

Approved minutes

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

Date : 7 February 2018

Time : 10.02 – 12.56

Venue : Apsley meeting room, Hemel One, Hemel Hempstead

Present:	
Alison Gardner (AG)	Lay Board Member, Meeting Chair
Jill Ainsworth Beardmore (JAB)	Patient Representative (Dacorum)
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Robert Hillyard (RH)	Patient Representative (Hertsmere)
Juliet Rodgers (JR)	Associate Director, Communications and Engagement
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Caroline Sutherland (CS)	Patient Representative (Hertsmere)
Mike Walton (MW)	GP Board Member
John Wigley (JW)	Chair of the St Albans Patient Group
In attendance:	
Laura Abel (LA)	Corporate Governance Support Manager (Secretary to the Committee)
Elke Taylor (ET)	Deputy Chief Finance Officer (from PPI/01/18 to PPI/05.4/18)
Gemma Thomas (GT)	Head of Planned and Community Care (for item PPI/09/18)

PPI/01/17 Chairman's introduction and apologies for absence (Chair)

- 01.1
- AG welcomed everyone to the meeting.
 - Apologies had been received from Diane Eaton (DEa), Brian Gunson (BG) and Heather Aylward (HA).
 - The meeting was quorate.

PPI/02/17 Declarations of interests (Chair)

- 02.1 There were no interests declared.

PPI/03/17 Minutes of previous meetings (Chair)

- 03.1 Minutes of the meeting held on 11 October were approved.
- 03.2 Minutes of the meeting held on 13 December
- PPI/69.1/17 – MD noted that she was also a member of the adult community services procurement group.
 - Subject to this amendment, the minutes of 13 December were also approved.

03.3 The minutes of the meetings held on 11 October and 13 December 2017 were approved subject to the addition of MD at minute PPI/69.1/17.

PPI/04/17 Matters arising and action log (Chair)

- 04.1 **Matters Arising**
PPI/65/17 – patient representatives to the board

- MD noted her surprise that the attendance of the patient representatives at the primary care commissioning committee (PCCC) and the commissioning executive had not been discussed at the PPI committee.
- She expressed her concern about the increased workload for the individuals and wondered if attendance at board committees should have been 'shared' between all patient representatives on the PPI committee.
- MD also noted that the PCCC was a meeting held in public, therefore anyone could attend.
- AG reminded the committee that there was a confidential part to the PCCC.
- AG added that the board had welcomed the proposal to extend patient representation to the Commissioning Executive and Primary Care Commissioning Committees in order to build on our strong patient involvement across the CCG. This was one of the reasons for two patient representatives being appointed to the board and was a board decision to take.
- The committee asked to see all board and board committee meeting dates.

PPI/66.1/17 – General Data Protection Regulations (GDPR)

- The committee requested more information on the new regulations at a future meeting.
- PPI/68.4/17 – General Practice Forward View (GPFV) extended access to GP appointments evenings and weekends
- In response to a comment from JAB, JR confirmed that public engagement via a survey was being put in place soon.
 - MW added that this was a statutory requirement and that a robust delivery plan for a phased roll-out was in place.
 - It was agreed that there needed to be clearer communications by locality.

PPI/69.1/17 – procurement of adult community services

- RH requested more information about the proposals for the new adult community services procurement and the basis on which the procurement was being undertaken. LA reminded the committee that Avni Shah, Programme Director – Planned and Primary Care, had presented to the committee at the meeting held on 11 October.
- JR added that a briefing note and regular updates would be sent to the public.
- ET noted that the specification was still being developed; therefore there was limited information to share at this stage.

04.2 ***ACTION: LA to share board and board committee dates with the PPI committee for information.***

04.3 ***ACTION: LA/HA to schedule an update on General Data Protection Regulations at a future committee meeting or development session.***

04.4 **Action Log updates**

- PPI/89.5/16 – Data sharing: long-term benefits to clinical care: J Rodgers and H Aylward to schedule data sharing as a topic for a future patient development session. It was agreed that this aligned to PPI/53.4/17 and should be closed.
- PPI/22.4/17 – Patient participation and engagement highlight report: H Aylward to liaise with the appropriate pathway leads in order to identify when patient input was required. It was agreed that this was an on-going action and should be closed.
- PPI/34.3/17 – Acute hospital strategic outline case: DEv and BG agreed to address concerns raised about appropriate use of language in order to communicate with the public about new models of care and places of delivery. This action was outstanding.
- PPI/69.4/17 – Patient participation and engagement highlight report: Patient representatives to advise H Aylward of the engagement levels of PPGs within their localities. This will be part of the participation strategy review and refresh - agreed to close.

04.5 **The Committee noted the matters arising and updates to the action log.**

PPI/05/17 **Financial Turnaround update (Deputy Chief Finance Officer)**

- 05.1** ET presented the month 9 financial position and highlighted the following:
- At month 9, primary care expenditure was £0.376m below plan, with forecast outturn expenditure reported to be £0.597m below plan. Primary care delegated budgets

continued to report expenditure in line with plan.

