

Herts Valleys Clinical Commissioning Group

Minutes of the Patient and Public Involvement Committee held on Wednesday, 22 July 2015 in Apsley Room, Hemel One, Hemel Hempstead

Present

Alison Gardner, Lay Board Member, Patient and Public Involvement
 Laura Abel, Assistant to Head of Corporate Governance
 Heather Aylward, Public Engagement Manager
 Elizabeth Babatunde, Quality Improvement and Commissioning GP (*item PPI/128/15 only*)
 Colin Barry, Patient Representative (Watford and Three Rivers) (*item PPI/120/15 to item PPI/128/15*)
 Victor Boulter, Patient Representative (Watford and Three Rivers)
 Graham Cartmell, Patient Representative (Dacorum)
 Helen Clothier, Patient Representative (St Albans and Harpenden)
 Diane Curbishley, Acting Director of Nursing and Quality
 Marie-Anne Essam, Clinical Lead for Integration & Partnership
 Robert Hillyard, Patient Representative (Hertsmere)
 Lynn Hughes, Interim Head of Corporate Governance (*item PPI/120/15 to item PPI/123/15*)
 Margaret Morgan, Patient Representative (Dacorum)
 Juliet Rodgers, Associate Director of Communications and Engagement
 Rasila Shah, Head of Pharmacy and Medicines Optimisation (*item PPI/127/15 only*)
 Caroline Sutherland, Patient Representative (Hertsmere)
 Gemma Thomas, Head of Primary Care (*item PPI/128/15 only*)

PPI/120/15 Welcome and Apologies for Absence

- 120.1 A Gardner welcomed everyone to the meeting and reminded Patient Representatives of the role of the Committee and asked them to refresh themselves in respect of the Terms of Reference and Roles and Responsibilities documents to ensure relevant and productive use of the Committee meetings.
- 120.2 Apologies for absence were received from B Gunson, G Ross, A Warren and J Wigley.
- 120.3 A Gardner placed her thanks on record to L Hughes as she was leaving the CCG in August 2015. A Gardner noted her thanks to L Hughes for her work to strengthen governance arrangements around the Patient and Public Involvement Committee.

PPI/121/15 Declaration of Interests

- 121.1 H Clothier, who was attending her first Patient and Public Involvement Committee declared interests for the following which were noted for inclusion in the Volunteer Register of Interest:
1. Harpenden Memorial Hospital;
 2. Luton and Dunstable Hospital Medicines' Optimisation and Assessment Tool (MOAT)
 3. St Alban's and Harpenden Patient Group
 4. Harpenden Society
 5. Harpenden Helping Hand
- 121.2 There were no interests declared in relation to open items on the agenda.

PPI/122/15 Minutes of the Previous Meeting

- 122.1 The minutes of the previous meeting held on 10 June 2015 were accepted as an accurate record subject to:
- 122.2 110.6 **St Albans and Harpenden Report** – Your Care, Your Future, should read “the final Case for Change and not the draft care models to be published in July 2015”.

PPI/123/15 Matters Arising and Action Log

- 123.1 A revised action log was submitted. L Hughes explained that the action log that had been circulated whilst she was on holiday had not been completed by the Corporate Admin Team and it had now been updated for consideration. L Hughes also explained the key of the status column:
- Red – Open (overdue or no update provided)
 - Amber – Open (rearranged completion date)
 - Black – Open (on track to complete by completion date)
 - Green – Completed
- It was agreed that completed (green) actions would be closed and open (red) actions were discussed in turn.
- 123.2 PPI/110.4 and 111.1/15 (actions merged) – Locality Reports on Patient and Public Involvement J Rodgers and H Aylward explained that a meeting of the Patient Participation Groups’ Steering Group was scheduled to follow the Committee meeting and that the actions would be discussed. It was agreed to close these actions.
- 123.3 PPI/110.4 – Locality Reports on Patient and Public Involvement. Due to B Gunson being unable to attend the meeting and not having submitted an update, it was agreed to leave the action relating to a generic Terms of Reference template open until the next meeting.
- 123.4 PPI/115.2/15 – 360° Stakeholder Survey – In response to J Rodgers’ query with regard to the action, R Hillyard clarified the action relating to structure diagrams. J Rodgers explained that Team Structures would be published on the CCG’s website in the near future and it was agreed that a link would be provided once they had been published.
- 123.5 It was agreed that any requests for information should be submitted via H Aylward or L Abel in order to provide a co-ordinated conduit for information.
- 123.6 In response to a question from M Morgan, H Aylward confirmed that she was producing a list of HVCCG Committees and Groups with patient representation (including Healthwatch) and reminded Patient Representatives to provide this information to her.
- ACTION PPI/123.6/15 (Patient Representatives/H Aylward)**

