

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

**Date** : 16 September 2015

**Time** : 10.00-13.05

**Venue** : Aspley Meeting Room, Hemel One

<b>Present:</b>	
Alison Gardner (AG)	Meeting Chair, Lay Board Member
Alan Warren (AW)	Chief Finance Officer
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Victor Boulter (VB)	Patient Representative (Watford and Three Rivers)
Graham Cartmell (GC)	Patient Representative (Dacorum)
Helen Clothier (HC)	Patient Representative (St Albans and Harpenden)
Robert Hillyard (RH)	Patient Representative (Hertsmere) <i>(from item PPI/134/15 to end item PPI/144/15)</i>
Margaret Morgan (MM)	Patient Representative (Dacorum)
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Caroline Sutherland (CS)	Patient Representative (Hertsmere)
<b>In attendance:</b>	
Laura Abel (LA)	Corporate Governance Assistant
Heather Aylward (HA)	Public Engagement Manager
Carole Gillespie (CG)	Programme Director - Herts Valleys Living Well Integrated Care Programme <i>(for item PPI/141/15 only)</i>
Kumara Moorthy (KM)	Health Watch Hertfordshire Representative
Jo Reeder (JRe)	Personal Health Budget Project Lead <i>(for item PPI/142/15 only)</i>
Pamela Shepherd (PS)	Planned and Primary Care Commissioning Manager <i>(for items PPI/144/15 to end item PPI/147/15 only)</i>
Rod While (RW)	Head of Corporate Governance
John Wigley (JW)	Patient Representative (St Albans and Harpenden)
Claire Williams (CW)	Project Support Manager Planned and Primary Care <i>(for items PPI/144/15 to end item PPI/147/15 only)</i>

<b>PPI/134/15</b>	<b>Welcome and Apologies for Absence</b>
134.1	The Chair welcomed all to the meeting and introduced RW, the new Head of Corporate Governance.
134.2	Apologies were received from Diane Curbishley, Brian Gunson and Marie-Anne Essam and Juliet Rodgers.
<b>PPI/135/15</b>	<b>Declarations of Interests</b>
135.1	There were no new interests declared in relation to open items on the agenda.

<b>PPI/136/15</b>	<b>Minutes of Previous Meeting</b>
<b>136.1</b>	<b>The minutes were agreed as an accurate record</b>
<b>PPI/137/15</b>	<b>Matters Arising and Action Log</b>
137.1	<p><b>124.5 – CQC Report in respect of West Hertfordshire Hospitals Trust (WHHT)</b></p> <ul style="list-style-type: none"> <li>• CB noted that the report was more critical than anticipated and requested a copy of the CCG's response.</li> <li>• KM noted that the Trust Development Authority (TDA), which was responsible for NHS Trust performance, had established an oversight group to identify actions, set priorities and implement improvements. Health Watch were represented on this group and KM requested that any comments for the oversight group should be communicated through them.</li> <li>• VB noted the improvements made at the Trust since the inspection in April.</li> </ul>
<b>137.2</b>	<b><i>ACTION: JR to provide a copy of the CCG's response to the WHHT CQC Report.</i></b>
<b>137.3</b>	<b><i>Patient Representatives to use Healthwatch as a conduit for comments about the CQC report.</i></b>
<b>137.4</b>	<b><i>ACTION: HA to arrange a meeting to discuss the WHHT CQC Report</i></b>
137.5	It was agreed that completed (green) actions would be closed and open (red) actions were discussed in turn.
	PPI/110.4 – Locality Reports on Patient and Public Involvement. Generic Terms of Reference template from Healthwatch – K Moorthy agreed to address this action. Agreed to leave open.
	<p><b>Procurement of NHS 111 and Out of Hours Services</b></p> <p><u>PPI/126.2/15 Out of Hours survey responses</u></p> <ul style="list-style-type: none"> <li>• RH noted that there was on-going concern within the Hertsmere locality about the tier level of their main Out of Hours service and the difficulties in filling the rota due to the pay scales. It was agreed to add Out of Hours as a standing item to the agenda.</li> <li>• HA noted that consultation around NHS 111 and Out of Hours services was on-going and encouraged Patient Representatives to complete the survey if they had not already done so.</li> </ul> <p><u>PPI/129.1/15 Update on Procurement of NHS 111 and Out of Hours Services</u></p> <ul style="list-style-type: none"> <li>• It was noted that the Guidelines from NHS England were due to be published in October. The action was carried forward to the next meeting.</li> </ul>
<b>137.6</b>	<b><i>ACTIONS: RW to add Out of Hours as a standing item to the Committee agenda until resolved.</i></b>
<b>137.7</b>	<b><i>Update on Procurement of NHS 111 and Out of Hours Services to be presented to meeting on 28 October, Charles Allan or nominee to present.</i></b>
	<p><b>Reducing Waste on Medicines via the Repeat Prescribing Process</b></p> <ul style="list-style-type: none"> <li>• PPI/127.1.1/15 – use of examples of how the money saved could be better spent was noted to be work in progress. Agreed to leave open.</li> <li>• PPI/127.1.2/15 – HA explained that the survey had been amended following advice from Healthwatch.</li> <li>• PPI/127.1.4/15 – Patient Representatives to raise awareness at Locality Group meetings. GC noted that this had been discussed and well-supported at the Dacorum Locality meeting It was agreed that this should be added as an agenda item for Locality meetings where this had not already been discussed.</li> </ul>
<b>137.8</b>	<b><i>ACTION: RW to ensure that Reducing Waste on Medicines via the Repeat Prescribing Process was raised at all Locality Meetings.</i></b>
<b>137.9</b>	<b>The Committee noted the action updates and 'Guidelines for Holding Meetings' paper.</b>
<b>PPI/138/15</b>	<b>Locality Reports on Patient and Public Involvement</b>
138.1	<ul style="list-style-type: none"> <li>• AG acknowledged the constraints around the timings of the Locality meetings and the circulation of the PPI Committee papers, but reminded Patient Representatives of the benefits of providing updates in advance of the meeting.</li> </ul>

