

FINAL Minutes

Meeting : Patient and Public Involvement Committee
Date : Wednesday 18th September 2019
Time : 10am – 1pm
Venue : Lower ground floor room, The Forum

Present: (Committee members)	
Alison Gardner (AG)	Lay Board Member and chair of committee
Juliet Rodgers (JR)	AD Communications and engagement
Brian Gunson (BG)	Healthwatch Hertfordshire
Jill Ainsworth-Beardmore (JAB)	Patient Representative (Dacorum)
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Janice Neil (JN)	Patient Representative (Hertsmere)
Alex Hickinbotham (AH)	Patient Representative (St Albans and Harpenden)
John Wigley (JW)	Patient Representative (St Albans and Harpenden)
In attendance:	
Heather Aylward	Public Engagement Manager
Rod While	Head of Corporate Governance
Iram Khan	Corporate Governance Support Manager
Tracey Norris	Herts for Learning Governance (minutes)

PPI/67/19	Welcome and apologies (Chair)
67.1	The Chair welcomed everyone to the meeting, apologies had been received from Kevin Minier, Diane Eaton, Robert Hillyard and Daniel Carlton-Conway. The chair noted that DCC would be unable to attend any PPI Committee meetings until March as he had a diary conflict until then. She would try and find a substitute to ensure GP presence on the committee.
67.2	<i>Action: AG to consider alternative GP representative on this committee</i>
PPI/68/19	Declarations of interest (Chair)
68.1	There were no new conflicts of interest to declare.
PPI/69/19	Minutes of previous meeting (Chair)
69.1	The minutes of the meeting held on 17 July 2019 were approved as an accurate record of the meeting subject to the correction of a typographical error in 60.1 (first bullet point) to read: <ul style="list-style-type: none"> ▪ A choice statement was developed following
PPI/70/19	Matters arising (Chair)
70.1	<p>PPI/38.4/19: HA to discuss the PC website with the PC team – a discussion had taken place and this had now been published, HA would circulate the web-link to committee members. Patient representatives felt that it was difficult to navigate the website and certain links were not prominent enough. As a next step it was agreed that HA would arrange for a member of the primary care team to meet with the patient representatives to hear their concerns first hand – this would take place before the next meeting.</p> <p>PPI/40.2/19: Quality assurance visit: these were now taking place, JW has attended one in August and felt it had been well organised and enabled common sense recommendations alongside clinical detail. This matter was now closed.</p>

	PPI/42.3/19: MD suggested the public overview on how the CCG make decisions should be reviewed by corporate governance (RW) and edited if necessary. This was agreed.
PPI/70.2/19	<i>Action: RW to review the website overview on CCG decision making for accessibility/editing</i>
PPI/70.3/19	<i>Action: HA to identify suitable representative from the PC website team to discuss functionality with patient representatives.</i>
PPI/71/19	Committee Work Plan
71.1	The work plan was noted. The chair invited committee members to make suggestions for agenda items going forward as required. GR asked that an update on the Harpenden Memorial Hospital be added to the next meeting.
71.2	The committee noted the work plan.
71.3	<i>Action: RW to add Harpenden Memorial Hospital plans to next meeting</i>
PPI/72/19	Winter Messaging
72.1	HA presented a verbal update on the key messages that would be shared across the region, based on guidance from NHS England, which included: <ul style="list-style-type: none"> ▪ Advice on taking medicine ▪ Keeping warm ▪ Use of 111 ▪ Use/access to pharmacies ▪ Prevention of falls ▪ Vaccinations etc Winter Warmer events would be held at various locations which would allow these key messages to be shared and also, hopefully, help address the issues of isolation and socialisation in the elderly demographic. AG confirmed that these events would become part of the engagement report.
72.2	Questions were invited: <ul style="list-style-type: none"> ▪ CB asked what the message around (potential) medicine shortages (caused by Brexit) would be. The political position was changing on a daily basis and no one could accurately predict what may or may not happen in the next two months and how this might affect medical supply chains. It was important that patients did not stock pile medicines as this would only exacerbate the situation. AG was already aware of some medical supply shortages which were unrelated to Brexit. The key messages would be driven by the government’s own national campaign rather than the CCG – this would cover newsprint, TV, radio and social media. ▪ JN suggested that “flu jab day” would be a good opportunity to share these messages – which started on 5 October. AG assured the committee that HVCCG would endeavour to get accurate messages to its patients and manage the situation as best as possible, whatever the outcome of 31 October.
72.3	The committee noted the update.
PPI/73/19	Adult Community Services Mobilisation Update
73.1	Jayne Skippen and Dominic Mundy joined the meeting from the Central London Community Health Care Trust (CLCH). The presentation had been circulated to board members of the committee but not patient representatives, this would be recirculated. DM and JS outlined CLCH’s plans for patient experience: <ul style="list-style-type: none"> ▪ CLCH had a team dedicated to patient experience in each division of the Trust and they would recruit within Hertfordshire shortly. ▪ Each team dealt with feedback/patient experience and complaints. ▪ CLCH was proud of its low numbers of complaints – c 8/10 per month. PALs were dealt with in 5 working days, complaints were dealt with in 25 working days. ▪ Patient experience was taken very seriously by CLCH and video stories were regularly shared with its Trust Board. ▪ A Quality Shareholders Reference Group had been established (similar in structure to

