

**CARADOC SURGERY – PATIENT PARTICIPATION GROUP**  
**NOTES OF THE MEETING HELD ON THURSDAY, 18 AUGUST, 2016**  
**AT SOKEN HOUSE, THE TRIANGLE, FRINTON-ON-SEA**

Present: N Churcher, Chairman; J Heard, Secretary, L Ash, Treasurer and 31 members and guests.

**1. Opening of Meeting**

- a) The Chairman welcomed everyone to the meeting
- b) The Chairman pointed out fire exits

**2. Apologies for absence.** Apologies had been received from: Ms Carswell, Ms Cottle, Mrs Ellinghouse, Mrs Hendry, Mrs Liles, Mr&Mrs Mollatt, Mr&Mrs Rowland, Miss S Smith, Mrs P Smith, Mrs Wilkinson.

**3. Minutes of the previous meeting held on 26 May, 2016:**

Proposed by John Floyd, seconded by Angela Churcher, and signed as a true record.

**4/5. Caradoc Surgery Update:** Mrs Denise Raven, Practice Manager, said that she wanted to acknowledge the passing of Dr Cullen who had worked at the Surgery and given support in difficult times. He will be sadly missed by both staff and patients. A donation has been made to the Hospice in his memory.

Mrs Raven continued that the reason for the lack of the TV noticeboard in Reception was not due to lack of space but owing to the change of ACE's estates management resulting in Caradoc having been missed off the list since 1 July. This had now been remedied. This meant that the electrical power point needed could not be installed, there was a data point and the software but no power. She thanked the PPG for their donation and hoped that the TV would soon be in the waiting room.

Mrs Raven introduced Hattie Whiteside who has joined the practice as a Clinical Pharmacist. She added that Ms Whiteside would be talking about her role at the Surgery and they would then be answering any questions.

Ms Whiteside said that she has been working at the practice since the beginning of June and spends 50 percent of her time at Green Elms (Jaywick) Surgery. It is a new role for her as her background is in commercial pharmacy having worked at Boots in central London. So, very different from a retail environment and she would be involved in answering medicine queries, working with practice staff and getting involved with patients with long term conditions. By working with Dr Knorr and Denise she would be ensuring that the role develops into what is needed for both the Surgery and the patients.

Q. How do we get to speak to you?

A. At the moment not a direct way. Leave a message with Reception for the Prescription Clerk.

Q. What is the procedure for prescription review?

A. The review date is on the prescription form. Give the Surgery a ring. There isn't always a need to be seen if you are up-to-date with your blood tests so no cause for concern.

Q. What is the real reason for the change in repeat prescriptions?

A. The Clinical Commission Group (CCG) for North East Essex reviewed the management of medicines and their usage with pharmacists and by talking to patients about repeat prescriptions. Surgeries were also consulted. They found there was a lot of wastage. When requesting repeat dispensing checks were not always made that patients needed everything on the list. Although this was not always the case, there was feedback from patients suggesting that on occasion there was wastage. Dosette boxes or blister packs would continue and the changes won't affect patients identified as vulnerable, e.g. those who are housebound. Six month dispensing will also continue and patients whose condition is stable are encouraged to request to join the scheme. Also, requesting repeat medicines through the on-line Patient Access system works well. The changes have caused a huge amount of frustration but the CCG are in charge of the budget and have to work with the money given to them by the government.

In answer to questions, Ms Whiteside confirmed that the Surgery do not have a record of what is actually dispensed by a pharmacy. However, they are aware that sometimes, for example, inhalers for asthma are

dispensed maybe two months before the patient even knows if they are needed. They also can never be one hundred percent sure a patient is taking their medicine. The Prescription Clerk knows what is being ordered and there are reviews. It was also confirmed that:

- acute medicine cannot be ordered on-line. Work is being undertaken to find a way for the system to be reconfigured to resolve the issue
- there is no change in chemists delivering medicines to patients' homes
- dosette boxes are available for patients who are unable to manage their medication, subject to approval by a GP
- the on-line reordering system is set up so that if medicines are not reordered for two months or more re-authorisation is needed. The quickest way for this to be done is to request Reception to send a task to the Prescription Clerk
- Ms Whiteside works at Caradoc on Monday and Tuesday.

