

PATIENT & PUBLIC COUNCIL

Wednesday 27th March 2019
09.30 – 12.30
Welland Suite, Eventus, Market Deeping

Please send apologies to: - karen.bates2@southwestlincolnshireccg.nhs.uk

A G E N D A

ITEM	TIME	SUBJECT	LEAD
1	09.30 – 09.35	Welcome, Introduction of Diane Hansen, Apologies and Declarations of Interest	Mr Preston Keeling, Lay Member, PPI
2	09.35 – 09.45	Minutes of the last meeting, Matters Arising and Action Log - <i>Enclosure</i>	Mr Preston Keeling
3	09.45 – 10.15	NHS 10 Year Plan	Mr Andy Rix
4	10.15 – 11.05	Healthy Conversations 2019 Briefing	Mr Kevin Hill / Diane Hansen
	11.05 – 11.15	BREAK	
5	11.15 – 12.00	STP Pharmacy Team	Mr Steve Pitwell
6	12.00 – 12.10	PPG Cluster Update / Feedback	Mr Barry Sadler
7	12.10 – 12.25	PPG Chairs to give update on their individual PPGs	All
8	12.25 – 12.30	Any Other Business	All

Date of next meeting: TBC

SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PATIENT & PUBLIC COUNCIL MEETING

Date: 18th December 2018
Time: 10am – 1pm
Location: ADM 124 & 125, Johnson Hospital, Spalding

ATTENDEES:

Name	Initials	Role
Preston Keeling	PK	Patient and Public Involvement Lay Member, SLCCG (Chair)
Karen Bates	KB	Personal Assistant, SL/SWLCCG
Sam Goodall	SG	Stroke Association
Clive Green	CG	Beechfield PPG
Debbie Jeffrey	DJ	Research & Clinical Audit Manager, LCHS
Eilene Keeling	EK	Chair, Gosberton PPG and Vice Chair of Cluster Group
Rebecca Neno	RN	Deputy Director of Nursing and Quality, SLCCG
Katherine Perrin	KP	Primary Care Delivery Facilitator, SLCCG
Steve Pitwell	SP	STP Pharmacy Team
Sam Raybould	SR	Unscheduled & Planned Care Manager, SLCCG
Barry Sadler	BS	Chair, Hereward PPG & Chair of Cluster Group
Keith Spurr	KS	Patient Representative for East Midlands Clinical Senate
Clive Yates	CY	Carers First

ITEM	AGENDA ITEM	ACTION
1.	WELCOME, INTRODUCTIONS, APOLOGIES & DECLARATIONS OF INTEREST	
<p>PK welcomed all those present to the meeting.</p> <p>Apologies were received from :</p> <ul style="list-style-type: none"> • Liz Ball, Executive Nurse & Director of Quality, SLCCG • Anthony Cronin, Munro PPG • Helen Williams, Suttons PPG • Doug Lewins, Gosberton PPG • Sue Prior, Lakeside PPG • Pam Elton, Littlebury PPG • Margaret Parkinson, Deeping PPG <p>PK reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of South Lincolnshire Clinical Commissioning group.</p> <p>Declarations declared by members of the Patient and Public Involvement Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: http://southlincolnshireccg.nhs.uk/about-us/declaration-of-interests</p> <p>Declarations of interest from sub committees: None declared</p>		

Declarations of interest from today's meeting:

RN declared a conflict of interest as a registered patient at Littlebury Surgery, as logged on the declaration of interest register held at the CCG.

2.

MINUTES OF THE LAST MEETING HELD ON 19TH SEPTEMBER 2018, MATTERS ARISING AND ACTION LOG

The minutes of the previous meeting held on 19th September 2018, were presented and approved as a true record, following the one amendment listed below:

Page 6, paragraph 2, should read previously registered at Pennygate Surgery and Public Primary Care Commissioning Committee, not Private.

Matters Arising:

PK has attended all five Pennygate consultation meetings. There has been a different level of attendance at each. PK has also met with the Chair of the campaign group. PK suggested that it would be good if they could send a representative to the cluster group and have advised them to contact BS direct.

