

## Patient and Public Participation Group Minutes

<b>Meeting Date:</b> 11 <sup>th</sup> December 2013	<b>Location:</b> Syndi Centre
<b>Prepared by:</b> Linda Onerhime	
<p><b>Attendees:</b></p> <p><b>Patient Representatives</b></p> <p>Linda Pollock - Rother House Medical Centre; Nigel Rock - St Wulfstan Surgery; Monica Fletcher - The New Dispensary; Claire Sangster - Southam Surgery; Julian Davies - Meon Medical Centre; Phil Maundrill - Meon Medical Centre; Jim Berren - Whitnash Medical Centre; Satwant Matharu - Croft Medical Centre; Elizabeth Williams - Sherbourne Medical Centre; Ken Hope - Budbrooke Medical Centre; John Morris – Cape Road Surgery; Carol Seabright - Arrow Surgery; Michael Pearson – Claredon Lodge; Richard Grimes - Abbey Medical Centre; David Gee – Bridge House Medical Centre; Deb Smith – Whitnash Medical Centre; Andy Matthews - Castle Medical Centre; Elizabeth Dixon - Rother House Medical Centre; Barry Franklyn - Whitnash Medical Centre; Julian Demortine – Croft Medical Centre.</p> <p><b>South Warwickshire CCG</b></p> <p>Charles Goody - (Chair) Governing Body Lay Member for Public and Patient Involvement, Gary Hammersley - Head of Strategy and Planning, Anna Burns - Director of Strategy and Engagement, Elaine Strachan-Hall - Governing Body Nurse, Alison Walshe – Director of Quality and Performance, Dr Sukhi Dhesi – Member Practice Representative, Kate Barker - Integration Manager.</p> <p>Linda Onerhime and Catherine Ainsworth - Communications and Engagement</p> <p>Helen Bunter - Equality and Diversity Specialist</p>	
<b>Apologies received:</b> Joyce Duffin, Maureen Hirsch, Liz Feldman, Colin Quinney, Louise Griew, Roger Band, Judith Nicholls, Donna Ranchhod	

<b>Agenda:</b>
<p><b>Welcome and Introductions</b></p> <p>Charles Goody (CG) welcomed everyone to the group and everyone introduced themselves. CG said that Elaine Strachan-Hall (ES) will be capturing key actions from the meeting on a flip chart.</p>

### Review of previous minutes and matters arising

Julian Davies (JD) mentioned that there was a discrepancy on the last minutes; he stated that Meon Medical Centre doesn't have a pharmacy.

### Feel well, Choose Well

Catherine Ainsworth (CA) discussed the Feel Well, Choose Well campaign. She said that the campaign had already started. The campaign gives advice on feeling well this winter. The six methods mentioned are; flu vaccination, washing your hands, keeping active, being a good neighbour- looking after vulnerable people, keeping a well-stocked medicine cabinet and choose well; using the correct health service at the right time. She distributed the leaflets about the campaign to the group. She stated that an engagement company is doing a range of engagement events across the area to promote the campaign, including health centres, public areas and schools and colleges. The campaign also includes an animation video to promote the Choose Well campaign.

**The animation video 'Dee's Fail Tale' can be seen at <https://www.youtube.com/watch?v=ffT1orYXdcl>**

Some members of the group asked how the work is going to be evaluated. CA highlighted that a significant amount work is being done regarding the evaluation, although it is difficult to directly relate one activity such as the campaign, to levels of A&E attendance.

CG mentioned that the attendance of A&E had gone down from 2011/12 to 2012/13. Anna Burns (AB) mentioned that other factors have reduced A&E attendance and not just the campaign.

Jim Berren (JB) suggested that when patients are admitted to A&E, they could be quarantined for Norovirus and admitted 24 hours later. ES stated that there are good clinical reasons for having assessment areas. JB said that with assessment areas that there is possibility it could be transmitted to other patients. AB highlighted that the CCG employ infection control nurses.

