

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

**Date** : 19 September 2018

**Time** : 10.05 – 12.55

**Venue** : Apsley meeting room, Hemel One, Hemel Hempstead

<b>Present:</b>	
Alison Gardner (AG)	Lay Board Member, Meeting Chair
Jill Ainsworth Beardmore (JAB) to item PPI/58/18	Patient Representative (Dacorum)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Alex Hickinbotham (AH)	Patient Representative (St Albans and Harpenden)
Robert Hillyard (RH)	Patient Representative (Hertsmere)
Kevin Minier (KM)	Chair of the Dacorum Patient Group
Kate Page (KP)	GP Board Member
Juliet Rodgers (JR) to item PPI/56/18	Associate Director, Communications and Engagement
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Caroline Sutherland (CS)	Patient Representative (Hertsmere)
John Wigley (JW) to item PPI/57/18	Chair of the St Albans and Harpenden Patient Group
<b>In attendance:</b>	
Rod While (RW)	Head of Corporate Governance (minutes)
Amanda Bufot (AM)	Commissioning Manager, Planned and Primary Care
Avni Shah (AS) – item PPI/58/18	Programme Director, Planned and Primary Care
Matthew Wyatt (MW) – item PPI/58/18	Connect Health
Rachel Gori (MW) – item PPI/58/18	Connect Health
Guilia Impelluso	Graduate trainee (observer)

<b>PPI/48/18</b>	<b>Chairman's introduction and apologies for absence (Chair)</b>
48.1	<ul style="list-style-type: none"> <li>AG welcomed everyone to the meeting.</li> <li>Apologies had been received from: Diane Eaton (DEa), Heather Aylward (HA), Brian Gunson (BG).</li> <li>The meeting was quorate.</li> </ul>
48.2	AG reflected on an effective PPI development meeting held on 11 September which had covered: <ul style="list-style-type: none"> <li>Medicines optimisation across the STP</li> <li>Patient choice strategy</li> <li>Participation strategy</li> <li>A number practice managers were in attendance</li> </ul>
48.3	<ul style="list-style-type: none"> <li>JAB suggested that PPG members should be more formally invited to PPI development</li> </ul>

	<p>meetings - HA to consider how to get a wider representation.</p> <ul style="list-style-type: none"> <li>AH suggested that we try holding such events in the evening to attract a wider age range. This will be considered for the future and also for PPG networking events.</li> </ul>
<b>48.4</b>	<b><i>ACTION: HA to consider how to get wider representation from PPGs and also to consider holding events after working hours to attract a wider age range.</i></b>
<b>PPI/49/18</b>	<b>Declarations of interests (Chair)</b>
49.1	There were no interests declared in relation to items on the agenda.
<b>PPI/50/18</b>	<b>Minutes of previous meetings and action log (Chair)</b>
<b>50.2</b>	<b>The committee approved the minutes of the meetings held on 20 June 2018.</b>
<b>PPI/51/18</b>	<b>Matters arising and action log (Chair)</b>
51.1	Action log: it was noted that all were either on track or completed.
51.2	RH stated that there had been an accusation of an issue of transparency regarding the UTC consultation which had gone to board but RH's comments may have been misrepresented.
<b>51.3</b>	<b>The action log and matters arising were noted.</b>
<b>PPI/52/18</b>	<b>CCG improvement and assessment framework (IAF)</b>
52.1	<p>JR introduced the paper with the following points:</p> <ul style="list-style-type: none"> <li>The NHSE assessment is rather out of date and was reported in August 2017.</li> <li>There were five domains which are covered in the paper together with the CCG's performance against them.</li> <li>Overall the CCG achieved a score of 8 which was average for England.</li> <li>This was reported to the CCG board on 13 September.</li> <li>The evidence used by NHSE was based on whatever was available on CCG websites.</li> <li>For next year's assessment (November to February), the CCG will need to submit evidence.</li> </ul>
	It was noted that there were some typographical errors in the report but NHSE had stated that the document would not be reissued.
<b>52.2</b>	<b>The committee noted the update paper.</b>
<b>PPI/53/18</b>	<b>Update on participation strategy</b>
53.1	<p>Following on from the IAF JR introduced the draft participation strategy, stating that:</p> <ul style="list-style-type: none"> <li>The strategy has set the objective of achieving 5 "good" outcomes in the domains on the next IAF.</li> <li>The strategy was discussed at the PPI development session on 11 September and comments from attendees will be addressed.</li> <li>Other feedback has been received from JAB and JW and Healthwatch. The document has also been sent to a number of other stakeholders for comment, such as health scrutiny.</li> <li>The strategy will be reviewed by the health and wellbeing board and the CCG board (November).</li> <li>Key themes include widening the audience, and particularly those with protected characteristics and young people, community health ambassadors, reducing health inequalities, strengthening the CCG annual report and an annual engagement report.</li> </ul>
53.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>KM stated that there needs to be a process for feedback and evaluation and this should be in the document. JR stated that a plan will be developed and circulated for discussing at the November 2018 meeting.</li> <li>AH stated that there needs to be a fuller explanation of how the strategy is going to be delivered. JH stated that an implementation plan would come to the committee.</li> <li>JW said that he would like to see support from the CCG for each practice to set up a</li> </ul>

