

CARADOC SURGERY – PATIENT PARTICIPATION GROUP
NOTES OF THE PPG MEETING HELD ON WEDNESDAY, 19 AUGUST, 2015, AT ST MARY'S PARISH
CHURCH HALL, FRINTON-ON-SEA

Present: N Churcher (Chairman), L Ash, (Treasurer), J Heard (Secretary) plus 30 members and 5 guests.

1. Opening of Meeting:

a) The Chairman welcomed everyone to the meeting and introduced himself, members of the Committee, guests Nicola Carmichael, Operations Director, ACE, Lynn Stimson, Operations Manager, ACE and Sharon Roberts from the Surgery who was congratulated on her appointment as Assistant Practice Manager.

b) The Chairman pointed out the fire exits.

2. Apologies for Absence:

Apologies received from: Mrs F Allen, Ms K Carswell, Mrs J Cottee, Mr A Eldret, Mr D Grayston, Mrs L Hutchings, Mrs G Manning, Mrs D Raven, Mr & Mrs D Sarson, Mr & Mrs D Watson, Mrs H Wilkinson.

3. Minutes of the previous meeting held on 21 May, 2015:

The Chairman advised that there had been an omission of Hilary and Grahame Mollatt's names from the list of Apologies. With that amendment noted, the minutes were Proposed by John Floyd, seconded by Colin Knights and signed as a true record.

4. Caradoc Medical Services Contract:

The Chairman explained that ACE's contract to run the Surgery which was due to end on 31 October had now been extended to the end of March 2016. The appointment of the new provider should be known by December allowing for a three month handover. Lesley Hutchings will be staying on as Practice Manager until the end of March. The Chairman and Linda Ash will be involved in the selection process.

5. Caradoc Surgery Update:

Ms Stimson advised that Dr Carlos Knorr will be taking up the position of Clinical Lead on 21 September. He used to be a partner at Walton, has recently been working at Green Elms (Jaywick) Surgery and working half day sessions on a Wednesday at Caradoc. Dr Mann will continue working full-time until the end of March, together with Dr Charles Ezekwe. Three GPs working full-time until the end of March. The other slots will be filled by some of the same locum GPs, Dr Bergh every Monday and Dr Cullen two sessions a week. Patients should start to notice consistency. Dr Karen Chumbley will be working one session from November – she's changing jobs at the moment, and Dr Klapper, another female GP, will be working at the Surgery every other week.

The staff have new uniforms. During September electronic prescribing will be looked at and patients can now have electronic access to part of their medical record, list of medication and are able to book and cancel appointments. To apply for Patient Access, patients should go to the Surgery with identification, e.g. a bill with name and address, a passport or driving licence, and they will be given a print-out of how to register and log in to the system.

In answer to a question on lack of GP continuity, check-ups for male patients and the need to follow-up on test results, Ms Stimson said that with three full-time doctors - Drs Knorr, Mann and Ezekwe, an improvement should be evident. Currently Dr Mann is the on-call doctor but from 21 September that role will be shared and patients will be able to make appointments to see Dr Mann.

The appointment system needed to be reviewed again. It had been tweaked initially but having to rely on locums meant that sometimes they didn't know until two days before who would be available. They are currently looking at how other practices work, e.g. triaging. They might need to run a trial and would want feedback. Health checks are available not necessarily for 65+ but patients would be sent a letter. If they are concerned, they can book an

appointment with one of the Nurses and ACE offer other services, e.g. for weight loss. Test results are not routinely notified to patients unless there is anything abnormal. Note: Patients are encouraged to ring the Surgery three days after their blood test to check the result. Health checks are offered for 40-74 year olds to assess if they at risk of cardiovascular/diabetes/kidney problems. Patients will be invited in for the check either by the Surgery or directly by ACE.

There followed a series of questions and comments:

Redecoration of the waiting room. Awaiting a decision from NHS England.

Appointment system. Since November there had been a vast improvement, better than in the last four years.

DNAs (Did Not Attend). Still an awful lot of no shows 40/50 a week. Confirmed that they are both nurse and doctor appointments

Suggested separate number for cancellations. Good suggestion, maybe an answerphone.

Text appointment confirmation/reminder service not working. The service did go off-line owing to changes to the telephone system but should now be working.

Note. There are still problems with the texting service which are being sorted out.

Call from Surgery shows as private number. There were a number of questions/comments. Ms Carmichael advised that she had previously had extensive discussions with BT on this subject. Because there are multiple lines coming in it's a virtual line going out, not a physical line. Every public body will be the same. The Health Service will always leave a message on an answerphone.