	<p>the PPIC committee).</p> <ul style="list-style-type: none"> ▪ There were 5 or 6 non-executive directors on the Trust Board but not a patient representative board member. ▪ Healthwatch were invited to various sub committees of the board and were working closely with CLCH on various initiatives, e.g. homelessness in Barnet and community nurses.
73.2	<p>Questions were invited:</p> <ul style="list-style-type: none"> ▪ GR: did the Trust drill down into the reasons behind patient dissatisfaction? Yes, this was possible because complaints were so low, issues mostly related to staff attitude. Following a complaint, an investigator would be appointed, staff interviewed at service delivery level. Themes were identified and analysed and shared across all relevant areas of the Trust. ▪ CB: did the CLCH have staffing capacity in the pipeline to support more service delivery in community care? This was a national challenge, CLCH had addressed the issue by creating an academy to train up and re-train existing staff. Its research and development team was looking at the single assessor model, expanding the commonality of services that a nurse could perform for example. The Trust had also invested in an apprentice nurse programme and focused heavily on staff retention. ▪ MD: How will you recruit a patient representative from within Hertfordshire? The Trust would ask for recommendations from Healthwatch but invited any interested volunteers to contact CLCH. JS confirmed that there might be some discrete business projects to work on in addition to the patient experience group. ▪ AG suggested that CLCH review the locality reports as these were an excellent way to gauge patient experiences. ▪ CLCH would monitor patient outcome measures and would attend the engagement network scheduled to take place on 8 October. <p>The chair thanked Jayne Skippen and Dominic Mundy for attending the meeting.</p>
73.3	<i>Action: RW to re-circulate the ACS powerpoint presentation</i>
PPI/74/19	MSK Services update
74.1	<p>Amanda Burfort (AB) joined the meeting. She referred the committee to her report at pages 11-15 of the document pack "Update on Connect Services – MSK pathway". The headlines were:</p> <ul style="list-style-type: none"> ▪ This was year 2 of the contract and there were still some issues to be resolved. CCG staff were working closely with Connect to drive improvement. ▪ Weekly report to CCG on various key performance indicators, e.g. the number of calls being received, the response time, the number of calls that drop out. ▪ Monthly review meetings were taking place at which KPIs are discussed. ▪ Joint engagement plan in place, the first patient engagement session would take place on 12 October. ▪ 100% meeting target of post-op contact.
74.2	<p>Questions were invited:</p> <ul style="list-style-type: none"> ▪ AG: What was the impact of this enhanced monitoring? CCG now had fewer concerns, there were less complaints being received. Extra admin staff had been recruited to field calls and information about peak times during the day had been shared with localities. ▪ AH: lack of communication was still a problem for patients. Examples of delays or being sent/taken to the wrong venue were common themes. AB appreciated that there was still work to be done to improve patient experience and hoped that improvements in these areas would be addressed through contract review meetings. ▪ AH: work was needed to improve this service's reputation with patients. ▪ JR agreed that reputation was important and patients needed confidence in the service. Specific problems should be shared with AB who could then address the issues. ▪ AH suggested that AB contact a random sample of patients for feedback. ▪ MD was able to offer her own experience of Connect, which had been very poor with

