



Southend Patient Participation Group Forum

MINUTES

Thursday 18th August 2016 – 9.30 – 12.00noon
Board Room, Harcourt House

Attendees (in alphabetical order)

Loretta Andrews (LA)	PPG Representative, Thorpe Bay Surgery
Jenny Atkinson (JA)	PPG Representative, Dr Sathanandan Surgery
Carol Aylward (CA)	PPG Representative, St Luke's Surgery
Jenny Bailey (JB)	PPG Representative, Eastwood Group Practice
Jim Clarke (JC)	PPG Representative, Dr Velmurugan's Surgery
Leanne Crabb (LC)	Healthwatch Engagement Officer
Chris Gasper (CG)	Deputy Chair, PPG Representative, Central Surgery
Bill Glanville (BG)	PPG Representative, Dr Malik Kent Elms Surgery
May Hamilton (MH)	PPG Representative, St Luke's
Shurleea Harding (SH)	PPG Representative, Leigh Surgery
Betty Mashford (BM)	PPG Representative, Pall Mall Surgery
Bill Mead (BMe)	Healthwatch Volunteer
Kim Paterson (KP)	Family Action/Healthwatch Admin – Minute Taker
Maria Seagill (MS)	PPG Representative, Valkyrie Surgery
Norman Traub (NT)	PPG Representative, Kent Elms Surgery

In Attendance:

Ian Ross (IR)	Head of Primary Care & Engagement
Matthew Mint (MM)	Commissioner for Older People and Carers, Integrated Commissioning Team
Paul Illet (PI)	Head of Communications and Engagement, Southend CCG

Item No.	Item Title	Action
1.	Welcome, apologies and declarations of interest	
1.1	Welcome to Maria Seagill from Valkyrie Surgery.	
1.2	Apologies have been received from: Sally Carr (Chair & PPG Representative, Thorpe Bay Surgery) Majzoub Ali (PPG Representative, Westborough Road Health Centre) Janis Gibson (Lay member PPEIG, Southend CCG) Emma Tindall (Primary Care & Engagement Officer CCG) Nicola Brailey (PPG Representative, Scott Park Surgery) Rosa Goldwater (PPG Representative, West Road Surgery) Sue Burrows (PPG Representative, Valkyrie Surgery)	
1.3	BG and JB part of the Serious Illness Project Group.	
2.	Minutes of the PPGF Meeting held 16th June 2016	
2.1	Page 2 – 2.3 – LC advised that she did invite pharmacist to the meeting but they were unable to attend due to Annual Leave but would be happy to attend a future meeting.	LC
2.2	Page 3 – 4 – CG advised he had the phone number for Carers Respite Service 01702 534655.	
2.3	Page 4 – 6 – Southend Hospital update will be discussed later on the agenda under the Success Regime.	

2.4	Page 4 – 5 – Shoebury Health Centre will be discussed later on the agenda in Primary Care Update.	
2.5	Page 5 – 8.2 Steering Group Minutes – this is still be looked into and JG is discussing this with the CCG – this will be clarified in future meetings.	JG
3. 3.1	<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"> • Eastwood Group Practice - JB Last meeting was at the beginning of July. Arranging another prevention day and hoping this will take place on a time to learn day for walk ins. Awaiting confirmation of when the Kent Elms refurbishment will start. • Dr Sathanandan Surgery – JA Next meeting is in September due to holidays. Jenny is still meeting with the practice manager with regards to the monthly newsletter. • Pall Mall Surgery – BM August meeting was very interesting one of the GP’s was present and advised about Acute Clinic which is being trialed at the surgery – notes from the meeting are attached with further details. The Surgery did have a Diabetic Day run by Diabetic UK – as a Diabetic herself BM felt very unsettled by what was said, the surgery are looking to run another day but run by the GP/Nurses from the practice this time. • Dr Malik Kent Elms Surgery – BG DNA 53 missed appointments equates to 37 hours wasted. BG commented on hospital mail and other mail to the surgery due to being 3 surgeries together mail can go to the wrong surgery, worried about confidentiality and delay in mail getting to correct surgery. JB advised that this is not a new problem and all staff are bound by confidentiality and forward the mail straight away to the correct person. It was discussed with a lot more moving electronic this should lessen this situation further. • Kent Elms Surgery – NT There has been no meeting since the last update, next meeting has been arranged for September. • Dr Velmurugan’s Surgery – JC JC advised this would be the last meeting he would attend due to the surgery merging with another surgery. CG thanked JC for his contributions at the meetings. • Thorpe Bay Surgery – LA Still concerned about the parking situation and are awaiting the notices to be posted. Patients are advising of hospital waiting lists for X-rays and operations being extended – it was suggested this could be an agenda item at a meeting in the future to also include clinics being cancelled. CG suggested we need to keep an eye on this situation. • St Luke’s – MH Last meeting was 18th July and this was the first one held under Virgin, Practice Manager is still the same person. DNA 277 – a clear notice goes up in the surgery each month. Virgin have produced a new Healthcare Booklet which is quite good. 	

