

CARADOC SURGERY – PATIENT PARTICIPATION GROUP
NOTES OF THE MEETING HELD ON THURSDAY, 25 FEBRUARY, 2016
AT SOKEN HOUSE, THE TRIANGLE, FRINTON-ON-SEA

Present: N Churcher, Chairman; L Ash, Treasurer; J Heard, Secretary and 34 members and guests.

1. Opening of Meeting:

a) The Chairman welcomed everyone to the meeting and introduced Denise Raven, Practice Manager, Lynn Stimson, Operations Manager, ACE and Denise Peggs, Assistant Director of Operations, ACE. Unfortunately Dr Knorr was not able to attend as he was unwell.

b) The Chairman pointed out the fire exits.

2. Apologies for absence: Apologies were received from: Mr & B Mrs Allen, Cllr R Bucke, Mrs A Buletson, Ms K Carswell, Mrs A Churcher, Mrs A Collins, Mrs A Davis, Mr A Eldret, Mr D Grayston, Mrs B Hendry, Mr & Mrs R Holder, Mrs M Liles, Dr H Missen, Mr & Mrs G Mollatt, Mrs S Opperman, Mrs P Smith, Cllr N Turner, Mr & Mrs D Watson, Mrs H Wilkinson

3. Minutes of the previous meeting held on 20 November, 2015:

Proposed by John Floyd, seconded by Colin Knight and signed as a true record.

4. Election of Committee Members:

The Chairman stated in the absence of anyone else wishing to stand, it was proposed that the present incumbents – Neil Churcher, Linda Ash, Jenny Heard, Shirley Leech, Sue Opperman and Claire Roberts, be re-elected for a further 12 months. Proposer Maureen Hatwell, seconder Peter Callan. It had been disappointing that nobody else had come forward, particularly as it was not an onerous task.

5. Caradoc Medical Services Contract:

The Chairman stated ACE had been awarded the contract to run Caradoc from 1 April, 2016. They had been running the surgery with two other providers since 1.11.14. The surgery was a whole lot better than 17 months ago and he was confident there would be further improvements with plans in the pipeline. It was disappointing that there had been adverse reports in the press and comments on Facebook. He requested that if a patient had a complaint or concern they raised it in the first instance with the surgery. Whilst Committee members do take up general issues with the Practice Manager, specific issues have to be raised by patients themselves.

Ms Stimson stated that they were just getting mobilised and there was a lot of work to do over a period of 10 years. There would be changes at the Practice and the PPG would be consulted on how those changes would be implemented. Ms Stimson thanked the Chairman for the recent response in the Gazette newspaper. It had meant a lot to the staff at Caradoc. The Chairman replied that he had been annoyed by the comments in the on-line Gazette. He continued that there had been a suggestion put forward by representatives of other Tendring PPG Groups that representatives from PPGs be elected to the CCG (Clinical Commissioning Group) Board. The Chairman felt that this was too convoluted and it would be better if an existing Board member had responsibility for PPGs and PPG representatives had access to that person.

6. Caradoc Surgery Update: Mrs Raven reported as follows:

From 15 February **Electronic Prescription Service (EPS)** has been introduced. Instead of a piece of paper going to the pharmacy the prescription now goes electronically. There will be no change for patients whose prescriptions normally go directly to their chosen pharmacy. However, where patients had previously signed up with a pharmacy and subsequently chosen to either pick up their paper prescriptions from the surgery or a different pharmacy, then they will need to go either to the pharmacy of their choice or the original one to make the change. The reception staff at the surgery have received a small amount of training but in most cases they will not be able to make any changes. There is no change in the print-off for a repeat prescription. If you see a doctor and they issue a prescription, it can be printed or sent electronically. The surgery will still need 48 hours to process repeat prescriptions. It is safer electronically, can be tracked more easily and although it does go immediately it still needs to be processed. As the system is new, initially it may take longer. Mrs Raven confirmed that although prescriptions are normally processed in 48 hours, patients should allow three days. She asked that if there were any problems, then please let the surgery know. It was important to emphasise that patients could still pick up paper prescriptions from the surgery, it was their choice. In answer to a question, Mrs Raven advised that currently prescriptions for controlled

drugs, e.g. Diazepam, cannot be sent electronically and have to be dealt with separately. It was hoped that very soon prescriptions for all drugs will be able to be sent electronically.

