

**MINUTES OF THE GREAT BENTLEY PATIENT PARTICIPATION GROUP
MEETING HELD ON THURSDAY 20 APRIL 2017
AT 6.30 PM IN THE MITCHELL ROOM, GREAT BENTLEY VILLAGE HALL**

Chaired by Melvyn Cox

Present: Barry Spake, Communications Officer

Charles Brown, Vice Chair/Treasurer

Guests: Dr. G. Pontikis (Surgery), and Jayne Hiley (Anglia Community Enterprise)

+ 13 Members

1. Welcome:

The Chairman welcomed everyone to the meeting and our Guests Dr. George Pontikis and Jayne Hiley.

Apologies were read out and noted.

2. Minutes of Last Meeting:

No points were raised and the minutes for the 16 March 2017 Meeting were approved.

3. Guest Speaker - Jayne Hiley, Anglia Community Enterprise:

(Handout: ("ACE Closer to Home and Primary Care" leaflet.)

Jayne Hiley introduced herself as Director of Operations and Quality for ACE, and said "I also cover what is traditionally known as Director of Nursing role. I am a Registered Nurse by background and have worked in a variety of health care settings but exclusively in primary and community care for the past 20 years. Over the past 10 years I have held senior management positions for ACE and predecessor PCT organisations taking responsibility for the management of three APMS practices, two Community Hospitals and a number of community based services including community nurses and matrons and specialist nursing teams. I'll tell you a little bit about ACE first then I'll talk about the services that we deliver in care closer to home. ACE was part of the NHS and five years ago the Department of Health wanted to create new providers of health care outside of the NHS constraint. What they wanted to try to encourage is health care organisations, in particular, Social Enterprise with a view to planning more support in the community. So if an organisation in the NHS makes a surplus this mostly goes back to the Department of Health, and an organisation can become deficit and the Department of Health will bale them out. As a social enterprise, we are able to reinvest any surplus we make each year back into service development and to provide funding to support local community projects such as our charity, which is Anglian Community Trust. Now the flip side of that is equally you create a better surplus and come in under budget with no overspend, as no one will bail us out if we go over budget. The Department of Health does allow us a certain amount of freedom. So five years ago we made a request to the Department of Health to come outside of the NHS to form Social Enterprise and we were granted the opportunity to do that. There are lots of health care organisations up and down the country that have become social enterprise. We are classified as independent health care, but don't confuse that with private health care. Everything we do is funded pretty much by the Department of Health out of the NHS fund. We deliver health care services and do provide some other services such as Weight Management etc. Everything we do is free at the point of care. We've got the NHS Constitution Act as the boundaries of the NHS as part of our values. Pretty much every member of our staff has come from the NHS. In terms of the services that we provide concerning care closer to home, such as, District Nursing Services; Health Screening Services, we also are managing two wards at Clacton & Harwich Hospitals and also provide some GP surgery services. The Clinical Commissioning Group and the Big Care Debate is very active with many events around North Essex. This is about working with patients/people and how we can support patients/people to stay at home longer.

What we used to do, for example, is send in a District Nurse, in the morning, to see a patient at home, and later that afternoon send in a Social Worker, and the next day a Community Physiotherapist. This is very confusing for the patients. So what we want to do is create a team who look after the population, particularly where there is a number of long term conditions, and where there is a number of agencies attending to support them. What we've got to get better at, as health care providers, is talking to you and listening to what you have to say. We are one year into a seven year contract. It's basically providing more than forty Community Healthcare Services, predominantly to the population of North East Essex (Colchester and Tendring Districts). ACE also provide Learning Disabilities Therapy, some Specialist Nursing and Health and Well-Being Services in North East Essex, Mid

Essex, West Essex, South Essex, South West Essex and West Essex. So District Nurses; Community Matrons; Community Hospitals; Home Phlebotomy; Urology and Continence; COPD; Intermediate Care; Podiatry; Trips and Falls; Lymphoma; MRSA; Out patients Physiotherapy; Audiology; Cardiology; Stroke; Pain Day Care; Orthotics; Dietetics; and Pressure relieving equipment. We haven't retained the School Nurses, as that went out to contract and is now being run by Virgin Health Care. We manage the community hospitals, just the in-patients not the out-patients. We are a community interest company, limited by shares and employee owned. This means that all of our staff are able to hold a share in the organisation. This does not mean that we get any financial benefit such as a dividend, but we are able to have a voice in the decision making of the organisation. As well as our staff, we want to involve patients and the community in key decisions of the organisation. We are continually developing ways in which people can be involved."