- At month 9 the CCG was reporting a year to date deficit of £1m.
- There had been a small improvement in the acute position, which was now £1.4m underspent.
- Continuing Health Care (CHC) was £3.3m worse than plan and continued to be closely monitored.
- Prescribing was expected to overspend in year due to cost pressures in Category M and NCSO (No Cheaper Stock Obtainable).
- Running costs were showing a small underspend of £137k year to date. Costs were expected to be in line with plan for the year.
- The CCG's net risk remained zero, the same as month 8. The likely risks to the financial position identified to date were still expected to be offset by mitigations of the same value. The CCG continued to review its risks and any opportunities to mitigate these.
- The CCG's underlying position was a recurrent surplus of £5.2m. This was broadly in line with that reported at month 8.
- QIPP schemes to the full value of the £38m target had been identified, however after a detailed review last month the forecast outturn had been revised down to £33.7m to take account of slippage on various schemes.
- The CCG continued to forecast breakeven overall. The pressures of higher than planned activity in acute and additional CHC placements were being offset by mitigations in year. These were a combination of non-recurrent benefits from prior year accruals no longer being required and budgetary underspends in other programme areas.
- ET highlighted the hard work of the finance and contracting teams.

05.2

The report was discussed and the following points were made:

- In response to concerns expressed about the CHC overspend, AG provided assurance that in-depth conversations had taken place at the quality committee. It had been highlighted that this was in part due to budgets not being realistic at the start of the year. As more understanding and control had been implemented, more realistic budgets would be set for 2018/19.
- The committee requested an update at a future meeting.
- In response to a question from GR about the financial impact of the changes following the let's talk consultation the previous summer, ET explained that it was difficult to quantify.
- JR added that the impact would be seen over time as the new policies took effect (e.g. over the counter medicine prescribing and gluten free foods).
- Further the fitness for surgery policy had not been intended as a cost saving measure; the driver for this was improved health outcomes for patients who lost weight or gave up smoking prior to surgery.
- CB noted his concern about the postponement of planned operations in December and January and the impact that this might have had on patients.
- AG explained that this directive had come from the department of health and that although WHHT had postponed operations, Royal Free had not.
- ET explained that the 2018/19 planning guidance had recently been issued and additional funding had been included within this, with guidance on what was required to be delivered in return for the money.
- In response to a question from JAB, ET explained that the contingency amount was set at the start of every financial year and that not all financial pressures were re-current.

05.3 The committee noted the financial update at month 9.

05.4 ACTION: LA to schedule an update on continuing healthcare at a future committee meeting.

E Taylor left the meeting

PPI/06/17 Patient participation and engagement report (Associate Director Communications and Engagement)

06.1

JR presented the report which covered the following areas:

- Consultation about the opening times of the Hemel Hempstead Urgent Treatment Centre

and options on the future of the West Herts Medical Centre which had been launched on 31 January.

- JR thanked those who had attended the sessions so far and advised that following feedback the presentation had been simplified for future sessions.
- RH noted that the decision was clear cut in that making the best use of GP time was paramount; however, it was useful to have informed discussions with the public so that they could fully understand the position even if they might not always agree.
- AG and JR noted that whilst every effort was made to provide clear information, the CCG respected the rights of individuals to disagree with decisions made, which has been the situation where they have been personally affected.
- In response to a comment from GR, JR confirmed that the CCG increasingly used social media to share information.

06.2 **NHS 70**

- JR explained that this was a national initiative, with a focus on giving back to the NHS.
- There would be activities planned locally and an STP-wide approach.
- In response to concerns about the cost of the activities planned, JR agreed to provide information about the costs to the next meeting.

06.3 The Committee noted the patient participation and engagement update.

06.4 ACTION: J Rodgers to information on costings for the NHS 70 events.

PPI/07/17 Feedback from 18 January 2018 board meeting in public (Lay Board Member)

07.1 AG provided a comprehensive update from the 18 January board meeting held in public. The areas she highlighted were:

- Highlights from Chief Exec's report: Paul Smith had stated that the report had evolved to the point where it was extremely useful in cutting to the key issues and it should be used as an exemplar in driving the production of shorter papers for board meetings. STP progress report.
- Rapid Assessment Interface and Discharge (RAID).
- Committee Chairs' report: Nicolas Small had noted that the chairs' report was extremely helpful in providing the board with summaries of assurances and decisions by the committees.
- Appointment of the patient representative to the board.
- West Herts Hospitals Trust CQC report.
- Urgent care services in Hemel Hempstead – consultation proposal.
- AG recommended the minutes of the meeting for further information, which would be provided in draft for the meeting to be held on 8 March.

07.2

- MW noted the issues at WHHT around implementation of the IT improvement plan which remained 18 months behind schedule.
- JAB requested assurance about the process relating to questions from the public. AG explained that the questions submitted prior to the 18 January board meeting had been many and detailed and had not necessarily been pertinent to the meeting agenda. Therefore it had not been possible to respond to these at the meeting. A full response would be uploaded onto the website in due course.

07.3 The Committee noted the update from the 18 January board meeting held in public.

PPI/08/17 Review of committee effectiveness (Corporate Governance Support Manager)

08.1

- LA explained that the review of committee effectiveness would be part of a wider piece of work, including the review of the participation strategy.
- MW requested the addition of a 'not sure' option on the self-assessment questionnaire.