**Action: It was agreed that a briefing will be produced to show how South Warwickshire Foundation Trust (SWFT) deal with patients who present with Norovirus.**

David Gee (DG) mentioned that there are practices that have their patients presenting at A&E more than others, and that Studley Health Centre and Cape Road Surgery are on top of the list. He said he has arranged a meeting with Warwickshire Healthwatch to highlight the issue. AB said that the CCG has a process for managing its practices and she will explain this at the next patient group meeting.

**Action: AB to describe the process of how the CCG manages its practices at the meeting on 12<sup>th</sup> February.**

JD asked if there is a financial incentive for treating people at A&E who don't need it. ES and AB explained that the hospitals can't turn people away due to duty of care.

Kate Barker (KB) said that the CCG is currently developing an evaluation service to understand the reasons why people present at A&E when they don't need it.

### **GP Update**

Dr Sukhi Dhesi (SD) gave an update from GPs in South Warwickshire CCG she explained that Quality Outcome Frameworks (QOF) contract for general practice rewards practices according to their level of achievement in four areas:

- Clinical
- Organisational
- Additional services
- Patient experience

She said that practices are awarded points for performance in each of these areas, and that payments are calculated according to the number of points achieved. She also highlighted that GPs in South Warwickshire ranked 9th out of 211 CCGs in the country according to QOF scores. On the quality scores only our area was rated 4<sup>th</sup> in the Country. CG commented that these achievements reflect the high quality of care provided by our GPs.

She also said that 'enhanced' services are divided into two parts:

- Locally enhanced services (LEs) – schemes agreed by CCGs in response to local needs, and
- Directed enhanced services (DESs) - CCGs are required to offer contractors the opportunity to provide schemes based on national priorities e.g. extended hours.

SD stated that a new contract for 2014/15 between GPs and the government includes care of the elderly and preventing unplanned admissions as major themes.

She explained that from April 2014, all elderly patients (over 75 years old) will be assigned a named GP to co-ordinate their care.

She mentioned that a new DES will be introduced to avoid unplanned admissions and ensure pro-active case management of vulnerable people. She discussed the offering of same day telephone consultations and follow up for 'at risk' patients, the provision of access to A&E clinicians, ambulance staff and care/nursing homes to help avoid hospital admissions.

She highlighted that GPs will have to monitor Out Of Hours services and report any

concerns.

She discussed the provision of online access to summary care records by 31 March 2015, online repeat prescription ordering and online appointment booking by April 2014.

She also stated that from Oct 2014 all GP practices will be able to register patients from outside their boundaries.

SD also discussed Friends and family test which is being extended to include GP surgeries. The test assesses services according to whether patients would recommend them to others.

It was mentioned that practices now operate as a business. JD said he does not think it will be plausible that there will be extended hours and GP will be able to see patient outside their boundaries.

Linda Pollock (LP) asked if patients near end of life can request not to go to hospital. SD said that if the person is assessed as competent, they can make that decision. Monica Fletcher (MF) asked if there will be a reduction in practice nurses. SD said there will not be a reduction. Some members suggested that there does not seem to be a route to train as a practice nurse. ES said that the Local Area Team is looking at this issue; she will discuss this with them and feedback to the group.

**Action: ES to feedback to the group regarding Local Area Team investigation into training of practice nurses.**

MF said that some people don't understand they can see a health assistant or practice nurse for some consultations. AB said this depends on practice; the practice may not have a nurse that is knowledgeable in that area. SD said when her practice have offered that service to patients they said that they would rather see a doctor. CG talked to the group about a controlled trial (run by the Rowntree Foundation) which showed that using Marie Curie nurses to care for patients at the end of their lives reduced A&E attendance by 80%.

