

**Meeting** : NHS Herts Valleys CCG Patient and Public Involvement Committee Meeting

**Date** : 17 July 2019

**Time** : 10.00 – 13.00

**Venue** : The Forum, Hemel Hempstead

Present:	
Alison Gardner (AG)	Chair and board lay member for PPI
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Kevin Minier (KMi)	Chair of Dacorum Patients Group
Juliet Rodgers (JR)	Associate Director – Comms and Engagement
Jill Ainsworth Beardmore (JA)	Patient Representative (Dacorum)
Alex Hickinbotham (AE)	Patient Representative (St Albans and Harpenden)
Robert Hillyard (RH)	Patient Representative (Herstmere)
Colin Barry (CB)	Patient Representative (Watford & Three Rivers)
In attendance:	
David Evans (DE) (PPI/56/19)	Director of Commissioning
Clare Parker (CP) (PPI/53/19)	Urgent Care Programme Manager
Rob Brice (RB) (PPI/53/19)	Programme Manager, Urgent Care
Michelle Campbell (MC) (PPI/54/19 - PPI/55/19)	Assistant Director of Primary Care and Localities
Heather Aylward (HA)	Public Engagement Manager
Kathryn Magson (KM) (PPI/58/19)	CEO
Rod While (RW)	Head of Corporate Governance

PPI/48/19	Chairman's introduction and apologies for absence (Chair)
48.1	AG welcomed everyone to the meeting. <ul style="list-style-type: none"> <li>• Apologies had been received from: John Wigley (JW), Diane Eaton (DE) , Madeleine Donohue (MD) and Brian Gunson (BG)</li> <li>• The meeting was quorate.</li> </ul>
PPI/49/19	Declarations of interests (Chair)
49.1	There were no interests declared in relation to items on the agenda.
PPI/50/19	Minutes of previous meetings (Chair)
50.1	Regarding PPI/35.2/19 KMi noted that he had stated CLCH should contact HealthWatch to access to access patient reps for local inputs.
<b>50.2</b>	<b>The minutes of the meeting 15 May 2019 were approved subject to the above amendment</b>
PPI/51/19	Matters arising and action log (Chair)
51.1	<ul style="list-style-type: none"> <li>• The action log was reviewed</li> <li>• Item PPI/38.4/19 – Primary Care website – this has not yet been actioned.</li> <li>• Item PPI/40.2/19 – HA stated that the quality assurance visits had been slow starting and in a future meeting we will invite those involved to present to the committee.</li> </ul>

	<ul style="list-style-type: none"> <li>Item PPI/41.4/19 – a possible Hertsmere representative has been identified and she will attend the September meeting.</li> <li>Item PPI/42.3/19 – decision making summary for CCG website – this has not yet been actioned</li> </ul>
<b>51.2</b>	<b>The committee noted the updates</b>
<b>PPI/52/19</b>	<b>Committee work plan</b>
52.1	<ul style="list-style-type: none"> <li>KMi suggested the addition of health inequalities and deprivation data. This could be provided by public health.</li> <li>AH suggested an update the ophthalmology contract.</li> <li>RH suggested an item on experience of the various procurement processes.</li> </ul>
<b>52.2</b>	<b><i>ACTION: RW to add the above items to the committee workplan</i></b>
<b>52.3</b>	<b>The committee noted the work plan and noted that committee members should feel free to raise further suggestions to be included on this.</b>
<b>PPI/53/19</b>	<b>Urgent care update</b>
53.1	<p>CP stated the following:</p> <ul style="list-style-type: none"> <li>There are national and local drivers for this work due to confusion around services available.</li> <li>There is a need to standardise urgent treatment centres.</li> <li>This is difficult in Hertsmere due to differences in local demand and support services. We have been looking at other areas such as Barnet to learn about their approach. This will drive consistency in west Herts.</li> <li>There is a mixed picture in feedback on 111 and this will be tested at the engagement session next week.</li> </ul>
53.2	<ul style="list-style-type: none"> <li>RH stated that there is an X-ray unit and blood tests at Potters Bar Hospital and perhaps a local UTC could do 75% of what a UTC should do. This offers an element of support to local people. CP stated that there will be only one door at Barnet and this would be the UTC and ED can only be accessed through this. The national spec does not allow a spec of less than 100%. A UTC is not the right answer in Hertsmere.</li> <li>CB stated that we need to focus more on education and communication. 111 is useful if used properly.</li> <li>Hemel and Watford will be more than 12 hours as that is the minimum requirement. In ST Albans it is not clear yet what opening hours will be.</li> <li>AH stated that if there is one door and 12 hours for the UTC then would this could cause confusion.. CP stated that there would not be a big awareness launch at Watford as this may drive the wrong kind of activity.</li> <li>JA stated that there is still a concern in Dacorum and we need to give assurance about the kind of care available outside of the core hours. The solution is to use 111.</li> </ul>
<b>53.3</b>	<b>The committee noted the urgent care update</b>
<b>PPI/54/19</b>	<b>Primary care networks</b>
54.1	<p>MC stated the following:</p> <ul style="list-style-type: none"> <li>There is a requirement for practices to work at scale in the GP 5 year forward view.</li> <li>The NHS long term plan formalised this with a 5 year funding plan.</li> <li>The population threshold is 30k and there are two networks under this however.</li> <li>A new DES has been implemented and this is around extended hours – as distinct from extended access.</li> <li>Funding is available for additional roles to create a blended workforce e.g. pharmacists and social prescribers.</li> <li>Practices have had to submit registration forms but in one of our localities there was not full coverage.</li> <li>A signed network agreement was required by 30 June and networks were approved – 16 PCNs with 100% coverage.</li> </ul>

