

**Minutes of the meeting of the Patient and Public Engagement Committee (PPEC) held on
Tuesday 2 July 2019 in the CCG Meeting Room, Balderton Primary Care Centre,
Lowfield Lane, Balderton NG24 3HJ**

Present:

Julie McIntyre, Chair, Mansfield South Patient Participation Groups
 Mary Hodgeon, Vice-Chair, Newark Patient Participation Groups
 Cllr. Barry Answer, Mansfield District Council
 Colin Barnard, Diabetes Patient Groups
 Jim Barrie, Newark Patient Participation Groups
 Gilly Hagen, Sherwood Patient Participation Groups
 Pat Kelsey, Sherwood Patient Participation Groups
 Ann Mackie, Disability Groups
 Peter Robinson, Ashfield North Patient Participation Groups
 Sarah Taylor, Ashfield Voluntary Action
 Lesley Watkins, Mansfield CVS and Newark & Sherwood CVS
 Cllr. David Walters, Ashfield District Council

In Attendance:

Julie Andrews, Engagement Manager
 Shelley Louisa Colton, Deputy Director of Contracting, Performance and Urgent Care
 Katie Swinburn, Engagement Officer
 Michael Whitworth, Contract Advisor

<p>PPEC/69/07/19</p>	<p>Welcome and Introductions</p> <p>Julie McIntyre opened the meeting and led a round of introductions.</p> <p>A warm welcome was extended to Cllr David Walters, who had been nominated by Ashfield District Council and was attending his first meeting. Cllr. Walters advised he had an interest in health and wellbeing generally with a focus on veteran’s health and wellbeing.</p>
<p>PPEC/70/07/19</p>	<p>Apologies for Absence</p> <p>Apologies for absence were received from;</p> <ul style="list-style-type: none"> • Linda Dales • Maria de Giorgio • Jean Kirk • Deb Morton
<p>PPEC/71/07/19</p>	<p>Declarations of Interest</p> <p>The Chair reminded PPEC members of their obligation to declare any interest they might have on any issues arising at the meeting which might conflict with the business of the CCG and any items on this agenda. No other declarations were made.</p> <p>Cllr. Walters confirmed his role as a Sherwood Forest Hospitals Foundation Trust Governor and representative on the Health and Wellbeing Board. The Chair reminded Cllr Walters to complete and return a Conflict of Interest form.</p>

<p>PPEC/72/07/19</p>	<p>Minutes of last meeting held on 4 June 2019</p> <p>The minutes of the last meeting held on Tuesday 4 June 2019 were agreed as an accurate record of the discussion that took place at that meeting.</p>
<p>PPEC/73/07/19</p>	<p>Matters Arising & Issue Log</p> <p>An updated copy of the issues log had been circulated prior to the meeting. Discussion ensued about the current format and it was agreed to review the presentation of the issues log and include a follow up column.</p> <p>Sarah Taylor updated on continuing x-ray reporting issues. In response to a question, Sarah Taylor confirmed that patients are being advised to contact the Patient Experience Team in order that their individual concerns can be addressed.</p> <p>Colin Barnard also raised concerns about MRI scan reporting and the impact on diabetic patients. Reports are being read off site because of capacity issues.</p> <p>With regard to cervical screening and arrangements in place for anyone who may require reasonable adjustments to enable them to access this service, it was noted that Lucy Dadge would be providing an update on this at the next Governing Body meeting on 4 July 2019.</p> <p>Gilly Hagen referenced a helpful meeting with Jane Thornley and Katie Swinburn to discuss transition of Level 3 pain services. It was noted that patient queries should be directed to the Patient Experience Team.</p>
<p>PPEC/74/07/19</p>	<p>Aligned incentives approach to contracting and payments with Sherwood Forest Hospitals Foundation Trust (SFHFT)</p> <p>Shelley-Louisa Colton Deputy Director of Contracting, Performance and Urgent Care, and Michael Whitworth, Contracting Advisor, delivered a presentation explaining the aligned incentives approach to contracting and payments with Sherwood Forest Hospitals Foundation Trust (SFHFT).</p> <p>The presentation began with a reminder of the system financial context that comprises a financially challenged commissioner and provider that share a joint transformation challenge of £38 million in 2019/20. The overarching £38 million is split between a £13 million cost improvement programme for SFHFT and £25 million efficiency savings sit with the CCGs.</p> <p>Commissioners and providers have identified a need to work collaboratively adopting a very different approach to what has been in place previously to achieve any real improvement in the financial position impacting on the local health system.</p> <p>Aligned incentives is an approach to contracting and payment that moves away from competition and encourages organisations to work</p>

