

The healthiest place to live and work, by 2025

Commissioning Patient Council
Wednesday 6th September 2017 – Rugeley Community Centre, Burnthill Lane,
Rugeley, WS15 2HX 1.00pm to 3.00pm

Members:	Quoracy	05/07/2017	06/09/2017				
Anne Heckels (AH) Lay Member, Patient and Public Involvement, SES &SP CCG	Meeting Quorate – Four Patient Representatives, One Community/Voluntary Group, One member from Healthwatch, Two Lay members, One Member from CCG Quality Team, One member from Communications and Engagement Team.	✓	✗				
Paul Gallagher (PG) Lay Member, Patient and Public Involvement Cannock Chase Chair of Meeting.		✓	✓				
Sue Harper (SH) Lay Member, Patient and Public Involvement Stafford and Surrounds		✓	✓				
Dr Paddy Hannigan (PH) CCG Chair Stafford and Surrounds		✗	✗				
Dr John James (JJ) CCG Chair SES &SP CCG		✗	✗				
Dr Mo Huda CCG (MH) Chair Cannock Chase		✗	✓				
Adele Edmondson (AE) Senior Communications and Engagement Manager		✓	✓				
Penny Gibbs (PGi) Communications and Engagement Manager		✓	✗				
Sally Young (SY) Director of Corporate Governance, Communications and Engagement		✗	✓				
Heather Johnstone (HJ) Chief Nurse, Executive Director of Quality and Safety		✓	✗				
Allison Heseltine (AHe) Deputy Director of Nursing, Quality and Safety		✗	✓				
Terry Jones (TJ) South East Staffordshire District Group		✗	✗				
Janet Aldridge (JA) Seisdon District Group		✓	✓				
Penny Allen (PA) Seisdon District Group		✗	✗				
Ruth Morris (RM) Seisdon District Group		✗	✗				
Norman Cobon (NC) Stafford and Surrounds District Group		✗	✗				
Margaret Thomas (MT) Stafford and Surrounds District Group		✓	✗				
Michael Creek (MC) Stafford and Surrounds District Group		✓	✗				
Gerry Barton (GB) Cannock Chase District Group		✗	✗				
Jean Waller (JW) Cannock Chase District Group		✗	✓				
Pat Martin (PM) Cannock Chase District Group	✓	✓					
Trevor Clarke (TC) Cannock Chase District Group	✗	✓					
Support Staffordshire (Sandra Payne (SP)	✓	✓					
South Staffs Network for Mental Health (Keith Stanley (KS)	✓	✓					
Nigel Bullock (NB) Staffordshire Neurological Alliance	✓	✓					
People Plus (Rebecca Brookes (RB)	✓	✗					
Mac Cock (MC) Carers Association	✓	✗					
Jackie Owen (JO) Healthwatch	✗	✓					
In attendance:							
Elizabeth King (EK) Administrator							
Clare Plant (CP) Administrator		✓	✓				

