

Patient Participation Group (PPG) Meeting – Thursday 9th February 2017

18:30 – 19:45

Present: Pauline Mackenzie (PM) – Practice Manager at East Lynne Medical Centre
Dawn Lambert (DL) – Finance Officer at East Lynne Medical Centre (Minutes)
John Gear (JG) – Essex Lifestyle Services
Lynsey Bessent (LB) – PPG Member
Sara Foster (SF) – PPG Member
Sarah Hazell (SH) – PPG Member
Brian McKeown (BM) – PPG Chair
Penelope Read (PR) – PPG Member
Elaine Symonds (ES) – PPG Member
Helen Burfoot (HB) – PPG Member
Andrew Haynes (AH) – PPG Member
Jacqueline Lyons (JL) – PPG Member
Michael Pheasant (MP) – Patient
Diana Splarn (DS) – PPG Member

Apologies: Karen Sadler (KS) – Managing Partner at East Lynne Medical Centre
Heather Simpson (HS) – Practice Nurse at East Lynne Medical Centre
Elizabeth Boyle (EB) – PPG Member
Patricia Chamberlain (PC) – PPG Member
Jackie Fairweather (JF) PPG Member
Gillian Lingwood (GL) – PPG Member
Janice Brierley (JB) – PPG Member
Frank Dowdall (FD) – PPG Member
Eunice Hayes (EH) – PPG Member
Alan Penney (AP) – PPG Member

Abbreviations: East Lynne Medical Centre (ELMC). Clinical Commissioning Group (CCG).
NHS England (NHSE). Anglian Community Enterprise (ACE). Community Interest Company (CIC).

- **Welcome and apologies.**

Chair BM opened the meeting by thanking all parties for attending. BM offered best wishes to KS for her recovery from knee injury.

- **Essex Lifestyle Services – Guest Speaker, Mr John Gear (JR).**

BM welcomed JG from Essex Lifestyle Services.

JG explained how he worked for Provide, which was a Community Interest Company (CIC), similar to ACE but predominantly based in Mid-Essex (whereas ACE is based in North East Essex).

Provide promote wellbeing services such as Smoking Cessation, Healthy Eating including the more complex users of weight management (ACE still provide some weight management but can refer to Provide for further support), help for patients with long term conditions such as COPD, Diabetes, arthritis, Drug / Alcohol Support, help maintaining medications and emotional support to sustain changes needed to implement services.

JG stated that from April 2016, Provide had been commissioned a 5 year contract, with an option to extend, by Essex County Council. They can accept self-referrals (details can be found via leaflets or display boards) or referrals from GP's particularly prior to elective surgery. Essex Lifestyle Services are provided free to all patients, although there may be a charge if a prescription is required and patients are not exempt.

Although Provide are a close entity to the CCG, they receive no funding from CCG, who are responsible for identifying the needs within the community. An example of CCG input is referring a patient for weight management prior to receiving IVF treatment.

PPG member stated they had previously used the ACE service but were only supported for 6 10minute sessions which did not seem enough.

JG explained that ACE had a good success rate but that it was not suitable for everyone and ACE should refer more complex patients to Provide for longer sessions. JG stated Provide cover almost the whole county. He advised the group that they have a triage team who telephones the patient, within 24 working hours, to discuss their goals. Patients unable to visit a clinic can be treated by telephone support or home visits can be arranged where really necessary. Provide see patients over 12 weeks and set individual targets of 3, 6 and 9 months to reach their goals or sustain them. This preventative intervention will help prevent problems later in life and help reduce costs or time later.

BM thanked JG for the information he had provided and his time.

- **Minutes and corrections from last minutes.**

Minutes were passed by the group.

- **Surgery update from PM, Practice Manager.**

PM began by explaining the surgery had undergone a further CQC inspection, which although had been stressful, was less intimidating than the last one. The same GP attended to review the changes along with a practice manager and inspector. PM stated the surgery had been able to provide all the information required and had presented it in numerous folders. Early indications were that the inspectors were pleased with clinical changes around drug monitoring and medication reviews.

PM explained how during the last inspection the surgery had very good partners but there just simply too much workload. It was not that they did not do things, they just did not do things the way CQC wanted them to.

PM explained to the group the situation with the doctors was that the partners had been working 1 day a week each and Dr Halstead was still working 1 day a week. She stated she would be interviewing a long term locum the following week which would be on a 1 year contract, with the hope to entice them to stay longer.