	<p>collaboratively. This allows care to be redesigned across providers by focusing on outcomes rather than paying for single episodes of care. The aim is to improve health services and the overall health of the population.</p> <p>The approach identifies ‘buckets’ of services, eg urgent care and consideration is given to determine whether demand can be met in a more cost effective way through a collaborative approach and introduces a benefit and penalty scheme that encourages joint transformation of services. The approach is supported by a new system of governance that will support jointly developed transformation schemes. Partners have a set of principles and behaviours to work to.</p> <p>Mary Hodgeon asked if any steps had been taken to address PFI issues so current patients are not penalised by decisions of the past. Michael Whitworth explained that the financial challenges across the system do not solely relate to PFI but a range of other factors including ageing population, general population growth, other growth – new techniques, drugs and patient expectations. In response to a further question, Michael Whitworth suggested PPEC could help by cascading factual information about the reasons for the current financial challenges and the approaches being adopted to try to deliver improvements.</p> <p>In response to a question about whether this approach would result in more reliance on the private sector, it was confirmed that patient choice will remain and patients may choose to go to a private provider. It was explained that presently mid Nottinghamshire spend less than other areas on private sector provision. In some instances, SFHFT sub contract with the private sector to deliver additional capacity and as an organisation they need to be more effective and efficient to do work themselves otherwise they will continue to incur the costs associated with the national tariffs charged by private providers.</p> <p>Clarification was requested regarding the future funding of the Assist discharge scheme and it was confirmed that a service benefit review is being undertaken on this service at the moment. This is a process that is adopted for all contracts and is recognised as good practice.</p> <p>The key messages arising from the presentation were;</p> <ul style="list-style-type: none"> • The approach replaces the national tariff system for Mid Notts CCGs adopted in previous years. • Manages some of the financial consequence of performance risk for both parties. • Introduction of new Joint System Governance arrangement to work to available resources. • Joint approach to jointly develop and agree service transformation and share benefits. <p>PPEC members expressed concern about the absence of patient engagement in the development of the process, however the opportunity to learn about the process was welcomed and the team said it had been helpful to listen to PPEC members’ views and opinions and to deliver information for cascade more widely.</p>
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	<p>Action; Circulate copy of presentation to PPEC members for information.</p>
<p>PPEC/75/07/19</p>	<p>Community & Voluntary Sector (VCS) representing underserved communities on PPEC</p> <p>Sarah Taylor, Ashfield Voluntary Action delivered a presentation that explained the role of the three infrastructure VCS organisations (AVA, MCVS and N&SCVS) in bringing local insight from the community and the niche they fill;</p> <ul style="list-style-type: none"> • through not being a statutory sector organisation and being a trusted local intermediary. • representing the views and raising details of local groups campaigns to PPEC. • signposting to sources of information and support <p>PPEC members were asked to review the presentation and note any questions for discussion at the next PPEC meeting.</p> <p>Julie McIntyre reminded members to commit to a date to attend the PPEC Development Session to develop a common purpose of PPEC in the changing landscape of the NHS across Nottingham and Nottinghamshire. The two PPECs are aligning their Terms of Reference and will report to the strategic commissioner. Following on from this it was noted that there is a need to develop the PPECs' role in engaging communities more widely.</p> <p>In response to a question, Julie McIntyre confirmed that the stakeholder consultation on the CCG merger proposal was legitimate and GP consultation was ongoing through a voting process to understand their level of support for the 6 CCGs across Nottingham and Nottinghamshire to merge. The outcome of the stakeholder consultation would be an item for discussion at a forthcoming Governing Body meeting.</p> <p>Details of a networking event for PPEC members and PPG members were shared. The event will take place on Tuesday 23 July 2019 from 6 pm to 8 pm. The first part of the session would provide an update on the establishment of Primary Care Networks followed by an opportunity for networking and sharing good practice.</p> <p>Action; Circulate copy of presentation to PPEC members. Action; Include as an agenda item for next PPEC meeting.</p>
<p>PPEC/76/07/19</p>	<p>Local Issues</p> <p>All members were reminded about the process and feedback into the Committee by completing the patient feedback form and presenting it at the meeting. This will allow a log of any issues to be noted, recorded and also allow for information to be retained as an audit trail. Any members unable to attend the meeting should send through their feedback form prior to the meeting to Julie Andrews, Katie Swinburn or Julie McIntyre only (not to all members of the group), in order that it may be collated and presented at the meeting.</p>