RN explained that the events had now all been completed, with the last one taking place at The Johnson Hospital. The consultation will remain open up until the 31st December. The next steps will be for the team to pull together all the findings. The findings will then go to Healthwatch to provide independent scrutiny. The paper will then be presented to the Public Primary Care Commissioning Committee (PC3) on 31st January, accompanied by a second paper, which is the options appraisal. The PC3 members will then make a recommendation and this will then be presented to Governing Body for ratification.

RN further explained that during the consultation process, numerous patients had stated a preference for a surgery on the west side of Spalding. There had been little appetite for patient dispersal and there had only been a small number of complaints.

CG stated that most patients were happy with the services provided at The Johnson, apart from the lack of parking spaces. BS explained that he had received feedback that services at The Johnson were better as the extra services were on site ie. Bloods, x-ray. BS enquired if this service will be capped. RN explained that this had not been decided as yet.

RN explained that there had been a decline in patient numbers when they were first transferred to The Johnson Hospital site, however, there had since been a number of new registrations, almost bringing the numbers back to the original amount.

Action Log:

PK presented the action log and updates were noted as below.

Item 6 (07.12.17) – Delivered and can be removed from the action log.

Item 4 (09.03.18) – Delivered and can be removed from the action log.

Item 8 (15.06.18) – SK not present at this meeting, will update at a future meeting.

Item 10 (15.06.18) – Delivered and can be removed from the action log.

Item 7 – (15.06.18) – KB to chase Sue Cousland again.

3.

INTRODUCING PRIMARY CARE FACILITATORS

Katherine Perrin (KP), Primary Care Delivery Facilitator for SLCCG attended the meeting to give an introduction to the new posts put into place at the CCGs. KP explained that working alongside her for SWLCCG is Jennifer Rousseau (JR).

KPs role will be to embed closer working with the practices, to ensure a better working relationship between the CCGs and the GP practices and to provide support to the practices where needed.

KP gave a brief summary of her history with the CCG.

Since the post commenced, 21 of the 30 member practices have already been visited and KP and JR have met with varied staff members during the visits and are currently compiling a database of common issues/themes and keeping track of all information gathered at the visits.

4.

RESEARCH & CLINICAL AUDIT

Debbie Jeffrey (DJ) introduced herself to all present and explained that she works for Lincolnshire Community Health Services and has a team of five employees. DJS role is to visit practices to promote research.

The Research Initiative Scheme is an annual scheme. An email has been sent to practices explaining that the scheme will be sent to practices in due course; this incentivises practices to sign up to the scheme. There are two levels; Level 1, the cost covers staff to do key training and Level 2 entails more money, but would require a commitment of undertaking five studies in the year.

Research studies vary and LWCCG have the most active research sites. If practices do not want to be involved through the RSI scheme, the practice can still undertake adhoc studies throughout the year.

Going forward, CQC have included four questions for acute trusts. This will eventually be rolled out to Primary Care.

DJ stated that she would be happy to attend any PPG meetings to discuss this further, with a view to promotion within the practices. DJ circulated leaflets for the council member's information.

There are currently COPD and Diabetes studies underway and one currently being undertaken at practices is around dermatology emollients for Children with eczema. One has recently been undertaken around the nasal fluenz nasal spray.

JW enquired if she could meet with DJ outside of the meeting to discuss this further, due to her role as Chair of the Lincolnshire Cancer Patient Carer Forum and involvement with the National Cancer Institute and clinical studies group. JW is also a member of the National Institute of Health Research East Midlands and a research Ambassador.

DJ explained that the research which is undertaken at the practices is through the NIHR and these are studies set up through the Universities or Hospitals. Most bids are required to have PPI involvement.

Following discussions, DJ agreed to leave her card to enable PPG representatives to contact her directly if required.

CG enquired if DJ would be able to attend an event which has been organised for later in the year, to which she agreed.

5.

WINTER UPDATE

Sam Raybould attended the Patient Council to provide an update around winter planning. A copy of the presentation to be circulated with the minutes.

The presentation contained the following slides:

- Introduction
- What is Winter Planning? Why?
- General Themes/Actions
- Community/Pre-Hospital
- In Hospital – NWAFT
- In Hospital – ULHT
- In Hospital – QEH
- 'Home' from Hospital
- Discussion

SR explained that Lincolnshire have set up a Winter Room which is based at Beech House in Lincoln. LCHS are primarily overseeing this; however, there are senior staff members from all organisations involved. This will be to bring together senior decision makers, who can break down barriers or challenges where issues and concerns are developing.