PM stated across the local area, there are less GP's and surgeries are back-filling with Advanced Nurse Practitioners as salaried GP's can choose wherever they want to work.

PPG member stated she had obtained blood test results via a telephone consultation which was brilliant for that member not to have to take time to attend or use a valuable appointment. They asked if they could be requested by patients or put on website.

PM stated the GP's have a block of telephone consultations every day and that at present they generally fill these slots themselves, although it could be discussed if patients can request.

BM added that he had been interviewed by an inspector who had been impressed by the number of patients on the group and the support from and to the practice/good minutes.

PPG commented on how much more a locum or salaried GP costs compared to a partner.

PM moved on to discuss the Hub – Clacton GP Alliance – which incorporates ELMC, Ranworth, Crusader and some of the ACE practices who were meeting on Monday 13th February to discuss Care/Residential Homes run by a community matron with one central point of contact and a Minor Illness Centre. She stated Clacton GP Alliance had secured funding to get the care home service up and running, however she was unsure how the technology was going to work yet but the expectation is that CCG will help.

PM stated the surgery would be moving in a maximum of 4 and a half year, possibly sooner. Potential sites include the Hospital site or Hospice site in Jackson Road although no decision has been made.

PPG member stated since ACE has moved into the Hospice site, several people operating services from there have had to cease their services; hence rooms being available but these services are greatly missed.

PPG member asked what the procedure is to obtain an appointment.

PM explained by telephone in the morning or by requesting over the reception counter. She advised the group that if a prescription says a medication review is due, patients should make an appointment as the doctor could withhold medication if no review completed. The alternative providers are Advanced Nurse Practitioners Sister Zoe, Wendy and Sam and an Emergency Medical Practitioner (EMP) Graham who triages all home visit requests.

- **Robust or softly softly approach discussion on way PPG is run.**

BM advised the group he had received criticism by a PPG member after the last meeting and that email had been sent to PM, KS and DL. He stated he considers his job is to ask questions given to him and will keep asking questions if no reply is forthcoming. He explained he often attended meeting which did not follow a softly softly approach and feels Dr Sherwood had been too soft but that KS was not as soft. He asked the group which approach they would prefer from him.

PPG member stated he should be asking questions and that as a group, they need answers.

BM asked PM how many members of staff had left since the transfer.

PM stated it was very common when a takeover happens but that some staff who have left had the option of retiring, although there is a whole new environment and a few have chosen to leave rather than accept change.

PM felt it was very refreshing to know that BM will attend meetings and challenge people such as CCG.

BM stated he is often emailed questions to put forward by members and that his expectation is to improve services based on lively discussions.

The group agreed for BM to continue unchanged.

- **Chairman's report on matters relating to PPG and report on the PPG summit held at Weeley.**

BM explained there were discussions regarding the possible closing of Minor Injuries Unit (MIU) and it had been very difficult to maintain control at the meeting. He stated no decision had been made and that no information will be released until all opinions are collated. He reminded the group how many holiday makers use MIU throughout the summer.

BM moved on to discuss hearing aids, which are no longer available at the Audiology department at Clacton Hospital. He stated ACE had won a 7 year contract and patients now attend Specsavers where trainees are used to test patients hearing. He stated it can take 6-8 weeks to obtain an appointment then a further 6-8 weeks to receive a hearing aid and 3-4 weeks for a repair.

PPG member stated a relative had used the Specsavers service and found it very good. Their GP referred them and they received an appointment very quickly and went away with their hearing aid on the day, along with a stack of batteries and the telephone number required for the patient to be sent more batteries. The patient received a follow up telephone call and had been very happy with the service.

BM reminded the group that he will happily take up any queries with the Health Forum.

BM stated they may suggest a restriction on the number of members from each area who attend the summit, as there were 8 members from Harwich and there is a risk of over representation.

BM had been contacted by a guest speaker who wanted to attend a PPG meeting to do a talk on End of Life Care. The group agreed to have the speaker in attendance.

BM thanked the group for the good attendance and the meeting closed at 7:45pm.

Next meeting Thursday 27th April 2017 at 6:30pm at the surgery.

Members are reminded that they can contact Brian by his telephone number: 01255 436977 or email address: mckeownjb@yahoo.co.uk