



Southend Patient Participation Group Forum

MINUTES

Thursday 16th August 2018 – 9.30am – 11.30am

Committee Room 6, Civic Centre, Southend

Attendees

Majzoub B Ali (MA)	PPG Carnarvon Medical Centre
Jean Broadbent (JB)	Engagement Officer, Healthwatch Southend
Sharon Auger (SA)	Engagement Officer, Healthwatch Southend
Sally Carr (SC)	Chair, PPG Thorpe Bay Surgery
Chris Gasper (CG)	Deputy Chair, PPG Central Surgery
Abbie Giles (AG)	PPG Queensway Surgery
Betty Mashford (BM)	PPG, Pall Mall Surgery
Rosa Goldwater (RG)	PPG, West Road Surgery
Jenny Bailey (JB)	PPG, Eastwood Group Practice
Emma Tindall(ET)	Primary Care & Engagement Officer CCG
Trevor Harp (TH)	PPG, St Lukes Surgery
Carol Ayward	PPG, St Lukes Surgery
Paul Ilett	Head of Communications and
Engagement	
Jenni Speller (JS)	AD of Transformation and
Partnerships	

Item No.	Item Title	Action
1.	Welcome, apologies and declaration of interest SC welcomed all to the meeting. No declarations of interest were noted.	
1.	Review of minutes of PPGF held on 26th June 2018 SC noted that she had already advised Amanda of some amendments	

1.	<p>Matters Arising</p> <p>SC - noted that it was very disappointing not to have anyone to take minutes. She had a recent meeting with Amanda who had not mentioned that she would not be at this meeting. ET offered to take action points. (not relevant)</p> <p>SC - made reference to the Terms of Reference (TOR) which she had expected to have been progressed. The meeting required between Southend Borough Council (SBC) and the CCG to discuss the TOR has not yet taken place. Upon conclusion of those discussions the TOR will be reviewed and amended as necessary.</p> <p>MA –There should be a representative from all 28 GP practices.</p> <p>Consideration is being given to PPGF meetings to be held in the 4 localities rather than one meeting for everyone together. This was not popular. It was felt we have a bigger voice as one.</p> <p>JS – Notes the importance of our group; she should include comments from our group in public reports.</p> <p>TH – Notes importance of people presenting to us. Also notes that we’ve been in limbo for some months now. We have a TOR in place and until it is amended or replaced the existing terms are clear and should stand.</p> <p>CG - Whole situation in turmoil.</p>	
2.	<p>Healthwatch (Southend) Presentation</p> <p>JB & SA from Healthwatch Southend gave an overview of the functions and how they are in the middle of the PPG’s and the rest of the system. They will report to the PPGF on a regular basis and take any recommendations to the relevant boards. Their purpose is to gain feedback which can be used for future planning.</p> <p>They have a good relationship with the CCG and can pass on queries if they are unable to help.</p> <p>They need help to be more visible and would be happy to do a 10 minute presentation at any of the PPG meeting’s.</p> <p>A pamphlet and the Annual Report were handed out.</p>	
3.	<p>Primary Care Strategy Presentation</p> <p>JS introduced herself as the Associate Director of Primary Care. She manages GP contracts for NHS England and part of this contract is that GPs have to have a PPG and she can help with this within surgeries.</p> <p>She also looks at Primary care and how it is changing with a focus on GP Practices. It’s all about the needs of the local area. JS went through a presentation on strategy, challenges, strategy and transformation.</p> <p>GPs are understaffed and reliant on locums and international recruitment which has risks for the future. This in turn means a high workload, poor morale and low retention followed by a poor patient experience.</p> <p>They are looking at using more professional healthcare providers to see patients and believe that Health Care assistants, physios, paramedics can relieve pressure on GPs. Staff will be trained to triage and direct a patient to the right healthcare professional.</p>	

3.	<p>AG – the public need to be informed of the new systems which will help them understand why they have not seen a GP. Satisfaction levels may increase and frustrations reduce.</p> <p>JS explained that a pilot has started at Queensway Surgery (funded with new money from the CCG) where healthcare professionals are shared in the East Central locality for home visits. If this is successful it could make recruitment of new staff possible, even for small practices and help with holiday cover, retention etc. There is the possibility of 3 years of funding with a 2 year extension if it's working well.</p> <p>PPGs should expect to be consulted when changes are taking place. All practices should have a PPG although there is not a clear guideline on how they should operate.</p> <p>SC noted that her PPG group is not well supported and she was considering disbanding it. MA – Low expectation of his PPG and GP not involved effectively. TH – Asked if all surgeries are included – they are JS – Companies are being formed to operate this system. CG – noted that with online booking - triage can't happen. Very limited as you can only book with a GP</p>	
4.	<p>PPG Round Robin</p> <p>Everyone update on their last PPG meetings</p> <p>SC – Thinking of disbanding AG – Very positive New trainees and recruiting GPs, much better staffing position BM – Merged PPGs didn't see eye to eye. PPG doesn't take responsibility for action points. CG – Fund raiser at Belle View church 15th September – stalls and punch and Judy MA – CQC inspection. Still problems with parking at new building. PPG not functioning properly TH – met last week only criticism was on flooring. Report on how often patients use GPs. High users between 15 0 85 times a year. Ongoing review. RG – No recent meeting. Still produce the newsletter. A meeting of the 2 merged PPGs did not go well. The new chair took offence and walked out and nobody from the other PPG has been seen since.</p>	
4.	<p>JB – Last meeting in May 2018 had 3 people turn up. Surgery is thinking of employing a paramedic. They want to get more people registered online. Would like an open afternoon where they register and set up people for online booking etc; JS offered to help with organizing that. Worried about state of the Kent Elms building. Staff have roasted in the hot weather. Car Park etc is appalling. It's not clean and is a health and safety issue. Would like to see the last inspection report.</p>	

5	<p>Any other Business</p> <p>Next meeting is in October (date?)</p> <p>CG – STP User group 18th September in Chelmsford. Can offer a lift to anyone that wishes to go. GP satisfaction reviews were out yesterday, why are surgeries failing, its needs to be analyzed. Talk to surgeries.</p> <p>AG – patients don't understand why they are given appointments with other healthcare professionals and need to understand how GPs are trying to improve services.</p> <p>ET – demonstrated a mobile ECG device which takes 30 seconds to record an ECG. The device is designed to analyse ECG rhythms to detect possible presence of Atrial Fibrillation (AF). All that is needed is a suitable smart phone or tablet that has the 'Kardia' app pre-installed. As a fully self-contained and battery powered device, the device can record, store and transfer single-channel ECG rhythms which is 98% accurate and can be purchased on Amazon. Several people tested it and it is being well received by</p>
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