



NHS
Herts Valleys
Clinical Commissioning Group

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

Date : 15 May 2019

Time : 10.00 – 12.47

Venue : The Roundhouse, Hemel Hempstead

Present:	
Jill Ainsworth Beardmore (JA) – meeting chair	Patient Representative (Dacorum)
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Kevin Minier (KM)	Chair of Dacorum Patients Group
Juliet Rodgers (JR)	Associate Director – Comms and Engagement
Kate Page (KP)	GP Board Member
John Wigley (JW)	Chair of the St Albans & Harpenden Patient Group
Diane Eaton (DE)	Patient Representative (Watford & Three Rivers)
Colin Barry (CB)	Patient Representative (Watford & Three Rivers)
In attendance:	
Cathy Walker (CW) PPI/35/19	Divisional Director of Operations - Central London Community Healthcare NHSTrust
Kathleen Isaac (KI) PPI/35/19	Head of Business Development Central London Community Healthcare NHSTrust
Katy Patrick (KPa) PPI/30/19 to PPI/36/19	Deputy Head of Corporate Governance
Heather Aylward (HA)	Public Engagement Manager
Pamela Shepherd (PS)	HVCCG Commissioning Team
Rod While (RW)	Head of Corporate Governance

PPI/30/19	Chairman's introduction and apologies for absence (Chair)
30.1	<p>JA welcomed everyone to the meeting.</p> <ul style="list-style-type: none"> Apologies had been received from: Alison Gardner (AG), Alex Hickinbotham (AH), Robert Hillyard (RH) and Brian Gunson (BG) The meeting was quorate.
PPI/31/19	Declarations of interests (Chair)
31.1	There were no interests declared in relation to items on the agenda.
PPI/32/19	Minutes of previous meetings (Chair)
32.1	The minutes of the meeting 20 March 2019 were approved.
PPI/33/19	Matters arising and action log (Chair)
33.1	<ul style="list-style-type: none"> The action log was reviewed and it was noted that for PPI/39.3/18 Observation of CHC appeals panel, this will form part of the agenda for the PPI development meeting on 11 June. PPI/27.6/19 (locality reports) It was noted that the chair had decided to retain the current agenda slot towards the end of the meeting due to the danger of the meeting running

	<p>behind schedule and the impact this has on visiting presenters.</p> <ul style="list-style-type: none"> • PPI/22.6/19 difficulty in accessing information of the CCG website regarding the SOC. JR stated that this would be addressed.
33.2	The committee noted the updates
PPI/34/19	Committee work plan
34.1	The committee noted the work plan and noted that committee members should feel free to raise any suggestions to be included on this.
PPI/35/19	Adult Community Services (ACS) mobilisation
35.1	<p>CW presented an update to the group:</p> <ul style="list-style-type: none"> • CLCH already deliver some services in Herts – sexual health and respiratory and in 11 different London boroughs • Current staffing of 3,500 will increase to over 4,000. • The trust is a segment 1 trust i.e. top quartile in performance, lighter touch in terms of performance regime. • There is in place a quality strategy underpinned by 6 campaigns • Shared governance - front line staff and patients are leading improvements by identifying areas for improvement. E.g. pressure ulcer management, mandatory training • Patient and carer engagement strategy in place. • The trust has adopted a “15 steps challenge” - routinely in place across all localities and buildings – this provides feedback from staff, patients and carers. • Expectation for patient stories at all meetings, whether poor or positive. • There is an annual co-design event. • There is a programme focused on strengthening the workforce, e.g. international recruitment. • Highlight the full range of services to be provided in west Herts , included sub contracts for end of life care to provide integration • Principles - place based and person centred • Integrated teams will be operated at locality level with services wrapped around the patient. • Single point of access to cover every service provided. • 7 day rapid response service. • CQC - good rating. • The aim is that there will be minimal disruption as part of the transition with transformation taking place in the first year.
35.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • CB asked what would be the impact of Brexit on the workforce. CW stated that all organisations have been asked to report on EU staff. This represents 18% of the workforce. Much work has been carried out with this group to reduce anxieties. CLCH has asked HCT the proportion of staff that fall into this category. Currently the vacancy rate is unknown. • MD asked how many will TUPE. CW stated that this information is not yet known. There have been a number of evening sessions to inform and reassure local HCT staff about the future. • KM stated that healthwatch would be able to identify patient representatives locally to support CLCH. • KM asked about staff carers - how are they supported? An employee assistance programme is in place. CW will develop a fuller answer on this. <p>CW is happy to come back to PPI nearer go live - end of October</p>
35.3	The committee noted the report and thanked CW and KS for their helpful presentation.
35.4	<i>ACTION: RW to schedule CLCH for a future meeting.</i>
PPI/36/19	Key Risks from Board Assurance Framework (BAF)

