

## Essex Area Team 2014/15 PPG REPORT

Practice Name: The Elizabeth Courtauld Partnership

Practice Code: F81068

Practice website address: Elizabethcourtauld.gpsurgery.net

Signed on behalf of practice:

Date: 25<sup>th</sup> March 2015

Signed on behalf of PPG:

Date:

### 1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? <b>YES</b>											
Method of engagement with PPG: Face to face, Email, Other (please specify) <b>Email</b>											
Number of members of PPG: <b>126</b>											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	<b>7775</b>	<b>8056</b>	Practice	<b>2779</b>	<b>1381</b>	<b>1609</b>	<b>2050</b>	<b>2445</b>	<b>1916</b>	<b>1880</b>	<b>1597</b>
PRG	<b>48</b>	<b>78</b>	PRG	<b>0</b>	<b>2</b>	<b>7</b>	<b>14</b>	<b>21</b>	<b>33</b>	<b>33</b>	<b>15</b>

Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	<b>4648</b>	<b>38</b>	<b>274</b>	<b>244</b>	<b>22</b>	<b>12</b>	<b>28</b>	<b>21</b>
PRG	<b>125</b>							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	<b>66</b>	<b>8</b>	<b>31</b>	<b>17</b>	<b>21</b>	<b>22</b>	<b>12</b>	<b>5</b>		<b>18</b>
PRG			<b>1</b>							

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population: **PPG is open to everyone**

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? **NO**

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year: **Feedback received throughout the year on Survey Monkey, FFT Forms, Suggestion Box, Emails received, Complaints forms and Comments made to Staff members.**

How frequently were these reviewed with the PRG? **Not at all**

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: **A Jayex Display Board**

What actions were taken to address the priority? **Patients with hearing difficulties requested display board to show their name in surgery when called. Prescribing Incentive Scheme money was used to fulfil the patient requests.**

Result of actions and impact on patients and carers (including how publicised):

Priority area 2

Description of priority area:

What actions were taken to address the priority?

Result of actions and impact on patients and carers (including how publicised):

Priority area 3

Description of priority area:

What actions were taken to address the priority?

Result of actions and impact on patients and carers (including how publicised):

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

**We have had a Jayex Display board fitted in the surgery.**

**Two pairs of electronic access doors have been fitted.**

**More receptionists are now answering phones on our new phone system that was installed, this records all telephone conversations and advises patients where they are in the queue.**

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG: **Via Email**

How has the practice made efforts to engage with seldom heard groups in the practice population? **NO**

Has the practice received patient and carer feedback from a variety of sources? **Yes**

Was the PPG involved in the agreement of priority areas and the resulting action plan? **Yes previously**

How has the service offered to patients and carers improved as a result of the implementation of the action plan? **Hearing loop Installed for patients with hearing aids, Electronic Access Doors, Jayex Display Board and more receptionists to answer phones.**

Do you have any other comments about the PPG or practice in relation to this area of work?





Elizabeth Courtauld Partnership

Patient Participation Group  
Virtual email Forum Feedback  
2014-2015

Date	Question	Feedback	+/-
16 June 2014	Transfer to NEE CCG	<p>1: I think linking with NEECCG will be beneficial as like you say there is better funding for services. Some services like maternity are already run through NEECCG and as a patient I would prefer to go to Colchester than Chelmsford. The only issue I have is that CHUFT has had a lot of bad press lately, which may put some patients off of going there and may prefer to go to Broomfield. I would also like to ensure that NEECCG has the capacity to take on Halstead</p> <p>2: Regarding the above e-mail, I would agree to the surgery having closer ties to the North East Essex CCG and the services in the Colchester area.</p> <p>3: in favour of you applying to join the Mid Essex PCT if it means our Halstead Surgery will be better funded, which is what I understand it will be if they accept your application to change.</p> <p>4: Good Morning This is a difficult problem. So many people from the Halstead area use the new hospital in Braintree with its excellent services. Access there is good either by car or bus and it would be a pity to lose this facility. With regard to access to Colchester GH and Broomfield – by car it’s not a problem (although at both sites parking can be difficult and expensive). Bus travel is not easy to either site with at least one change required. However, as you pointed out in your e-mail, many consultants from Colchester have clinics in the out patients department of Halstead hospital and joining NE Essex would strengthen this vital link. I believe the Valley Midwives are already linked to Colchester but the Health Visiting and School Nurse department are with Mid Essex. It would seem sensible for them to be under 'one roof'. This would like turning back the clock for HVs and SNs were, many years ago, with Colchester. If you went with NE Essex would the people of Halstead lose the option to go to the Braintree hospital? You mentioned that Mid Essex have to implement major savings. I am assuming this would reflect in the services available to patients.</p>	<p>?? Positive comments</p> <p>?? Neutral Comments</p> <p>?? Negative Comments</p>

