

CLARENDON LODGE PPG
Minutes of meeting 25th May 2022
Held at Clarendon Lodge

Present : Martin Blows; Stephen Gallagher; Robin Verso; Gethin Williams; Sandra Grafton; Heather Storr; John Pickering; Dr. Lawton; Bridget Winn

Apologies: Dorrette McAuslan; Marcia Davis

Minutes of last meeting: the minutes were approved as an accurate record.

Matters arising:

- Stephen said that there has been no progress yet on new carpet
- Sylvia Juba has resigned due to time pressures
- Gethin reported on PCN matters. The S. Warks. Task and Finish Group is looking at what PPGs can offer to PCNs . There is variability across PPG. They are looking at examples of good practice and any relevant literature.
- Martin contacted a Kenilworth PPG last week but has not yet had a reply
- Gethin asked why CLMP has not held an AGM. Martin was not aware that this was a requirement and doesn't have a copy of the constitution, but will look into it
- It was proposed that, as Michael was suffering from ill health and not likely to return for some time, Martin be appointed Chair for the next year. It was agreed by all and that it was recognised that he is doing a very good job.

Role of the PCNs

Dr Lawton talked about the new role of the PCNs.

Earlier plans in 2019, where the local PCN were working to bring money into Primary care and keep it out of the hands of private contractors, were hi-jacked by the Covid crisis as the PCNs were tasked with the arrangements for dealing with it.

There are 8 GP practices in the Leamington Spa PCN which is in itself a challenge. Currently the PCN is tasked with achieving specific outcomes to improve the quality of health outcomes, including, but not solely access.

An Impact and Innovation Fund has set out some indicators. In Leamington the PCN has come up with good ideas independent of this eg contraception. There is money available to provide good quality care but no one to fill the posts to do the jobs eg there are vacant posts in pharmacy, social prescribing, physiotherapy. In total there are 20 in post with 6 vacancies.

There are people with the potential to take on the roles but who will require 12-18 months training to bring them up to the required level of expertise. Having trained them, as they are on the Agenda for Change contract, they are free to take on employment elsewhere without penalty.

GPs are required to do thousands of medical reviews for vulnerable people which should improve outcomes and thereby reduce demand on GP services which are rising significantly at the moment. Increased access to GPs is not sustainable as GPs are expensive.

Dr. Lawton was asked how PPGs could assist PCNs. He would welcome assistance but at the moment the PCNs were feeling the pressure from so many work streams that it was difficult to do very much outside this. He said that places in the world where services were developed in tandem with patients, better services and outcomes were the result.

Some PCNs have set up as private companies. This is not the case in Leamington Spa as profit is not held as a key issue. There was some tension in the PPG between concentrating on specific projects and looking at broader conceptual beliefs. One such project mooted by Dr Lawton was to look at why Leamington has amongst the lowest rates of cervical screening in the country. It is not known why this is the case.

Martin suggested that patients might be invited to give their opinion on particular topics eg cervical screening, when they attend surgery for their appointments. Dr. Lawton was thanked for his good and thought provoking talk

The Integrated Care System (ICS)

Dr. Price Forbes came to give the PPG a talk about the ICS. He described himself as a clinician (consultant rheumatologist, University Hospital, Coventry) despite his title as ICS Lead: Digital Transformation Strategy.

He wants the system to be digital by default but is aware that there are people in the community who will not be able to access it in this way. The strategy is based on the premise that the best care is mostly in patients' homes and wants to focus on this rather than the current focus of in hospital queuing systems. Linked with this is the aim of trying to ensure that individuals remain well, not just patients but the health and well being of those who are delivering care. He believes that too much time and resources are currently spent on illness instead of prevention.

His mission is for 'resilient architecture' where patient information can be accessed from anywhere. Digital health is the convergence of digital, health and social care. He believes that the patient: clinician interface is the basis of healthcare and that the purpose of technology is to support this. He hopes that ICS will reduce inefficiencies and inequalities in healthcare. Currently patient information is available in 'silos' which is difficult to access. It is not joined up and it will be preferable for each patient to have one record covering health and social care. This should enable patients to have to tell their story only once. He would like each patient to have their own record that they could take anywhere.

He feels that, as a result of the pandemic, Zoom and Teams are now commonly used by people, and that video has huge benefits for patients. He wants one portal for patient access.

The Integrated Care Record (ICR) is now live. In this care there is currently a tension between patient choice and ICS as for example in his case 50% of his patients come from Coventry and the other 50% from elsewhere ie areas not within his ICS area.

The ICR is for everyone aged 18 or over who is registered with a GP in Coventry and Warks.. There is very robust security. People have a right to object to their

information being included in the ICR but he feels that it is in the best interests of patients to have one. It does not include 'sensitive' information eg visits to sexual health clinics and does not collect data for research.

There are several issues regarding ICRs for those under 18 which are being examined. He realises that it is essential to have the trust of patients . This will take time.

To date 5 GP practices have signed up to data sharing and are piloting the system. Warks County Council is now live, with Coventry City Council next week. The University Hospital plan to go live soon. The Coventry and Warks Partnership Trust are providing some data. More information will be available soon.

West Midlands Ambulance Service is viewing data from 111 and 999 calls and are now looking at providing data

The plan is eventually widen the list of those providing information to, for example, hospices, pharmacies, care homes; to connect with other areas of the country so that patients' records can be available when patients are outside their home area

Dr Price Forbes was thanked for his excellent presentation and the PPG asked if he would be able to return to answer further questions and give an update.

Website survey: there was no time to discuss this

Date for next meeting: Wednesday 6th July at 4.30 at Clarendon Lodge