The **DNA (Did not Attend)** rate last week had been 42. It was disappointing when patients didn't attend and precious appointments lost. They have now decided to write to patients, having had feedback from the PPG. **Staffing.** They were sad to lose Nurse Julie and would shortly be advertising for a Practice Matron and Nurse Practitioner. Two nurses had recently been recruited. Jo, who is new to practice nursing has quickly settled in, and Sarah who is an experienced practice nurse. Sarah is dealing with patients with diabetes, respiratory problems and other chronic diseases with support from specialist nurses. From the beginning of April it is proposed to have a clinical pharmacist, part of the primary care team, to work at the practice and carry out medicine reviews which would alleviate doctors' time. A Q&A session followed:

- The criteria for sending a DNA letter will be if the patient fails to attend. If a patient is late then they do try and fit them in, particularly if there is a real clinical need.
- Sometimes patients do forget if the appointment is made two weeks in advance but often they don't turn up when the appointment has been made that day. A text reminder is usually sent – although a member stated that her recent experience was that wasn't working.
- Sending out letters had started that week and all letters will be signed by the Practice Manager. Prior to sending letters out she would check with the clinical team in case the patient had been admitted to hospital, etc. She didn't want to upset anyone.
- There were a number of questions about difficulty in getting through on the 'phone. Often the recording says that are one or two in the queue but it can then take half an hour to speak to someone. Sitting in the waiting room you can hear 'phones ringing going unanswered. Mrs Raven stated that there were two 'phones in Reception and two 'phones in the back office. She didn't know why there was a problem. During lunchtime 12 to 2pm there were fewer people on duty but lunch times were staggered and two receptionists on duty. It was suggested that maybe there should be a change to the three or four options on offer to which she responded that a year ago there had been a reduction in the number of options. She would look into it.
- Regarding continuity of care, Mrs Raven appreciated how difficult that is. She felt it was a lot better now than 17 months ago as they now had the same doctors. They tried to do 50/50 advance bookable and on-the-day appointments. None of the appointments for the duty doctor are pre-bookable.
- Mrs Raven explained that emergency appointments are when a patient feels they need to be seen that day, the duty doctor is at the Surgery until 6.30pm. If all the appointments have gone and a patient feels they need to see the doctor then the receptionist will pass a message to the doctor who will decide if it is clinically necessary for the patient to be seen. The surgery are currently reviewing the appointment system to determine whether a nurse or doctor should triage (review patients' symptoms) for all emergency appointments.
- The current doctors are: Dr Carlos Knorr, Dr Michael Mann and Dr Charles Ezekwe. Other doctors are Dr Fadali, Dr Berg and Dr Klapper and Dr Cotta fills in when required.

Ms Stimson reported that costings for the surgery refurbishment were being finalised. There would be new flooring throughout, washable laminate in reception with new seating meeting infection control standards. The work would be carried out within the next two months over weekends. They were looking at putting a TV screen in reception to provide information updates. They would not be getting an electronic patient call system as they are generally not liked because they are not quick enough and some patients have difficulty in hearing when called.

Ms Stimson stated that from 1 April Dr Knorr would be staying at the Surgery and they would be going to advertise for at least two salaried doctors. Drs Mann and Ezekwe were currently employed as locums and ACE couldn't afford to continue paying for locums.

Regarding the talk about a 'super surgery' off Elm Tree Avenue, the Chairman advised that Persimmon Homes have a covenant on the land and funds would have to be found to release the covenant.