Mrs Raven gave a Surgery update. Following feedback from patients and staff from 1 August they had stopped two and 28 day pre-bookable appointments. They had found 28 day appointments resulted in more DNAs and there had been a lot of confusion with two day appointments. She continued that if a doctor wanted to see a patient in four weeks they should also have been told they would need to ring in two weeks' time to book the appointment. Fifty percent of appointments are bookable on the day and routinely there are three doctors seeing 13 – 15 patients in a session. 25% are pre-bookable seven days in advance and 25% 14 days in advance.

Every day there is a duty doctor for urgent on-the-day appointments and also about 50 on-the-day urgent appointments with the Nurse Practitioner. However, for an urgent appointment the Receptionist will need to ask for some information as to the reason for the appointment. They are not trying to get personal details but need some idea of the problem as the patient may not need to see a doctor. There is a list of conditions that the Nurse Practitioner can deal with and if a patient doesn't wish to discuss their problem they can be shown or told what is on the list. Mrs Raven gave examples of two cases she had recently dealt with, one for a referral and one about a prescription, where a doctor's appointment was not necessary. She continued that although patients were within their rights to see a doctor, it was increasingly difficult to get locums and the Surgery was fortunate to have three regular doctors. Mrs Raven emphasised that patients would not be turned away. Danny, the Nurse Practitioner, started at the Surgery at the beginning of July and has made a huge difference. Patients are encouraged to see him and for early risers there are appointments at 8am and 8.15am that can be pre-booked - on a Monday, Thursday and Friday.

Mrs Raven said that on Wednesdays, they only had two doctors on duty. That was Dr Knorr's day off. Dr Fadaly worked four days and Dr Ezekwe five days a week but it was a problem getting locum cover for holidays and sickness. They have had no success in recruiting GPs. All surgeries in the area are struggling, including Walton and Clacton. Thorpe has two partner GPs and had been able to recruit a newly qualified doctor. But with the threat of seven day working a lot of GPs chose to retire and it is difficult to recruit doctors in Tendring where it is hard work looking after patients 75% of whom are over the age of 65 and a high percentage have chronic diseases. She added that they really value patients' feedback. That can be done on the NHS Choices website but if a patient does have a complaint please let the Surgery know so they can respond and solve the problem. In answer to specific questions, Mrs Raven responded as follows:

- In the past Sue and Julie, Nurse Practitioners, dealt with chronic diseases and minor illness. Now Practice Nurse Sarah has responsibility for COPD and asthma and Jill for diabetes and heart disease. Daniel, Nurse Practitioner, who has minor injury expertise, works from 8am to 6.30 three days a week dealing with minor illness. Starting in October they are hoping to cover the other two days.
- There is still some work to be done in Reception on how 'phone calls and queues of patients should be dealt with. Sharon (Assistant Practice Manager) would be working with the Reception team but if there are specific problems, please feel free to contact either Denise or Sharon directly.

- Mrs Raven would enquire about a hearing loop – update: the Surgery is actively looking at the best system and will be purchasing in the near future.
- If the Number 1 option is selected for a medical emergency that flashes through to Reception as a priority call
- There are four 'phone lines coming in to the Surgery which is the maximum they can physically deal with. There is limited room and the funds they receive from NHS England have to cover the costs of doctors and administrative staff. The 'phone lines and doors are open at 8am to give patients an equal chance of making an appointment. The Surgery is a family friendly organisation and at 8 o'clock two Reception staff are on duty, one answering the 'phone and one at Reception. Two further staff start at 8.15am.
- Sometimes patients can be rude. Staff are trained in conflict resolution and know not to raise their voices and be aware that callers can be anxious and unwell. Patients are only written to as a last resort.
- If doctor/nurse appointments are running particularly late then staff do need to tell patients and in future a note could be put on the Noticeboard TV
- When patients receive a letter from the Surgery asking them to make an appointment to see a doctor unfortunately it is not possible to block off appointments for them. However, in some cases it could be that a telephone consultation would suffice. Telephone appointments may also be helpful for full-time carers who have difficulty juggling their own health needs. Also, appointments are available to be booked on-line.
- Jestin George, Practice Matron, works full-time and is carrying out triaging for home visit requests. She undertakes care home visits and is working with care homes so that they are able to deal with minor illness. She is also working with those vulnerable patients at risk of being admitted to hospital as an emergency
- The GP Care Advisor who deals with benefit applications, etc. has been off sick but the service has allocated a replacement who will be at the Surgery once a month starting next Thursday (25 August). Anyone wanting an appointment, please contact the Surgery.
- With the introduction of Care Closer to Home the Surgery will be working with a lot of other agencies. A Social Care Key Worker will be coming into the practice on a regular basis, initially fortnightly, to work with and support patients aged over 65. A representative of the Alzheimer's Society is at the Surgery once a month and other services, e.g. physiotherapy, can be accessed. Although room space is at a premium, rooms are available during the lunch break from 12 noon to 2.30pm.
- Flu clinic dates will be advertised when the vaccine delivery date is known. It is likely that there will be drop-in clinics on Saturday mornings from 9am to 12 noon and evening sessions. PPG support would be welcomed.

