



Southend Patient Participation Group Forum

MINUTES

Tuesday 14th February 2017 – 9.30 – 12.00noon
The Lounge, Balmoral Community Centre

Attendees (in alphabetical order)

Carol Aylwood (CA)	PPG Representative, St Luke's Surgery
Lorretta Andrews (LA)	PPG Representative, Thorpe Bay Surgery
Jenny Bailey (JB)	PPG Representative, Eastwood Group Practice
Sally Carr (SC)	Chair, PPG Representative Thorpe Bay Surgery
Leanne Crabb (LC)	Healthwatch Engagement Officer
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
Shurleea Harding (SH)	PPG Representative, Leigh Surgery
Pat Holden (PH)	PPG Representative, Highlands Surgery
Kim Paterson (KP)	Family Action/Healthwatch Admin – Minute Taker
Maria Seagill (MS)	PPG Representative, Valkyrie Surgery
Steve Smith (SS)	PPG Representative Central Surgery

In Attendance:

Emma Tindall (ET)	Primary Care & Engagement Officer CCG
Sarah Lyons (SL)	Southend CCG
Nick Faint (NF)	Southend Council

Item No.	Item Title	Action
1.	Welcome, apologies and declaration of interest	
1.1	Apologies have been received from: Betty Mashford – PPG Representative, Pall Mall Surgery Jenny Aitkinson – PPG Representative, Dr Sathanandan Surgery	
1.2	No declaration of interest.	
1.3	MH and RG advised that they had not received the minutes of last meeting or the agenda for this meeting, they are not on email and require a posted version.	LC
2.	Minutes of PPGF held on 15th December 2016	
2.1	Page 2 Section 4 typo says Kick should say CICC. No other amendments were requested.	
3.	System Resilience – Sarah Lyons (SL) Part of the joint acute directorate – Southend and Castle Point. Support the health and social care system. Ensure that each partner provides a high quality of care. Identify gaps in the Health Care System and what can do to improve this. A&E Improvement Plan – 5 mandated interventions:- 1. Streaming A&E Redesign of the number of Ambulative beds. Better flow through A&E Managed bed base available. This improvement is already underway.	