### **EDS Action Plan**

Helen Bunter (HB) gave a presentation on the Equality Delivery System. HB stated that the Equality Act states;

As a public body, NHS South Warwickshire CCG has the following duties:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act,
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it,
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

She discussed the Equality Delivery System, she highlighted four sections:

1. Better health outcomes,
2. Improved patient access and experience,
3. A representative and supported workforce,
4. Inclusive leadership.

She stated she would like the group to consider the first two sections and that Sections 3 and 4 will be considered by the workforce.

She said that for each section, the CCG needs to demonstrate why it has chosen a particular action to work on. She highlighted that the CCG will need to provide evidence in the form of data, community and/or patient involvement, minutes from meetings, published documents, etc

She said she would like the group to look at the evidence that the CCG present and decide, from that evidence, how well the CCG are doing towards achieving the target.

- Red – not doing anything at all, or very little
- Amber – going some way towards achieving our target or
- Green – the evidence is that we have successfully achieved what we set out to do.

Nigel Rock (NR) highlighted that lots of government bodies are doing similar work on equality and diversity and we should look to share learning. AB mentioned that some of the items highlighted the CCG will be working with other agencies and some of the outcomes are partnership outcomes.

Clare Sangster (CS) mentioned that there seems to be a duplication of efforts that GPs, consultants are sometimes asking the same questions.

HB explained that the CCG shares information with its providers about the demographics they expect to see use services. If these groups do not access the service, the CCG will expect providers to put actions in place to find out why and to ensure that services are accessible to all.

HB asked members of the group to join a working group to give feedback on the EDS plan and ensure that the CCG has enough evidence. Claire Sangster, Andy Mathews and Deb Smith offered to assist. HB also said she will be returning to a future meeting to give evidence to the group.

## Systematic Approach to Quality

Alison Walshe (AW) gave a presentation on the Systematic Approach to Quality. She stated that the CCG's systematic approach to quality underpins delivery of the Integrated Plan, which is focused on improving health outcomes for the population of South Warwickshire.

She explained how the CCG has given significant consideration to the recommendations made in recent, high profile reports such as:

- The Francis Report
- The Keogh Report
- The Berwick Report.

The CCG has also concluded that getting the basics right in terms of robust data collation, reporting and analysis are fundamental to achieving the CCG's overall aim:

'To improve patient safety, patient experience and clinical outcomes through a systematic approach to quality improvement across primary, secondary and community services.'

She said the approach applies to all client groups and all sectors (i.e. NHS, independent and third sector) although clearly, the CCG may need to prioritise their day to day work based upon the degree of potential or actual risk for individual patients.

The presentation was tabled on the day and it was agreed that the presentation will be circulated to the group.

**Action: A copy of presentation to be emailed to the group.**

Jim Berrren (JB) asked if there is feedback from primary collection data. AW said primary collection data is collated and reported nationally.

The group questioned targets which are set at less than 100% of patients receiving a set standard, for example waiting times. AW stated that targets are set for valid reasons, for example patients might opt out must of data nationally specified data. AB said the contract with SWFT is a standard NHS contract. Richard Grimes (RG) encouraged members of the group to liaise with governors at SWFT. AW said she would be happy to have a conversation with SWFT.

## PPG Local Issues and Briefings

### Ambulance Performance

JD informed the group of a patient experience regarding an ambulance taking over two hours to get a patient to the hospital and then didn't want to take the patient to the nearest

hospital where they had had treatment before but wanted instead to return to their own area. He asked for more information on cross boundary co-operation.

AW said that normally the closest ambulance will take patients to the closest hospital. However she highlighted that some hospitals have specialised services and it may be deemed more appropriate to take patients there rather than the closest hospital.

AW encouraged the patient concerned to make a complaint directly to the provider of service and said the first port of call should be with the provider; if the issue is not resolved the CCG can then follow up. She said the providers are duty bound to deal with any complaint. CG said that the CCG should route complaints coming to them (about a service) to the correct provider. RG said people can be signposted by Heathwatch.

### New Housing Developments

A briefing about new housing developments, prepared by Public Health, was distributed to the group.