	<p>The surgery has no enhanced hours at the moment due to staff shortages. Still awaiting date of health centre relocation. Trevor has been asked to be Chairman and the surgery now have a virtual PPG for any questions which LC assisted to set up.</p> <ul style="list-style-type: none"> • Leigh Surgery – SH The waiting room is the only space for a meeting which can cause a problem, there are more patients now attending the meetings. • Valkyrie Surgery – MS Had a visit from LC and BM from Healthwatch in July which they all found very helpful, they have taken on board the suggestions to attract more members by using the plasma tv etc but this will take a while to implement. There is a dedicated table and suggestion box in the waiting room. There is a dedicated children’s area which is proving successful to keep the children occupied which has helped bring the noise level down. A new Diabetic Nurse has started and is keen to hold events on healthy eating etc. • Central Surgery – CG The surgery has a small meeting room which is used for the group to meet. Still trying to arrange the Diabetes event. CG had a question from a patient about how Physio Direct works – he wrote to them and had a detailed reply back – copy attached with minutes for information. CG suggested that if there are questions about departments at the hospital that we write to the specific department. 	
4	<p>Serious Illness Conversation – Matthew Mint (MM) Presentation on Powerpoint. Mission Statement: initiative in Southend to improve lives of all people with serious illness by increasing meaningful conversations with their clinician’s about their values and priorities. Southend 30% of residents are receiving palliative care. 18GP’s were wanted, have 20 plus 2 consultants – they will take part in an initial 2 day training course 22/23rd September. Locums are being provided to cover the surgeries so this training can take place. BG and JB have been on the project group helping with the design of the leaflets. There was a discussion about difference between Gold Standard, how patients will be selected, where data will be held and Death Cafés. The presentation will be circulated to the group with a bit more detail added so that the representatives from each surgery can present to their surgeries. MM advised that he is more than happy to visit other groups to discuss.</p>	MM/LC
5.	<p>PPEISG including Success Regime Update - LC The meetings attending are getting more to the nitty gritty of what urgent care each hospital will give etc. Dec/Jan will be a public consultation for the whole of South Essex with suggestions of proposals – a good response is needed to this consultation so it is important that each group encourages people to comment. LC and MH attended a meeting about urgent care where the majority of attendees were clinicians and they were asked to vote at the end and most</p>	

	<p>people voted clinical outcome as top of the list. Documents can't be taken away from meetings yet. The 3 hospitals Southend, Basildon and Chelmsford will look very different. As soon as the options are known LC will filter these down to the group. There was a discussion about what the group felt was important, the group not feeling that patients are being consulted soon enough, fear the decisions will already have been made. PI advised that there will be some public consultations at CCG's next month. LC to feedback from the group and it is hoped that at the next meeting in October there will be more feedback to share.</p> <p>Epilepsy and Pregnancy in Southend LC and MH attended and found this very interesting. A lady who used to live in London and had her first child at St Thomas's now lives in Southend and is expecting her 2nd child, she has epilepsy. This lady is horrified and very worried about giving birth at Southend due to the lack of knowledge at the hospital about Epilepsy and pregnancy, GP's did not seem aware that medication is 30% less effective when you are pregnant. The lady compared St Thomas's with Southend and produced points to be implemented at Southend in the hope that this will help pregnant epileptic ladies going forward.</p> <p>Navigation Service at the Hospital A&E have a team of people that are there to turn away and help patients get to where they should be i.e make appointments for them, educate them what A&E is for.</p>	
6.	<p>East Coast Community Healthcare – Patient Journey Manager unable to attend so discussion has been postponed to another meeting.</p>	
7.	<p>Primary Care Update – IR IR assured the group that CCG primary objective is patient care. Employees of the CCG live in Southend so all discussions that are going ahead about the future in Southend effects them as well. Success Regime – there is a primary care representative attending all these meetings. Nationally the current health care system can't continue as it so 5 year plans are being produced as a forward view. In Southend there has been 4 locality meetings with local providers of health care – there was very good attendance and some useful discussion of how the models might look for Southend. There are Vanguard sites but Southend is not one of those. There will be less GP premises going forward but some hubs and satellite premises. New complex care services start in October – help manage patients with complex needs without the hospital. Westborough Surgery closed unexpectedly last week – it was felt that the CCG dealt with this situation very well, all patients were transferred to Carnarvon Surgery with letters sent out advising of this but also advising can register at any surgery would like to, IR attended the surgery for the first couple of days after closing to speak to patients and redirect them. Dr Vales practice is due to merge with Valkyrie shortly with a few other mergers also happening soon but further information can't be provided yet.</p>	

	<p>CCG are working to bring in more GP's from EU States – previously this worked bringing in Spanish GP's.</p> <p>Better Start programme in Southend is looking to offer children friendly GP Surgeries delivering Speech and Language etc.</p> <p>Options for Shoebury Surgery will be made public shortly.</p> <p>CCG are aware of the DNA issue and are looking into ways to address this.</p> <p>IR agreed to supply draft localities to LC to go out with the minutes.</p>	IR/LC
8.	<p>Any Other Business</p> <p>SEPT are merging with NEPT – equal merger expected to be complete by April 2017.</p>	
9.	<p>Date and venue of next meeting</p> <p>Next meeting is on Thursday 20th October at The Balmoral Community Centre 9.30am – details on how to find the centre to be sent out.</p>	LC