	<p>Therefore by moving to NE Essex can it be assumed that a higher standard of patient care would be maintained?</p> <p>perhaps plans for major savings will not affect the patients and their services. I am not sure if this is of any help with your decision.</p> <p>5: I think it would be an excellent idea to join North Essex, the thought of having consultations etc at Halstead is very appealing.</p> <p>6: We are happy to go with which ever area the Surgery feels is more appropriate and has more advantages for the surgery and Halstead as long as we can still choose which hospital we wish to use for different services - as you say - Braintree is a popular choice- and some services are better in Colchester and some in Chelmsford</p> <p>7: It is still not clear from your email what the benefits would be when changing to the North East Essex Clinical Commissioning Group. You say there will be more funds available. Does this mean that more patients will be referred on or will we receive better medical support? There certainly needs to be more doctors available at the surgery and more late night and Saturday openings. Will any of the above be rectified?</p> <p>8: I think it is a great thought as most patients access Colchester and its services and I have always wondered why you were not part of North EE. Look forward to hearing the outcome</p> <p>9: I personally believe that if it can be proved that the patients can get a better service, then that which is currently being supplied, then I am for the change. I use Braintree District Hospital for my eye problems, I use Broomfield for Pain management, (back problem since 2000) Ulcerative Colitis, and for Arthritis. I would not want to change the Consultants that treat these conditions as over the years I have had treatment second to none. I could not have been treated any where better I believe. The question I would like to ask is how are you going to assess the difference in what they say they will deliver to what they can actually deliver. Its ok for them to state that patients waiting time will fall and that they will get better treatment, but how do they and yourselves prove it as to change for changes sake is not good. Or is it that as the current provider has to make savings that you believe the patients will be worse off. The change if it happens should be about patients care and the supply of that not just monetary.</p> <p>10: Our views on this are professionally a bit out of date since I retired. As patients, our experience of mid Essex has been good, especially at Braintree Comm. Hosp. Would we lose that facility if we joined NEE CCG? In the same vein, our experience as patients at Colchester has been poor.</p>	
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		<p>Conversely in the past I argued in favour of Colchester, albeit under an entirely different system. Then it was based mostly on communications and transport, while quality of service seemed broadly similar.</p> <p>If there is good evidence that service will be better for the foreseeable future under NEE, then it would be better to swap, especially if access to Braintree is retained. But if the decision is based on a presumption of better service, then I would be extremely wary!</p> <p>11: Yes i think it would be beneficial to seek closer ties with the North Essex CCG.</p> <p>12: My opinion is that Colchester General needs to get its act together before I would attend, as its track record is not good. Any improvements need to be published. I find Braintree Hospital a great asset, in that it is easy to get early appointment there, compared to the main hospitals: Colchester General in particular. As long as one still has a choice to attend the hospital I wanted, I would not object.</p> <p>13: I have had the experience of attending both Hospitals following arranged appointments by the Doctor. My opinion is that service wise there is little difference between the two Hospitals. However the record network does not overlap, and this creates problems when attending Consultants. It seems more efficient to have the focal point at one Hospital. This will reduce the cross reference that Consultants require to decide medication, as they will have a record of the Patient at their finger tips. If as a bonus this might boost the practice finance I consider that it would be a good decision.</p> <p>14: Given that you are constantly complaining about lack of budget from Mid Essex CCG it would seem to be a sensible move to transfer to North Essex CCG without delay</p> <p>15: I think that it would be a Very Good Idea!</p> <p>16: We have no objection to the surgery joining the NHS North East Essex Clinical Commissioning Group provided we still have the choice of access to Broomfield or Braintree Hospitals should it be necessary. These are more easily accessible for us.</p> <p>17: My husband has eye appointments at Braintree Community Hospital and we don't want them to be changed to another hospital. Would he still be able to attend this hospital if you change to the North East Group? We think there should be far more outpatient clinics held at Halstead Hospital and possibly at your surgery too. Having to travel to/from Colchester or Broomfield Hospital for a consultation is unacceptable unless very specialised equipment is needed. Would a change to the North East Group make this possible? Whatever your decision the criteria should be to get the very best possible for Halstead patients.</p>	