	<p>2. NHS 111 When a care home rings 111 they are passed directly to a clinician so have a more urgent response.</p> <p>3. Ambulance Response Programme – Directory of Services This directory will be available to all crews and can be logged into via a tablet. They will be able to see all healthcare services locally and where necessary take the patient directly there instead of to the hospital. The Directory will include all Health and Social Care Services. SS was concerned about a member of the ambulance crew making the decision of where best to take a patient and used a Stroke patient as the example – SL advised that if it was a Stroke call out there would be a more qualified member of crew on board but that the staff are also in touch with the heads of wards for advise. NF clarified that the ambulances take a lot of calls and sometimes a patient can be better treated in the community which then helps to free up the capacity at the hospital which is what this directory will help with. RG said she has great concerns due to the shortage of trained paramedics and vehicles past their working life, but know that the staff do a wonderful job. PH stated that we are all aware of the shortages but feels this is a good idea to optimise the resources better.</p> <p>4. Improving Patient Flow – Red and Green Day This process would be carried out on ward rounds by the consultant and each patient would be marked as either a Green Day or a Red Day. A patient on a red day has been identified as not receiving the care they require to be discharged – highlights gaps in care. This has been trialled in Colchester and Warwickshire and great improvements have been seen – staff don’t like to see patients on a red day so are motivated to ask questions and chase up tests etc. This initiative has been rolled out to 2 wards in Southend – staff have now come to realise this is about the patients care not about their performance and are happy to work with it – roll out to other wards is likely very soon. At present a paper checklist is being used but will become computerised with a space for comments if a tick box does not cover the particular need. JB – need to ensure that the system can’t be cheated – SL advised that she would take this back for discussion. MH asked which 2 wards were trialled – SL to find out and feedback.</p> <p>5. Improving Discharge Process A trusted assessor would be involved to ensure that patients medically fit to be discharged may need extra help/rehabilitation at home. This assessor would be trained and trusted by other services and would refer to these agencies – saves several assessments being carried out by different agencies and could shave a few days off of the hospital stay.</p> <p>Winter & Xmas Resilience Planning During Winter we expect an increase in visitors to A&E and this year was no different. December saw a record number of attendees to A&E:-</p>	<p>SL</p> <p>SL</p>
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	<p>2252 – breached 4 hour standard – not best outcome and not where want to be. 8375 attendances although in December at A&E. This year there were various strategies to deal with this:-</p> <ul style="list-style-type: none"> - Roving GP – Ambulance Crew/GP Surgeries would contact if a patient needed urgent same day service and they could not see them. - 15 calls a day from GP Surgeries (Queensway and Valkyrie using) - Currently 1 GP in 1 car request has been made to extend to 2 GPs in 2 cars. This is still in pilot stage. - Capacity for 70 per week – slow uptake only 10 or 12 per day not as much as would like. - SL to advise which surgeries have not signed up and report back. <p>Front Door Navigator – piloted this year</p> <ul style="list-style-type: none"> - Senior registered nurse on front door of A&E – first look and what patient is presenting with – they have access to System 1 so can book an appointment with a GP, redirect patient to 111 or to a pharmacy whichever is more appropriate <p>CCG commissioned surgeries to stay open later to the end of March and are looking to continue this – open to all practices to take this up.</p> <p>PH advised that she had been advised to visit minor injuries for treatment but when searched on the internet could not find anywhere local. SH advised that she believes it is next to the Fracture Clinic and is an out of hours service.</p> <p>It was agreed that LC would invite the ambulance service to the next meeting to advise on what happens now and what will happen.</p> <p>LA - used various hospitals a lot recently and witnessed on discharge days a long hold up for patients waiting for their medication and witnessed a group of junior doctors begging for slots for their patients for scans – would this be picked up on red and green days system?</p> <p>MH is a care car driver and advised that she has on a couple of occasions been asked to deliver medication to discharged patients at their homes – SL advised this should not happen.</p> <p>SC asked that our comments be taken back and that we have a response to our questions so that we feel we are not just talking shop in these meetings – SL said she would be happy to attend the meetings regularly to feed back on questions asked</p>	<p>SL</p> <p>LC</p> <p>LC/SL</p>
4.	<p>Review of PPG activity and meetings PPG members shared their updates from their practice meetings.</p> <ul style="list-style-type: none"> • Eastwood Group Practice – JB Had meeting last week after being postponed twice. More members turned up than normal and one new lady. One of the partners was at the meeting and was a good meeting. Practice has signed up for M-Jog which is a texting service – they are not using the NHS version as found unreliable. The system is up and running but there has been no audit completed – 	