08.2 The Committee noted the update on the review of committee effectiveness.

J Ainsworth Beardmore, R Hillyard and J Wigley left the meeting

G Thomas joined the meeting

PPI/09/17 STP Palpitations Pathway (Head of Planned and Community Care)

09.1

- GT explained that the Sustainability Transformation Partnership (STP) was developing a

cardiology pathway to introduce direct access to tests for patients with palpitations.

- The team had been working across all three CCGs, county council and providers to develop the pathway with patient feedback.
- In response to a question from MD about the reason for an STP pathway, GT explained that Right Care and Better Care, Better Value had identified that there were savings to be made across the three CCGs in the Hertfordshire and West Essex STP.
- The proposal for Herts Valleys CCG formed part of a wider cardiology transformation which aimed to put in place a referral management hub initially within the WHHT cardiology unit. This would ensure all patients were seen in the right place at the right time, and have direct access to tests before appointments with consultants.
- The project would also include integrating the acute and community heart failure teams to ensure a more streamlined and integrated service for patients.
- The scheme would:
 - Introduce GP direct access to 24 hour ECGs and ECHOs for low risk palpitations;
 - Implement a model of a virtual clinic for low risk palpitations;
 - Reduce unnecessary appointments in cardiology outpatient clinics;
 - Develop clear pathways and referral processes for the management of palpitations.
- A direct-access investigation model based on established clinical pathways would enable a more efficient patient pathway which could deliver savings for both commissioners and providers. As well as shortening the length of the pathway for patients.
- Lessons had been learned from the failure of Concordia to deliver quality of interpretation. Robust clinical governance would be implemented and key performance indicators were being developed.
- The quality of information received by GPs would be monitored and reviewed; this was a new step in the process.
- In response to a number of questions from MW, GT agreed to clarify the timeframes in the pathway.
- Upskilling of primary care was being discussed with WHHT.

09.2 The Committee noted the development of the STP palpitations pathway.

G Thomas left the meeting

PPI/10/17 Locality reports on patient and public involvement (patient representatives)

10.1

Dacorum

- MD highlighted that plans relating to improved access to appointments outside of core hours were close to being agreed.

10.2

Hertsmere

- CS highlighted local concerns that Connect Physical Health Centres Ltd (the New MSK Service providers) had not decided on the locations in Hertsmere from which the service would be offered, which had been exacerbated by the information that HCT had determined that there was no available space for the service at either Potters Bar Community Hospital or Elstree Way.
- MD added wider concerns that there had been a lack of a co-ordinated handover from the previous provider and that the letter sent to patients was poor. This letter had been shared with HealthWatch.
- CS apologised for the circulation of the care homes presentation without the context in which it had been presented at Hertsmere.
- MW noted the many challenges around care homes and asked for input from the patient representatives about how these could be addressed particularly in respect proposals to improve the alignment of practices to care homes.

10.3 ACTIOM: M Donohue to share HCT letter to patients with J Rodgers.

10.4

St Albans and Harpenden (STAH)

- It was noted that the meeting held on Wednesday 31 January had been poorly attended. This was disappointing as there had been a presentation by Helen Brown, Deputy Chief Executive of the West Herts Hospitals NHS Trust, on the Trust's plans for St Albans City

Hospital (SACH).

- MD offered to work with the STAH group to make a case for a UTC at SACH. MW suggested that the group should talk to Dr Richard Pile, GP board member with responsibility for urgent care.

10.5

Watford and Three Rivers

- CB once again raised his concerns about the situation that exists in Watford and Three Rivers Locality, whereby local patient representatives were not invited to the WCL Executive meetings and that there had not been a WCL PPI meeting since July 2017.
- CB and DE had met with the chief locality officer for Watford and Three Rivers to discuss ways to address the lack of working, visible and active PPGs in the locality. CB requested that any suggestions for improvement be sent to him.
- AG pointed out that she was working with HA to strengthen PPGs within all localities and that she would address this with the Chair of Watford and Three Rivers.
- MW noted that practices were already struggling with expanding workloads and the benefits of PPGs needed to be made clear. It was agreed that the National Association for Patient Participation presentation from 5 February would be shared to demonstrate how PPGs contributed to quality improvement.

10.6 The Committee noted the reports from the locality patient groups.

10.7 *ACTIOM: H Aylward to send the National Association for Patient Participation presentation from 5 February to M Walton.*

PPI/11/17 Update on patient representative involvement in HVCCG business meetings (Patient Representatives)

11.1 The Committee noted the reports from Herts Valleys' business meetings.

PPI/12/17 Any Other Business (Chair)

12.1 There was no other business.

PPI/13/17 Risks identified during the meeting

13.1 There were no new risks identified during the meeting.

PPI/14/17 Items for cascade to the localities

14.1 National Association for Patient Participation presentation from 5 February to be sent to chief locality officers and locality chairs.

PPI/15/17 Date and time of next meeting

10.00-13.00, Wednesday 18 April 2018.