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		<p>18: Thank you for your email regarding to proposed changes. The only comment we would wish to make is that we would be disappointed not to be able to attend appointments at Braintree Hospital which we have found to be a most welcome option in recent times.</p> <p>19: The question then arises as to whether, if Halstead placed itself with North East Essex, patients would then have to go to Colchester rather than Braintree. That would mean a journey twice the distance and horrific car park charges rather than free parking. Actually I look forward to the return of local hospitals using telemedicine, as per the editorial 'Act local, think global' in New Scientist 14 June 2014. Then we could get some traffic off the roads and car parks by using our own local hospital, which would have its own regular mini-bus service.</p> <p>20: Thank you for your e-mail. I appreciate your difficulties with funding but the vast majority of patients are not remotely interested in how the NHS is funded. They simply expect that they will be treated with the best available procedures and medication available. I find this constant harping on about funding simply confirms my assumption that you do not want patients, or at least you only want certain categories of patient who bring in the highest revenue. If merging the services means that I can book an appointment with any doctor at any of the surgeries/ health centres within the grouping so much the better for access to services and specialities but if merging means simply that NHS accounts are managed in a centralized fashion then it will make no difference to the public and I am entirely less than sympathetic to creating monolithic structures of administrative responsibility resulting in work creation for little or no benefit. Previous experience in the NHS tells us that these large administrative structures become less efficient in direct relationship to their overall size. Our government passed the current NHS act breaking up the previous funding panels three years ago after the longest debate in the history of a modern parliament. The fact that the current arrangement is unworkable is not my problem as a patient but a management problem to resolve and I wish you the very best of luck in doing so. For what its worth my judgement is that one of the first acts of any new government coming to power in the elections of June 2015 will be to reform or replace the current NHS Funding Act recognizing it as the politically motivated unworkable diatribe it is and therefore, I strongly recommend that you await developments before proceeding with your proposed merger.</p> <p>21: If the changes were to take place would we still be able to use the excellent services offered by Broomfield Hospital? If the answer is no then its also no from me. I have no desire to use Colchester Hospital for any of my NHS.</p>	
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		<p>22: I am replying to your recent note concerning the proposal that the North East Essex cluster of surgeries explore the possibility of joining the NHS North East Essex Clinical Commissioning Group.</p> <p>I have made some modest efforts in sounding out the views of neighbours and acquaintances in Halstead, but unsurprisingly very few have any understanding of the nature of clinical commissioning groups. Having said that, the bottom line for most people is the quality of service they receive for their healthcare needs. A disproportionately high percentage of those that I spoke to recounted experiences of less than satisfactory treatment when referred to services at Colchester General, whether outpatient clinics or assessment and treatment as an inpatient. I suspect that most would be quite happy for the practice to be incorporated into the North East Essex Clinical Commissioning Group, provided that such a move did indeed bring about an improvement in accessing services. Speaking from an entirely personal point of view I have observed unsatisfactory service being provided by both Broomfield Hospital and Colchester Hospital in recent months, when accompanying a neighbour and a family member for treatment. During my short working time with the NHS I felt that the Mid-Essex Primary Care Trust was somewhat Chelmsford centric and that those on the boundaries both North and South suffered as a result. Having looked at the construction of the North East Essex Clinical Commissioning Group, to include our local grouping, I wonder whether things will be significantly different to how they are now. I would be interested to know whether those patients and practices in Clacton, Harwich and all points East feels that they are getting a good service with an equitable share of funding. I have every sympathy with the view that the services may be better funded in the North East Essex area than they are in mid-Essex, but the material that I have read on the web suggests that the North East Essex Clinical Commissioning Group may be required to make similar savings to those expected of the mid Essex group. I would also add that the performance data for North East Essex is not particularly good. I fear that the stark reality remains that resources will continue to be squeezed relentlessly, and that ultimately some services may well prove to be undeliverable in the future. In conclusion I have to say with an air of some resignation that if in your judgment, and that of our GPs, you feel we will be better served being part of the North East Essex clinical Commissioning Group then you have my support.</p> <p>23: I must admit to a slight concern over using the consultant group that specialises with gastrointestinal disorders, although data protection stops me from saying why. Their elderly patient care isn't that special either (but then it isn't great anywhere as far as I can see). If it gives you more resources and freedom, allowing you to improve services after 6.00p.m., improve appointment times and de-stress your overworked GPs, it has to be an overall good thing to do and I'm sure most will agree. Whilst I like the option to use the Braintree Community Hospital, I would like to see more use made of Halstead, and therefore it would be a good idea to join the NHS North East Essex Clinical Commissioning group</p>	
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24: It does seem a good idea if the funding is going to be better for our Halstead Surgery so long as Colchester hospital does better as just lately with what's been going on I wouldn't be that keen to go there as I'm sure a lot of people may have the same opinion. I wish Braintree hospital could be used more as it's easier to get there for people in Halstead especially if you can't drive it doesn't cost as much to attend Braintree which I have found to be a very good place to be seen, having been there a few times myself. Would we still be able to attend Braintree hospital or would that not be allowed?