138.2	<p><b>Dacorum Report</b></p> <p>MM and GC presented the Dacorum update and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been no meeting in August 2015.</li> <li>• The WHHT CQC Report had been discussed at the meeting on 15 September and concern expressed about the achievability of 'Your Care, Your Future' based on the findings. This would be discussed further at the October meeting of the Locality Group.</li> <li>• Work was on-going to attract wider interest and participation in the Dacorum Patient Group (13 out of 20 practices are represented); this would be discussed further at the Patient Practice Group Network meeting on 29 September 2015.</li> <li>• Common aims and item for consideration would also be discussed.</li> </ul>
138.3	<p><b>Hertsmere Report</b></p> <p>RH presented the Hertsmere PPI Group update.</p> <ul style="list-style-type: none"> <li>• The issue of delegation of Primary Care Commissioning was discussed and it was agreed that HA would arrange a meeting for this to be discussed in greater detail.</li> <li>• Two issues were noted for discussion: <ul style="list-style-type: none"> <li>○ Conflict of interest for GPs - RW would provide information at that meeting of how Conflicts of Interest would be handled.</li> <li>○ Whether the CCG felt that it could take on the additional work as additional resources would not be available.</li> </ul> </li> </ul>
<b>138.4</b>	<b><i>ACTION: HA to arrange a meeting to discuss delegated commissioning of Primary Care.</i></b>
138.4	<p><b>St Albans and Harpenden Report</b></p> <p>JW presented the July Newsletter, highlighting the following:</p> <ul style="list-style-type: none"> <li>• The next meeting of the St Albans and Harpenden Patient Group would be held on 30 September 2015 and JW issued a general invite to anyone who wished to attend.</li> <li>• The CQC report on Watford General Hospital and the support of the Patient Group to improve and upgrade St Albans City Hospital to ease the burden at Watford.</li> <li>• The Publication of recommendations in respect of 'Your Care, Your Future' during the autumn.</li> </ul>
138.5	<p><b>Watford and Three Rivers Report</b></p> <p>CB presented the Watford and Three Rivers Report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Big Family Sports Day on Saturday 19 September 2015 <ul style="list-style-type: none"> <li>○ Local GPs would be giving 'Mini Health Checks and MOTs'</li> </ul> </li> <li>• Commencement of work on the Watford General Hospital-M1 Link Road.</li> </ul>
<b>138.6</b>	<b>The Committee noted the reports from the Locality Patient Groups</b>
<b>PPI/139/15</b>	<b>Update on Patient Representative Involvement in HVCCG Business Meetings</b>
139.1	<p><b>HVCCG AGM 2015</b></p> <ul style="list-style-type: none"> <li>• CS congratulated the Communications and Engagement Team on a well organised and successful event.</li> <li>• In response to a question from GC about the composition of the attendees, AG explained that it was primarily aimed at the GP Membership although the public had been welcomed to attend.</li> </ul>
139.2	<p><b>'Your Care, Your Future' event at Mount Vernon Hospital</b></p> <ul style="list-style-type: none"> <li>• CS noted that she had attended the event to provide a patient's perspective of 'Your Care, Your Future'</li> </ul>
139.3	<p><b>Training, Education, Research and Leadership (TERL)</b></p> <ul style="list-style-type: none"> <li>• VB complimented the CCG on the work of the TERL Group.</li> </ul>
<b>139.4</b>	<b>The Committee noted the updates from Patient Representatives on HVCCG meetings</b>

