



Southend Patient Participation Group Forum

MINUTES

Thursday 15th December 2016 – 9.30 – 12.00noon
The Hall, Balmoral Community Centre

Attendees (in alphabetical order)

Jenny Aitkinson (JA)	PPG Representative, Dr Sathanandan Surgery
Carole Alywood (CA)	PPG Representative, St Luke's Surgery
Lorretta Andrews (LA)	PPG Representative, Thorpe Bay Surgery
Sally Carr (SC)	Chair, PPG Representative Thorpe Bay Surgery
Chris Gasper (CG)	Deputy Chair, PPG Representative Central Surgery
Bill Glanvill (BG)	PPG Representative, Dr Malik Kent Elms Surgery
Rosa Goldwater (RG)	PPG Representative, West Road Surgery
May Hamilton (MH)	PPG Representative, St Luke's Surgery
Betty Mashford (BM)	PPG Representative, Pall Mall Surgery
Kim Paterson (KP)	Family Action/Healthwatch Admin – Minute Taker
Norman Traub (NT)	PPG Representative, Kent Elms Surgery
Shurleea Harding (SH)	PPG Representative, Leigh Surgery

In Attendance:

Emma Tindell (ET)	Primary Care & Engagement Officer CCG
Sadie Parker (SP)	Director of Communication CCG

Item No.	Item Title	Action
1.	Welcome, apologies and declaration of interest	
1.1	Apologies have been received from: Leanne Crabb – Healthwatch Engagement Officer Jenny Bailey – PPG Representative, Eastwood Practice Pat Holden – PPG Representative, Highlands Surgery	
1.2	No declaration of interest.	
2.	Minutes of PPGF held on 20th October 2016	
2.1	Minutes agreed to be true reflection of discussions – no amendments requested.	
3.	Success Regime Update – Sadie Parker (SP) Sustainability and Transformation plan has been published and is on the website – have a look and feedback to SP. There are a lot of rumour's going around that the hospital is closing – this is not the case but what the hospital offers will be changing. The proposal is for the 3 hospitals to come together, Success Regime is not a good name and you may hear STP mentioned and this is basically the same thing. One option for Southend in the proposal is to be a Yellow Hospital – urgent care centre as an A&E – minor treatment. Second option – stay as is with A&E. Third option – Red Hospital – specialist trauma – think this is not likely. A major factor is the work force – Southend suffers as does not get fringe allowance whereas Basildon does. There is a Scrutiny Committee Meeting 20 th December 6.30pm at Civic Centre	ALL

	<p>which is a public meeting – senior hospital team, CCG and Success Regime will be there – if you can't attend the minutes will be published.</p> <p>It appears that the public consultation will be delayed by a few months – according to papers this morning – Sadie was unaware of this.</p> <p>There was a comment that the oil spill showed that Basildon can't cope – SP disagreed she felt that this showed the best of the NHS – everyone pulled together and the patients came first.</p> <p>RG said that there are great concerns that the hospital will be downgraded and if this happens there will be more trouble recruiting for Southend.</p> <p>NT agrees with RG and feels that the Success Regime is working in secret the whole time.</p> <p>CG advised that himself and MH attended a meeting in Chelmsford yesterday and put questions to them and made a point of advising that they need to be telling people exactly what will be available and what is being removed.</p> <p>CG has a copy of the STP booklet that is shorter and shows the options available – copy has been sent to Healthwatch – LC to circulate with the minutes.</p> <p>This booklet states that Southend will have surgical excellence and that all 3 hospitals would continue to provide walk in and ambulance A&E.</p> <p>SC had letter with regards to voting for the Service User Advisory Group and was disappointed to see that no names from local had been put forward.</p>	LC
4.	<p>SCCG Primary Care Update (inc St Lukes/Shoebury) – Sadie Parker (SP)</p> <p>On 1st September there was a meeting with the governing body that set out the governance to take the 2 projects forward and these were approved.</p> <p>The model of care was discussed – integrated model – patients are categorised into 3 main areas – mostly healthy, rising risk, at risk and services will be developed around these.</p> <p>Shoeburyness is going to take longer and is likely to be integrated primary care.</p> <p>MH asked where Kick would go – SP advised that a home has still not been found for this service but it is being looked into with the possibility of intermediate care beds in care homes.</p>	
5.	<p>Joint Primary Care Commissioning Committee – Sadie Parker (SP)</p> <p>SP thanked those who came to the last meeting and suggested more may like to attend the next one from this group.</p> <p>Next meeting is 21st December 9.30am at Harcourt House – all papers are published a week ahead on the website.</p> <p>At present CCG are equally responsible for GP surgeries with NHS England.</p> <p>CCG have applied to go fully delegated – if successful could be totally responsible for GP surgeries and their services – will find out if successful in January.</p> <p>SP advised that GP's can't be a majority on the committee due to conflict of interest.</p> <p>CG commented that he had attended the last meeting and thought it needed advertising better and questioned it being a general public meeting as felt your normal member of public would probably not understand a lot of what is said.</p> <p>SP advised that the meeting is held in public rather than being a public meeting.</p>	
6.	<p>Review of PPG activity and meetings</p> <p>PPG members shared their updates from their practice meetings.</p> <ul style="list-style-type: none"> • Dr Malik Kent Elms Surgery – BG Nothing to report. 	