25: I have personally had good treatment at Broomfield Hospital, Colchester General and poor at Essex County Hospital. Whatever changes were to be made I would not agree to them if it meant severing links to the excellent facilities on offer at Broomfield Hospital. To my way of thinking patient choice is sacrosanct. The fact that Mid - Essex is poorly funded should not come into the equation. Somebody should sort out the discrepancy in the fundings. Is there no overall supervision for the allocation of funds and whether the money is wisely spent? In years to come Mid - Essex could be better funded, then where would the argument be? I have been only once to Braintree Hospital and that was for an x-ray and was totally impressed by the place in general, including parking. I do like the idea of clinically sound large hospitals running smaller district hospitals where the expertise is spread around rather than existing in some sort of time warp.

I think that the discrepancies in funding should be mentioned to the local MP and the press. Get the problem sorted out nationally by a sub committee in parliament or whatever. It seems to me that there is a problem and it needs to be sorted, rather than work around it. It is very easy for large organisations to not know that they are leaking vast sums of money. Procedures should be in place to highlight the leakages and plug them before the dam bursts. There are people who are expert in this sort of work. Unfortunately the government seems to be unaware of their existence or where to find them. I do not know if that helps, but that is just my opinion.

26: Would be more than happy to join the NHS North East Essex

27: I think it would be a good idea to join the North East Essex team. It would give greater continuity with the hospital and make more sense, as well as the funding being better. Recently I have come up against the issue of Halstead Surgery being part of the mid Essex group. My son was recently diagnosed as Autistic in March of this year, and as a result referred on to several services by the team that diagnosed him in Colchester.

		<p>However, because, other than the diagnosis team, several of these services are out of this area (as in come under north Essex) the referrals haven't been accepted - for instance a continence nurse. There were also issues with him accessing an OT for the same reason, and we have had similar problems with appointments for the eye clinic. Joining North Essex CCG would give much better continuity and I assume help to prevent issues like this happening, where it becomes almost impossible for patients to access the care that is required because of living in a borderline area. I agree the Braintree hospital is great; free parking and is obviously very local, what impact would changing to North CCG have on Halstead patients being able to use this hospital?</p> <p>28: I would be in favour of this move.</p> <p>29: The only comments I can make - backed up by first-hand experiences which I would be happy to elaborate on if necessary - are that I have no faith whatsoever in Colchester General and, as a result I ALWAYS take the Braintree, Chelmsford (Broomfield) options when needing appointments/care for myself or my mother.</p> <p>30: Yes great idea. Just how it used to be years ago!</p> <p>31: My personal opinion is that if the Doctors would like it then that would be fine by me.</p> <p>32: I'm sorry is my response is late. I've been having a problem with my computer. I would never argue with a doctor so if you think that a link with Colchester would be better for our Surgery then who am I to argue? But, I have recent experience with Ipswich Hospital, Broomfield Hospital and Colchester General. The experience with Ipswich and with Broomfield was first class. The administration experience with Colchester was not, although medically, clinically and surgically I would not complain.</p> <p>33: We have just returned from holiday and going through our e-mails we hope that we have not missed the opportunity to contribute. Well we are both happy that you change from membership of the Mid Essex to the North East group to gain access to better funding and closer ties with the nearer of the main hospitals</p>	
4 Aug 14	CCG Consultation – The Way Ahead	<p>Typically you have excluded Halstead relying on those who gave access to other venues to input into your consultation.</p> <p>Well done.</p>	
28 Aug	CCG	My view is that these ideas have been dreamt up without a realistic appraisal of consequences.	