PPI/124/15 Locality Reports on Patient and Public Involvement

- 124.1 **Dacorum Report**
G Cartmell presented the Dacorum Patient Group report which was noted. In response to comments about Patient Participation, J Rodgers noted that it was important to engage with all communities across the CCG, not just with Patient Practice Groups (PPGs), to ensure that all ‘voices’ were heard.

126.2 The actions in relation to the re-procurement of the Hertfordshire-wide NHS 111 and GP Out of Hours service together with the Urgent Care Centre at Hemel Hempstead were discussed. R Hillyard acknowledged the importance of sites in each locality to relieve the pressure on A&E departments. R Hillyard agreed to ascertain what responses to the Out of Hours Survey had been received from Hertsmere GPs.
ACTION PPI/126.2/15 (R Hillyard)

126.3 H Aylward agreed to raise the importance of Out of Hours sites in each locality and the responses to the Survey at the next meeting of the Communications and Engagement Group.
ACTION PPI/126.3/15 (H Aylward)

PPI/127/15 Reducing Waste on Medicines via the Repeat Prescribing Process

127.1 R Shah updated the Committee on activity undertaken since the last meeting and presented the draft Patient Survey which was discussed and agreed subject to some minor amendments. The following actions were agreed:

1. R Shah to provide examples of how the money saved could be better spent using comparables;
ACTION PPI/127.1.1/15 (R Shah)

2. H Aylward to share the survey with the reader panel for comments;
ACTION PPI/127.1.2/15 (H Aylward)

3. R Shah to work with Communications and Engagement Team to run focus groups;
ACTION PPI/127.1.3/15 (R Shah)

4. Patient Representatives to raise awareness through the Locality Groups – R Shah to attend Locality meetings if requested;
ACTION PPI/127.1.4/15 (Patient Representatives/R Shah)

5. R Shah to consider for survey to be issued with repeat prescriptions for a small number of surgeries.
ACTION PPI/127.1.5/15 (R Shah)

PPI/128/15 Cancer Review Update

128.1 E Babatunde and G Thomas provided an update on Cancer services which was noted. Specific reference was made to:

Cancer Two Week Wait Guidelines

E Babatunde explained that NICE had recently issued revised and updated Referral Guidelines for Suspected Cancer which provided recommendations for GPs to refer patients to secondary care via the two week wait pathway¹. Changes included less emphasis on the duration of symptoms threshold, with more flexibility for the clinician to refer if the symptoms were ‘unexplained’ or prolonged and there remained clinical concern. She explained that there was a large section within the guidelines which looked at symptom presentations to assist clinicians in primary care who were uncertain which investigations or referrals to make. G Thomas explained that hospitals were in the process of following up patients who did not take up appointments or who had changed appointments more than twice. It was noted that the next meeting of the CCG’s Cancer Group was scheduled to take place in October 2015 which would look at a local campaign to encourage people to attend their appointments.

Prostate Cancer Primary Care Follow Up Project

E Babatunde explained that Prostate Cancer Primary Care Follow Up Project was for patients who had completed treatment in secondary care or were deemed stable for follow up by their GP. She assured the Committee that the CCG was working closely with providers to ensure safe discharge by secondary care providers to GPs. It was also noted that information and

¹ Cancer Two Week Wait: a national target that mandates that all patients in whom cancer is suspected must be first seen within two weeks of receiving the GP's suspected cancer referral.

resources had been provided to GPs for support and that Macmillan, Prostate Cancer Clinical Nurse Specialist (CNS) and other teams were supporting prostate cancer patients in the community.