PPI/140/15 Public Engagement and Patient Participation Performance Update	
140.1	<p>HA presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• ‘Your Care, Your Future’ – still opportunities to get involved; please contact HA. <a href="mailto:Heather.Aylward@hertsvalleysccg.nhs.uk">Heather.Aylward@hertsvalleysccg.nhs.uk</a></li> <li>• It was agreed that David Radbourne (DR), West Herts Strategic Review Programme Director, would be invited to attend the next meeting to provide a status update and a broader discussion of the final case for change.</li> <li>• In response to a question from KM, HA explained that two stakeholder events had been held in August, which covered all four localities rather than holding events in all four localities. Further information would be provided to the next meeting.</li> <li>• AGM successful, attended by around 200 people, positive stakeholder engagement.</li> <li>• NHS 111 and Out of Hours survey extended. Three HVCCG patient representatives on the procurement group.</li> <li>• Patient Practice Group network meeting due to be held on 29 September 2015.</li> <li>• Next meeting of the West Herts Cancer Participation Group planned for 1 October 2015 – an update would be provided at the next meeting of the Committee.</li> <li>• In response to a question from AG, HA explained that the Annual Participation event had not yet been organised and was expected to take place in 2016.</li> <li>• AG welcomed the active and positive approach in respect of patient participation and reminded Patient Representatives to advise HA of any CCG Committees they attended.</li> </ul>
140.2	The update and action tracker were noted.
140.3	<b><i>ACTION: DR to attend the next meeting of the Committee to provide a status update on Your Care, Your Future. RW to arrange with DR.</i></b>
140.4	<b><i>Patient Representatives to advise HA of any CCG Committee they attend</i></b>
PPI/141/15 Living Well Integrated Care Programme Presentation	
141.1	<p>CG provided an update on integrated health and social care in the community for patients with complex health needs which included:</p> <ul style="list-style-type: none"> <li>• The original vision and expected outcomes, which included better ways of working across both areas without forming a new organisation</li> <li>• Progress to date, including focus groups for people with long-term health conditions and/or their carers</li> <li>• Next Steps</li> <li>• The next patient focus group will be held on 15 October 2015 and CG asked the Committee to advise if the presentation was clear and easy to follow</li> <li>• Request for support from the PPI Committee on future proposals and the language being used.</li> </ul>
	<ul style="list-style-type: none"> <li>• The Committee welcomed the approach and agreed to provide feedback to CG by 7 October 2015.</li> </ul>
	<b>The update was noted</b>
141.2	<b><i>ACTION: Patient Representatives to comment/feedback on the Living Well Integrated Care Programme presentation to CG by 7 October 2015.</i></b>
PPI/142/15 Personal Health Budgets	
142.1	<p>JRe presented the paper and made the following key points:</p> <ul style="list-style-type: none"> <li>• Personal Health Budgets (PHBs) are a way of giving people with long term health conditions choice and control over how their health and wellbeing needs are met.</li> <li>• PHBs are a proactive model of support and allocate a specific amount of money to an individual. This is not new money, rather a different way of spending health funding to meet the needs of an individual.</li> </ul>