14	Consultation – The Way Ahead	<p>The true picture of Broomfield is that medical facilities outstrip car parking. There should be no more development at Broomfield until a new multistorey car park has been built. This may require private funding similar to the QE2 bridge. In other words find the cost of a triple multistorey car park for say 900 cars. If the cost of parking for 2 hours is say £3, estimate the daily income and then the annual income and offer the scheme to a company for say 12 years by which time they will have recovered the cost of the building and it will then revert to hospital ownership. After that time, the company could be invited to carry on administering the running of the car park when profits would go to the hospital. In fact if the new car park were to be big enough the old one could eventually be converted for use by the hospital.. That would give Broomfield a bit of a breathing space in respect of expanding medical facilities.</p> <p>Secondly never destroy something that is working and is popular. Leave North Chelmsford Healthcare Centre alone until the new system has been proved.</p> <p>I can understand that A&amp;E may duplicate existing expensive facilities, and may need to be rationalised. While consultations are ongoing no decisions should be made. On a personal front I am a big believer in A&amp;E and I will attend the meeting at Halstead on the 9th of October to hear the arguments after which time any opinion I have would be more realistic.</p> <p>In the meantime get plans sorted for a new massive car park at Broomfield to allow for expansion for years to come. In other words it would never be full.</p> <p>There are some clever people attend hospital, not that I am one of them, and it is good that in theory they have a chance to voice their opinion.</p>	
11 Sep 14	CCG Consultation – The Way Ahead	<p>Having the benefit of using services in both Mid-Essex and in Colchester, I feel it is to my advantage to have both available in the future. Besides using Broomfield and Colchester General, I've also have the opportunity to use the services of the Braintree hospital too. I like the fact I have choice.</p>	



11 Oct 14	New Approach to Immediate Care	I went to the meeting held in the Queens Hall on the 9th October 2014, 7-9 pm, only to find the hall closed up and nobody there. What a waste of my time, especially as I took the effort to come from Gosfield. It would have been nice if someone had let me know this had been cancelled, especially as someone took the time to let me know about the meeting in the first place. It almost makes it feel as if it is not worth attending any of these meetings as I don't know whether there will be anyone there or not. It seems as if, as usual, the patients of the Elizabeth Courtauld Surgery mean nothing.	
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Elizabeth Courtauld Partnership

Patient Participation Group  
Virtual email Forum Activity report  
2014-2015

Date	Activity	Sent to	Responses
21 May 2014	<p>Dear all, Trust you are all good. Mid Essex CCG and Uscreates are working together to strengthen the Patient and Public engagement tool which will ensure a more effective and easy way of getting the views of patients and the public to improve NHS services. To this effect we have a planned PPE Engagement workshop on 5th June and we would very much like to involve the PPGs in all localities. Please could you forward the attached to the PPG members who expressed interest in our events in your locality and encourage maximum attendance We have limited spaces so we are initially offering it to PPG active members. Thank you again for your continued support</p>	6 patients	1 reply – 5 attendees
5 April – 6 June	<p>Please find attached a copy of our 2013-2014 Patient Participation Report. It is also available on our website <a href="http://www.elizabethcourtauld.gpsurgery.net/">www.elizabethcourtauld.gpsurgery.net/</a>  It runs to 34pp to fulfill NHS requirements so we apologise for that. It does contain responses to comments made on the patient survey.  Thank you for your support of the surgery.</p>	7 more patients (newly joined)	0 replies

