

**CARADOC SURGERY – PATIENT PARTICIPATION GROUP**  
**NOTES OF THE MEETING HELD ON THURSDAY, 17 NOVEMBER, 2016**

Present: N Churcher, Chairman; J Heard, Secretary, and 36 members and guests.

**1. Opening of Meeting**

- a) The Chairman welcomed everyone to the meeting including guests: Denise Raven, Practice Manager; Lynn Stimson, Operations Manager, ACE; Sophie Mattei, Patient Experience Facilitator, ACE; Dr Carlos Knorr, Clinical Lead GP at Caradoc, and guest speakers Emma-Louise Parmar from Health in Mind and Paul Rogers, NEEssex CCG.
  - b) The Chairman pointed out fire exits
  - c) The Chairman paid tribute to Mrs Maureen Hatwell, one of the PPG's founder members, who had recently died.
- 2. Apologies for absence.** Apologies had been received from: L Ash, K Carswell, R Cooper, A Davis, C Ellinghouse, Mr&Mrs Gilkes, B Hendry, H Missen, K Martin, P Smith, Mr&Mrs Stearn, N Turner.

**3. Minutes of the previous meeting held on 18 August, 2016:**

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

**4. Improving Access to Psychological Therapies (IAPT)/Health in Mind**

Paul Rogers opened by saying that he is responsible for the portfolio for primary care mental health services for the North East Essex Clinical Commissioning Group (NEEssex CCG) having previously worked for the Primary Care Trust (PCT). In 2008 there was a lack of primary care mental health services, no talking therapies and just a few counsellors dotted around the area. There was a huge unmet need, nowhere for people with phobias or OCD (obsessive compulsive disorder) to go for help and if they got worse they started to access acute mental health care. The PCT and Department of Health with government money recognised the need for talking therapies to provide people with the skills to enable them to get better and lead fulfilled lives.

The Health in Mind service was commissioned in 2008. The talking therapy service was built up over five year or so years and two and half years ago, following a robust commissioning exercise, the service in North East Essex was awarded to the Hertfordshire University Foundation Trust. The service is not just a set of talking therapies for patients with mild to moderate mental health issues but an IAPT plus service, for example, for people with long term conditions such as diabetes, COPD, respiratory problems, which can affect their wellbeing maybe making them depressed and anxious and they often have carers who suffer stress. There is no upper age limit to talking therapy, older people can suffer from depression and anxiety and they do very well with CBT (Cognitive Behaviour Therapy).

Emma-Louise Parmar, Assistant Psychologist at Health in Mind, spoke about the service provided for people with low mood or anxiety and that there were a range of different treatment options. A core IAPT therapy is CBT, an intervention which affects how we think and how we behave affects how we feel. The low intensity CBT – Silver Cloud, allows people with limited time to work through the material by themselves on a computer. They have a review every two weeks, can get help via a 'phone call and have homework set for them. 'Manage Your Mood' is a six week course run in Colchester and Clacton every Tuesday morning. High intensity therapies include CBT, EMDR (eye movement desensitisation and reprocessing), Perinatal, STEPPS E1 (emerging personality disorders)

Group. In partnership with MIND counselling is offered for depression, DIT (dynamic interpersonal therapy) and STaR (Support, Time and Recovery) Workers where there is a practical need.

Paul added that a high percentage of the population were living with long term conditions. Two new courses were planned for next year: 'Wellbeing in Older Adulthood' and 'Carers Wellbeing Course'. Both four week courses and together with the existing six week courses gave lots of options and the opportunity to meet other people. Information was available in leaflets and on-line. Referral can be via your GP or self-referral (0300 330 5455, or visit [www.healthmind.org.uk/how-we-can-help](http://www.healthmind.org.uk/how-we-can-help)). After initially making contact there is a telephone assessment taking up to 45 minutes.

There followed a short Q&A session, summarised as follows:

- After initial referral either by GP or self-referral if the individual doesn't make contact again there are follow-up telephone calls with messages left and letters. Patients may not want their GP to know they have self-referred as they feel it's a stigma and their wish has to be respected
- There is the ability to 'step up' if the patient's condition is deemed to be more serious or 'step down' if they have made the mental recovery
- In NEEssex referrals from GPs and self-referrals are about 50/50. The process of self-referral and making that initial contact is part of the therapy process
- Capacity is an issue and having the money to fund enough therapists and counsellors. If there is a wait list then contact is continued to be made with the patient and alternatives may be offered
- There has been very good feedback about STaR workers who work alongside clinicians to support people through practical issues such as those relating to housing, benefits, employment, etc. which may be causing anxiety or depression
- The majority of the sessions were during the day – 9-5, however, support could be given over the 'phone so that people could be supported whilst at work or if they were unable to leave their homes. For people with full-time jobs there were some out-of-hours slots and on-line material
- There is still stigma associated with mental health issues but it is coming down. There are national campaigns and locally they are working with Essex University offering stress management workshops. It is now much more acceptable to talk about the health condition and it is important that people are made aware and that can be done by word of mouth and through talking to groups such as the PPG.

#### **5. Caradoc Surgery Update:**

Denise Raven advised that the GP Care Advisor, Tim, was now back to work on Fridays and appointments can be made via Reception. The 'flu campaign had been very successful. The two Saturday mornings worked very well and they will continue with that in future. There was a problem in that a lot of patients had received their vaccinations in local pharmacies and the Surgery still had plenty in stock. If eligible patients who have still not had their 'flu jab have an appointment at the Surgery then they can tell whoever they are seeing and they can have their vaccination then without a separate appointment. They are currently looking at companies who can deliver the vaccine earlier next year before the pharmacies get their deliveries. There is a cost implication in that if the pharmacies receive payment then the Surgery doesn't, so please go to the Surgery.