	<ul style="list-style-type: none"> <li>• Budgets are carefully controlled and managed.</li> <li>• Individuals and their representatives plan and agree how to use this money for a package of care with the CCG.</li> <li>• There are currently 14 people in Herts Valleys with a PHB.</li> <li>• Higher levels of satisfaction have been reported by individuals and their families.</li> <li>• Further to NHS England 2015/16 Planning Guidance CCGs will lead a “major expansion” of PHBs. However, there is no additional funding for this.</li> <li>• CCGs should “engage widely and fully with their local communities and patients” to develop local plans.</li> </ul>
142.2	<p>The key points from the resulting discussion were as follows:</p> <ul style="list-style-type: none"> <li>• Benefits to individuals through patient choice and taking responsibility for their own care requirements.</li> <li>• CCG to consider commissioning of services if there was a common request.</li> <li>• Patient Representatives to communicate the ‘right message’ through Locality meetings: i.e. it’s about spending money differently to achieve enhanced benefits for patients.</li> <li>• All patients receiving Continuing Health Care (CHC) have been contacted to arrange and review of their care and the option of PHB.</li> </ul>
142.3	<b>It was agreed that JRe would attend a future meeting of the PPI Committee to provide further update including projected costs.</b>
142.4	<b><i>ACTION: DC and JRe to agree a suitable meeting for JRe to attend.</i></b>
<b>PPI/143/15 Wheelchair Services</b>	
143.1	<p>PS provided an update which covered:</p> <ul style="list-style-type: none"> <li>• Interim plans for the repair, collection and delivery aspect of wheelchair services, and for wheelchair assessment services.</li> <li>• Longer term plans to review, re-design and commission a pan-Hertfordshire integrated, person-centred service in partnership with service users and their carers.</li> <li>• Active engagement would take place with the voluntary sector.</li> <li>• Best practice was being sought from other CCGs.</li> <li>• In response to a question from KM, PS explained that the Commissioning Executive would discuss signing up to the Wheelchair Charter at a meeting on 24 September 2015.</li> <li>• The Wheelchair Charter would form the basis of the specification for the new service.</li> </ul>
143.2	<b>The Committee noted the update.</b>
<b>PPI/144/15 Community Dermatology Services</b>	
144.1	<p>PS provided an update on the review of dermatology services which was considering:</p> <ul style="list-style-type: none"> <li>• An integrated community Dermatology Service.</li> <li>• Options for co-commissioning with NHS England around enhanced services for minor surgery in General Practice.</li> <li>• Patient Representative were asked to send any comments to HA for collation and communication to PS.</li> </ul>
114.2	<b>The steps taken to date and those planned were noted.</b>
144.3	<b><i>ACTION: Patient Representatives to send comments on Community Dermatology Services to HA. HA to collate and send to PS.</i></b>
<b>PPI/145/15 Hyper Acute Stroke Unit (HASU)</b>	
145.1	<p>CW provided an update on the process for commissioning a HASU for Herts Valleys patients. She explained that this would include:</p> <ul style="list-style-type: none"> <li>• A review of the current stroke pathways to bring them in line with NICE standards and East of England recommendations.</li> <li>• Improved outcomes for patients which would be measured though the following national</li> </ul>