16 June 2014	<p>We would like to hear your views on the following proposed change: Elizabeth Courtauld Surgery, along with the surgeries in Earls Colne, the Hedingshams, Kelvedon and Coggeshall are currently part of the NHS Mid Essex Clinical Commissioning Group. We have contacted the NHS North East Essex Clinical Commissioning Group to explore the possibility of joining them.</p> <p>The North East Essex CCG are based in Colchester and place the Hospital Contracts for Colchester General as well as the community services (Midwives, Health Visitors, District Nurses, Community Matrons etc) in the Colchester and Tendring areas. Colchester Hospital operate most of the clinics in Halstead Hospital. Our GPs feel that linking up with North East Essex CCG would bring greater benefits to our patients as most of you use Colchester-based services. In general these services are better funded than those in Mid Essex.</p> <p>The Mid Essex CCG holds the contract for Broomfield Hospital and commissions services in Maldon, Braintree, Witham, Chelmsford and out to Halstead. Sometimes patients in the Colne Valley (including Halstead) have difficulties accessing services as we are in a boundary area. Mid Essex CCG is a poorly funded CCG compared to others in England and faces a savings target of approximately £10mn in the coming year. Broomfield have recently taken over the services at Braintree Hospital which we think is a popular local hospital used by many of our patients.</p> <p>We would be interested to know if our patients would prefer us to seek closer ties with North East Essex CCG and services in the Colchester area.</p> <p>The GPs at Elizabeth Courtauld Surgery</p>	119 patients	<p>33 replies</p> <p>21 in favour</p> <p>5 undecided</p> <p>4 didn't have enough information to make a decision</p> <p>3 were against</p>

4 Aug 14	CCG email with invite to Way Ahead workshops flyer	119 sent	
4 Aug 14	<p>Dear Colleague</p> <p>I am writing to let you know that today we are launching a public consultation seeking views on our five-year plan, the two-year financial recovery plan and a few areas where we are proposing changes that have a significant impact on patients – including immediate care.</p> <p>You may already be aware of the consultation we have started on specialist fertility services and now our engagement is widening to look at our longer term proposals.</p> <p>The five-year plan sets out a series of innovative transformation programmes designed to improve health and meet the rising demands of our growing population.</p> <p>The transformation programmes cover every stage of life including:</p> <ul style="list-style-type: none"> <li>• Children and Young People</li> <li>• Living Safe and Well</li> <li>• Mental Health</li> <li>• Immediate Care – including plans for the North Chelmsford Walk-In Centre</li> <li>• Long term conditions</li> <li>• Frailty</li> <li>• End of life care</li> </ul> <p>The two-year plan relies on a series of schemes which are designed to release savings relatively quickly. We are encouraging people to get involved on lots of levels including online feedback forms, coming along to open workshops, contacting us for separate meetings and getting involved with future developments through the CCG involvement network.</p>	119 Sent	2 replies – 1 negative, 1 couldn't access their website.

	<p>I would be very grateful if you would circulate this information to your group or organisation and encourage people to submit their views online or to the CCG offices.</p> <p>Full details on how to have your say, including dates for open public discussion workshops, are given on our website <a href="http://www.midsexccg.nhs.uk/public-consultations">www.midsexccg.nhs.uk/public-consultations</a> and in the consultation document, which is attached for your convenience.</p> <p>The dates for the open workshops are as follows:</p>		
4 Aug 14	<p>Dear all</p> <p>Please find attached information about an upcoming consultation about IVF. Mid Essex is always seeking ways to involve you in the commissioning, procuring and provision of health care services in your locality.</p> <p>Full information about the consultation, surveys and the open public events is available from <a href="http://www.midsexccg.com">www.midsexccg.com</a></p>	119 sent	
27 Aug 14	<p><b>A new approach to Immediate Care – what’s your view?</b></p> <p>I am writing to let you know that today we are launching a third element to our ongoing public consultation seeking views on a new approach to immediate care in mid Essex.</p> <p>Immediate care means any service that is needed unexpectedly or urgently – treating anything from a minor cut to a life-threatening emergency</p> <p>Currently in Mid Essex, people access a number of different services when this need arises, this is both confusing for the patients, but also some of the services are expensive; replicate each other and sometimes mean that accident and emergency services are stretched to their limits.</p> <p>We are in the early stages of a five-year transformation for immediate care services.</p>	126 sent	

The transformation is on a large scale and would happen in phases.

It involves you, Broomfield Hospital, local GP surgeries, pharmacies, ambulance services, community healthcare and social care services.

