NORTH COLCHESTER HEALTHCARE CENTRE

PATIENT PARTICIPATION GROUP

MINUTES OF MEETING HELD 6th July 2017

Attendees:	**Michelle Futter, (MSF)**
	Paula Ireland (Head of Contracts, South & East, Care UK), (PI)
	Pam Green (Director of Transformation & Strategy, NEECCG), (PG)
	Yaa Dankwa Ampadu-Sackey, (YDA-S)
	Matt Farrell, (MF)
	Nick Chenery, (NC)
	Leila Priscott, (LP)
	Chris Chaplin (CC)
	Graham Evans, (GE)
	Fenella Hewiit, (FH)
	Jeanette Goddard, (JG)
Chair:	**Yaa Dankwa Ampadu-Sackey**
Minutes:	**Nick Chenery & Yaa Dankwa Ampadu-Sackey**

Agenda Item	Notes	Owner	Action / Update
1.0	**Welcome and Introductions:** The Chair welcomed everyone to the meeting.		
2.0	**5 Year Forward View (5YFV) introduction** CCG regulated by NHS England and background of 5YFV is to review performance on how CCG is improving the region's health – ensuring value for money. In Apr17 CCG took back primary care & GP services.	**CCG**	**PPG & NCHC to note.**
2.1	**The 5YFV** Main areas to target are investment, workforce, workload, infrastructure (of both buildings & systems) and care design. Realisation that smaller (<6k) surgeries are likely to decline as harder to recruit into. Need to get into 30-50k size to get commercial benefits of a more streamlined support time, drive efficiencies/commercial value etc. and have bigger sustainable business units. Colchester + Tendring have 3 bigger Limited Liability Partnership alliances, e.g. COLT GP Network. To drive recruitment, aspiration is more training practices – to increase GPs and nurses. Need to ensure practices are open more hours, and those hours are in sync across the partnerships – more uniform availability adapting to patients' changing working hours. Also need to drive simplicity in the healthcare system to ensure more patients end up at the right service more		

	quickly. Lots of focus on self-care strategies, all services to drive this, e.g. applies to pharmacies too.		
2.2	**Innovation aligning to 5YFV** Already have 10 clinical pharmacists in practice – highest in country! Workforce strategy – need to look at why talent is not being attracted, evaluate skills deficit (e.g. in nursing), and plan for known events e.g. Retirement. Increased automation for form based services – currently 131 forms available to refer a patient which isn't efficient use of time. Care navigation – receptionists helping divert patient to the correct service earlier, with comprehensive training. Centralised phone service among surgeries to balance load and hub based working to improve productivity. New premises review – no capital budgets but can rent buildings. New ways of working – Wi-Fi & remote appointments from GPs. Enhanced services & extended hours. Workforce – with bigger patient list there can be more diverse staff. Takes a long time to train a GP, so empower nurses. Pharmacists & paramedic populations will increase.		
2.3	**Practical changes from 5YFV** Video consultations. Focus on reducing Did Not Attends – improve cancellation process. Triage. Mental health & developing the team – approx. 40% is stress, anxiety, confidence & mental health – GPs may not		

	be best for this. Personal productivity – embracing technology to improve efficiency and break down barriers. Partnership working – wider relationships outside of the practice. Social prescribing – up to 30% of doctor's appointments is social in origin and could be treated differently – stop doing blue badges as an example. Supporting self-care. NCHC needs to have discussions to consider becoming a Hub – Minor Injuries Unit will happen. Mar19 – 8AM-8PM coverage is the aim. Additional detail to be worked through.		
3.0 **3.1** **3.2** **3.3** **3.4**	**Minutes of the last meeting & PPG Procedural** The full minutes of last meeting held on 4th May 2017 was approved in its entirety. Noted that Gabby had a stall which was well received. AGM – need to review terms of reference and constitution, as well as structure. Desire to hold an AGM with full advertising and open to all with support from NCHC. Uploading of minutes – Now completed. Increasing membership – now a form on the PPG board, all happy to mark as completed. YDAS asked if letters could be sent out to advertise the PPG? Issue of cost and time challenged back by Micelle, though agreed email could potentially work. Need to investigate data governance issues. Kath had fed back to focus on groups of patients that don't regularly attend the practice. Awareness event?	**PPG, NCHC** **PPG** **PI**	**All to note** **To find a suitable time and advertise accordingly.**

3.5	Budget for PPG – need to check if this is in the contract, otherwise investigate local options.	**PI**	**PI/Care UK team to investigate/feedback.**
3.6	Popup stand placement/location – NCHC fed back it cannot go anywhere other than where it is due to health & safety.		**PI/MSF to obtain a map of coverage or NCHC to give to PPG. Map has now been obtained by MSF**
3.7	Advert in Mylander – a need for the PPG to look at other adverts within practice boundary. Paula suggested it could be a mini project.	**PI**	**Advert has been placed in the Tuesday 5th September edition of the Gazette.**
3.8	Monitor – Care UK cannot allow for various legal/H&S reasons so agreed to close this point.		
3.9	Access route between WIC & A&E – map is being drawn up and will be deposited at both sites about the safest route. Also noted to not direct patients through the villas.		**YDAS to advise when this is complete.**
3.10	Urgent care review & way forward – still not fully clear and nothing is fully decided. Change to an MIU from WIC is the preferred direction, with minor illness instead be seen by GP.		
3.11	PPG Awareness week – 3 stands only; bowel cancer screening, Gabby from Essex Lifestyle and MF from PPF. Felt it was poorly engaged. Kath also tried to get some advertising too, and select letters went out but leads to wider point of communication strategy and how both NCHC/PPG become more effective.		**Paula suggested social media channels and will feed back via NCHC as to what is and isn't allowed.**
3.12	PPG conference – Yaa and Matt went to Basingstoke. Keynote speakers talked about burnout & early retirement as GP issues. Need to raise awareness of self-care. Second speaker – GP surveys. See PPGs as a critical friend –		**Paula offered to put the PPG in contact with other PPGs managed by Care UK, including focus on instigating a**

	challenge and comment and honest feedback for areas of improvement. Networking sessions & best practices. Workshop sessions – social networking & top 100. Need to update how the healthcare system communicate with other people in demographics that aren't proportionately represented – e.g. Facebook generation. MF suggested Facebook group – but mustn't be a "moan stop", needs to drive positive engagement and requires a moderator.		**Facebook/Twitter group.**
4.0	**AOB** Clarification of exactly what we should be as a PPG. YDAS wants to ensure PPG is independent and autonomous, but need to remember this is an APMS practice and that limits as to what we can do. Matt asked if we can have an explanation as to the difference between APMS and CMS contract.	**PI**	**Paula offered to put NCHCPPG in contact with other PPGs under control of Care UK to network.**
4.1	Smoking – CC noted someone was smoking in front of the bus shelter next to the bin outside the car park gate. Michelle noted it can't be enforced or resolved easily. Paula said it will be reviewed.	**NCHC**	**To review**
4.2	Next meeting –Matt asked if we can have an overview/update on System One on the service status and what functionality can be turned on & off. Newsletter discussion, and a review of today's meeting and the terms of reference from point 3.2.	**YDAS, PPG**	

5.0	**Next Meeting:** **Thursday 7th September, 7pm at NCHC.** End of meeting 8.30PM.		