JD discussed Section 106 regarding new developments and that surgeries are now operating as businesses. He highlighted that there is an issue with new building impacting local surgeries and that practices might find it hard to cope with the extra number of patients.

AW said the planning department have previously consulted the CCG about new housing developments. Elizabeth Dixon (ED) mentioned that as a patient group that they wrote to the local council. Some members raised concerned that no one seems to know where this Section 106 money is going to go. RG said that more GP practices will be needed across the area due to increasing housing developments. Some members said that they were concerned that they didn't have a better understanding about how the council liaise with CCGs regarding new housing projects.

**Action - Future agenda item on how the council liaise with CCG regarding new housing projects.**

### Duty of Candour

A briefing paper was distributed to the group.

### A&E

A briefing paper was distributed to the group.

### Patient Leadership event

Deb Smith (DS) discussed the patient leadership event that she attended in the beginning of November and stated there are series of events run by NHS England. Some members expressed concern that there were not sure what the patients were supposed to be leading. It was discussed that these events involve the coordination of nurse and patient engagement activities and the coordination of patient involvement from South Warwickshire



CCG.

AW advised the group that the CCG will soon start to draft a five year strategic plan, and that patient involvement will form a large part of its development. It was decided the strategy be discussed at the next patient group meeting.

**Action: Agenda item for next meeting - Planning of 5 year strategy and patient involvement**

#### Governing Body Highlights

A briefing was distributed to the group and AB highlighted that January to March will be a busy period and so a monthly Governing Body meeting has been arranged. She also mentioned that there is currently a five year strategy in Coventry and Warwickshire.

NHS 111 service was discussed and AB said that NHS 111 is now live and the contract has moved to West Midlands Ambulance service. Some members mentioned that there were part of the patient group for 111 and were not given any closure. CA mentioned a final meeting was arranged but only 1 person could make it so it was cancelled and Rory McMahon should have sent a briefing to the group.

**Action: Rory McMahon to be contacted about briefing to 111 patient group.**

#### **Any Other Business**

Some members discussed PPG buddy groups. The buddy groups are there to use peer pressure to contrast and compare performances of practices. KB said she her new role will include this area of work and she will feed back to the group.

**Action: KB to feedback to the group regarding PPG buddy groups**

CG said that Christine Holyhead had resigned as Chair of Shipton and as Deputy Chair for the patient summit. He encouraged the group to nominate themselves or other people to be deputy. The group will vote on a new Deputy Chair next meeting. The position is open to the core group voting members.

**Action: Nomination for PPPG Deputy Chair to be submitted to CG before next meeting 12<sup>th</sup> February**

CG also encouraged the group to complete their contact details on the forms provided and for this to be submitted.

**Action: Contact details to be submitted to LO**

#### **Closing remarks**

CG thanked the group for their support during 2013, and encouraged people to partake of a mince pie. Photos of the group were taken for a media release.



<p><b>Date of next meetings:</b> 12th February 2014 Wednesday 10.00am to 12.30pm Trinity Court Surgery, Arden St, Stratford-upon-Avon, Warwickshire CV37 6HJ</p>	
<p><b>2014 Meeting dates</b></p>	
<b>Month</b>	<b>Meeting</b>
Feb	February 2014 12th February Wednesday 10.00am to 12.30pm Trinity Court Surgery Stratford Upon Avon
Apr	April 2014 9th April Wednesday 10.00am to 12.30pm Trinity Court Surgery Stratford Upon Avon
Jun	June 2014 19th June Thursday 10.00am to 12.30pm Westgate Warwick
Aug	September 2014 4th September Thursday 10.00am to 12.30pm Westgate Warwick
Oct	October 2014 23rd October Thursday 10.00am to 12.30pm Sydni Centre Leamington Spa
Dec	December 2014 11th December Thursday 10.00am to 12.30pm Sydni Centre Leamington Spa