

NHS SOUTH WARWICKSHIRE CLINICAL COMMISSIONING GROUP
Patient and Public Participation Group

Minutes of the Patient and Public Participation Group Meeting
Thursday 23 October 2014, Sydni Centre, Leamington Spa

Present:

Charles Goody, Chair	CG
Colin Quinney, Deputy Chair (Sherbourne Medical Centre)	CQ
Sue Phillips, Head of Strategy and Joint Commissioning	SP
Rebecca Cowlard, Administration Support Officer	RC
Elaine Strachan- Hall, Governing Body Nurse	ESH
Jim Bereen, Whitnash Medical Centre	JB
Elizabeth Dixon, Rother House Medical Centre	ED
Ken Hope, Budbrooke Medical Centre	KH
Judith Nicholls, Castle Medical Centre	JN
Tracey Neumann, New Dispensary	TN
Jane Cunningham, Castle Medical Centre (on behalf of Andy Matthews)	JC
Colin Usher, Henley in Arden Medical Centre	CU
Bob Malloy, Trinity Court Surgery	BM
John Morris, Cape Road Surgery	JM
Michael Harris, Shipston Surgery	MH
Julian Davies, Meon Medical Centre	JD
Barry Franklin, Whitnash Medical Centre	BF
Richard Grimes, Abbey Medical Centre	RG
Peter Woodhams, Bridge House Medical Centre	PW
Nigel Rock, St Wulfstan Surgery	NR

In attendance:

Toni Ruck, Head of Secondary Care Mental Health (Coventry & Warwickshire Partnership Trust)	TR
Chris Evans, Locality Manager (Coventry & Warwickshire Partnership Trust)	CE
Amy Steele, NHS Graduate Trainee on placement – South Warwickshire CCG	AS

1.	<p>Apologies</p> <p>1.1 Apologies were received from Maureen Hirsch - Clarendon Lodge Surgery, Elizabeth Feldman - Vale of the Red Horse, Michael Pearson - Clarendon Lodge Surgery, Beryl Downing - Bridge House Medical Centre, Andy Matthews - Castle Medical Centre, Claire Sangster - Southam Surgery, Deb Smith – Whitnash Medical Centre, Roger Band – Bidford Health Centre, Linda Pollock – Rother House Medical Centre, Norma Lewis – Croft Medical Centre and Dr Sukhi Dhesi, South Warwickshire CCG.</p>	
2.	<p>Welcome and Introductions</p> <p>2.1 CG welcomed Toni Ruck, Head of Community IPU SCMh and Chris Evans, Locality Manager for South Warwickshire. Toni and Chris were invited to the meeting to present on Mental Health.</p>	
3.	<p>Minutes</p> <p>3.1 The minutes of the 18th September 2014 were agreed as a true and accurate record of the meeting.</p>	
4.	<p>Action Log</p> <p><i>(PPPG Plenary Log)</i></p> <p>4.1 Action 41 – Closed.</p> <p>4.2 Action 42 – Closed.</p> <p>4.3 Action 43 – Closed.</p> <p>4.4 Action 44 – On agenda. Action closed.</p> <p>4.5 Action 45 – It was confirmed that JD is in the process of preparing a draft brief for the GP newsletter. Action open.</p> <p>4.6 Action 46 – Closed.</p> <p>4.7 Action 47 – Open.</p> <p>4.8 Action 48 – Closed.</p> <p>4.9 Action 49 – Action complete. A table has been produced with a list of PPPG contacts but there are a number of gaps that need to be filled. An 'Areas of Interest' form will be circulated electronically to members to help fill in the gaps. The members were encouraged to share the form with colleagues but it was highlighted that it is not compulsory for practices to be involved with this participation group.</p> <p>4.10 Action 50 – A letter from the CCG was circulated explaining the PTS Tender. It was highlighted the chosen provider should be notified in November. A group to discuss eligibility will be established for early Jan 2015. Action closed.</p> <p>4.11 Action 51 – Closed.</p> <p>4.12 Action 52 – The group were informed that there is a free (contact Tom Ganner at Rother House practice) texting facility available for GP surgeries who use the EMIS IT system. Rother House Medical Centre have used it to invite people in for their flu jab. RG advised that his practice had used the flu jab events as an opportunity to</p>	ALL

