented that there were two locations within the site; if the blood test had been ordered by a patient's GP then they should attend Reckitts Lodge and would need to make an appointment. If it was a test required by a hospital consultant then they should go to outpatients. KS commented that it was often easier to get an appointment at the hospital, or Old Road, than a patient's GP surgery. RG commented that she had never been given the choice of having a blood test done at Old Road. KS mentioned that by carrying out blood tests the individual practice could be paid for them.</p> <p>After a brief further discussion, the Chair suggested that BOC ask the Practice Manager to take the matter up with the company that held the contract.</p> <p>KB then asked why pharmacies that offered flu injections, charged for the service, whilst a GP surgery did not. The Chair did not know about this but suggested that, if a patient was eligible to receive a blood test free from a GP surgery, then it should also be free if carried out by a pharmacy.</p> <p>Moving onto the issues regarding the Care Closer to Home telephone gateway discussed at the last meeting, RG reported that things had improved greatly. She stated that she had received a letter from Lynne Woodcock at Anglian Community Enterprise (ACE) and now, once a patient had been referred to a service, they were given a direct contact number. The Chair stated that, due to the comments made by RG and others made at Local Health Matters meeting, the Health Forum Committee had asked PALS and Complaints to look into the issue with ACE and had received a report saying changes had been made to facilitate patient contact.</p>	
68.0	<p>Presentation: Podiatry:</p> <p>The Chair handed over to KS who would be speaking about the new podiatry service. KS explained that he sat on the Focus on Feet group which dealt with the new changes that had been imposed by the National Institute of Clinical Excellence (NICE). These guidelines had been introduced to try and reduce appointments of a toe nail cutting nature and try to deal with the upsurge in the amount of amputations happening in North East and Mid Essex. He explained that the school of thought was that by dealing with issues immediately, the chance of amputation was minimised. KS explained that some elderly patients had been attending appointments to have their toe nails cut every two months.</p> <p>Under the new service an assessment would be carried out and the patient would be placed into one of three categories; Green, Red and Orange.</p> <p>The Green category related to people who did not have a propensity to problems with their feet and were looking after them by themselves. The Red category (mainly those with diabetes) were those who were at risk of foot problems, perhaps because of poor circulation, and had a high possibility of developing conditions such as callous, fungal infections or ulcers. This group would need more regular monitoring. However, if a patient was initially categorized as Red but their conditions improved, they could then be moved into the Orange group. Likewise, Green patients could be upgraded to Orange if it was felt that their conditions were worsening.</p> <p>KS then went on to say that the patients in the Green category would be seen once a year after their initial assessment and this had caused some controversy amongst patients who were used to attending appointments every two months or so to have their toe nails cut and were now being asked to manage this themselves. KS believed that some who had been assessed as able to self-care may go on to experience problems due to incorrect toe nail cutting. However, these individuals could access help</p>	