	<p>strong PPG.</p> <ul style="list-style-type: none"> <li>It was agreed by all that there needs to be a wider representation from all groups at all patient focused forums.</li> </ul>
<b>53.3</b>	<b>The committee noted the update.</b>
<b>53.4</b>	<b><i>ACTION: JR to develop an implementation plan and process for feedback and evaluation for discussion at the next PPI committee meeting.</i></b>
<b>PPI/54/18</b>	<b>Choice Policy Statement</b>
54.1	<p>JR introduced the paper with the following points:</p> <ul style="list-style-type: none"> <li>A lengthy session on the choice policy was held at the development meeting.</li> <li>The current statement is in draft and requires further work.</li> <li>The statement is a summary of the more detailed policy.</li> <li>There is a national requirement on choice but this is subject to local adaptation.</li> <li>An equality impact assessment will be carried out.</li> </ul>
54.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>KM raised the question of patient choice in A&amp;E and the extent to which choice was possible. It was broadly recognised that the scope for choice where there is an urgent need for intervention is limited.</li> <li>MD noted the choice of consultant was missing. JR stated that this would be added.</li> <li>MD also felt the final paragraph on lifestyle choices requires revision as it is a little patronising. JR agreed and will ensure that this is re-written.</li> <li>RH stated that the CCG does not think holistically about where services are going to be delivered and the estate issue is not being fully addressed. AG stated that estates issues were a significant part of discussions at Primary Care Commissioning Committee and some of this work could be presented to PPI Committee.</li> </ul>
<b>54.3</b>	<b>The committee noted the update</b>
<b>54.4</b>	<b><i>ACTION: An agenda item on estates to be added to a future meeting.</i></b>
<b>54.5</b>	<b><i>ACTION: All to feedback on the statement on receipt of the full policy and revised statement from JR.</i></b>
<b>PPI/55/18</b>	<b>Patient stories</b>
55.1	<p>JR introduced the item with the following points:</p> <ul style="list-style-type: none"> <li>Traditionally we have included patient stories at CCG board meetings, which the board have found useful. However they can feel awkward as the setting is so formal.</li> <li>A proposal has been discussed at quality committee which proposes that PPI committee have a bigger role in the stories and the stories should be discussed as part of an interface between board members and PPI committee members.</li> <li>This would take place on the day of a board meeting - twice a year, starting in 2019.</li> </ul>
55.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>CB said there is a challenge for PPI members to identify stories and these need to be developed with a coordinated approach.</li> <li>RH stated that there needs to be clear follow up in relation to the patient story.</li> </ul>
<b>55.3</b>	<b>The committee noted and supported the proposal.</b>
<b>PPI/56/18</b>	<b>Patient participation and engagement report</b>
56.1	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>KM drew attention to “let’s get connected” and the requirement for frontline staff to receive appropriate signposting training.</li> </ul>
<b>56.2</b>	<b>The committee noted the report.</b>
<b>PPI/57/18</b>	<b>Board meeting held in public 13 September 2018</b>
57.1	<p>AG introduced the item with the following key points:</p> <ul style="list-style-type: none"> <li>The CEO report provides a good overview of many of the key issues.</li> </ul>