	<p>patients need a tick box to say happy to sign up to this service. Localities appear that surgeries have been put together but don't want to be together is this to do with out of hours coverage – need clarification.</p> <p>ET advised that they have met with GPs and if not happy with their localities they have the opportunity to say – ET put the list out to be looked at.</p> <p>NF if surgeries are not happy with their localities or linked surgeries a move can be considered.</p> <p>By 2018 patients will be able to access Primary Care between 8am and 8pm 7 days a week which is why surgeries are being grouped together to ensure this can be met.</p> <p>It is early days yet and no one is being forced to work together that don't want to.</p> <p>All GP's were invited to the last meeting and only 50% turned up – more meetings being run in March and all will be invited again.</p> <ul style="list-style-type: none"> • Central Surgery – SS <p>Fuse went in the practice which meant the fridge and security door would not work .</p> <p>Currently fundraising for a defibrillator</p> <p>18th May holding an event at Bellevue and invitations will be sent to Dr Sha's patients as well.</p> <p>Newsletter has been initiated.</p> <p>More than 10% of patients are online.</p> <p>Aware that a lot of IT changes coming and worried about how these will be financed.</p> <p>CG advised there were 3 new members to the PPG.</p> • Thorpe Bay Surgery – LA <p>No meeting has been held but there has been lots of activity.</p> <p>The proposal to change the parking hours has been turned down, the surgery had over 2000 names on petition.</p> • Valkyrie Surgery – MS <p>5 new members turned up to December meeting.</p> <p>Members of the PPG are turning up at the surgery early to help encourage patients to use the check in system to elevate the queues – this is working well</p> • Dr Malik Kent Elms Surgery – BG <p>General impression is that the Friends and Family is pointless, is it useful no-one fills them in.</p> <p>ET advised that it is necessary that they continue to be completed as the results are shown on NHS Choices and are a requirement of NHS England.</p> <p>DNA figures – November 53, December 44, January 34</p> • Highlands Surgery – PH <p>Have met a couple of times and there were 18 people at the last meeting including 2 managers and a GP.</p> <p>PPG members are helping with the check in screen.</p> <p>21st June holding an Anxiety/Depression event.</p> <p>77% of patients are sent text reminders of appointments but DNA does not reduce.</p> <p>Surgery are still texting anyone not had flu jab.</p> 	
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	<p>Phones have now been fixed but the surgery are speaking to other surgeries of a similar size about their phone systems as need a more reliable one.</p> <p>Can email medical questions into the practice and these are answered quite quickly.</p> <p>PPG asked the GP about getting a defibrillator for the surgery and he advised don't need at the moment will look at again next year.</p> <p>LC advised that if you order through the Ambulance Service they are cheaper.</p> <p>There was a lot of concern about group the surgeries together and the Success Regime – staff don't feel they know very much either and that the documents they have seen are too large to get their heads around – CG to feed back on update later.</p> <ul style="list-style-type: none"> • West Road Surgery – RG <p>Main health event will be held in March and attended by a MacMillan nurse.</p> <p>PPG work on a rota basis handing out newsletters and capturing patient's comments.</p> <p>PPG meetings seem to be about wider concerns not just about the practice and there is a concern of lack of information.</p> <p>Writing to MP's doesn't help and you sometimes don't get a response.</p> <p>NF advised that the Success Regime has so many people involved from different departments/professions and that there are public meetings that can be attended but that LC attends a lot of the meetings and feeds back to these meetings.</p> • St Luke's Surgery – MH <p>Met on 16th January and had 1 new member.</p> <p>Virgin are going to pilot their own system in their surgeries and there will be no charge to the surgery.</p> <p>Practice Manager gave data on friends and family which was interesting.</p> <p>DNA – 306 December (equates to 60.75hrs) and 279 in December.</p> <p>Practice is looking at ways to remind patients the day before their appointments.</p> <p>3 incidents reported – 1 to do with fridge breaking down and cost of prescription, 1 to do with violence – staff have now had extra training on how to deal with.</p> • Leigh Surgery – SH <p>Next meeting is tomorrow.</p> <p>Concerns with DNA – one patient had rung at 8.30 and booked for 10 then cancelled and booked for the afternoon but did not turn up, rang next day and following day and booked with no turn up.</p> <p>What are the rules about DNA? Had some information from Leanne on this.</p> <p>ET advised that you can't get rid of a patient for DNA.</p> <p>SH had received a leaflet from Pharmacy To You about preparing prescriptions and delivering to the patient – they have been prosecuted for sharing information/selling information – SH to email the leaflet to LC to be circulated with the minutes – the company were fined but still offering the service but making it clearer will share details.</p> <p>If you have used Lloyds Pharmacy for prescriptions they will</p> 	<p>SH</p> <p>LC</p>
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	<p>automatically put you down as getting all your prescriptions from them.</p> <ul style="list-style-type: none"> Dr Sathanandan Surgery – JA (via email) <p>DNA Figures: Dec 16- 760 GP appointments, 33 DNA, 4.34%, 436 Nurses appointments, 23 DNA, 5.27% Jan 17- 788 GP appointments 22 DNA 2.70% 440 Nurse appointments, 27 DNA, 3.18%</p>	
5.	<p>Primary Care Update – LC</p> <p>No update on Shoebury and St Luke’s. Melaine Craig before left CCG said as now CCG have oversight of the GPs can see which GPs have a better service. For next meeting data to be collected on opening hours etc of each surgery and then see what support the PPG can give to help improve their GP surgery. CG – GPs Governing Body December meeting a paper was discussed on forward plan working with GP Surgeries – go to CCG Website under Primary Care and you will find the documents – it gives a general idea of what are trying to do – some good things in the middle of the document. CG gave details of the next meeting. CG – Health and Wellbeing Board – 2 weeks before meeting have to send over questions – these will be answered before the meeting if you have any questions from the meeting you need to submit before the next meeting – LC looking into this.</p>	LC
6.	<p>PPEISG Forum Update – LC</p> <p>There are very few facts with regards to the Success Regime at the present time they are trying to get information together and out in an easily understandable format. When the consultation does eventually come out we need to promote as a group to ensure circulated to as many people as possible.</p>	
7.	<p>Complex Care – NF</p> <p>Hand out was distributed. Operational since 9th January. Locality approach – linked to the map – clearly shows how aligned practices – localities are flexible and regularly look at. Complex Care is not:- A service that will intervene. It is: A co-ordination service to wrap services around an individual. If over 55 and identified as a frequent user of A&E would be appropriate for this service. If you have a long term condition, frail and elderly would fit into this service. Pilot is running for 18 months. Early signs are that it is working well in Southend – huge impact enabling people to live more independently. Core Team consists of a leader – 4 care co-ordinators (1 per locality), 4 navigators (1 per locality), Pharmacist support, 4 clinical leads. What has happened since the 9th January? Recruitment has been challenging, the pharmacist ad has been out 3 times – had some responses this time so are hopeful of appointing. Pharmacist will have prescribing help and this is going to be appointed shortly. System One is used to identify the patients – GPs being asked to access the system to run the report but happy to provide a co-ordinator to go into the</p>	