	<p>privately from chiropodists or Age Concern, who ran a toe nail cutting service and charged £15. A private chiropodist would be likely to charge more but would offer a more holistic service and would therefore deal with other issues such as callouses. Also, Green category patients can return to the service for re-assessment if they developed problems.</p> <p>KS tabled a leaflet that had been produced by the North East Essex Diabetic Service (NEEDS).</p> <p>Moving on to the Red category, KS explained that this covered mainly those people with diabetes who would need a more regular service. They would be treated in two locations as ACE and NEEDS split the clinics. NEEDS ran clinics in Colchester which dealt with complex foot problems and ACE worked out of Reckitts Lodge in Clacton, and the Primary Care Centre in Colchester. ACE clinics treat patients who need to be seen every 3-4 weeks. Referral was via GPs or, for the NEEDS clinic, also by ACE.</p> <p>JH asked whether the Red category was only for diabetic patients. KS replied no it would cover anyone with foot issues that needed to be seen on a regular basis.</p> <p>MH asked whether an orthotic service was only available in Colchester. KS replied that some of the ACE podiatrists could provide insoles but more complex needs would have to be dealt with by the NEEDS team in Colchester. KS stressed that the objective of the new service was to provide care for those that need it most. He mentioned that the leaflet he tabled gave details of alternatives for toe nail cutting. However, Age Concern currently had a 15 week waiting list. KS then stated that GP surgeries were quite at liberty to employ their own podiatrists.</p> <p>ML asked what would happen when diabetic patients attended for their annual check. KS explained that there were nine points to the check, two of which involved checking circulation to the feet which would then indicate which category a patient fell into. ML commented that he had not found these particular tests to be very effective. KS agreed that, for the tests to be effective, they did need to be carried out properly. ML then went on to say that his last check had been carried out at the outpatients department of the hospital. KS was confused as to why this had happened as these checks were usually conducted at a patient's GP surgery. The Chair suggested that further enquiries needed to be made and KS agreed to follow the matter up.</p>	KS
<p>69.0 69.1</p>	<p>Group Concerns, Issues & Matters to Share: East Lynne GP Surgery: The Chair explained that Brian Mckeown (JBM), Chair of East Lynne PPG had sent apologies to this meeting but had provided an update of the current situation at East Lynne. He then read this out as follows:-</p> <p><i>This is a brief record of the meeting held on the 28th September 2016 at East Lynne Medical Centre.</i></p> <p><i>The meeting was attended by 35 members and by the Practice Manager who introduced the operation manager, Karen Sadler. She stated that if her company had not taken over the practice NHS England would have closed it. This was challenged by several members; she stated that they were running the practice with three locums and one partner but the partner was going to concentrate on bringing the surgery up to the CQC standard for the next inspection. She once again stated that if it failed the inspection the surgery would be closed by NHS England.</i></p> <p><i>The meeting became very lively at this point, and I had asked members to submit questions to me to ask. The first question was, why after almost 20 years there were queues outside the surgery for the first time? On behalf of a member I pointed out that they had done away with the nurses booking station and that it was now the responsibility of the front desk to do the booking for nurse appointments.</i></p>	

She stated that the changes would take a time to work and for everyone to be patient. We were also informed that the current locums were not reliable and were being replaced on the following Monday by three new ones.

There was also a discussion why, at 8.05am in the morning, with three doctors available, there were no appointments until 11.45am when there was supposed to be no previous booking. Karen stated she had no knowledge of this but would look into it and report back.

Karen and the staff were thanked for their appearance. The consensus of opinion was that they should be given a chance but would have to improve because the service that was on offer as at the moment is chaotic.

JL commented that the next PPG meeting was scheduled for January 2017. The Chair felt that it was positive that the practice was open and some appointments were available. JL reported that four doctors were listed on the website for the company that had taken over the practice. She had asked how many of these would be based permanently at East Lynne and was told that none would be. There would be a paramedic, nurse practitioner and locums when available. When a patient telephoned for an appointment they would then be triaged by reception staff to decide the most appropriate clinical person to see them. JL reported that she had voiced concerns about discussing personal health issues with reception staff in a non-confidential environment. RG commented that, at the last Frinton Road PPG meeting, there had been discussion about triage by reception staff and ACE had been adamant that this would not happen, saying triage had to be carried out by a clinical member of staff. BOC felt that triage by reception staff could leave the practice open to all sorts of problems. RG agreed that it could be very dangerous. MJ commented that the Care Quality Commission (CQC) would not approve of this practice.

The Chair suggested that East Lynne PPG run an awareness day to check with patients whether they felt things were improving at the practice under the new system. He then went on to say that he had some information, that he would table later, on some research carried out on behalf of Cancer Research UK who feel that patients are put off making appointments with their GP by having to discuss their personal issues with reception staff. The Chair commented that at his surgery there was a private room for this type of discussion to take place. MC reported that Great Bentley will only triage over the telephone in order to protect patient confidentiality.

69.2

Future Healthcare Provisions in Mistley:

The Chair drew attention to the document previously circulated and explained that Mistley Parish Council would like a GP surgery in the village and were willing to assist in funding it. They had contacted the Health Forum originally as they could not find the best way to contact NHS England in order to discuss this. However, they had now attended a Riverside PPG meeting and the matter was beginning to progress.

KS felt that there were problems relating to new housing developments planned for Mistley. Planning permission is granted, he said, without making any provision under Section 125 of the Housing Act, which states that provision for a substructure must be given.

RG commented that even if a physical building was provided, how would it be staffed? The Chair mentioned that if there was a suitable site allocated, but even that did not guarantee it would be utilised for the purpose originally intended. He then went on to say that the Health Forum Committee raised the issue at the NEE CCG Board meeting in September, saying that they were aware that there were talks taking place with Councils about future development proposals in both Colchester and Tendring. However, what wasn't known was what was being done in terms of additional provision of GP surgeries in these places. Currently, it seems there is no provision or funding for it.