	<ul style="list-style-type: none"> <li>We are supporting PCNs to put in place the necessary infrastructure.</li> <li>We have provided funding to support practices and national funding will be available.</li> </ul>
54.2	<ul style="list-style-type: none"> <li>CB stated that practices seem to be rushing to merge, both horizontal and vertical. MC stated that mergers have been a business choice because a larger practice can offer more services and create a seamless service for the whole local population.</li> <li>It was clarified that there is no requirement to re-procure PCNs.</li> <li>RH noted that it was clear from local GPs that there was a great deal of complexity in setting up PCNs.</li> </ul>
<b>54.3</b>	<b>The committee noted the update on primary care networks</b>
<b>54.4</b>	<b><i>ACTION: MC to provide a bullet point summary of the PCN update</i></b>
<b>PPI/55/19</b>	<b>GP extended access</b>
55.1	<p>MC provided a verbal update:</p> <ul style="list-style-type: none"> <li>Extended access is now available in all areas and this was achieved by October 2018 due to the hard work of GP federations.</li> <li>There are 4 slightly different models – for example Watford is a rotating hub and Dacorum is a fixed hub.</li> <li>West Herts Medical Centre was closed last year but Dacorum federation runs an additional extended access service.</li> <li>Watford contract ended in 2018 and a re-procurement process was implemented with the same provider being appointed.</li> <li>There is a requirement to deliver extended access at PCN level by April 2021</li> <li>There is a plan to implement paediatric extended access services.</li> </ul>
55.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>JR stated that we are carrying out some promotional activity on extended access.</li> <li>MC stated that the interim direct booking service is working well in Dacorum.</li> <li>AH stated that not all GPs appear to be offering extended access. It was noted that there was variability.</li> <li>MC clarified that some practices underutilise and some over-utilise extended access but that this was being addressed.</li> <li>KMi fed back that the service was working so well that one surgery cancelled their evening appointments.</li> <li>RH stated that a single hub in Hertsmere does not reflect the local situation. It would be better to ask the PCNs to change the model.</li> </ul>
<b>55.3</b>	<b>The committee noted the GP extended access update</b>
<b>PPI/56/19</b>	<b>Locality Delivery Plans</b>
56.1	<p>DE introduced the paper with the following points:</p> <ul style="list-style-type: none"> <li>There has been a journey from old to new world. 18 months ago we knew we needed to delivery place based care i.e. 30-50k population.</li> <li>We pulled together a collaborative way of working and further developed working relationships.</li> <li>This was launched at locality and sub-locality level, with a delivery board sitting above and then a local delivery partnership above that.</li> <li>The challenge was to use the excellent discussion and ideas to create a plan.</li> <li>Six months were spent developing the plan. The focus was on older frail people.</li> <li>The fact that primary care providers are sitting in a room discussing joint working with other providers is an extremely positive step.</li> <li>Almost all PCNs have accepted the CCG offer of social prescribing.</li> <li>We now need to set up an MOU to deliver the plans from 1 October 2019. This will become an alliance contract in April 2020.</li> </ul>
56.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>It was clarified that the STP has asked for this to be set up. The STP will become an</li> </ul>

