**DRAFT**

**Minutes of the PPG network Meeting**

**Held 10-12 noon on 23rd November 2011**

**In the Boardroom at Phoenix Place, Basildon**

**Those Present:**

Marion Wilson (Chair) – Billericay Health Centre

Len Green – Murree Medical Centre

Larry Collins – Purfleet Care Centre

Malcolm Bigg – Rockleigh Court Surgery, Shenfield

Yvonne Wright – Purfleet Care Centre

Ronald Harris – Dipple Centre East Wing

Marlene O’Moura – Clay Hill Medical Centre

Helen Blower – New Surgery, Brentwood

Jayne Mason – Hassengate Medical Centre, Stanford-le-Hope

Mandy Ansell, GP commissioning Transition Director, NHS South Essex

(part of meeting)

Stacy Egan, Referral Management Centre Lead, NHS South Essex

Karen le Count, Diabetes Nursing Service (part of meeting)

Nicky Hart, Head of PPI, NHS South Essex

**Apologies:**

Stephen Bonnington, Hassengate Medic al Centre

Marion welcomed everyone to the meeting, and invited those present to introduce tjemselves around the table as there were some new faces.

Marion Highlighted that she had been elected chair of this network at the April meeting as an interim measure, and that she felt there should be a formal election of the chair at the next meeting. Members agreed this proposal, and will be invited to put forward nominations.

Marion then went through the minutes for accuracy. There were no corrections, but there was a request that the pages be numbered to enable easy referencing. Nicky agreed to action this for the next minutes.

Marion then turned to matters arising from the previous meeting.

Health and Well-being Boards – members would like more information at a future meeting.

Following on from discussions at the previous meeting. Malcolm Biggs brought along 2 sample diabetes packs so that others could see what his patient group had developed.

Helen asked if NICE guidelines concerning the treatment of osteoporosis could be circulated to GPs so that they are up to date.

Neil Harner was due to attend the meeting to give an update on PCTMS practices. Unfortunately he was unable to attend the meeting due to an urgent problem that had arisen that morning, and he gives his sincere apologies for this.

However, he has since provided this post-meeting update for members:

South West Essex PCT had completed a full 2 part restricted tender process for the 10 PCTMS run practices. 2 of the practices (Purfleet and Dipple, Pitsea) have now been transferred successfully to Malling Health and Assura respectively. The Brambles (Brentwood) is in the final stage, awaiting interviews.

Following the withdrawal of the preferred provider identified to take over the contract to manage the Gore PCTMS practice, the PCT board decided that the current procurement process for the remaining practices should be closed and a new procurement process should be undertaken to secure a new service provider.

In the meantime, the PCT has reached agreement with the LMC Provider arm that they will take on the management and clinical leadership of the PCTMS practices at the Gore (Basildon), Shotgate, Wickford, Dilip Sabnis (Chadwell St. Mary), Southview (Basildon), St Clements (West Thurrock) and Acorns (Grays). There will be no change to services, and the staff will remain PCT employees.

The draft timetable for the new procurement pro cess leads to a proposed transfer date to a new provider at the end of September/beginning of October 2012.

Marion then welcomed Karen le Count, who gave an update on community diabetes services in South West Essex. She said there are 17,000 patients with diabetes in this PCT area. The community nursing service has 9 specialist diabetes nurses, 1 specialist dietician and 4 admin staff, including one who co-ordinates education for parents. Each nursing is responsible for patients in a specific defined location. The service also covers the transition of adolescents from the paediatric service to the adult service. They are currently looking to develop a footcare pathway, with a multi-disciplinary approach.

Marlene asked if the service covered young children. Karen advised that children up to the age of 18 are seen by the paediatric service at the hospital. Expectant mothers are also seen by the hospital service.

Patients are only seen by the community diabetes nursing team if they are referred to the team by their GP.