AGENDA ITEM NO	MINUTES	ACTION
1.	<p>Welcome</p> <p>By Chair Paul Gallagher</p>	
2.	<p>Apologies</p> <p>Anne Heckels, Dr John James, Dr Paddy Hannigan, Dr Mo Huda, Penny Gibbs, Heather Johnstone, Gerry Barton, Rebecca Brookes, Sharon Wright, Terry Jones, Michael Creek, Margaret Thomas.</p>	
3.	<p>Quoracy</p> <p>To be discussed as an Action at this meeting.</p>	
4.	<p>Declaration of Conflicts of Interest</p> <p>No Conflicts of Interest were declared.</p>	
5.	<p>Minutes from meeting 5th July 2017</p> <p>Page 1 Nigel Bullock attended first meeting marked as not attending on the minutes. Page 2 item 5 amend intended to attended Quoracy discussed as an action to be amended Action TOR to be amended re Quoracy and distributed to the group. Page 4 Soft intelligence amend Frances to Francis Page 4 Paragraph 2 add enough after feedback.</p>	<p>CP AE/SY CP CP</p>
6.	<p>Actions from Last meeting 5th July 2017</p> <ul style="list-style-type: none"> • An alternative venue to be sourced for meetings that are held in Stafford - we do not have any meetings booked for Commissioning patient Council in Stafford on the current schedule but an alternative venue will be sourced for any future meetings there. • <p>Action: Revised meeting schedule distributed to the group.</p> <ul style="list-style-type: none"> • Revised Terms of Reference: Quoracy – add CCG director to the Quoracy list and amend to one person from the voluntary sector. (Support Staffordshire and the South Staffs Council for Voluntary Action are merging into one) PG proposed that the amendments and additions to the Terms of Reference relating to Quoracy and decision making processes for the Commissioning Patient Council should be approved. The group voted to approve the amended Terms of Reference. <p>Action: CP to distribute to the group when amendments have been made.</p> <ul style="list-style-type: none"> • Policy for out of pocket expenses –SY to speak to NB at the end of the meeting and find a suitable compromise as the CCG are unable to pay expenses by cheque . <p>Action: NB to keep in contact with SY and consider other options for payment.</p>	<p>CP CP CP</p>

	<p><i>SY discussed with NB at the end of the meeting. Whilst NB is not happy with the payment method, he accepted our position.</i></p> <ul style="list-style-type: none"> • Members to share training requests: Update to be discussed under agenda item. • JA requested clarity about the closure of Perton Clinic: AHe advised that she had recently received a response from Nigel Small, Chief Operating Officer Staffordshire and Stoke on Trent Partnership Trust confirming that Perton Clinic has closed. He has advised that services have been moved to locations as close as possible to the existing sites. <p>In the case of the Perton Clinic, the midwifery service and hearing service have moved to the Lakeside Medical Centre in Perton, along with the adult physiotherapy service, which also now operates out of the Tamar Medical Centre. In addition, the health visitor's baby clinic is operating from Perton Library. The remaining services have moved to Codsall and the Trust would arrange transport or a home visit were necessary.</p> <p>There was consultation with the patients currently using the various services prior to the changes happening. However it has been accepted that the overall level of public engagement and wider awareness about these changes could have been improved. Nigel is happy to attend PPG meetings to discuss changes with patients.</p> <p>JA shared the District Group feel that it is not hygienic to hold the baby clinic in Perton Library where there are no basic washing facilities in the room and she feels that the service is compromised.</p> <p>AHe advised that that Standard Infection Prevent and Control with cleaning will be in place wherever the clinics are held without any increased risks.</p> <p>Action: AHe to raise at the next Joint Quality Committee meeting.</p> <p>Action: AHe will provide JA with Nigel Smalls contact details – Completed 08/09/17.</p> <ul style="list-style-type: none"> • Expressions of interest for Ambassadors Training Programme, CP has not received any requests for information • Papers to be forwarded to MT in simple text format, this has been completed - CP to continue to liaise with MT. 	<p>AHe</p> <p>AHe</p>
<p>7.</p>	<p>Extended Access to Primary Care</p> <p>LM Executive Director for Primary Care shared that we are currently working with nine established localities, where localised GP groups are working together, to ensure that consistent GP cover is delivered across all</p>	

