



Southend Patient Participation Group Forum

MINUTES

Thursday 20th October 2016 – 9.30 – 12.00noon
The Hall, Balmoral Community Centre

Attendees (in alphabetical order)

Jenny Atkinson (JA)	PPG Representative , Dr Sathanandan Surgery
Carol Aylward (CA)	PPG Representative, St Luke's Surgery
Leanne Crabb (LC)	Healthwatch Engagement Officer
Chris Gasper (CG)	Deputy Chair, PPG Representative, Central Surgery
Bill Glanvill (BC)	PPG Representative, Dr Malik Kent Elms Surgery
Pat Holden (PH)	PPG Representative, Highlands Surgery
Betty Mashford (BM)	PPG Representative, Pall Mall Surgery
Kim Paterson (KP)	Family Action/Healthwatch Admin – Minute Taker
Marijl Seagill (MS)	PPG Representative, Valkyrie Surgery
Steve Smith (SS)	PPG Representative, Central Surgery
Norman Traub (NT)	PPG Representative, Kent Elms Surgery

In Attendance:

Emma Tindell (ET)	Primary Care & Engagement Officer CCG
Karen Turrell (KT)	Simply Stride

Item No.	Item Title	Action
1.	Welcome, apologies and declaration of interest	
1.1	Chris Gasper (CG) Chair today due to Sally being on Honeymoon .	
1.2	Apologies have been received from: Sally Carr (Chair & PPG Representative, Thorpe Bay Surgery) Janice Gibson (CCG) May Hamilton (PPG Representative, St Luke's) Nicola Brailey (PPG Representative, Scott Park Surgery) Loretta Andrews (PPG Representative, Thorpe Bay Surgery) Sue Burrows (PPG Representative, Valkyrie Surgery) Val Grover (PPG Representative, Valkyrie Surgery)	
1.3	No declarations of interest.	
2.	Minutes of the PPGF Meeting held 18th August 2016	
2.1	Minutes agreed to be true reflection of discussions – no amendments requested.	
2.2	BG asked if there was anything further on a Pharmacist presentation, CG advised this would be discussed later in the meeting as aware there is a lot of interest.	
2.3	SS wanted to ensure the Success Regime was discussed – CG advised this is an agenda item and will be discussed later in the meeting.	
2.4	LC to check if the Matthew Mint presentation from the last meeting was circulated with the minutes. LC to contact Shidaa for an update as it is believed that Matthew Mint has left due to family reasons and he is the replacement but BG and JA advised that the meetings they are involved with have been cancelled and they have not heard anymore. BG and JA gave a brief outline of the new approach to terminally ill	LC

	people/end of life ahead of time – Southend piloting.	
3.	Review of PPG activity and meetings	
3.1	<p>PPG members shared their updates from their practice meetings</p> <ul style="list-style-type: none"> • Central Surgery – SS & CG Have brought a TV for the waiting room and are now working on a powerpoint presentation to give out information to patients. Health Event will now be in the Spring. • St Luke’s Surgery – CA 15 week project to look at best usage of money, opinion of services new centre should include is taking place. DNA varies from month to month. No new members. From 1st September started offering extended surgery hours once a week on a Tuesday 6.30 – 8pm, one week in a month will close early on Tuesday to cover training needs but that week will open later on the Thursday. • Pall Mall Surgery – BM Not had a meeting yet due on Tuesday. There are posters up in the surgery advertising the Nurse Practitioner but not sure how this is working until the meeting next week. Saturday Flu Clinic PPG members meet and greet. • Dr Sathanandan Surgery – JA Meeting was last week. PPG members did not help with all the Flu Clinics this time as the surgery had changed how they ran this this time. Receptionist reports that patients are getting fed up completing the Friends & Family forms (data is fed back from these once a month to NHS England). JA handed out these forms at the Flu Clinic and received 105 forms back, JA will now hand out forms once a week in the surgery. Waiting room is only small at the surgery for meetings but has a growing virtual group that are happy to have minutes of meetings and raise points from these. • Kent Elms Surgery – NT Had meeting end of September, 2 new members attended. Kent Elms Surgery had 3 different GP surgeries within the building and there is an on going dispute between the 3 GP’s about how the extra space upstairs should be used – this has been ongoing for years. NT reported to his PPG on the Saxon Hall consultation and that reports could not be taken away – members expressed alarm at the secrecy around these meetings. The members are not happy that A&E will be downgraded and how information is being shared at consultations – Success Regime to be discussed later in the meeting. • Valkyrie Surgery – MS There is a government website and campaign that can sign to object to the Success Regime and this currently has 11,000 names on the petition – ET advised that the CCG had responded to this petition saying that Southend A&E was not closing. Meeting on Tuesday concerns were raised about the amount of abuse staff are receiving in the practice. CCTV quality in the building is very bad so would not stand up in court. PPG members have discussed a big poster saying unacceptable behaviour. 	