Malcolm asked whether one specialist dietician was enough for 17,000 patients. Karen advised that the dietician takes referrals from GPs, she doesn’t see all 17,000 patients with diabetes in the area.

Len asked whether there were general education sessions for people with diabetes. Karen confirmed that there are courses, and that they are known as DAFNE and DESMOND Courses. DAFNE is the acronym for ‘Dose Adjustment For Normal Eating’, and DESMOND is the acronym for ‘Diabetes Education and Self-Management for Ongoing and Newly Diagnosed’.

Post meeting note: Derrick Early contacted Nicky to say that on reflection there had been 20 people on his DESMOND course, not 38 as he had reported at the previous meeting.

As the next speaker had been delayed, the group members gave their updates rom their individual practices.

Malcolm advised that the Rockleigh Court Surgery is currently working on producing information packs for Arthritis, Diabetes and Carers. The packs contain contact details for local services, voluntary support services plus information on the PPG for the surgery. Clinical advice is included where it has been agreed with the GP – for example NICE guidance.

Marlene asked who pays for the packs. Malcolm advised that the leaflets are supplied free, but that the GP surgery pays for the postage. Diabetes UK can supply their own packs, but they ask for £6.50 per pack.

Yvonne asked who puts the packs together, and Malcolm advised that the PPG members do.

Malcolm offered to let other groups have a sample pack, as it would seem to make sense for others to use the same pack rather than ‘re-inventing the wheel’. By Christmas they would have a carers pack available and they would be working on one for arthritis in the new year. Malcolm said he was happy for his e-mail address to be circulated so that other groups could contact him if they wanted more information.

Len Green from the Murree Medical Centre advised that they were planning their inaugural meeting of their PPG, but will still recruiting volunteers, with a focus on being representative of their patient population. He would be asking GPs to ask appropriate patients if they would like to join the group.

Yvonne advised that another way of recruiting was to put a note on repeat prescription requests, and to have information on the practice website.

Larry from the Purfleet Care Centre advised that their group had raised an issue with their practice about pedestrian access. They had raised the issue of the grounds outside the surgery, as they needed tidying up and revamping. This will be done under the ‘community payback’ scheme. They have helped with fund raising for equipment for the surgery, and are about to produce their second newsletter.

Ronald Harris from the Dipple Centre East wing surgery advised that the Malling Group no manage the practice, and that they now have a new practice manager, and a permanent GP.

Marlene Moura from the Clayhill Medical Centre advised that it would be their AGM at the end of November, and that the receptionists were handing out newsletters to encourage patients to attend. The noticeboards in the waiting area have been re-arranged, and now look much better. They have a new practice manager, but Marlene hadn’t yet met her.

Helen Blower from The New Surgery, Brentwood advised that the PPG was working well with the practice manager. Any views and concerns are addressed each month, and the practice has created a good environment for patients. They have taken on board comments from surveys, such as around parking. The feedback from the practice’s patient survey had been discussed with the PPG.

Jayne Mason from the Hassengate Surgery advised that representatives from the PPG had been assisting at the flu clinics, and had also used this as an opportunity to recruit more PPG members. They have been collecting patients’ e-mail address, which has meant that they now have 300 in their virtual group. This will assist the surgery in meeting the PRG DES. They are also running surveys, which will also help them to meet the DES. One of their patients is the secretary at a local school, and they are now working with local schools to try to get increased involvement from younger people.

Marion Wilson from the Billericay Health Centre advised that her practice had set up a working group for the PRG DES, and that they were making good progress towards it.

Marion then introduced Mandy Ansell, who is the GP Commissioning Transition Director for the South Essex PCT Cluster. Mandy is also the Chief Operating Officer for the Thurrock Clinical Commissioning Group. Mandy gave a short presentation, which is attached as a handout to these minutes. She talked briefly about the clustering process, and mentioned that there are now only 4 SHAs for the whole country, and 50 PCT clusters. These will become the regional outposts for the National Commissioning Board. She advised that the Health & Wellbeing Boards will have a very close relationship with the local authorities.