	recruit Health Champions Action closed.	
4.13	<i>(Workshop Actions from 18th September 2014)</i>	
4.14	Action 1 – Closed.	
4.15	Action 2 – Open.	
4.16	Action 3 – Closed.	
4.17	Action 4 – Closed.	
4.18	Action 5 – Closed.	
4.19	Action 6 - Closed.	
4.20	Action 7 – Closed - It was decided that Westgate House in Warwick would be the most suitable venue for all meetings going forward. A schedule of dates for 2015	
4.21	would be circulated and opinions re times of the meetings sought	
4.22	Action 8 – In progress. Action open.	
4.23	Action 9 – Closed.	
4.24	Action 10 – Closed.	
4.25	Action 11 – The request for PPPG members to be copied in to the GP newsletter was rejected by Members' Council. Action closed.	
4.26	Action 12 – Alison Walshe, Director of Quality and Performance for the CCG to come to a future meeting and present on how the CCG monitors quality. Action closed.	
4.27	Action 13 – Closed.	
4.28	Action 14 – Closed.	
4.29	Action 15 – Item on agenda. Closed.	
	Action 16 – Closed.	
5.	Mental Health Presentation	
5.1	Toni Ruck introduced herself to the group and informed members that she was a mental health nurse by background. She worked in a clinical practice with older people with Mental Health issues within North Warwickshire. She stated that she has had various management posts within CWPT over the last 15 years and has been in her current post for 12 months.	
5.2	Chris Evans, Locality Manager for South Warwickshire also introduced himself to the group and stated that he was also a Mental Health Nurse by background. He stated that his clinical work has been mainly with adults with Psychosis and that he has management experience in Oxfordshire and CWPT.	
5.3	Both TR and CE presented on Mental Health and informed members of the changes that will be happening. The following questions were asked:	
5.4	Q: Some patients have mental and physical health needs - how do you make sure	

	<p>that they get the best care regardless of which provider is used? A: There is national guidance to increase our knowledge of mental health problems. Assessments will take place to look at what people's needs are. There is a system in place called 'MUSE' which will check to see if someone is already working with a particular individual.</p> <p>5.5 Q: Patients with learning disabilities are a large group that don't get the same access as other patients - how do we make sure they get the same access to care that they need? A: What we do to support those individuals is a key area. A learning disability psychiatrist would assess their needs and which team would be best to support them; the new pathway will help make it easier to support them. S.P added that there is a large amount of work being done around this in the CCG. An update will follow in the new year.</p> <p>5.6 Q: Are the resources and budget suitable for the plans that have been put in place? Who is responsible for asking for the money? A: The plans put in place are to meet the needs of the growing population; this is the responsibility of the CCG. S.P stated that answers to the questions submitted in advance will be provided outside of the meeting and circulated to members</p> <p>5.7 Q: There is a need to look at the re-design considerations working with the 3rd sector more proactively - how is this being done? A: This is something that we recognise we need to get better at. A referral system will provide this to the 3rd sector, there is also a Crises Team.</p> <p>5.8 Q: Is there an early intervention specialist within the trust providing a full range of 5.9 therapies? A: Yes, there are dedicated specialist teams.</p> <p>5.10 Q: There are patients that have more than one issue, not just mental health – how are these people looked after and how will the demand be met in CBA/CBT? A: There is specialist intervention that will be able to help. We are in the process of upgrading staff; this is a small resource which we are trying to re-recruit.</p> <p>5.11 Q: How are health outcomes measured? A: There are a range of outcome measures; we need to make sure we are recording a number of areas. The CCG / PT agree the measures during the contracting round.</p> <p>5.12 Q: How are voluntary services supported if patients become suicidal? A: We will help support the needs of the individual.</p> <p>All further questions relating to mental health are to be sent to Rebecca.Cowlard@Southwarwickshireccg.nhs.uk.</p>	
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>CCG Update</p> <p>SP stated that this would be a regular agenda item going forward and requested feedback from members.</p> <p>SP talked through the paper update and advised that the Gateway meeting scheduled for the 28th October had been cancelled. The Gateway process was also explained to members. SP to bring a list of all items that have been discussed at the Gateway meetings to the PPPG and a patient and engagement template to be produced.</p> <p>SP talked through the over 75's project and the question was asked around whether</p>	<p>SP</p>