	<p>DNA remained at 35.</p> <ul style="list-style-type: none"> • Dr Sathanandan Surgery – JA Handed out friends and family leaflets at the Phlebotomy Clinic with mince pies and coffee. JA feels that opinions are asked for but never get any feedback back which makes it difficult to update at PPG meetings and newsletters. • Leigh Surgery – SH DNA 70 in a quarter No aggression – saw in last minutes that aggressive behaviour was probably from patients with Mental Health issues – SH disputes this – ET advised that this was taken out of context and advised on the conversation. • Central Surgery – CG TV in the waiting room is linked to a computer that is running a powerpoint presentation of useful information, there is a big noticeboard that is overloaded with information so working with the practice manager to put some of this information onto the TV. DNA already sent to Leanne. CG stated that he thought there was going to be some analysis at this meeting from Leanne on DNA's? • Thorpe Bay Surgery – SC/LA Last meeting did not happen. Main issue is needing the back of the CCG with regards to the waiting times outside of the surgery in the road – 11-12 can't park, being inundated with people objecting, consultation has come out and the decision is being made on 9th January. SP to check if Melanie has written. Only one person can speak at the meeting and SC felt Melanie may be the best person. • Kent Elms Surgery – NT DNA 69. PPG members are getting more involved with patients, each member will be at the surgery at a different time asking patients to fill out experience forms and advising them of the PPG and what they do for the surgery. • West Road Surgery – RG Continuing to hold regular meetings and producing newsletters. PPG members attend the surgery regularly. Practice Manager attended the last meeting and explained things from an Admin/Clinical view which was very interesting. Virtual group is growing but meetings are not doing quite so well – members have been contacted to see if a different time to meet would be better. • Pall Mall Surgery – BM Had 2 meetings since the last time we met and have 6 new members. Asked the Practice Manager about abusive patients – and she advised that yes they do but nothing big enough to report. DNA (Oct) 22 (made on the day) Prebooked 117 List size 1,500-1,600 Blood test 29 	
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	<p>Cost £5,500.</p> <p>GP felt these results weren't bad considering the size of the surgery. The surgery has automatic check in – PPG are trying to encourage patients to use this facility when they arrive.</p> <p>Nurse practitioner clinic's are working well.</p> <ul style="list-style-type: none"> • St Luke's Surgery – CA <p>Not managed to recruit any new members.</p> <p>If anyone is abusive to staff they have a red button to push which summons the manager who comes out to deal with them – if this happens regularly with same patient they are advised they will need to find at different surgery.</p> <p>Practice Manager provides good details/spreadsheets on data.</p>	
7.	<p>Localities Project – Social Workers allocated to GP's – Sadie Parker (SP)</p> <p>There are two parts to this project – Complex Care and Social Work.</p> <p>CG advised two social workers had come to Central Surgery and advised one of them would be attending the surgery every Wednesday afternoon – appointments are bookable.</p> <p>SP advised this will not be available in every surgery but is good news for Southend. Social Care have allocated workers in 4 localities and will be placed in certain practices – tending to be in larger practices as they have the rooms available.</p> <p>They are looking to support patients that there is very little that the GP can do i.e. housing/lonely etc.</p> <p>This brings Social Care and Health together.</p> <p>This initiative was piloted in Pall Mall and have had positive feedback.</p> <p>SP suggested you check with your Practice manager to see where their local Social Worker will be and what hours they are doing.</p> <p>Complex Care Coordination going live now, started in East Central then rolled out, all staff have been appointed to the service, clinical leads have not been appointed yet. Your practices should know about this already.</p> <p>SC requested a Complex Care Presentation Update for the next meeting.</p>	LC
8.	<p>London Hospital Referrals – Emma Tindall (ET)</p> <p>This has been cancelled by the CCG.</p> <p>ET has been looking at the figures but this doesn't appear to be as big a problem as initially thought.</p> <p>It is up to patient choice if want to access services out of area.</p> <p>11,000 in June only 35 were for London.</p>	
9.	<p>Patient Online – Emma Tindall (ET)</p> <p>Hand out was given out with screen shots of the different parts of Patient Online.</p> <p>LA did not think the test results part is offered at their surgery –ET advised that come next year all sections will be open to all patients.</p> <p>ET had a print out showing % of take up at surgeries for anyone to look at at the end of the meeting but was not able to give out.</p> <p>Worst was .1% and best 40.8% - Pall Mall</p> <p>Looking for 10% uptake as a minimum.</p> <p>ET advised that in February there will be a Time to Learn session arranged for Admin staff at the GP's to help increase the take up of this service –ET to look into splitting the training so that PPG Representatives could attend as well.</p>	

10.	<p>PPEISG Update – Emma Tindall (ET)</p> <p>Met with quite a few Steering Groups – collated the information and will be discussing with Janice in January.</p> <p>Next Steering Group meeting is 10th January.</p> <p>CG attended the meeting on 8th November – Val from Breathe Easy did a talk, the Youth Council attended, Ian Ross spoke about 5 yr forward view NHS and Care together.</p> <p>Work loads at GP’s high.</p> <p>Admin staff being trained to be able to spot problems and refer to appropriate agencies.</p> <p>CCG event over 100 people attended, another event will take place in May.</p> <p>In November Paul was going to circulate the CCG Annual Report but has not been received yet – ET advised that this is work in progress still but will remind him.</p>	ET
11.	<p>AOB</p> <p>Next meeting will be Tuesday 14th February 9.30 – 12.00 at Balmoral Community Centre The Lounge.</p> <p>ET will be unable to attend.</p>	