	<p>3 CCG areas.</p> <p>There is a core requirement that by the end of March 2019, 100% of patients would have access to extended hours primary care services for same day and pre bookable appointments.</p> <p>There is a requirement to provide 1½ hours additional appointments after 6.30pm each day and to provide an effective weekend service based on the local needs of the area. This equates to a minimal addition of 30 minutes consultation time per 1000 population, which will rise to an additional 45 minutes per 1000 population per month.</p> <p>This will be measured by a national commissioning tool, which will be rolled out over 2017/2018. Appointment activity both in hours and extended hours will be monitored to match capacity to times of high demand.</p> <p>The appointments will not necessarily be face to face they could be by other methods such as telephone or skype.</p> <p>These additional appointments will be advertised on Practice websites, and through many other forums in the Community. Practices will have to ensure that:</p> <ul style="list-style-type: none"> • All patients are offered the choice of an extended hours appointment • All patients are offered the choice on an equal footing to core hour's appointments. <p>The CCG is reviewing existing pilot sites to see what has been working well and what the response has been from patients and the models. The CCG is also working with Public Health, which has developed a series of Locality Profiles, to better understand the needs of patients in each area. These profiles will be shared with the localities to help them consider what model would best suit the patients' needs in each area.</p> <p>A discussion took place regarding the possibility of using locality hubs to deliver the extended hours and LM advised that they are likely to be sited in existing buildings that are centrally based. AH shared that there is no additional health risk by using other buildings as long as they have the basic hygiene procedures in place.</p> <p>A question was raised about how merging an already busy practice working at capacity with another in the same situation would help to improve patient experience and increase appointment numbers. MH advised that by merging with a neighbour practice, the available work force automatically increases which means that staff can specialise and more appropriate pathways for treatment can be developed. It also gives scope for practices to share the cost of specialist appointments for example a Dispensing Pharmacist. MH also advised that it gives the opportunity to work with the current population demographic to plan for the future and train staff appropriately.</p> <p>AE shared that the CCG is looking to set up a Patient Reference Group to</p>	
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	<p>ensure the patient voice is represented in helping to shape what a new model might look like. There is also a need to engage groups/communities that may have specific access issues which need to be taken into consideration. AE would be grateful if any of the Voluntary Groups could supply details for targeted engagement. We are happy to hold meetings virtually or face to face.</p> <p>Action: Anyone interested in helping to shape the new model is asked to contact Adele Edmondson. Community and Voluntary reps to share information with community and voluntary sector</p> <p>NB raised a query with regard to accessing patient records LM advised that you can access part of your patient record online now. MH advised that when attending locality hub clinics for out of hours appointments patients will be asked if they are happy for the GP to access their patient records this will ensure continuity of care is provided. LM also shared that the CCG has £2 million additional investment to put into record sharing as we want to move his forward further to include hospital services.</p> <p>JW raised concerns regarding the impact of large scale housing developments on local health services. In Rugeley there are currently four large sites that have been selected for development. She asked what assurance can be given that health resources will be sufficient to meet the demands of such a large influx of people. LM advised that we work with Local Authorities so that additional Patient Numbers can be considered within the five year plan. In the general scheme housing estates take between five to ten years to complete which allows plenty of time to plan more GP cover in advance.</p> <p>SY thanked LM for attending the meeting and advised the group that the Primary Care team will be regularly attending Patient District Groups; this has already started to take place and has led to some really interesting debates and helpful discussions.</p> <p>PG shared that the Primary Care team is very active team and that although they are a relatively large team within the CCG they all work very hard to ensure that a quality proactive service is provided across all three CCG areas.</p>	<p>All</p>
<p>8.</p>	<p>Redesign of Ophthalmology and Cardiology Services</p> <p>Ophthalmology Services: SS shared that as part of the Staffordshire Transformation Partnership, the NHS and local authorities across Staffordshire and Stoke-on-Trent are working together to find ways of improving health and care services for everyone in our communities within the budgets available to us.</p> <p>She advised that we are looking to harmonise the services for the population of the six CCGs covering Staffordshire & Stoke on Trent and provide stability in the system removing inconsistencies across the patch. Within the work stream for the Planned Care Commissioning team Ophthalmology is one area that is being prioritised.</p> <p>The pathways being targeted for this work programme are:</p>	