	practices had been involved in the discussion of this (a few members said that they had discussed this in their practice groups) and if a 'Silver Book' (Frailty Guide) had been produced. ED and JN volunteered to help with this, SP to send a mock up with the size and colours to ED and JN electronically.	SP/ED
6.4	SP updated members on the Better Care Fund which encourages health and social care to work together. The submission for Warwickshire is exemplar. This will become part of the regular update as it covers multiple projects.	
6.5	SP informed members of the S.E.N.D reforms which will have a major impact on health. Statements of special needs and learning disabilities are being replaced by EHC (education, health and care) Plans over the next 3.5 years and @ 3500 children and young adults (covers 0 to 25 year olds) across Warwickshire. This is a Local Authority project and includes a comprehensive consultation process. Information regarding this is available on the Warwickshire County Council website - http://www.warwickshire.gov.uk/send	
6.6	A Deep Dive Engagement Event is planned for the 30 th October. The objectives of this event are to establish a process to determine what level of engagement is required for different scales of project/change. The original plan to review the engagement activity for all current projects became impractical until we have a structured process for categorising projects. A full update will be given at the next PPPG meeting on 11 th December.	
6.7	SP informed members of Primary Care at scale. It was advised that there are three phases to this project, the first one being from July to November 2014. This phase (currently well underway) involves exploring requirements - finding out what patients, the wider public, primary care and its stakeholders think of the current service offered via a survey. Patients and members of the public were asked to complete the survey on the CCG website and to encourage more people to take part. This survey has now closed. A survey is currently underway for GP practice staff – GP's, practice managers and practice nurses.	ALL
6.8		ALL
6.9	SP highlighted that Health Champion leaflets have been produced and can be taken back to practices subject to the practice manager's approval. Please let Sue know if additional leaflets are required. The 111 Service is going out to tender, 1 person per CCG is invited to attend. Members agreed that CG will attend. We have requested an additional place. Andy Matthews has volunteered for that place as he had some involvement with the original planning.	RC
7.	Items for information: <ul style="list-style-type: none"> • Citizens Opportunity • Health Champions Leaflet • Governing Body Highlights – 17th September 	
8.	Feedback	
8.1	CQ talked through the approved recommendation regarding the output for working group's development workshop. It was requested that any issues relating to this to	

8.2	go to CQ or CG to make sure that preparation is done well in advance of the meeting in December. Attendees with a vote to be a part of this group, it will be a formal process. All comments to be sent via email to either, workflow2@me.com or ce.quinney@ntlworld.com .	
8.2	Diabetes Working Group – BF informed members that he had completed some work around buddy groups and will be doing a talk regarding how these will be helpful at his practice (Whitnash).	
8.3	CIL – The question was raised as to whether this meeting should be re-named as the 'Primary Care group' or stay as it is and it was decided that a decision would be made after the Deep Dive Event if the group becomes formal or not. It was agreed that BF will write to Gillian Entwistle offering the services of this group to support the broader Primary Care at Scale agenda	BF
8.4	Patient Transport - A group is to be set up early next year to provide input into the setting of the eligibility criteria for the new provider.	SP/CG
9.	Feedback from GP Practices	
9.1	Members gave an update on the areas they had been working on. Several groups have concerns re representation and are currently in the process of recruiting more people to be involved and are looking at ways attract younger members too.	
9.2	It was agreed by members that all future PPPG meetings will be held at Westgate House.	SP
9.3	It was agreed (subject to permissions being obtained) that emails would be shared amongst all members to improve communication.	All
	All sub groups would be responsible for recording their own minutes and communications amongst the group. That should help to reduce the administrative burden on CCG administration staff and is much appreciated.	
	Sue confirmed that the sub group minutes etc. could be added to the confidential section of the CCG web site	SP
10.	Any Other Business	
	<ul style="list-style-type: none"> • Bridge House Newsletter – circulated for information • Date of future meetings – circulated for information but a final draft to be sent with the minutes as the March date was incorrect • Appointment of PPPG members (other than GP PG leads) – to be discussed at the December meeting • Co-opting of other agencies onto the PPPG - to be discussed at the December meeting 	

Date of next meeting:

Thursday 11 December 2014 at 10:00am - Committee Room, Westgate House.

Please note change of venue

If you need to contact the CCG please call Sue Phillips on 01926 353707