	<p>long delays between appointments and notification that she may have to wait up to 4 months for an appointment for pain management. This was not acceptable.</p> <ul style="list-style-type: none"> ▪ AB confirmed that waiting times for pain management were up to 4 months and there was an urgent need for more pain management specialists. The programme was well organised but was currently understaffed and over-subscribed. ▪ AB agreed to provide an update on the status of pain management for the next meeting. ▪ JR commented that some of the generic letters from Connect had needed reviewing and AB would also review this and update the committee at the next meeting. ▪ JAB was able to share some positive experiences of the triage process and wondered how these could be best captured and promoted. ▪ The service was based on a sensible/good premise, but high waiting lists were having and negative impact NB pain management. ▪ The chair asked that patient representatives share as many patient experiences (positive and negative) with AB as possible. ▪ Members of the committee were invited to attend the patient engagement session on 12 October.
74.3	The committee noted the progress update and the date of the patient engagement session on 12 October.
<i>74.4</i>	<i>Action: AB to provide an update to the next committee on the status of pain management waiting lists and any review of generic letters</i>
PPI/75/19	ICP Update
75.1	<p>Rod While (RW) referred to his report at pages 16-22 of the document pack “Update on Integrated Care Partnership in West Herts”.</p> <ul style="list-style-type: none"> ▪ The STP had been in place since 2016. ▪ The next iteration of this would be the creation of ICS. ▪ Within the ICS there would be three geographical ICPs and the three CCGs would be merged into one. ▪ The current aim was to create the shadow ICP by 1 April 2020 with the ICP being fully operational by April 2021. ▪ The CCG had a good relationship with West Herts and there was appetite to drive this forward as the best way to deliver integrated patient care. ▪ Challenges facing the creation of the ICS included the lack of legislation and guidance from central government.
75.2	<p>Questions were invited:</p> <ul style="list-style-type: none"> ▪ AG was hopeful that the end result would break down the existing barriers/tensions between providers and commissioning bodies to provide good service delivery both locally and at scale across the whole region, e.g. in areas such as mental health. ▪ AH: what were the implications of the merger of the three existing CCGs? It was envisaged that a single accountable officer would be appointed and a single senior management team created but as yet nothing had been confirmed. Public involvement would continue as the need to capture patient experience/feedback would remain a priority. ▪ The irony of the cyclical nature of health provision was commented on and the committee was in agreement that this direction (back to integrated services) was the right way to go. ▪ JW: were there plans to create a new HQ for the merged CCG? This had not been considered but RW thought it unlikely.
75.3	The committee noted the ICP update.
PPI/76/19	Participation Report
76.1	<p>Heather Aylward (HA) presented the participation report, see page 23-28 of the document pack:</p> <ul style="list-style-type: none"> ▪ Following comments from this committee, changes had been made to the PPG incentive