	<p>CG suggested a cardboard cut out of a policeman may help. ET advised that violent patients can be banned from a surgery by NHS England but on the flip side is the behaviour due to mental health. CCG support practice managers at all surgeries but NHS England is where complaints should be made. MS suggested each surgery being contacted to see if it is a growing trend in all surgeries and then this information could be passed to NHS England – LC to take this forward.</p> <ul style="list-style-type: none"> Highlands Surgery – PH Has not been made aware of any problems with patients at the practice. Health Event will be in June on Anxiety and Depression. Flu Clinics have been running on Saturdays and last Saturdays was horrendous – 460 patients attended – there were quite a few complaints but everyone was dealt with. Next meeting is on Tuesday. The surgery is piloting the Babalon scheme – online GP ask questions – this is helping to weed out a lot of the patients that don't need to see a GP, but also if they feel a GP needs to be seen they will make an appointment for the patient. Appointment waiting times are 3-4 weeks unless an emergency at present. DNA rate is high – the practice manager has suggested contacting other surgeries to see what their rate is and how deal with. ET suggested this be made an agenda item again – it was agreed LC would ask all PPG's to report DNA as GP, Nurse, Clinics based on Octobers figures as a % of appointments made, also to advise what reminders get i.e. text. Dr Malik Kent Elms Surgery – BG DNA for September was 49, persistent offenders are asked to change surgeries. A lot of patients don't want to give the surgery their email/mobile data for reminders. Group not happy about no publicity about removal of some prescription items – BG's knee cream has been removed – ET advised she would follow this up and contact BG directly as a personal matter. 2 patients have been asked to find another surgery. Flu jab take up has gone well. A number of patients have been insisting on antibiotics for sniffles and have been verbally abuse at the receptions staff when refused. BG questioned the effectiveness of the friend and family system – patients don't realise they need to fill them in – it was agreed this would be an agenda item for the next meeting. Appears to be some confusion about electronic referrals – ET advised GP makes an electronic referral then patient receives a letter from hospital advising number to ring to make the appointment. 	<p>LC</p> <p>LC</p>
4.	<p>Simply Stride – Karen Turrell KT joined the meeting and gave a brief overview of Simply Stride and handed out leaflets. KT is happy to attend any PPG meetings and come back and do a presentation</p>	

	<p>at the end of one of our meetings so we can feel the benefit for ourselves. CG asked for KT to send though electronic copies of the leaflets and prices and also a brief explanation of what do and send these to LC or ET and these will be circulated to the PPG's.</p>	LC/ET
5.	<p>PPEISG Update – LC LC updated that she has attended 2 meetings:- One was a presentation on localities – slides were distributed to the group – LC to send to anyone who did not receive with the agenda. Second was a discussion about prescribing and there were some good visuals to raise awareness. BM asked if there is a survey on chemists who order what patients don't need – LC advised this is being looked into but Chemists are privately owned.</p>	LC
6. 6.1 6.2 6.3	<p>CCG Update (Primary Care & Events) – ET St Luke's preferred new site is Cumberledge Lodge, currently this property houses a rehabilitation centre which needs to be moved somewhere else. Shoebury Health Centre – preferred site is Garrison this will be a new build and house the 2 existing practices. Consultations are on going on both sites – CG queried the public transport to the Shoebury site. Annual Public Event @ Southchurch Plaza 2nd November ET shared a draft agenda for the event Success Regime – how effects Southend, divide to 4 boroughs, GP practices – continuous healthcare, community services out of hospital into health centres. Dementia Services – how access what have. Dr Shaw Highlands Surgery – Diabeties – what different types mean, services, diet etc. Workshop – how to take care of self, what to access, what should have in a medical box. Volunteer Sector/Stalls Posters and leaflets will be given out. Navigation Service at A&E is working – a clinical person assesses each person who attends A&E to see if needs to be admitted or point towards another service i.e. not urgent so own GP. BM suggested going into schools to educate the children. ET advised she is involved with the Youth Council and one of the youths has been vocal about being able to communicate to stop people turning up at A&E that don't need to – December challenge will be to create a You Tube video to do this.</p>	
7.	<p>Success Regime – LC Copy of slides were given out to be taken away to give clarification on where this regime is at now and to digest to feed back questions/concerns to LC who will pass onto the Regime. LC feels that communication has changed dramatically since the first meetings. LC stressed how important it is that as many people as possible get involved in the consultation of the Success Regime. There was a discussion about extra traffic using the A127, will the consultations be published in the newspapers, be a press release? Will the consultation be written in a language that is specific enough for patients. Currently unsustainable as is – wards have had to be closed as not enough staff</p>	

	<p>so changes are needed, Patients are currently transferred between hospitals now depending on what they present with at their local hospital.</p> <p>It was agreed that feedback would be either emailed or rang through to LC so this can be fed back to the Success Regime.</p>	ALL/LC
8.	Any Other Business	
8.1	CA advised that May had asked her to pass on details to LC about a respiratory patient – LC advised that she has already had the details and spoken to the lady.	
8.2	Next meeting is 15 th December at Balmoral Centre 9.30 to 12 noon.	