RP stated that the situation was a real problem and he did not think it was

<p>69.3</p>	<p>one that would go away. He stated that Walton has permission for 500 additional houses and the surgeries are already under pressure. Most locals and Tendring District Council did not want this development but the District Council was under pressure from Government inspectors.</p> <p>KS felt that this issue should be formally taken up by the group and a letter should be written to local MPs. RP also wanted to know what would happen to new patients in an area if the local GP surgery had closed its books. The Chair stated that he had no objection to the group asking the Health Forum Committee to write to North East Essex MPs about their concerns. All present agreed that he should proceed with this.</p> <p>JH asked what NHS England's involvement in future developments was. The Chair replied that they control the overview of GP surgeries. JH commented that the organisational structure seemed to be much more complicated than in the past. The Chair stated that responsibility now lay with local area teams which would become involved quickly when a crisis situation arose but were not so easy to liaise with at other times. RP asked whether it was NHS England's responsibility to provide GP services in North East Essex and if so, would it fall to them to sort out a situation if a patient could not get registered with a GP? The Chair replied that it was and it was not down to the NEE CCG but they would liaise with surgeries, and oversee links with other providers, but they did not pay for GP surgeries. RP then said that NHS England should be included in the letter from the Health Forum Committee mentioned above. JL commented that East Lynne had approached NHS England for assistance but nothing had been forthcoming.</p> <p>MJ commented that she thought this item (originally described on the agenda as Future Healthcare Provision for Harwich) referred to a previous discussion regarding Fronks Road surgery and asked whether the Practice Manager had been invited to come along to the meeting to speak. The Chair confirmed that she had been and a request for someone from their PPG to come along had also been made. However, no reply had been received from the practice.</p> <p>Returning to the discussion about future housing developments, MC reported that Tendring District Council had rejected a plan for 125 houses at Great Bentley and a Government inspector had visited following an objection from the developer. He had agreed that the development may cause some moderate harm to the locality but had overturned Tendring District Council's decision anyway, saying that the additional housing was needed.</p> <p>GP List Cleaning: The Chair explained that this had been raised originally at the July meeting following the announcement of the plan on the same day. He then went on to say that he had looked into the issue, and spoken with NHS England before producing the report that had been circulated with the agenda, and which had already been presented to the Health Forum Committee. He hoped that his report helped to put the matter into perspective.</p> <p>KS wondered how this would affect patients who may live in North East Essex but registered with a GP in another area which may be more convenient for them, perhaps due to work commitments. The Chair replied that it should not present a problem as long as they were not registered with two surgeries.</p> <p>RG felt that problems over registration could be exacerbated because people no longer had NHS medical cards. In regard to deceased patients JL wondered why people did not inform the GP when the death was registered. BOC replied that the registrar did not ask for GP details of the deceased because they did not want to cause additional distress at a difficult time.</p> <p>The Chair stated that the Health Forum Committee would be asking the NEE CCG Communications Team to help emphasise that it was essential for people to respond to the letters received from GP surgeries about being</p>	<p>RH</p>
-------------	---	-----------