There are enhanced assurance requirements which have to be reported to NHS England, and these are on a daily basis during the winter period. The details are scrutinised and will be challenged if they feel it is not appropriate.

Communication planning is important, and this year there is a National programme and also local activity being undertaken. One of the key areas being looked at is Paediatrics, and a programme of work is undertaken to work closely with schools, attending parent's evenings and having discussion with parents. This will be ongoing work. A significant piece of work on social media will be undertaken, looking at working with the practices and PPGs to try to grow the social media reach across the South and South West Lincolnshire area.

Self-care is being promoted within the community to help support people to remain at home. Work will also be undertaken with pharmacies, NHS 111, urgent care centres, primary care, neighbourhood teams and ambulance service. Alongside this, there is work ongoing with Care Homes to continue to keep patients in their residence rather than hospital.

SR explained the key actions are being undertaken at NWAFT, ULHT and QEH, which is outlined in the presentation attached.

Following discussion around IT and social media, SR explained that social media is a cost effective way of sharing information with a large cohort of patients. Over the Christmas period, there will be a daily post around what services are available and where. This will be sent to the GP practices to use on their social media pages also.

7.

STP PHARMACY TEAM

Steve Pitwell attended the meeting to give an update around pharmacy and prescribing.

There are four areas; 1) system wide working 2) acute services delivery 3) out of hospital delivery and 4) operational efficiencies.

SP explained that he would be happy to attend a future meeting to provide a further update if required.

A large piece of work currently being undertaken is around operational efficiencies, which is where pharmacy and prescribing sits.

The system delivery unit is the group of people who work in the STP. This is the whole population and therefore all need to work together to improve the health system to make it sustainable and effective in the future. This has been set up as the scaffolding for a lot of projects, to ensure the projects come to fruition.

Operational efficiency is to provide quality at the best price. Every penny needs to be spent well, to enable good value for money.

Key areas of focus; 1) pharmacy/prescribing 2) procurement 3) corporate 4) workforce and 5) estates

Successes:

Clinical Pharmacists in the GP practices - This is a new role, which has been supported by NHS England and a number of GP practices have put in bids, which have been successful. The recruitment process is underway at the moment. The role is of paramount importance within general practice as this can take a large emphasis off the GPs time to allow them to focus on the core population that need to see a GP. Medication reviews can also be undertaken, which will also free up GP time. The NHS England funding has changed; previously this was 1 in 30,000 practice populations, this is now 1 in 15,000. This post can also now be part time. There is funding for nearly four clinical pharmacists; three will be advanced pharmacists that can prescribe and one will be a technician. They will be working in Care Homes to look at specific reviews. There will be a review of all medications in the Care Homes. These will start, under the guidance of ULHT in early 2019. The strategy for the county for Care Homes will be written following this, for use by Neighbourhood Teams etc.

Blueteq – This is a high cost drug management service being used in secondary care. This was implemented around a year ago. Blueteq is an electronic form filled in by clinicians which will guide them through the best option for high cost drugs. To get approval for funding, the clinician must go through these steps. This also ensures that the clinicians can put their own pathways in for medications. Another advantage with the software is that the bill is sent to the correct person. A lot of cancer drug spend was to the CCGs for payment, where they should be paid for centrally by NHS England. This software is being used at NWAFT, ULHT and QEH.

Nutrition & Hydration Pathway Launch – Oral nutritional supplements are currently being reviewed and the focus is to ensure people are getting the correct method of treatment. Looking at food first, rather than nutrition drinks.

Wound Care Formulary – Each service has its own formulary for wound care products and this has now been centralised. This means that the products won't change on discharge from hospital, which is beneficial to the patient. As a system this means the system can use its buying power to ensure the best price for the products.

Single Governance Structure – An STP pharmacy prescribing board has been implemented, which looks at the transformation across the county, to ensure that all parts of the system are working together.

Whats Next:

Mental Health – Developing a project to support mental health focussing on prescribing. This is very much in its infancy. SP can update regarding this project at a future meeting.