	<p>scheme and these had been shared with GP practices.</p> <ul style="list-style-type: none"> ▪ This guidance will now be sent to the PCCC in October for approval. Positive feedback had been given by practice managers. ▪ The next patient story session had been booked for 20 February 2020 and committee members were invited to attend. ▪ Volunteers had come forward to join the primary care contracting panel and care home locality project meetings. A process would be put in place to match the right volunteer to the committee (this would also be reviewed by the equalities manager).
76.2	<p>Questions were invited:</p> <ul style="list-style-type: none"> ▪ CB was pleased that a separate “Patient Story” session for board members had been arranged. JR thanked the committee whose had suggested this format to raise the profile of patient story. ▪ AG encouraged other members of the committee to attend future patient story sessions.
76.2	The committee noted the report and the date of the patient story session (20 February)
PPI/77/19	Review of Committee Effectiveness
77.1	<p>RW thanked committee members for their feedback. The following four items had been identified as areas for further discussion/improvement:</p> <ol style="list-style-type: none"> a. Workload/work plan: the committee workplan was submitted to the Board but could be changed at the request/recommendation of committee members. b. Frequency of meetings: meetings were held every two months with a development session in-between. It was agreed that this was working well. 75% of respondents had felt the length and frequency of meetings were appropriate. It was agreed that more could be done via email between meetings and any urgent matters/reports would be communicated in this way. AG acknowledged that committee members did not just turn up for a three hour meeting but also devoted a large amount of time to prepare locality reports and digest the accompanying reports. c. Distribution of minutes: committee members asked that the minutes be distributed as soon as they were prepared after the meeting rather than with the papers for the next meeting. This was agreed. d. Working with partners/other organisations: this objective was in the committee’s work plan and today’s visit by CLCH was a step in the right direction. Many hospital trusts did not have a similar forum and the committee saw this as an opportunity to work with them. The creation of the ICP should improve the committee’s ability to work more closely with provider partners.
77.2	MD left the meeting.
77.3	The committee discussed the responses in the paper and made one recommendation.
77.4	<i>Action: RW to circulate draft minutes as soon as they had been approved for circulation by the Chair.</i>
77.5	<i>Action: RW to ensure PPI Committee workplan is provided to CCG board</i>
PPI/78/19	Locality Reports
78.1	<p>Hertsmere (JN)</p> <ul style="list-style-type: none"> ▪ Constant issue for some patients in Potters Bar getting to outsourced services. ▪ Future of Potters Bar Community Hospital: this might need to be an agenda item in the future. ▪ 3rd annual Health and Wellbeing event was held which had been very successful with over 35 different organisations attending. ▪ CB commented on the health and wellbeing event, this demonstrates what a PPG can do when working together.
78.2	<p>Dacorum (JAB)</p> <ul style="list-style-type: none"> ▪ Not a great deal of activity to report beyond the regular items since the last meeting. ▪ Patient transport service remained an issue.

78.3	<p>St Albans and Harpenden (JW)</p> <ul style="list-style-type: none"> ▪ News that the hospital redevelopment scheme (option 1) had been approved by WHHT and HVCCG was welcomed but patients were disappointed that an application for Judicial review had been submitted. The JR application was awaiting the determination of a judge to proceed (most did go forward). ▪ JR confirmed that the CCG was keeping its regulators informed of these developments and had requested that the matter be expedited quickly. The board were very aware that this matter had already taken too long and no one wanted the timescale to be delayed further. ▪ The committee asked if David Evans and CLCH could report to the committee about Harpenden Memorial Hospital plans. Currently there was no confirmed timeline/planning implications. This was a growing issue in Harpenden and a public meeting last night was attended by over 70 people. ▪ BG suggested that a general update on all planned building work in addition to the Harpenden Memorial Hospital would be useful. ▪ A programme of events had been mapped out for the following year. ▪ Trying to establish PPG links in Harpenden (JW was pleased to hear that it was working well in Hertsmere). Currently GPs did not seem very keen. ▪ CB: What could the CCG do to clarify information about the risks from not immunising children against measles? This was a national issue and was being led by Public Health England. The CCG would support any national messages in the localities.
78.4	<p>Watford (CB)</p> <ul style="list-style-type: none"> ▪ Good masterclass held in July re consultations. ▪ PPG was moving forward slowly. ▪ DE attended the LMG meeting.
78.5	The committee noted the locality reports.
78.6	<i>Action: AG would invite David Evans/CLCH to update the committee on the status of the Harpenden Memorial Hospital at the next meeting.</i>
PPI/79/19	Risks identified during the meeting (Chair)
79.1	Maintaining good patient and public engagement in PCG – retain localism at the same time as working with different providers.
PPI/80/19	Items for cascade to localities
80.1	Nothing raised but no GP in attendance to facilitate. See discussion at 67.1.
PPI/81/19	Date and time of next meeting:
81.1	Wednesday 20 November 2019 at 10am