So we want to listen to your views to help us shape these changes. At the moment, we are consulting on three proposals:

- The closure of the walk-in service at North Chelmsford Healthcare Centre in March 2015. This does NOT include the GP Practice at the site
- The development of an urgent care centre at Broomfield Hospital with a pilot service starting in 2015
- The overall vision of a clearer and effective immediate care service for mid Essex over the next 2-5 years, developing the potential of NHS 111 and improving the understanding of the options of care available to the public.

We are encouraging people to get involved on lots of levels including online feedback forms, coming along to open workshops, contacting us for separate meetings and getting involved with future developments through the CCG involvement network.

I would be very grateful if you would circulate this information to your group or organisation and encourage people to submit their views online or to the CCG offices.

Full details on how to have your say, including dates for open public discussion workshops, are given on our website [www.midessexccg.nhs.uk](http://www.midessexccg.nhs.uk)

	<p>The dates for the open workshops are as follows:</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>TIME</th> <th>VENUE</th> </tr> </thead> <tbody> <tr> <td>4th SEPTEMBER</td> <td>7-9pm</td> <td>Club Woodham, 5-7 Baron Road, South Woodham Ferrers, CM3 5XQ</td> </tr> <tr> <td>8th SEPTEMBER</td> <td>2-4pm</td> <td>Maldon Town Hall, Market Hill, Maldon, Essex, CM9 4RL</td> </tr> <tr> <td>10th SEPTEMBER</td> <td>7-9pm</td> <td>Cathedral Chapter House, Cathedral Walk, Chelmsford, CM1 1NX</td> </tr> <tr> <td>11th SEPTEMBER</td> <td>7-9pm</td> <td>Council Chamber, Braintree Town Hall, Fairfield Road, Braintree, CM7 3YG,</td> </tr> <tr> <td>8th OCTOBER</td> <td>7-9pm</td> <td>Cathedral Chapter House, Cathedral Walk, Chelmsford, CM1 1NX</td> </tr> <tr> <td><b>9th OCTOBER</b></td> <td><b>7-9pm</b></td> <td><b>Queens Hall, Chipping Hill, Halstead, C09 2BY</b></td> </tr> <tr> <td>15th OCTOBER</td> <td>7-9pm</td> <td>Royal Burnham Yacht Club, The Quay, Burnham-on-Crouch, CM0 8AU</td> </tr> </tbody> </table>	DATE	TIME	VENUE	4th SEPTEMBER	7-9pm	Club Woodham, 5-7 Baron Road, South Woodham Ferrers, CM3 5XQ	8th SEPTEMBER	2-4pm	Maldon Town Hall, Market Hill, Maldon, Essex, CM9 4RL	10th SEPTEMBER	7-9pm	Cathedral Chapter House, Cathedral Walk, Chelmsford, CM1 1NX	11th SEPTEMBER	7-9pm	Council Chamber, Braintree Town Hall, Fairfield Road, Braintree, CM7 3YG,	8th OCTOBER	7-9pm	Cathedral Chapter House, Cathedral Walk, Chelmsford, CM1 1NX	<b>9th OCTOBER</b>	<b>7-9pm</b>	<b>Queens Hall, Chipping Hill, Halstead, C09 2BY</b>	15th OCTOBER	7-9pm	Royal Burnham Yacht Club, The Quay, Burnham-on-Crouch, CM0 8AU		
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<p>15 Dec 14</p>	<p><b>Good Morning</b></p> <p>Thank you very much for taking the time to give us your views on the future of immediate care in the Mid Essex CCG area when we ran our consultation between August and October this year.</p> <p>During the consultation, the CCG gathered responses across every aspect of our plans to transform the immediate care system in the area over the next two to five years.</p> <p>We have consolidated all the feedback we received and have put the outcomes from it on our website. You can access them by clicking <a href="#">here</a></p> <p>On this page you will also find more details about our plans for immediate care, as well as advice on how you can help by using the NHS 111 telephone number.</p> <p>Thank you once again for taking the time to give us your views, we value your opinions and take them into account when our Governing Body takes decisions.</p> <p>With kind regards</p> <p>Communications Team Mid Essex Clinical Commissioning Group Wren House   Hedgerows Business Park   Colchester Road   Chelmsford   CM2 5PF</p> <p><b>Mid Essex Clinical Commissioning Group</b></p>	<p>126 sent</p>	