There has been 70-80% positive feedback from the Family and Friends cards handed out at Reception. Sadly those with negative feedback had no names therefore there was no opportunity for a conversation. The issues are lack of appointments, continuity of GPs and lack of female GPs –

although there is ongoing upskilling of nursing staff in Women's health. The aim is to provide a better service.

Sophie Mattej, Patient Experience Facilitator, ACE, was introduced. She joined ACE in July having previously worked in social housing and welfare. Part of her job will be to look at the patient experience cards and identify areas for improvement. She will be visiting community hospitals and working on a patient experience strategy plan and setting up a patient panel for ACE. She is on social media websites, Facebook and Twitter and details are on the ACE website. She will be undertaking listening exercises and asked that if anyone saw her at the Surgery to tell her about their experience of using the service on a day-to-day basis rather than their personal issues. She confirmed that staff did undertake experience surveys.

Denise Raven referred to previous meetings where it had been suggested that a blood pressure machine be purchased for the Surgery. In fact a machine has now been supplied and just needed to be set up and calibrated. Patients will then be able to take their own blood pressure rather than having to book an appointment. The print out from the reading will be handed to a Receptionist thus providing a much improved service.

Lynn Stimson advised that the Surgery will be taking delivery of a new Doppler machine which will free up nurses' time. The current machine takes an hour of nurses and patients time to test circulation and blood supply to lower limbs for, for example, leg ulcers. It is very time consuming and requires a high level of expertise. The new machine, which should be delivered in mid-November, will be much quicker and more accurately measure the circulation of blood.

Mrs Raven referred to the changes in the appointment system made in August when two and 28 day appointments were stopped. The DNA rate for 28 day appointments had been high and has reduced from around 45 to 23 a week. However, following feedback from both staff and patients two day appointments are to be reintroduced because if a patient can't get an appointment that week then they would have to wait for up to one or two weeks. They will continue with 50% on-the-day appointments and will keep monitoring the situation. They are going to start asking for some idea of why a patient feels they need to be seen by a clinician.

Lynn Stimson reported that following the recent audit it was found that 50% of patients need not have seen a doctor. Twenty five percent could have been seen by a Nurse Practitioner, a Nurse or a Pharmacist and 25% didn't need an appointment at all. Receptionists will be asking patients for some idea of why they need to see a clinician, not the ins and outs, so they can be signposted to the right person at the right time. She continued that she appreciated the frustration of not being able to book an appointment but it was important that if patients had problems and really needed to see a GP that GP appointments were freed up. Nurse Practitioners are very capable in dealing with minor illness and some nurses can deal with patients with chronic diseases.

Ms Stimson continued that the sort of question a Receptionist might ask would be 'can you give me a brief idea of what your problem is'? She recognised that people were traditionally reserved but it was important that patients are signposted to the right person. It could be about a repeat prescription, or maybe about a form. If a patient is poorly then they need an appointment and can get one if 25% of appointments can be freed up. It will be really helpful to the practice if patients are

seen by the right clinician at the right time. She agreed that the way the reception desk is situated is not ideal and initially the questions will be asked over the 'phone. The vast majority of reasons aren't so personal but the Receptionists will not be pushy.

Ms Stimson said that this was a change in culture. They were not triaging there was no decision-making, simply navigating. Patients needed to stand away from the reception desk to protect confidentiality. Information would be put on the website, there were the minutes of the meeting but it was not possible for a letter to be sent out to all patients.

The Committee member responsible for fundraising expressed her frustration that £550 was raised two and a half years ago and the TV that had been purchased has still not been installed. Mrs Raven explained that there is a new facilities management contract and there have been issues with Mitie, the new contractor. Whilst this is totally unacceptable she confirmed that the job of installing an electrical point is now being processed.

It was confirmed that there isn't a separate telephone number to cancel an appointment. There simply aren't enough lines available. The idea of having a separate mobile phone just for cancelling appointments was not viable as calls have to be recorded.

A member asked what process was in place when patients repeatedly missed appointments and were patients ever removed from the list. Mrs Raven advised that there was a process although it was not a blanket process. They had been successful in reducing the weekly DNAs from the 50s to the 20s and that was across all appointments including Health Care Assistants and Doctors. With the reintroduction of the two day appointments that number may decrease even further. The percentage of the DNAs for doctor appointments was not so high but primarily for phlebotomy and Nurse appointments for warfarin checks. Ms Stimson added that she felt strongly about patients being removed as some lead chaotic, difficult lives.

A member asked about gifts for staff. Ms Stimson advised that there was a policy about gifts for staff but that items such as chocolates were always acceptable. The Chairman suggested that any gifts should be made by individuals rather than the PPG.

**7. Actions and Matters arising:**

In the Treasurer's absence the Chairman reported £559.96 in the bank with £64.50 owing for indemnity insurance. Note: £45.70 was collected on the evening. The Chairman stated that it was national Self Care Week 17 – 23 November and provided details of local information events.

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

The next meeting, the AGM, will be held on Wednesday, 8 February, 2017, at Soken House, commencing at 7pm.

The meeting closed at 8.15pm.

**Secretary's Note:** The CCG has published a Sustainability and Transformation Plan which can be accessed via their website: [www.neessexccg.nhs.uk](http://www.neessexccg.nhs.uk). This is a plan on how all organisations involved in healthcare can work together differently across East and West Suffolk and North East Essex. Anyone who would like a copy but does not have computer access, please let me know.