	<ul style="list-style-type: none"> <li>The performance report has been re-formatted and is much more user friendly.</li> <li>Premises raised as an ongoing issue in general practice.</li> </ul>
<b>57.2</b>	<b>The committee noted the update.</b>
<b>57.3</b>	<b><i>ACTION: CEO report to be circulated to PPI committee members on a regular basis – RW</i></b>
<b>57.4</b>	<b><i>ACTION: RW to check availability of shortened Annual report on CCG website.</i></b>
<i>A Shah, A Burfot, M Wyatt and R Gori joined the meeting</i>	
<b>PPI/58/18</b>	<b>Presentation and update on MSK service</b>
58.1	<p>AB made the following points:</p> <ul style="list-style-type: none"> <li>KPIs are reviewed on a monthly basis.</li> <li>A new communication has been developed for GPs so that GPs can manage the expectations of patients.</li> <li>Patient information leaflets to cover what to expect.</li> </ul> <p><i>(JW left the meeting)</i></p> <ul style="list-style-type: none"> <li>AB has been meeting patients directly to understand the feedback.</li> </ul>
58.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>AS stated that we welcomed detailed feedback, we had inherited issues from the previous provider but we need suggestions on how patients can feedback on future implementation of re-procured services.</li> <li>MD stated the key issue was expectations on telephone triage. In some cases Connect did not get back to patients as promised. MW stated that patient leaflets were sent out 6-8 weeks ago, it could be that issues predated this. Patients having to chase is unacceptable and Connect need to know the details on this. Triage is about rapid access to services. It was agreed that this should change to “starting as soon as possible”.</li> <li>KP stated there was not continuity of physiotherapist appointments, leading to conflicting advice. MW stated that this was part of the culture change with a new service and therefore some staff had left, leading to lack of continuity. There was also a need for consistency of advice and Connect will review this.</li> <li>KM asked about the status of the backlog. MW stated that this has now been cleared but clearly there was an issue earlier and staff were asked to work harder than usual.</li> <li>KM stated that telephone triage is difficult for hard of hearing. MW stated that they need to be told that because it is inappropriate and in these cases a face to face appointment will be set up as soon as possible. It was clarified that on the referral form GPs are meant to tick a box to indicate that their patient is or is not suitable for telephone triage. It could be that some GPs are not aware of this.</li> <li>RH asked why there was a gap in Hertsmere. MW stated that connect were aware of the need for a hub but a suitable site has not been found.</li> <li>RH stated that GPs were saying there was a 6 weeks delay to see a physiotherapist and a 2 week delay on referral to acute trust. MW stated that patients are registered on the system in 2 days and then triaged in a further 2 days so the process should be quicker than this.</li> <li>RH stated that text messaging is not going to be suitable for elderly people; there were also issues with telephone appointments. MW stated that the physiotherapist is expected to identify these barriers.</li> </ul>
<b>58.3</b>	<b>The committee noted the presentation and discussion.</b>
<b>58.4</b>	<b><i>ACTION: Connect to return in 6 months’ time with an update on how the issues are being resolved. AB to return to the committee in three to four months.</i></b>
<i>A Shah, A Burfot, M Wyatt and R Gori left the meeting</i>	
<i>(JAB left the meeting)</i>	
<b>PPI/59/18</b>	<b>Locality reports</b>
59.1	<ul style="list-style-type: none"> <li>AG thanked members for locality reports submitted.</li> <li>GR stated that there was a public meeting on 26 September in St Albans Civic Centre to</li> </ul>

	<p>talk about the planning for new health centres in Harpenden and St Albans.</p> <ul style="list-style-type: none"> <li>• KM asked if there would be more information forthcoming on the formation of an integrated care system (ICS). AG stated that further information would be provided when a concrete plan is in place.</li> </ul>
<b>59.2</b>	<b>The committee noted the locality reports.</b>
<b>PPI/60/17</b>	<b>Feedback from HVCCG meetings attended</b>
60.1	<b>The committee noted reports received.</b>
<b>PPI/61/17</b>	<b>Items agreed for next meeting</b>
61.1	<p>The following items were agreed for the agenda at the next meeting:</p> <ul style="list-style-type: none"> <li>• Implementation plans for patient participation</li> <li>• Final patient choice statement and policy</li> <li>• Estates planning and decision making</li> <li>• The functioning of PPGs</li> </ul>
<b>PPI/62/17</b>	<b>Risks identified during the meeting</b>
62.1	Risks to other procurements
<b>PPI/63/17</b>	<b>Items for cascade to the localities</b>
63.1	Inform GPs that there is an option to say that patient is not suitable for telephone triage.
<b>PPI/64/17</b>	<b>Any other business</b>
64.1	<ul style="list-style-type: none"> <li>• MD informed the group that the CEO of the East of England Ambulance Trust had resigned.</li> <li>• HCT undergoing a CQC review at present.</li> <li>• It was confirmed that the CCG was reviewing the policy on IVF at the November board meeting.</li> </ul>
<b>PPI/65/17</b>	<b>Date and time of next meeting</b>
65.1	10.00-13.00, Wednesday 14 November 2018.