Expansion of Digital Solutions – Prescribing online systems; would like to centralise this into a 'PODD' Prescribing On Demand Depot, where there will be staff taking telephone calls and dealing

with online requests as they are submitted. The advantage of this is that if the wrong drugs are being prescribed, this can then be looked at by the clinical pharmacist and undertake a pharmacy review at the point of contact.

Mr Keeling felt members needed more detail regarding proposed changes and asked Mr Pitman to attend the next Patient Council so that more time could be given to the item.

8.	CARERS FIRST
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Mr Keeling declared that he is the Chief Executive of a national Carers charity.

Clive Yates provided an update from Carers First.

The contract has been extended to June 2021. The organisation provides support for unpaid family carers.

The customer service centre is at the county council, which is the 'front door' and is the call centre for all referrals. There are some exceptions to the rule, as some services can refer direct. A telephone based assessment will be undertaken if this option is taken. An alternative would be a face to face in depth assessment, which will then be referred to Carers First. Carers First are essentially face to face assessments and the carer is the centre of the discussion.

£1.7b is the contribution that unpaid carers make in Lincolnshire alone. The census of 2011, suggested that there are 80,000 carers in Lincolnshire, and currently working on 100,000+, the youngest is three and the eldest is 104.

There has been an injection of cash from the Better Care Fund and are currently working in three areas 1) Employment, every carer has a right to be supported in the work place 2) Health, looking at working with GPs 3) Pharmacy Project. All of which are looking at early prevention.

Working with GPs and Hospitals. There is a full time Carers Assessment Coordinator present in Boston and one will be in post in Lincoln in the New Year. There is a support worker currently working two full days a week in Grantham and there will also be a 'floating' support worker at the community hospitals.

A postcard was distributed to all members for their information. The postcard is a self-referral post card and this has now been turned into an online referral form, which is now available in all pharmacies across Lincolnshire.

CY would like to highlight to the PPGs that carers can apply for the carers emergency response service, through the customer service centre. This is a free service to access and is in place for carers who may be admitted into hospital, caught up in traffic or simply delayed. There is a 24/7 telephone number and a unique reference number and the plan would be activated upon receiving the telephone call. The first three days of care required would essentially be provided free of charge, where it can be sourced.

It is known that 62% of carers also have illnesses.

CY would be happy to attend any PPG meetings to explain the Carers Service and can be contact on Clive.Yates@carersfirst.org.uk.

9.	PPG CLUSTER UPDATE/FEEDBACK
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BS explained that the Cluster Group is an informal meeting of PPG chairs across South Lincolnshire.

Dr Kevin Hill attended the last meeting, where a conversation had been undertaken around meaningful engagement.

Many chairs had the same difficulties in talking to the manager at the practices, whereas, some members had a very good relationship with their managers.

BS explained that they wanted to see what benefits the money coming into the system had given; up to the 30th September for example £1.5m had been paid into the Alliance and could see 12 coordinators across the patch, which is a fraction of the money in the pot. Extended hours have been introduced from 1st October.

The Group would like to know what will be coming for the next year. Most complaints seem to be around transport issues and patient information expressing their concerns was given to Dr Hill. The Group want to be a critical friend.

PK has been invited to the AGM at the Moulton Practice and PK has been requested to explain to them why a member should attend the Patient Council and cluster group. Last year PK as PPI Lay Member attended the practice quality assurance visits and this was to ensure the practice understood the importance of a PPG at the practice. This year, the practices have been requested to invite a PPG member to the visit.

BS asked RN what quality means for South Lincolnshire. RN explained that the NHS definition is primarily around safety and effectiveness. Safety being that patients can access services and come to no harm and part of the function that RN manages at the CCGs is around this. Where harm has occurred, the CCG ensure that lessons are learnt. An effective services; does the service deliver what it says it should. RN stated that quality improvement is different to quality. RN explained that her team will monitor services, for hopefully improvement; which does not necessarily improve services. What the CCG plan to do is that RN will be completely changing the way things are done within the CCG. There are statutory things which have to be undertaken, which the CCG are held to account over. As the nursing quality team, they need to be at the forefront with the Neighbourhood teams alongside General Practice to drive the quality improvements forward. A new nurse is commencing in post in February and interviews for a further post is being undertaken tomorrow.