<p>69.4</p> <p>69.5</p> <p>69.6</p> <p>69.7</p>	<p>de-registered, if and when the scheme came into effect in North East Essex.</p> <p>PPG Publicity: What they do and how patients can get involved: The Chair explained that this, and the next two items, had originally been raised at a Local Health Matters meeting. A suggestion had been made that more could be done to raise awareness of PPGs. He went on to say that this had been discussed at the Colchester PPG Liaison meeting held earlier in the week and it had been agreed that he draw up a list of suggestions to be circulated to both groups.</p> <p>Walk-In Appointments: The Chair explained that it had been suggested that practices adopt a walk-in service for morning surgeries and hold an appointment system for afternoons. He said that this, too, had been discussed by the Colchester PPG Liaison group and the suggestion was that attendees take this back to their individual PPGs for discussion.</p> <p>KS reported that Ranworth used to have a walk-in service but had recently withdrawn it as it tended to cause problems in relation to children being brought in to see a GP and the parent also using the consultation instead of making an appointment. It also caused problems in terms of large numbers of people in the waiting room.</p> <p>BOC stated that Old Road had compiled a list of patients that the surgery deemed it necessary to see urgently if they rang up.</p> <p>MH said that Epping Close held three morning walk-in sessions per week. She also commented that the GPs had said that they liked this system.</p> <p>Ratio of GPs to Patients: The Chair reported that the Colchester PPG Liaison had agreed that the Health Forum Committee should write to local MPs regarding this. He explained that there were no national guidelines on such a ratio, but the group had felt that it would be desirable for there to be one, although things such as the demographic of the local population and the number of GPs operating out of a surgery would have to be taken in to account.</p> <p>Kennedy Way Proposed Hub: RG reported that Andrew Geddes of NHS England had written to her recently and stated that a survey of the proposed building had been carried out and practices would now be contacted to discuss the proposal. She went on to say, however, that at a recent PPG meeting, the Practice Manager and ACE seemed to know nothing of this. RG will send a copy of the letter to PM to update the report.</p>	<p>RG/PM</p>
<p>70.0</p> <p>70.1</p> <p>70.2</p>	<p>NEE CCG & Health Forum Activities:</p> <p>Self-Care Week: The Chair reported that this would run between 14th and 20th November 2016. The Health Forum and NEE CCG would be running outreach sessions at various locations around North East Essex. Details would be circulated to PPGs when finalised.</p> <p>MJ asked what was happening in regard to the proposed closure of community pharmacies. KB commented that Teresa May had been questioned on this today. The Chair replied that the last he had heard on this topic, was that it was being held in abeyance. He agreed to look into the matter.</p> <p>JH asked for some concise A4 posters to be provided to publicise Self-Care Week. The Chair replied that literature would be circulated shortly.</p> <p>PPG Summit 3: The Chair reported that this would be held on 17th November 2016 which was in the middle of Self-Care week. It would be held in Colchester at the RCCG Stillwaters Centre, House Heath Business Park, Whitehall Road, Colchester, CO2 8GU.</p>	<p>RH</p>

	<p>Returning to the topic of Self-Care week, KS mentioned that, previously, an interesting booklet had been available which gave useful information. He wondered whether this was still available. The Chair replied that a leaflet would be produced. KS then mentioned a proposal that had been made for Clacton Hospital to link up with local pharmacies to provide a type for first aid box, complete with a voucher that could be used towards re-stocking when necessary. However, the Medicines Management team at the NEE CCG had envisaged that this could cause some issues, so this idea had not progressed any further.</p>	
71.0	<p>Any Other Business: The Chair decided to take this item next and handed out a document relating to research carried out on behalf of Cancer Research UK that had been mentioned earlier in the meeting.</p> <p>RG asked that someone be invited along to a future meeting to talk about how contracts were monitored and whether they were working or not. The Chair advised that it would be best to ask someone to talk about the contract for one specific service and it was agreed that audiology would be a good starting point. PM to contact the relevant Business Manager at the NEE CCG.</p> <p>MH raised concern about various IT systems within the health service linking in with each other. The Chair replied that this was something that the NEE CCG was looking at as part of their Five Year Forward View, particularly in the light of plans to work more closely with Suffolk CCGs. More should be known about this shortly.</p> <p>Referring to the Patient Access system, JH asked if anyone else using it could see letters sent to and from their GP. Most present said they could not.</p>	PM
72.0	<p>PPG Activity Initiatives: What's Happening Where? BOC reported that Old Road had recently held another recruitment drive and gained an additional member.</p> <p>KS then stated that invitations that had been received from one company to come in to the practice and provide a complimentary lunch and explain the service they offered. He felt wary about endorsing services and a decision had been taken by Ranworth not to accept such invitations.</p> <p>The Chair then mentioned that Health Forum Committee elections were due to get underway later this week and letters would be sent out to the entire Health Forum membership. He urged anyone interested in getting more involved, to send in a nomination and explained that there were vacancies in Colchester, Tendring (excluding Harwich) and Harwich and Manningtree localities. In addition, there were also vacancies on some NEE CCG committees for patient representatives. These roles did not need to go through the election process.</p> <p>JHg reported that Helping Hands patient transport was in desperate need for drivers. The Chair suggested that JHg come along to the January 2017 Local Health Matters meetings to speak about the service and its need for drivers. PM to send details to JHg.</p>	PM
73.0	<p>Date, Time & Venue of Next Meeting: Wednesday 18th January 2017 2pm to 4pm Weeley Village Hall, Clacton Road, Weeley, Essex, CO16 9DN</p> <p>The Chair then thanked everyone for attending and closed the meeting.</p>	