Note: Jayne Hiley read out the handout "ACE Closer to Home and Primary Care".

Q&A John Leggett asked if ACE was responsible for going to patients homes, washing and dressing the patient etc? **A)** That would be Social Services run by the County Council. We give health care not Social care.

Alan Bishop **Q)** Asked about returning certain equipment as Colchester Hospital did not want any equipment returned? **A)** ACE does want all equipment returned to us as all equipment is sterilized and re-used.

Judy Bishop **Q)** Do ACE provide any Mental Health services? **A)** No, we don't provide any Mental Health services.

Melvyn Cox **Q)** I attended a meeting a few weeks ago representing Gt Bentley PPG and it was mentioned that all referrals go through ACE. Someone present said that not all referrals go through ACE. Do they go through ACE? **A)** No. We provide Community Services. The GP refers the patient for what appropriate specialist treatment is required.

John Leggett – Congratulations if ACE is running the drop-in unit at Clacton-on-Sea as on two occasions I've received first class treatment. **A)** Thanks for that. I'll pass it on. Melvyn Cox agreed, stating that his wife had also received very good treatment there.

A general discussion took place regarding cuts to NHS and Social Services.

Melvyn Cox read out a quote from Nigel Edwards of the Nuffield Trust “ Expecting credible care with less money is unrealistic and on reviewed evidence it does not work”. “Many of the best form of plans will probably flounder on funding and staffing.”

4. Hollies Surgery News - Dr G. Pontikis:

The surgery thanked everyone for the contributions to the raffle. The premises feasibility study is still being waited on. March was exceptionally busy, busier than December, January and February with DNA's of 83; face to face consultations (Doctors & Nurses) 4,109; and Clinical Consultations on the telephone 1,514; Prescriptions – 34,000 items issued; and Receptionists answered 5,691 calls.

Barry Spake spoke of the good treatment received from Dr Nambi, the surgery staff, and Colchester Hospital.

Judy Bishop and those present thanked the surgery for all the good work.

5. NHS News items, Open Forum

Melvyn Cox spoke about the NHS and stated that Ambulance Staff say that the demand is up and finances are down, and that they are struggling. Although you could say that about all the departments within the NHS. Key targets are slightly better.

CHUFT has merged with Ipswich and are still looking for Governors to sit on the board. Lynda McWilliams stated that she is a Governor, and that they are keeping 16 Governors for the time being and they are being extended as there is so much going on at the moment with Ipswich and Colchester merging. Melvyn Cox asked Lynda McWilliams How do the Governors come forward? And Lynda explained that if you go to the website the information is available. That's what the position is at the present time, but our Governors have not changed yet. Lynda went on to explain that it is not political, and explained, that if anything, she is the one who is political as she is a stakeholder. Linda asked what was the affect of the closure of the Carnarvon Nursing Home in Clacton-on-Sea on the other homes. Jayne Hiley (ACE) we haven't heard anything yet specifically regarding this.

Note: email from Lynda McWilliams: As promised I have found the relevant information on CHUFT's web site regarding the election of Governors. I have copied the information from the web site which is below, and I hope it is useful for PPG members to understand the present situation regarding no Governor elections being held this year. If members require any further information and have access to a computer, I have supplied the link to the web site http://www.colchesterhospital.nhs.uk/election_2017.shtml

Regards, Lynda McWilliam

6. Any other business:

Melvyn Cox said that on the 5th April 2017 The House of Lords Select Committee published its report on the Sustainability of the NHS covering the next 15 to 20 years. It is too early to digest the contents of the report.

Those present thanked Jayne Hiley for attending and giving such an interesting account of ACE.

7. Date and time of next meeting

Thursday 18 May 2017 at 18:30 hours in the Mitchell Room

The meeting closed at 19:30 hours.

Dates for your diary - proposed PPG meeting dates for

2017:

18 May; 15 June; 20 July; no meeting August; 21 September; 19 October; 16 November
AGM 2017, no meeting December 2017.

Charles C. Brown
Acting Secretary