36.1	<p>KPa introduced the paper with the following points:</p> <ul style="list-style-type: none"> • The paper covers the actual risks for Q4 2018/19 that relate to the PPI committee. • 1.1 is a broad risk around engagement with stakeholders • 3.2a is specifically focused on the transformation and the target of 8 by September potentially should be changed to December as a more realistic target. Committee members agreed with this.
35.2	<p>The following points were made during discussion:</p> <ul style="list-style-type: none"> • JA stated that there was a potential conflict around CCG and West Herts engagement on the SOC and all of the other engagement that is happening. JR stated that the risk level is probably appropriate. KP clarified that the risk score had relatively recently been reduced. • KM stated that HCT may not be sustainable so perhaps there is a risk regarding HCTs ability to deliver in the future. It was noted that we consider to them to be a viable organisation and the risk is considered as part of the overall mobilisation programme.
35.3	The committee noted the BAF report
PPI/36/19	CEO Report
36.1	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • PCNs are being developed and KP highlighted that there was a lot for practices think about in setting these up. The committee agreed that they would like more information on PCNs • Direct booking extended access of 111 in Dacorum in April – MD asked whether this happened. • Five practices are using near patient testing – MD asked what this was. KP stated that CRP testing was taking place in five practices. Measurement of patient CRP levels is driving a reduction in antibiotic prescribing. This has made an impact locally. • MD asked whether medical records can be viewed on the NHS App? Can appointments be made to extended access? • STP – KM reflected the STP is carrying out a number of engagement activities
36.2	The committee noted the report
36.3	<i>ACTION: PCNs to be put on agenda for the next meeting - RW</i>
36.4	<i>ACTION: RW to raise queries with Primary Care Team regarding NHS App and extended access</i>
PP/37/19	New community pathways
37.1	<p>PS introduced the paper with the following points:</p> <ul style="list-style-type: none"> • Paper summarises the new community services which are moving services away from the acute sector • ENT services • Ophthalmology • Nutrition and dietetics • Direct access ultrasound • Community gynaecology • Community dermatology • MSK • Long term conditions, including stroke and respiratory
37.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • MD stated ENT and dermatology are at Kings Langley for Dacorum which is on the edge of the locality. PS stated that a range of bases were being explored and there were also timing elements for clinics to be considered. Equity of access is being considered but is dependent on available space. • The view of the committee was that clinics need to be spread equitably across all areas, recognising that there are constraints around the availability of estates • JW was concerned about the accessibility of some of the community premises. PS stated that was a principle that patients would be offered a choice and that all premises met

	<p>obligatory standards</p> <ul style="list-style-type: none"> • JA asked whether the issue backlog was being addressed. PS stated that capacity was being increased at the outset of a new service to address this. • DE stated that there was a need for quality assurance visits. PS stated that this was being addressed and patient reps would be included. • KM asked whether IAPT was available via the dermatology pathway. PS stated that wellbeing service was being linked into the service. • Location of gynaecology and ultrasound
37.3	The committee noted the report on new community services
PPI/38/19	Developing GP practice groups
38.1	<p>HA introduced the paper with the following points:</p> <ul style="list-style-type: none"> • Noted the variation in effectiveness • A survey has been circulated to hear from Practice Managers and there have been 60 responses. • The next stage is to develop a standard that we expect as part of the GMS contract. • Discussions are ongoing regarding an incentive to do this. • The standards being proposed will be shared with PPI committee
38.2	<p>The following points were made in discussed</p> <ul style="list-style-type: none"> • MD noted that there is a new website being trialled for primary care and that PPGs were not well covered. This will be followed up. • It was noted that the next PPG development meeting would be in the evening of 11 June
38.3	<i>ACTION: HA to bring the draft GP Practice Patient Group Guidance document to a future meeting</i>
38.4	<i>ACTION: HA to discuss the primary care website with the primary care team</i>
PPI/39/19	Strategic outline case
39.1	<p>JR updated the group as follows:</p> <ul style="list-style-type: none"> • The engagement process had been taking place. The project team have been given a very clear steer on financial constraints and the instruction is £350m. • FAQ document has been produced and will be placed on the CCG website. • An evaluation panel has met a number of times and the outcome of quantitative appraisals will be considered shortly. • An additional joint CCG & WHHT board meeting in public has been arranged for 30 May to enable patients to be exposed to the discussions about the four options. • On 13 June the Trust and the CCG will hold an evening public meeting to outline what the preferred options were and to give an update. • Papers for the final meeting will be made available on 20 June and the CCG will consider the paper on 11 July.
39.2	The committee noted the SOC engagement update.
<i>KP left the meeting</i>	
PPI/40/19	Updates from practice quality assurance visits
40.1	There were no updates from committee as no visits had taken place involving members.
40.2	<i>ACTION: HA to request those who have done a quality assurance visit to either write a short report or come to the committee.</i>
PPI/41/19	Participation report
41.1	<p>HA introduced the report with the following points:</p> <ul style="list-style-type: none"> • The report includes a list of patient representatives and the committees they sit on. These people have been contacted and the majority have given permission for this. • Information is included on quality assurance visits • Patient stories will be used at future joint meetings between the PPI committee on the board. The first meeting is 25 July.