	<p>standards:</p> <ul style="list-style-type: none"> <li>○ Patients spend 90% of their stay in a stroke unit</li> <li>○ Patients receive appropriate diagnostics within 1 hour of 1st 24 hour as appropriate</li> <li>○ Patients are admitted to the stroke unit within 4 hours of arrival at the acute</li> <li>○ Patients receive 45 minutes of therapy 5 days a week</li> <li>○ Patients with high risk TIA<sup>1</sup> are seen in clinic within 24 hours</li> <li>○ Patients with low risk TIA are seen in clinic within 7 days of onset of symptoms</li> </ul> <p>The evidence shows that if these things are met patients have improved outcomes including higher quality of life.</p> <ul style="list-style-type: none"> <li>● The CCG has been working towards improving outcomes in the stroke pathway with the implementation of Early Supported Discharge in October which is working well and treating more patients than expected (meaning people are being discharged earlier) and the activity above will be the next stage in the process.</li> <li>● HVCCG patients currently receive stroke services mainly from WHHT, but some also go to L&amp;D, East and North Herts, High Wycombe and Northwick Park.</li> <li>● Working with other 'expert' groups such as the Stroke Association.</li> <li>● It was agreed that an update would be provided at the meeting on 9 December 2015.</li> </ul>
<b>145.2</b>	<b>The Committee noted the update and agreed to send any comments to HA for collation and communication to Gemma Thomas (GT)</b>
<b>145.3</b>	<b><i>ACTION: Patient Representatives to send comments on the proposals for a Hyper Acute Stroke Unit to HA.</i></b>
<b>145.4</b>	<b><i>HA to collate and send to GT</i></b>
<b>145.5</b>	<b><i>GT to provide an update on progress at the 9 December 2015 meeting.</i></b>
<b>PPI/146/15 Commissioning Intentions – Falls</b>	
146.1	<p>CW provided an update on the process for commissioning of Falls Services</p> <ul style="list-style-type: none"> <li>● The current contract has been extended to allow for a full review of the services provided.</li> <li>● The re-design of the service will improve access for patients to attend strength and stability exercise classes.</li> <li>● Will improve clinical outcomes for patients who have fallen or at risk of falling.</li> <li>● Will be a pan-Hertfordshire contract involving HVCCG, East and North Hertfordshire CCG and Hertfordshire County Council.</li> <li>● A Falls Strategy and Framework has been developed.</li> </ul>
146.2	<p>The following questions were posed for consideration:</p> <ul style="list-style-type: none"> <li>● Would stability exercise classes be covered by PHBs?</li> <li>● How can the two workstreams (Falls/PHBs) work together?</li> </ul>
	<b>The Comments were noted for consideration</b>
<b>PPI/147/15 Commissioning Intentions – Ophthalmology</b>	
147.1	<p>CW provided an update on the process for commissioning of Ophthalmology Services. The re-design will ensure that:</p> <ul style="list-style-type: none"> <li>● Patients have a choice in the time and location of sessions they attend.</li> <li>● Increased capacity in the system to ensure as many patients as possible can access the service.</li> <li>● Provision of an equitable service across the four localities.</li> <li>● Provision of the right care in the right place at the right time.</li> </ul>
147.2	<p>The following questions were posed:</p> <ul style="list-style-type: none"> <li>● Had the CCG learnt from the issues at the Lister and private providers? Yes, evidence has been considered.</li> </ul>

<sup>1</sup> **TIA** - A transient ischaemic attack or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.

	<ul style="list-style-type: none"> <li>What engagement plans are in place? – Engagement plans will be developed for patients and service providers.</li> </ul>
<b>The comments were noted for consideration</b>	
<b>PPI/148/15 Update on CQC Visits to Main Providers/GP Member Practices</b>	
148.1	In the absence of a representative from the Nursing and Quality Directorate, the item was postponed, however, it was agreed that HA would arrange a meeting to discuss the CQC Report on West Hertfordshire Hospital Trust.
148.2	<b>Item deferred</b>
<b>PPI/149/15 Patient Representative to the Board</b>	
149.1	<ul style="list-style-type: none"> <li>AG noted that only one formal expression of interest had been received as at the date of the meeting and reminded Patient Representatives of the 25 September deadline.</li> <li>In response to a question from GC, AG highlighted that the process had been discussed at the previous meeting and was also included in the Terms of Reference for the Committee.</li> <li>AG also noted that the position was a Board appointment.</li> </ul>
149.2	<b><i>ACTION: Nominations to be submitted to RW by 25 September 2015</i></b>
<b>PPI/150/15 Any Other Business</b>	
150.1	<ul style="list-style-type: none"> <li>KM raised two issues for consideration: <ul style="list-style-type: none"> <li>How are transitional arrangements for service changes managed and communicated?</li> <li>Where is the feedback on effectiveness from the Quality and Performance Committee (Q&amp;P) to the PPI Committee? – It was noted that MM and CS were the Patient Representatives on the Q&amp;P Committee and provided updates to the PPI Committee through the standing agenda item on HVCCG Business Meetings.</li> </ul> </li> <li>HC noted a security issue which had occurred at St Albans Hospital. RW agreed to investigate if this had been raised and discussed at the Community Safety Partnership meeting.</li> </ul>
150.2	<b><i>ACTION: RW to investigate if the security issue as St Albans Hospital had been raised at the Community Safety Partnership meeting.</i></b>
<b>PPI/151/15 Risks Identified During the Meeting</b>	
151.1	<ul style="list-style-type: none"> <li>No new risks were identified.</li> </ul>
<b>PPI/152/15 Items for Cascade to the Localities</b>	
152.1	<ul style="list-style-type: none"> <li>The Presentation overview sheet</li> <li>Specific areas for Patient input: <ul style="list-style-type: none"> <li><i>Living Well Integrated Care Programme presentation</i></li> <li><i>Community Dermatology Services</i></li> <li><i>Hyper Acute Stroke Unit</i></li> </ul> </li> </ul>
<b>Date and time of next meeting</b>	
28 October 2015, 10am	