	<p>surgery to run the report and take away. Co-ordinator then approaches the identified patients.</p> <p>There are 32 practices, 30 are on System One, 2 are on Emis.</p> <p>Have engaged about 20 GP practices so far still 12 not taken up the service. Challenge face from the GP's is that believe this will give them more work but there are case studies to proved it actually frees up the GP time ensuring primary needs are dealt with.</p> <p>NF ran through the stats up to 30th January.</p> <p>12 services not engaged.</p> <p>Dr Jack at Queensway has referred 417 patients.</p> <p>The stats detail engagement – PPG can question their practice as to why not signed up etc.</p> <p>NF struggle to get past receptions and practice managers.</p> <p>This pilot is modelled on 3600 patients at one time.</p> <p>Team operating out of Harcourt House with the Navigators and Co-ordinators working in GP surgeries.</p> <p>Meet patient, assess, make plan, put on system – patient can then call the co-ordinator if they need assistance rather than the surgery.</p> <p>SC requested up date on these stats for the next meeting.</p> <p>MH – do Queensway have a PPG as representative does not attend the meeting?</p> <p>NF asked attendees of the meeting to take back to the GP practices and ask if not part of why not and feedback.</p> <p>SH advised she is concerned about other people having access to her files.</p> <p>NF advised this happens all the time; staff are covered by patient confidentiality policies and understand the rules.</p> <p>Complex Care Table to be an Agenda item for each meeting and an electronic copy to be circulated with these minutes.</p>	<p>ALL</p> <p>NF LC</p> <p>ALL</p> <p>LC</p>
8	Any Other Business	
8.1	SS asked if the GP system and hospital systems could be linked together? LC to raise this point.	LC
8.2	SC said she was concerned that Janice from CCG had not been to the last few meetings – ET advised that it had been agreed that either Janice or Emma would attend each meeting.	
8.3	MH advised that she would not be attending any more of the PPG meetings on behalf of St Lukes but that Trevor (Chairman) will be attending in future. BG asked for a thank you to MH be recorded for her dedication to the PPGF meetings. MH asked about ileostomy bags and the minimum policy as says 30 on her friend's prescription and if one tears not enough for a month. SL to look up the policy and let MH know.	SL
8.4	HS advised if contact Kemi Banjo at CCG she will advise if there is a maximum amount. CG Success Regime Attended a few meetings recently with MH. Meeting planned for 1 st February was cancelled. Support groups breaking off to look at separate items. There are 3 levels of emergency services – Southend down as yellow – CG has asked for clarification on what this means for the next meeting. If anyone has any questions for CG to ask please ring him on 01702 612783. SL to speak to the Acute Team about how the Success Regime is being built into	ALL SL

8.5	<p>the 111 services etc.</p> <p>MH advised at the last meeting Southend had changed from elective surgery to planned care – LC to bring this up at the next meeting.</p> <p>SC advised she has a place on the committee but is unable to commit to attend so if anyone would like to attend in her place let her know and she will email the details – Southend is not very well represented.</p> <p>Next meeting will be 20th April 2017 – The Lounge, Balmoral Community Centre 9.30-12.00</p>	LC
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