41.2	The following points were made in discussion: <ul style="list-style-type: none"> • It was clarified that SI panel is a CCG panel • There has been some interest shown in Hertsmere role on PPI committee but nothing tangible as yet. • KM asked about the NHSE assessment and HA clarified that the results would be available in July • Committee members noted that there needs to be a little more clarity about location of board and public committee papers, both future and past and also on the location of meetings in advance.
41.3	The committee noted the participation report
41.4	<i>ACTION: HA to address the issue of finding a Hertsmere patient representative possibly through the Hertsmere Locality patient group.</i>
41.5	<i>ACTION: HA to address website issues such as location of board papers and venues for future meetings.</i>
PPI/42/19	Public board meeting agenda
42.1	The following points were made in discussion: <ul style="list-style-type: none"> • The meeting had a big governance focus and it was noted that there was a good deal of discussion about patient choice references in the constitution. • MD reflected that the integrated governance protocol was a helpful tool with useful reference material. • It is helpful to make public the processes by which the CCG makes decisions and it was suggested that there should be a dedicated area of the website where this is addressed
42.2	The committee noted the public board agenda
42.3	<i>ACTION: JR / RW to develop narrative around how the CCG makes decisions for inclusion on the CCG website</i>
PPI/43/19	Locality reports
43.1	<ul style="list-style-type: none"> • MD highlighted the Dacorum report and the provision of designated paediatric appointments in the Extended Access service. CB mentioned the existence of the paediatric clinic in Watford. It was asked whether this was available across a wider area. Clarification needed. • Dacorum Patients Group Meeting to take place on children's and young people's mental health 20 May.
43.2	There was no report from Hertsmere
43.3	St Albans and Harpenden. GR expressed the concern that where public meetings have been organised with guest speakers and the attendance has been poor. This causes embarrassment. It was note that it was difficult to engage people in evening meetings sometimes. HA stated that there was potential to use facebook to publicise events.
43.4	Watford and Three Rivers. The themes are around the PPGs and PPG networks and using the practice managers to help drive these forward.
43.5	The committee noted the locality reports
43.6	<i>ACTION: Details on paediatric clinics and availability – information to be obtained from the responsible team - JR</i>
PPI/44/19	Review of terms of reference (ToRs)
44.1	<ul style="list-style-type: none"> • RW stated that the ToRs were due for review and would be approved by the CCG board in June, he asked whether there were any comments or proposed amendments. • KM asked for assurance on whether the ToRs covered the requirements of the Improvement and Assessment Framework. RW and JR confirmed that this was the case.
44.2	The committee recommended the terms of reference to the CCG board
PPI/45/19	Risk
45.1	HCT risk – around viability in future delivery of local services. It was noted that this has been

	captured by the CCG.
PPI/46/19	AOB
46.1	Patient expenses – there have been some issues with payment and chases required. HA stated that this was being addressed with the finance team
46.2	KM stated that the Brian Jones a great servant to the community had died this year and also June Street who had contributed a great deal to social prescribing.
46.3	MD stated that there needed to be greater awareness of the fact that receptionists were being developed to deliver a more helpful service for patients.
PPI/47/19	Date and time of next meeting
47.1	10.00-13.00, Wednesday 17 July 2019.