**6. My Social Prescription: Ms Jackie Fairweather, Engagement Officer, Colchester Community Voluntary Services**

Ms Fairweather explained that My Social Prescription (MSP) is a community based scheme led by Colchester Community Voluntary Services (CCVS) – the voice of the voluntary sector. The scheme, which has received another year's funding, links voluntary and community services to address social needs. Individuals who go to the doctor feeling depressed because they are anxious or isolated perhaps caused by losing a loved one, may not need clinical intervention. Being put in touch with a lunch club or getting access to transport may provide the support needed. An MSP prescriber would meet the individual and ask them about themselves, their situation. A GP can refer the patient, with their consent, or they can self-refer themselves by 'phoning or emailing. It was important that MSP demonstrated it was making savings to the public purse and some examples were given:

Minimising the risk of falls by volunteers helping individuals with maintenance issues, e.g. fitting new lightbulbs and fixing loose floor boards - potentially saving at least £2,500 on a hospital admission. Hoarding is now classed as a mental illness and individuals sometimes need help with de-cluttering.

Ms Fairweather stated that MSP worked closely with the Social Care team. Lots of people needed social and wellbeing support and for all sorts of reasons. They may have long term medical conditions such as epilepsy or COPD, be looking for company, help with transport or help at home. By being referred, either through a GP or by self-referral, MSP prescribers would then make contact, talk through their issues and may refer them to, for example, support groups, social groups for outings, etc.

Some surgeries were getting involved with MSP – Ambrose Avenue (Colchester), Gt Bentley and Green Elms (Jaywick) were mentioned. At Gt Bentley two volunteers are available once a month and MSP representatives are at Clacton Library every Thursday from 12noon to 1pm. They were also working with Colchester Hospital. Ms Fairweather added that more volunteers were needed to be the first point of contact. To talk to people, find out their needs and pass that information on to the CCVS team.

The contact details for MSP are: Call: 0800 7311 655, Email: [msp@ccvs.org](mailto:msp@ccvs.org), website: [essexconnects.org.uk](http://essexconnects.org.uk).

Note: We would very much like to set up this type of service at Caradoc so please get in touch with the CCVS team.

**7. Actions and Matters Arising:**

- a) Linda Ash reported that the balance at the bank at the end of May was £714.46. Since then a cheque for £169 for the TV monitor had been issued and a donation of £50 received, leaving a balance of £595.46. Note: £29 was collected on the evening.
- b) Neil Churcher reported that £93.50 had been collected at the last meeting which had been put towards the gift of Amazon vouchers for Dr Mann. The TV monitor for the Surgery waiting room had been purchased and delivery to the Surgery shortly after the last meeting.
- c) Jenny Heard reported that she and Sue Opperman had attended the recent Tendring PPG Liaison and PPG Summit meetings. There was a common theme running through both meetings and subjects covered included repeat prescription ordering, Health in Mind, lack of GPs, and improving attendance at PPG meetings. The Chairman of a South Woodham Ferrers PPG spoke about how the four PPGs in his area met once every three months to share best practice. Minutes of these meetings and monthly Forum meetings can be accessed via the NEEssex CCG website: [www.neessexccg.nhs.uk/Library/NEE Health Forum](http://www.neessexccg.nhs.uk/Library/NEE%20Health%20Forum).

**8. Any other business:**

The Chairman reported that the Caradoc Newsletter would be appearing in the next edition of the Frinton Residents' newsletter *The Frinton Resident* which would be published in late September. He went on to remind members that a replacement Secretary was needed next year as Jenny Heard would not be seeking re-election in February. He went on to say: 'if we don't have a Secretary, we don't have a PPG'.

**9. Closure and date of next meeting:**

The next meeting will be held on Thursday, 17 November, 2016, at Soken House, at 7pm.  
The meeting closed at 8.45pm.