128.4 Primary Care Cancer Education Sessions for GPs and Practice Nurses
E Babatunde explained that GP Education sessions were being delivered at locality level and that a joint session for GPs and Practice Nurses had been held on the 24 of June 2015 to review Cancer Prevention and to update guidelines. It was also noted that the Cancer Education programme was being implemented for Practice Nurses to build on a similar course which was run by Macmillan Support to prepare practice nurses in supporting cancer patients closer to home and to improve the quality of care in the community. It was also noted that the events had been well received across all localities and additional sessions had been offered by the Prostate Cancer Nurse Specialist for extra support.

128.5 Cancer 62 day wait target²
In response to questions from C Sutherland and R Hillyard, G Thomas explained that work continued across the system to meet the 62 day wait performance target following the Ramsden Report with regard to West Hertfordshire Hospitals Trust. She added that NHS England had placed renewed focus on the 62 day wait target and performance would continue to be monitored closely by all providers.

128.6 Independent Cancer Taskforce Review
H Aylward explained that following the publication of the Independent Cancer Taskforce Review, six strategic priorities had been identified to help the NHS achieve world-class cancer outcomes, which aimed to boost cancer survival and transform Patient experience. It was noted that the six strategic priorities had been discussed by the CCG's Cancer Group with a focus on people with recent experience.

PPI/129/15 Update on Procurement of NHS 111 and Out of Hours Services

129.1 A Gardner explained that L Horsnall had provided an update in advance of the meeting advising that NHS England had requested that CCGs pause all procurement of 111 and Out of Hours services whilst the national model was reviewed. The executive teams of East and North Herts and Herts Valleys CCGs were scheduled to meet to discuss the guidance and it was noted that patients would be consulted as part of the process through Healthwatch. It was noted that the item would be carried forward to the next meeting.

ACTION PPI/129.1/15 (C Allan)

PPI/130/15 Any Other Business

130.1 **Sexual Health Services**
C Sutherland highlighted that there had been a change of service provider for Sexual Health Services. It was noted that this was not a service commissioned by the CCG, but it was agreed that D Curbishley would liaise with L Mercy to provide an update to the next meeting to inform of the date of the change and any if patient involvement had taken place.

ACTION PPI/130.1/15 (D Curbishley)

² Cancer 62 Day target: a national target that mandates for all patients with suspected cancer to be treated within 62 days of receiving the GP's suspected cancer referral if found to have cancer.

130.2 J Rodgers was concerned over the lack of joint working between the Communications teams at the CCG, Hertfordshire County Council and provider organisations, which she agreed to look into further. **ACTION PPI/130.2/15 (J Rodgers)**

130.3 **Patient Delegate to the Board**
A Gardner explained that the formal process to elect a patient delegate to the Board would commence in September 2015 and invited any interested Patient Representative(s) to notify her by e-mail; she confirmed that this role was only open to Patient Representatives elected by the Localities to join the Patient and Public Involvement Committee. It was agreed that L Hughes would circulate the role description once it had been agreed.
ACTION PPI/130.3/15 (Patient Representatives/L Hughes)

130.4 **Conduct of the Committee**
A Gardner reminded the Committee of the need to adhere to the remit of the Committee and to discuss agenda items within the time allowed. She continued that the PPI Committee had a number of scheduled or invited presenters who attended to inform the Committee about projects and programmes and seek patient involvement and views. A Gardner noted that these attendees had major workloads and not all were based at Hemel One, hence the need to respect the items and timings on the agenda. J Rodgers explained that the Staff Involvement Group had produced guidelines for meetings which had been discussed and agreed by the Senior Leadership Team; she agreed to circulate these for use by the Committee.
ACTION PPI/130.4/15 (J Rodgers)

130.5 **Items for inclusion on next agenda**
In response to a suggestion from D Curbishley, it was agreed that there would be a Quality Alert System update provided at the next meeting. **ACTION PPI/133.2/15 (D Curbishley)**

PPI/131/15 Risks Identified During the Meeting

131.1 There were no new risks highlighted which were not currently included on the risk register.

PPI/132/15 Items for Cascade to Localities

132.1 It was agreed that J Rodgers would identify issues for inclusion on the next briefing.
ACTION PPI/132.1/15 (J Rodgers)

PPI/133/15 Date and Time of Next Meeting

133.1 The next meeting is scheduled to take place on Wednesday, 16 September at 10am in the Apsley Meeting Room, Hemel One, Hemel Hempstead.