	<ul style="list-style-type: none"> o Cataracts – Daycase and Outpatient pathways o Glaucoma – Outpatient pathway o Age Related Macular Degeneration (AMD) – Outpatient pathways o Community provision of services through local opticians <p>The entire pathway from prevention, referral, treatment and post-operative care will be reviewed as part of this programme of work.</p> <p>A workshop has been held for each of the conditions with representatives from the CCG, consultants from the Acute providers and the Local Optical Committee / Community Optometrist to map out the current pathway for each hospital.</p> <p>This process will benefit greatly from patient engagement to gain views of the service users who have experienced the existing services to shape the pathways going forward. SS advised that a survey has been prepared that will be shared with our Patient Groups once finalised and that they would appreciate any help you can provide in circulating this to anybody who has experienced Ophthalmology Services.</p> <p>Action: SS to discuss distribution with the Communications and Engagement Team. Members to share the survey with their own groups.</p> <p>KG Senior Commissioning Manager (Planned Care) shared with the group that he is currently involved in redesigning Cardiology Services, meeting with key clinicians and professionals to look at how some complex diagnostics could be accommodated within community settings.</p> <p>KG shared that he had a Cardiology Patient Experience Survey with him on the day and that he hoped members would share this with friends and family who have used Cardiology Services to help shape the new model JO asked if the survey covered services in Burton because there is a meeting taking place in Burton on 20th September, with regard to Cardiology Services that KG could link into, KG thanked JO and advised that he would contact her after the meeting.</p> <p>Action KG to contact JO to link into Cardiology Service meeting at Burton.</p> <p>PG asked how the survey will be distributed to a wider field. AE advised that we can share through our normal channels such as distribution lists, twitter, websites etc. KG advised that he has spoken to hospitals and they will be happy to put in waiting rooms.</p> <p>KG shared that he would like the feedback from the survey by the 20th October and that results would be shared with the group at a later date. Please send feedback to mailto:Kam.Gill@cannockchaseccg.nhs.uk</p> <p>Action: KG to continue to develop survey and discuss distribution with the Communications and Engagement Team</p>	<p>SS/AE All</p> <p>KG</p> <p>KG/AE/ CP</p>
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<p>9.</p>	<p>Training</p> <p>IB - We want everyone to feel happy about their roles and confident that they are able to contribute to the new face to face model of engagement. NB advised that there was a training course led and run by NHS England & SES&SP in December 2014 called "Patient Leader Development Programme" This was focused on:</p> <p>Understanding and navigating the current health landscape What is a patient leader Confidence building Presentation skills Introduction to patient networks The ethos of patient partnership Working with other communities</p> <p>CP advised that the only other emails she had received were requesting training to build confidence in public speaking. IB advised that the CCG will be pulling together ½ day training sessions and that we are currently looking at dates in October.</p> <p>Action: IB and SY to choose a date in October and distribute a training plan to the group.</p> <p>SY shared that meeting accessibility needs to be added as an action.</p> <p>Action: The group is asked to send in ideas of how they would like the training to be delivered. We want the training to be engaging and beneficial to all that attend.</p> <p>PG shared that he thought training about commissioning and helping people to understand the complex NHS landscape would be useful. MH explained that the CCGs are working with Public Health to identify, the demographic in each area to help support the development of local services.</p> <p>Action: AE said that we could bring this to the District Groups once it is available.</p> <p>NB requested training re expectations to ensure that the meeting meets the requirements under the new structure.</p> <p>JA Requested more information about how the private sector interacts with the NHS</p>	<p>IB/SY</p> <p>All</p> <p>AE</p>
<p>10.</p>	<p>Measures of success of face to face engagement model</p> <p>IB led a discussion regarding how to measure levels of success for the new face to face model of engagement. He advised that we want our face to face engagement model to ensure that:</p> <ul style="list-style-type: none"> • Meaningful and representative engagement is undertaken, by holding regular meetings with the public and voluntary / community organisations. • Simple, local and realistic messages are communicated and 	