Marlene asked where the Macmillan nurses would sit in the new structure Mandy advised that Thurrock CCG will be the lead commissioner for community services, including Macmillan and District Nursing. Basildon CCG will be the lead for hospital commissioning.

Marlene said that patients are concerned about future provision of services.

Mandy advised that there will be a patient voice on the CCG board, as each CCG Board will have 2 lay representatives. One will be a patient representative from one of the constituent practices, the other will probably be from LINk/Healthwatch.

Helen said that patients needed to know how to access services, and that there should be one number to contact (not being sent around the houses). She felt that the future commissioning model looks fragmented and confusing for patients.

Len asked who would sort out and disputes. Mandy advised that the National Commissioning Board will be performance managing CCGs. The Overview and Scrutiny Committees will still be there to scrutinise both health and social care. CCGs will still need to go to Overview and Scrutiny Committees if they are proposing a substantial change, and they will still need to undertake consultations when appropriate.

There will also be a Health and Well-being Board, but this is still being developed. Thurrock and Essex are both pathfinders for this.

Len asked what had happened about those practices which were not aligned to local authorities. Mandy advised that more pressure is now being applied to ensure practices were aligned.

Marion thanked Mandy for her update, and introduced Stacey Egan, who is the PCT’s lead for the Referral Management Centre.

Stacey explained that the extended wait implemented through the referral management centre (RMC) ceased on May 31st 2011. Booking at the RMC has returned to normal and there is no artificial delay in the system for GP referrals.

The extended wait was never applied to cancer referrals made as a ‘2 week wait’ – these referrals do not go through the RMC to avoid any delay.

Marlene said that she was aware of patients with cancer who had been delayed because their cancer diagnosis was picked up in a routine clinic rather than as a cancer referral and she had heard that consultants at the hospital had concerns about the waiting times. Stacey said she was not aware of any cancer patients being delayed.

The PCT has strong links with the Governance team at Basildon & Thurrock University Hospital (BTUH) and other concerns have been reported through that route. There are weekly performance meetings with BTUH staff, any referral concerns are also raised through this route.

Post-meeting note: Stacey asked for Marlene to contact her with details of the patient whose diagnosis of cancer had been delayed by the application of the extended wait so that she could follow this up.

The contract with the RMC is on a rolling basis – at any point either party (the PCT or Fortis Healthcare) can give three months’ notice. At present, the PCT is engaging with CCGs to establish the format of referral management in 2012.

Helen advised that through Choose & Book she had chosen to go to Broomfield Hospital, but found that when she needed a blood test prior to her appointment there was no courier service to Broomfield for bloods for testing – all bloods were taken to Basildon Hospital. She felt it should be possible for blood test results to be communicated from Basildon to Broomfield Hospital in these circumstances.

Marlene also commented that if you have a blood taken at Queens Hospital, the results are not sent to Basildon Hospital.

Post meeting note: this issue has been referred to the commissioning manager responsible for phlebotomy.

Members all agreed that the availability of blood test appointments is much better now.

Marion thanked Stacey for her report.

There was then some discussion about future topics for meetings. Members agreed that they would like a presentation at the February meeting on Out of Hours services, which Charles Novis had offered to, arrange. Nicky confirmed she would talk to Charles about this.

Future requests included phlebotomy services in Brentwood, Health & Well-being Boards and Healthwatch. Members confirmed they would like CCGs to be a standing item on the agenda.

Marion thanked everyone for attending, and closed the meeting.

**Date of next meeting: Friday 3rd February 2012** 10-12 in the Board Room at PCT Headquarters, Phoenix Court, Christopher Martin Road, Basildon SS14 3HG.

Post meeting note: It has been established that travel claims will be paid at 40p per mile. This is the HM Revenue & Customs agreed rate.