An example was given of receiving calls from Saga Insurance where a number shows up but it is not possible to ring that number back. Ms Carmichael said she would check again. Another member was concerned about confidentiality if a message left on an answerphone was then picked up by another member of the household. Another suggestion was to have a separate private line.

6. 'Care Closer to Home':

Ms Carmichael explained that this is a new contract for ACE who have been providing community services for some time, including District Nurses, children's and physiotherapy services. But Care Closer to Home is a very different contract and an incredible opportunity to redesign a healthcare system. There were going to be challenges, e.g. the amount of money available compared to increasing need. The budget gets smaller and smaller and there are good reasons for that as we are all living longer, needing some healthcare and medicines. The challenge is to provide a community health service for less cost and that is to be achieved by moving to integrated teams based in one location. There will be a single entry point to services, one number to contact which will be less confusing, particularly for the elderly who don't know where to begin. Teams will be able to work more efficiently and although there will be specific skills, for example nurses and therapists, they will be able to cross cover.

People will be helped to manage their own health going forward. We have seen people go into hospital and get worse in the hospital environment. Community hospitals will help support patients to keep up a normal routine so there is less of an impact and less difficulty in readjusting to home life. Much more emphasis on rehabilitation and reablement. And there will be support in the community and as close to people's homes as possible.

It does mean a change for everybody. People are used to a health service that tucks you up but in future it will be 'this is what we will do, this is what you need to do'. There won't be a secret care plan, the care plan will be developed with the patient. Some goals will be set by the professionals but some will be the patient's goals, such as exercise or change in diet, recognising that health doesn't sit on a shelf by itself. Social isolation can cause ill-health and a social circle is incredibly important. Working with the voluntary sector people can be given confidence to go out and join social circles.

In summary, Care Closer to Home will provide healthcare services in a joined up way. Patients will own their care plan. They will know what will be done for them, and what they have to do.

A questioner asked about how social care would be involved in the contract. They were advised that social care will become one system across Essex. Organisational teams have been agreed and there will be shared assessment. There were still some questions to be answered on assessment as well as technical issues to be overcome. But there would be a shared plan.

The focus would not just be on everyone who was in hospital although some would need support on discharge. More and more work would be done so that people didn't need to go into hospital. The contract starts on 1 April, 2016, when teams would be in place with new shared care plans and Care Coordinators which would be up and running in one to two years.

Asked how GP surgeries would be involved, Ms Carmichael advised that with the shortage of GPs that would initially prove difficult but she hoped that as and when there was a shared hub with better facilities that would provide economies of scale.

7. Actions and Matters Arising:

- a) Treasurer's Report: Linda Ash reported that £31.70 was collected at the last meeting, making the total in the bank as £770.83.
Note: £27.00 was collected on the evening increasing the balance to £797.83.
- b) Newsletter: The Chairman reported that the Caradoc Newsletter had been put together and will be in the Frinton Residents' Association Newsletter published in October. A copy of the Caradoc Newsletter will be sent to every PPG member.
- c) PPG Summit: Sue Opperman explained that the Health Forum – part of the Clinical Commissioning Group (CCG), had arranged a PPG Summit meeting in July. This was intended to develop relationships between the CCG, the Health Forum and PPGs. Initially only one PPG member was invited to attend but late in the day that changed and Sue had attended, together with Linda Ash and Jenny Heard. There were over 40 attendees from PPGs in Colchester and Tendring. The Acting Chief Officer of the CCG, Sam Hepplewhite, opened the meeting and other speakers included Dr Hasan Chowhan, Clinical Director of the CCG; Barbara Stuttle, Director of Nursing at Colchester Hospital and Dr Karen Chumbley, GP and Clinical Director of St Helena Hospice. The key challenges facing the CCG were discussed and there was an opportunity for PPG members to exchange information. One interesting point was that very few PPGs publish a newsletter.

A follow-up invite had now been received for two members to go to a meeting of representatives of the PPGs in Tendring being held at Weeley Village Hall on Wednesday, 26 August. It was suggested that one Committee member goes with another PPG member. Anyone interested, to please see either Sue or Jenny after the meeting.

8. Any Other Business:

Two members expressed concern that results from tests were taking longer than usual to come through.

A member asked if it was possible for the meeting to be held in a smaller hall as the acoustics were not good. The Secretary explained that the number of attendees to the meeting was not known until the evening. However, the comments were noted.

9. Closure and date of next meeting:

The Chairman thanked everyone for attending and Brian Allen for his help with setting up for the meeting. The meeting closed at 8.15pm.

The next PPG Meeting will be held on Friday, 20 November, 2015, at St Mary's Parish Church Hall at 7pm.