	<p>understood by both patients and the CCG's.</p> <ul style="list-style-type: none"> • A wide reach of engagement is encouraged, utilising existing networks to ensure that NHS and Consultation surveys / CCG messages are consistent across all three areas and that response rates are monitored. <p>One of the KPIs that was discussed was to send a pulse check survey of participants immediate thoughts following the meeting.</p> <p>Action: IB to issue a quick pulse check survey to the group to get feedback regarding the effectiveness of the meeting.</p> <p>JW asked what feedback was received from the newspaper wrap; she felt that it was swamped by other things in the paper and that it would have been better on the outside. AE and SY advised that we have no say in where the wrap is placed within the paper.</p> <p>JW asked how responses from the wraps effectiveness are measured. SY shared that this was the third year that we had done a wrap in this way and that they had been well received. AE shared that it was sent out through free papers and that it will also go out in the South Staffs review, off the back of it AE has had three direct requests from patients wanting to be more actively involved in the CCG.</p> <p>MH shared that he had had good feedback from patients they have advised him that the wrap had given them a good understanding of what the CCG are and what they do.</p> <p>JW asked if there were costs involved in advertising in the free papers. MH responded that it is a statutory requirement for the CCG to advise the public and be transparent in the way that we are spending money and developing services. The Annual Reports are completed in June and are on the website the newspaper wraps give us the opportunity to give a concise summary and share with the whole population. AE advised that we are waiting for printed copies of the Annual Reports when we receive them we will share with the group.</p> <p>Action CP to share with the group when available Action AE to email an electronic version of the wrap out to the group PG Asked if we can we get a question added on the CCG website to ask if patients have found the wrap useful and informative. Action AE to find out if this is possible SH Asked if measures were in place to find out how many practices have PPG's. Action AE to find out and give regular updates as more groups are developed. SH A measure needs to be set up to ensure the patient voice is heard at Governing Body Action Agenda Item needs to created for Governing Body and a paper needs to be created after each meeting giving key points raised.</p> <p>SH raised that next year, in the newspaper wrap, it would be a helpful for patients from the Commissioning Patient Council / District Patient Groups to be given the opportunity to share how they contribute to discussions and</p>	<p>IB</p> <p>CP AE/CP</p> <p>AE</p> <p>AE</p> <p>SY/AE/ CP</p>
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	<ul style="list-style-type: none"> Advised that they are also being told that there is a long waiting time between initial assessment for Mental Health issues and appointments for treatment especially in children's services. <p>AHe Advised that the Quality Team are aware and are looking in to this she will feedback any news at the next meeting</p> <p>Action: AHe to share feedback at the next meeting</p> <p>AE South East Staffordshire</p> <ul style="list-style-type: none"> A new Chair has been elected at SES. AE thanked Roy Elwood for his valuable contributions over the years a letter and card are being sent out to him. An excellent presentation was given by Magnus Harrison from Burton Hospital re collaboration with Derby and how this positive development will improve services 	AHe
12.	<p>Sustainable Transformation Partnership (STP)</p> <p>AE : Simon Whitehouse has been appointed and is setting a new pace we will update more at the next meeting in November and hopefully Simon will be able to attend.</p> <p>Action AE to contact Simon Whitehouse to invite him to Commissioning Patient Council on 1st November 2017.</p> <p><i>Post Script: SW in unable to attend the November meeting and a further date will be arranged.</i></p>	AE
13.	<p>Health Awareness Days</p> <p>AE Health topic for the month of September is Cardiology KS SSNMH - World Mental Health day is on 10th October 2017</p>	
14.	<p>Items to feed back to the Governing Body</p> <p>PG waiting times for Children and Adolescent Mental Health Services Mental health and autism assessments and treatment</p>	PG/SH/AH
15.	<p>Any Other Business</p> <p>JA shared that she had been reading an article in the press which inferred that when patients are referred to hospital by their GP it would then go to a further panel for review before an appointment is given. MH Advised that this is not happening in our area.</p> <p>NB and JW requested that paper copies are available at each meeting for patients; CP advised that they would be.</p> <p>Action CP to ensure that paper copies of Meeting papers are available for patient and voluntary representatives.</p>	CP
16.	<p>Glossary of Terms</p> <p>A glossary of terms were shared with the group.</p>	

17.	Date and time of next meeting The next meeting will be held : <ul style="list-style-type: none">• Wednesday 1st November 2017• Committee Room 2, South Staffordshire District Council, Wolverhampton Road, Codsall, Wolverhampton, WV8 1PX.• Time 1pm to 3pm.	