Ms Peggs reported on **Care Closer to Home**, a brand new contract commencing on 1 April for patients across North East Essex – Colchester and Tendring. It would mean that services would be coordinated, making them more joined up. Historically, healthcare can be disjointed but what ACE have done is try to design a

service that works around patients' needs. At the start patients would be spoken to about all their needs. The same services would be available but it was about bringing them together into the community, rather than in hospital. And working together with social care, mental health, specialist cardiac team, community nursing together with GP practices. There would be a single gateway – one number to get to the right place. Ms Peggs confirmed that patients would have a care coordinator. For patients with complex needs a care plan would be developed with the patient. Both the clinician's and patient's goals would be taken into account, e.g. a physio's goal might be for the patient to walk 100 yards whereas the patient's most important need might be to get to the bottom of the garden or to the pub. That would be captured in the care plan which the care coordinator would monitor.

Ms Peggs advised that the Community Gateway would be up and running on 1 April with a single telephone number as a point of contact. That would ensure referral to the right place and publicity material was being developed. There are 12 staff taking calls, from 8am to 10pm when the calls divert to the emergency nursing services unit. They were based in Kennedy House in Clacton. ACE were also working with the CVS (Community Voluntary Service) to develop 'My Social Prescription' linking people who may be depressed, lonely, socially isolated with voluntary and community services.

7. Actions & Matters Arising:

- a) Linda Ash reported that an account with Barclays Bank was opened on 3.11.14. The first income was £805. Since then outgoings have included payments for insurance and a plaque for Parkers' donation of the check-in screen. The hire of the halls for the PPG meetings are met by the surgery. The current balance is £694.96. Secretary's Note: Anyone wanting a copy of the full statement, please let me know.
- b) Neil Churcher stated that the next edition of the Caradoc Newsletter would appear in the Frinton Residents' Association Newsletter which would be distributed in early April.
- c) Jenny Heard reported that there had now been three meetings of the Tendring PPG Liaison Group. Either she or Sue Opperman had attended the meetings which were an opportunity to share experiences and exchange ideas. At the last meeting the subjects of DNAs and the use of volunteers were on the agenda. Some surgeries send out letters, others have dedicated 'phone lines and email addresses for cancelling appointments. Some surgeries use volunteers to help on flu jab days, giving advice on prescriptions, capturing patient experience in the waiting room. The minutes of the meetings can be accessed from the CCG website: www.neessexccg@nhs.uk /Library/NEE Health Forum/Tendring PPG Liaison Meetings.

8. Any Other Business:

Ms Stimson advised that arrangements were being made for a separate telephone number for cancelling appointments. She said that ACE were very supportive of using volunteers, particularly retired people and harnessing their expertise. A member asked if there were any plans to improve the area in front of the Surgery as it was particularly hazardous. Ms Stimson responded that a risk assessment had been carried out, the lease was complicated with ownership by Abellio/the owners of the building, but maintenance would be undertaken to comply with health and safety regulations.

Mrs Raven advised that having met with Anne Coupe-Harris from the Alzheimer's Society, they were planning to start dementia support clinics the following week which would be taking place on alternate weeks. Patients diagnosed with the illness would be written to and advised of the service. In answer to a question, Mrs Raven confirmed that equipment in the surgery was regularly serviced and that it was the HCAs' (Health Care Assistant) responsibility every day to check that rooms were fully equipped with equipment that was working.

Jenny Heard stated that she had received an email from Julie Cottee prior to her leaving the Surgery. Julie had wanted to convey her thanks to members of the PPG for their support, particularly in the really tough times, and she hoped that we would continue to support the Surgery. She was looking forward to her new job and felt she was leaving the surgery in good hands with Denise as Practice Manager, Dr Knorr as clinical lead and a supportive nursing team.

9. Closure and date of next meeting:

Following a proposal by John Floyd, seconded by Robin Cooper, and a show of hands in support, it was agreed that Soken House was the preferred venue for PPG meetings. The next meeting will be held on:

Thursday, 26 May, 2016, at Soken House, The Triangle, Frinton-on-Sea commencing at 7pm.

The meeting closed at 8.15pm.