KS stated that the CCG strategy ends next year and assumes that the next five year strategy is being looked at and enquired how the Council can help. RN stated that a new strategy is not currently underway, as the CCG is still awaiting the ten year plan, which has not been received as yet.

BS enquired as to why the CCG cannot talk to the PPGs or Patient Councils, rather than relying on the same patients answering the surveys. Needs to be patient centric.

JW suggested that when looking at quality, the CCG needs to understand the patient pathway, unless these are understood, how can the services be improved?

10. PPG CHAIRS TO GIVE UPDATE ON INDIVIDUAL PPGS

All PPG Chairs present provided an update on their individual PPGs as follows :

PPG	No	PPG Feedback presented at the Patient Council Meeting	CCG Response/Action – Please feed back to your PPG
Beechfield	49	Started to roll out the next meetings. The first of which will be around Men Health. The January meeting will have a nurse present, to do general things like weight etc. The May meeting will be around Dementia.	
	50	CG to forward dates of upcoming meetings to PK.	
Gosberton	51	Six new members, whose ages range from	

		30-60.	
	52	One new GP starting in March as two retire at the end of March.	
	53	A new pharmacist is in post.	
	54	EK and the Practice Manager are currently updating the action plan, so that Jan/Feb 2019 can start with a clean slate.	
	55	A PPG survey has been distributed with every repeat prescription. There is a box in the surgery for the completed surveys to be left in.	
	56	The DNA's for November were 52, which is high and are looking into finding out why this has now risen.	
	57	There is a meeting in January and the AGM is scheduled for March.	

KS East Midlands Clinical Senate – Two education events have been undertaken, 1) Mental Health and Wellbeing, which was held in the Town Hall and there were 100 participants and 2) Diabetes, again there were 100 participants and this generated a lot of interest and will become a regular event. Next year looking to do one on Parenting, for children under the age of five, one around carers of people who misuse drugs, one around the elderly frail and one around Diabetes. CQC have been involved around 2-3 weeks ago and this was undertaken by Healthwatch rather than CQC.

There was no PPG representation from :

- Abbeyview Surgery
- Deeping & Glinton Surgery
- Galletly Surgery
- Lakeside Hereward
- Lakeside Stamford
- Littlebury Surgery
- Long Sutton Surgery
- Moulton Surgery
- Munro Surgery
- Johnson GP Centre
- Sutterton Surgery

11.

ANY OTHER BUSINES

RN drew the Councils attention to and provided an update regarding the future of CCGs in Lincolnshire. There is a direction of travel that all four CCGs will remain, but will come together under one Executive Team and one Accountable Officer. RN is pleased to report that the Accountable Officer post is now out to national advert and the substantive Accountable Office in the South & South West being John Turner have now been formally placed at risk. Interviews will be undertaken on 14th February.

JW enquired as to where she would go with an issue regarding a gentleman's care. Following discussion, MS suggested that this would need to be referred to the patients GP surgery, who will then refer him to the Practice Coordinator who should visit the patient, complete an assessment and signpost all the relevant services in to the patient.

DATE AND TIME OF NEXT MEETING

Wednesday 27th March 2019, Eventus, Market Deeping, 9.30-12.30

Not Delivered
In Progress
On track to deliver
Delivered

PATIENT AND PUBLIC INVOLVEMENT ACTION LOG MARCH 2019

ITEM NO	DATE OF MEETING	ITEM	ACTION REQUIRED	UPDATE	RESPONSIBLE OFFICER STATUS
8	15.06.18	CCG/PPG Webpage	SK to seek assurance around accessibility function on the use of the webpage		SK
7	15.06.18	EMAS	SC to forward video of pilot to RN to be circulated to Patient Council members	<p>27.09.18 – KB has chased this with Sue Cousland. As soon as this is received will be circulated to all members.</p> <p>04.12.18 – Still not received will chase again</p> <p>20.12.18 – chased again. Response from Sue Cousland to state that she would locate and forward on. As of 07.02.19 - still not received so chased again.</p> <p>27.02.19 – chased again.</p>	SC/KB