	<p>Peter Robinson highlighted as a good point of reference a recent publication issued by the Health Foundation entitled Understanding Primary Care Networks. With regard to issues, Peter Robinson shared a recent example of anxiety caused to a mental health patient as a consequence of pressures being put on GP practices by the CCG to reduce costs of prescribing. It was suggested that information should be sought from the Prescribing Team regarding the process in place for medication reviews and QIPP programmes. In relation to the individual patient issue, PPEC members were reminded that details of the Patient Experience Team should be provided in order that any issues could be followed up on an individual basis.</p> <p>Gilly Hagen referred to the pain service being delivered by PICS and delays being experienced from assessment to treatment. When patients do access the service they are generally happy with the care provided.</p> <p>Mary Hodgeon expressed concern about Newark and Southwell patients getting to appointments outside Newark, for example, King's Mill Hospital and the associated costs. Reference was made to opportunities to assist with transport as suggested during the engagement around the procurement of the non-emergency patient transport service (NEPTS). The suggestions related to working with taxi firms to negotiate reduced rates for patients attending hospital appointments and using empty seats on NEPTS for fare paying passengers.</p> <p>Julie Andrews highlighted the importance of considering transport as part of all service redesign work.</p> <p>A query raised regarding availability of ear syringing at a GP surgery had led to enquiries being made and the issue appears to relate to staff having the relevant skills to deliver this. However it was agreed that clarification should be requested to confirm that there had been no change to the criteria for patients to access ear syringing.</p> <p>Barry Answer reported that repeat prescriptions are put in place for 6 months in advance but some patients experience problems with the pharmacist not filling out the full prescription.</p> <p>Lesley Watkins referred to a recent pain management event that had taken place at Bull Farm Surgery. The event delivered by PICS had proved to be extremely popular with patients and may be something that other PPGs may wish to consider delivering.</p> <p>Julie McIntyre highlighted a general concern about access to GP appointments that are pre-booked and cancelled. In some cases the appointments are time critical and this causes difficulties for patients.</p> <p>Furthermore, Julie McIntyre referred to a waiting list of 300 self-referrals to MSK hub for triage and advised that the CCG are working with a private provider to reduce waiting list.</p> <p>Action; Include the above mentioned issues on the action log and</p>
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	request responses from relevant CCG teams.
PPEC/77/07/19	PPEC Workstream Updates This item was deferred due to time constraints.
PPEC/78/07/19	Joint Meeting of Governing Bodies; 6 June 2019 Copies of the PPEC Chair's report arising from the joint Governing Body meeting held on 6 June 2019 and the PPEC Progress Report had been circulated prior to the meeting and were noted.
PPEC/79/07/19	Key Messages to Joint Meeting of CCGs' Governing Bodies PPEC members agreed the key messages to be shared at the joint meeting of the CCGs' Governing Bodies should be: <ul style="list-style-type: none"> • CCG prescribing issues • Early engagement should be a feature of any proposed changes to services or processes. Julie McIntyre reported that she would now attend the Quality Safeguarding and Performance Committee as Mary Hodgeon, was unable to attend due to a change of day for the meetings coinciding with another commitment she is unable to change.
PPEC/80/07/19	Agenda items for next meeting; It was suggested workstream updates should feature earlier on the agenda and brief updates should be provided for PPEC members.
PPEC/81/06/19	Date of next meeting: The next meeting will take place on Monday 5 August 2019 between 11am and 1.30pm in the Miller Suite B24, Ashfield Health and Wellbeing Centre, Portland Street, Nottingham, NG17 7AE.