	<p>integrated care system.</p> <ul style="list-style-type: none"> <li>• KMi asked that monitoring by patients of the planning process and discussions needs to be strongly considered by the CCG.</li> <li>• JR stated that we need to ensure that we involve patients in the service design from here on.</li> <li>• JA noted that the commissioning committee and provider committee in Dacorum are now being combined and this was working well.</li> </ul>
<b>56.3</b>	<b>The committee noted the locality delivery plans</b>
<b>PPI/57/19</b>	<b>Participation report</b>
57.1	<p>JA made the following points:</p> <ul style="list-style-type: none"> <li>• The NHS England assessment outcome was positive and this was a helpful process to go through. A detailed report is expected and this will come to the committee.</li> <li>• The CCG is continuing to work to recruit more ambassadors, working with West Herts College to try to get health and social care students involved, particularly in social media.</li> </ul>
57.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>• AG thanked the team for all of the hard work in pulling together the NHSE submission.</li> <li>• JR updated the committee on the CCG board's decision on the West Herts Strategic Outline Case. We have been informed that we will not hear from the regulators for a few months.</li> <li>• KMi liked very much the approach with students and suggested that we ask ambassadors to engage with their parents. JA suggested we also ask them to engage with practice PPGs.</li> </ul>
<b>57.3</b>	<b>The committee noted the participation report</b>
<b>PPI/58/19</b>	<b>CEO Report</b>
58.1	<p>KM introduced the report with the following points:</p> <ul style="list-style-type: none"> <li>• There have been some changes to board with a new GP, Dr Faizy joining.</li> <li>• Urgent care has been a big focus with the development of the urgent care strategy and the potential for creating an urgent treatment centre (UTC) as the front door to Watford ED.</li> <li>• Community services mobilisation has been a focus and we have needed to involve the regulators in some issues. Transfer of estates remains a contentious point requiring ministerial sign off.</li> <li>• We have confirmation of second and third trailblazer sites for mental health.</li> <li>• Changes in sexual health services are a particular issue currently and we are seeking assurance from HCC on this.</li> <li>• We have been readying PCNs, though there has been an issue with one locality. A great deal of support is being provided, including training.</li> <li>• The local delivery plans have been developed at a bottom up basis across all providers.</li> <li>• There is a healthy hub in Stevenage which is a pilot, we are working with all districts and we expect to go live on this in December in west Herts. A report will go to the CCG board in September.</li> </ul>
58.2	<ul style="list-style-type: none"> <li>• The committee expressed a good deal of positivity regarding the healthy hub and thanked KM for her comprehensive report.</li> </ul>
<b>58.3</b>	<b>The committee noted the CEO report</b>
<b>PPI/59/19</b>	<b>PPG guidance document</b>
59.1	<p>JA made the following points:</p> <ul style="list-style-type: none"> <li>• There have been historical discussions about the CCG role in monitoring how PPGs work.</li> <li>• Some guidelines have been drafted to support practices locally.</li> <li>• Accompanying this it was suggested that a standard be drawn up. This is currently draft.</li> <li>• Feedback is requested from the committee.</li> <li>• The incentive scheme identifies what is in core funding for GPs but this is vague. The document provides more detail on CCG expectations.</li> </ul>

	<ul style="list-style-type: none"> <li>• Our aim is to encourage practices to improve.</li> </ul>
59.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>• It was clarified that practices would be performance managed if they do not reach the bronze level. This will be part of the practice visit programme.</li> <li>• There needs to be more detail on requirements such as a fixed frequency of meetings (real or virtual)</li> <li>• JA suggested that there be some flexibility on measurement for smaller practices.</li> <li>• JA also suggested that we inform patients of the guidance and standards so they know what to look for.</li> <li>• There is an important issue to consider around how PPGs work together across a PCN.</li> <li>• Further comments requested from the committee by mid to late August</li> </ul>
<b>59.3</b>	<b>The committee noted the PPG guidance document.</b>
<b>59.4</b>	<b><i>ACTION: Committee members to feedback further comments by mid-August</i></b>
<b>PPI/60/19</b>	<b>Choice policy</b>
60.1	<p>JR made the following points:</p> <ul style="list-style-type: none"> <li>• A choice statement was developed following a discussion at commissioning executive</li> <li>• The question was raised about choice at a recent board meeting by patient representatives.</li> <li>• The statement is not fixed but enables people to understand the CCGs position on choice</li> <li>• The CCG position is in line with the NHS Constitution.</li> </ul>
60.2	<ul style="list-style-type: none"> <li>• It was noted that people can choose to visit an A&amp;E or a UTC. If this is signposted by 111 then 111 will direct people to the most suitable service.</li> <li>• It was suggested that this go on practice websites</li> </ul>
<b>60.3</b>	<b>The committee noted the choice policy</b>
<b>PPI/61/19</b>	<b>Review of committee effectiveness</b>
61.1	This is part of an annual process that takes part in all committees. Committee members were asked to feedback on the questionnaire by 4 weeks.
<b>61.2</b>	<b>The committee noted the SOC engagement update.</b>
<b>61.3</b>	<b><i>ACTION: Committee members to send completed questionnaires to RW by mid-August.</i></b>
<b>PPI/62/19</b>	<b>Locality reports</b>
62.1	RH raised the issues in the MSK service. One is communication, the other is that the service is not of good quality because patients receive a telephone triage that does not cover the issue. It was noted that Connect, the provider of the service were returning to the committee in the future.
62.3	It was noted that there had been reports of patient issues with the ophthalmology services. This will be raised at quality committee. Members to provide detail to JA.
<b>62.3</b>	<b>The committee noted the locality reports</b>
<b>PPI/64/19</b>	<b>Risk</b>
63.1	No new risks were identified
<b>PPI/65/19</b>	<b>AOB</b>
65.1	AG stated that from the beginning of August she would be the PPI lay member for East and North Herts CCG as well as HVCCG. This is not a shared job
<b>PPI/47/19</b>	<b>Date and time of next meeting</b>
47.1	10.00-13.00, Wednesday 18 September 2019.