

Minutes

North Hampshire CCG Patient Participation Group (PPG)

Minutes of the meeting of the North Hampshire Clinical Commissioning Group – North Hampshire PPG held on Wednesday 22nd January 2020 at 18:30 in the Freeman Meeting Room, Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8GU

Practice	Name		Present	Apologies
			✓	✓
Acorn Camrose	Brian Simmonds	BS		✓
Acorn Gillies	David Murray	DM	✓	
Acorn Hackwood	Joy Deadman	JD	✓	
Acorn Hackwood	Colin Godfrey	CG	✓	
Beggarwood	Margaret Sudlow	MS		✓
Bentley Surgery	Michelle Essenson	ME		✓
Bentley Surgery	Christine Winhall	CW	✓	
Bentley Surgery	Richard Greenway	RG	✓	
Bermuda Surgery	David Potter	DP	✓	
Bermuda Surgery	Hazel Marshall	HM	✓	
Boundaries	Dennis Thomas	DT	✓	
Chawton Park	Ian Saunders	IS	✓	
Chawton Park	Allison Saunders	AS		✓
Chineham	Karen Ashton	KA		✓
Chineham	Ian Josey	IJ		✓
Clift	Mike Davis	MD		✓
Crown Heights	Moira Whitaker	MW	✓	
Crown Heights	Cathy Wands	CW		✓

Watership Down Health - Oakley & Overton	Ian Pryce	IP		✓
Watership Down Health - Kingsclere	Tony Forward	TF		✓
Odiham	David Woodward	DW	✓	
Odiham	Dr Helena Heywood	HH	✓	
Odiham	Tony Tuck	TT		✓
Rooksdown	Peter Robson	PR	✓	
Tadley	Jean Chapman	JC	✓	
Tadley	Mary Cawley	MC	✓	
Whitewater	Stella Potter	SP	✓	
Whitewater	Tim Colman	TC	✓	
Whitewater	Chris Cornwell	CC		✓
Wilson	Ken Jones	KJ	✓	
Wilson	Derek Gurney CHAIR	DG	✓	
North Hampshire CCG	Sharon Martin	SM	✓	
North Hampshire CCG	Alma Kilgarrieff	PA	✓	
North Hampshire CCG	Sylvia Rixon	SR	✓	
North Hampshire CCG	Elizabeth Kerwood	EK	✓	
North Hampshire CCG	Julia Tickner	JT		✓

1	Standard Business Items
1.1	<p>The Chair welcomed everyone to the meeting, apologies were noted as above.</p> <p>Sharon Martin was welcomed back to the meeting.</p> <p>The Chair informed the group that he'd received an email from David Gent, who will due to health reasons stand down from the group. The Chair extended his thanks for David who brought much to the group.</p> <p>SM extended a warm welcome to David Potter and Hazel Marshall from Bermuda Surgery. This means now that there is full practice representation from all 15 practices within NHCCG. This is to be congratulated.</p>

1.2	<p>Minutes of the meeting held on 20th November 2019.</p> <p>The minutes were reviewed and discussed and agreed as an accurate record.</p> <p>e-consult overview – confirmation required this had been actioned? This will be covered under the Action Tracker</p>
1.3	<p>Action Tracker</p> <p>The actions from the 20th November 2019 meeting were to be updated on the action tracker. The current open actions were reviewed and updated.</p> <p>Updates from last meeting:</p> <p>2.1 Show thanks to Sharon Martin</p> <p>2.2 EK will attend the Wilson Practice PPG</p> <p>2.3 PCN future Agenda items</p> <p>2.4 GP to sign off e-consult. Practices have now received this. E-consult handout to be shared C/F</p> <p>2.5 Future direction of PPG – deferred to another meeting.</p>
1.4	<p>Chair and Vice Chair Update</p> <p>The Chair advised at this stage there were no updates for this meeting.</p>
2.	FOCUS ITEM
2.1	<p>Supporting Local GP Practices (AK/SM)</p> <p>The Chair asked for further input from the group on best practice.</p> <p>We are providing support directly to 4 practices and work out how to share the learning</p> <p>February – Cedar Medical – SM has been supporting the practice since February 2019, ensuring business continued as usual.. Both sites were successfully transferred to NHUC (Out of Hours provider) and Bramblys Grange Medical Partnership. SM has been giving post support and mentoring to Bramblys Grange so ensure any post transferred issues/concerns have been resolved.</p> <p>SM has on behalf of Bramblys Grange commissioned training for receptionists; this has covered 60 members of staff across 6 local practices. In additional an accredited management and leadership course has also been commissioned for 10 individuals across 4 practices and some CCG staff. This will support practices in succession planning for future. SM is currently supporting Bermuda and Marlowe Partnership and Camrose, Gillies and Hackwood supporting both strategic development and planning as well as operational support. Areas include</p>

	<ul style="list-style-type: none"> - CCG support and planning - Staff training and development - Team organisational development - Governance processes - Recruitment <p>There should be 900 patients per GP, but most run on 2,000. CQC and estates work is also being reviewed. The duty clinic is also being reviewed.</p> <p>The strong relationships between the practices and the CCG is working well and helping people to be developed.</p> <p>AK invited any members to PPG to bring forward any items of concern. The PPG asked is there any audit trial; relationships are now very open and improved and metrics are in place to keep checks. There is also patient feedback and CQC in place.</p> <p>The PPG asked if there a re-charge for support to practices; this is a mix and some is provided. Investing in people is extremely important.</p>
2.2	Primary Care Networks (PCNs) Update
	<p>NHCCG has 6 PCNs covering the population. Each PCN has an allocated CCG Link individual who can support their development during this period of developing and set-up.</p> <p>PCNs have been working together over the past months to build relationships to develop maturity. c Full PCN delivery is to be in place from 1st April 2020.</p> <p>Update on the Development of PCN Plans (Practices within PCN)</p> <p>AK asked how many had update from Primary Care; this had not reached all the PPG.</p> <p>The intention of the government is to bring all the practices together to provide a service to 30,000 - 50,000 patients. Every practice is working to a contract. Each one has a Clinical Director;, those include Dr Sam Hullah, Dr Judy Lindsay, Dr Jeff Stoker, Dr James Dixon, Dr Tim Cooper and Dr Natalie Smith.</p> <p>Action: Share the distribution list of this meeting with the practices.</p> <p>Action: Share the distribution with the Clinical Directors.</p> <p>It is very important for the PPG to meet with the practice managers.</p> <p>Training will be across the practices to get this up and running and this encourages good communications.</p> <p>Concern raised about GP time and appointment overload. GP's will be given hours to cover the PCN work. Cover can be arranged within each practice if necessary. The half session is covered by most by a locum in most cases.</p> <p>A lot of trust is required to bring in other organisation. It was noted that the clinical director does not have to be a GP, most in most cases it will be. It is important the</p>

	<p>clinical input is required to keep up the standard of care but other people can support not in a medical role.</p> <p>There is a clinical Director's working group; experts are brought into this meeting.</p> <p>The PPG asked what are the timescales? AK said It is expected to be a five-year plan. This is year zero.</p> <p>AK explained the advanced nursing home specification; GP lead to Care Homes and provide medical oversight and weekly/monthly ward round to plan for the future rather than being reactive and avoid hospital admission.</p> <p>It was noted that the Social prescriber at Crown Heights is taking pressure off GP's. GP's would like to focus on complex care.</p> <p>The PPG raised the issue of cost in the commercial world. Many problems come from workforce issues; rotation of different roles can benefit staff and keep up recruitment. Housing, Finance and domestic problems cause problems with self-care. The GP resources need to be concentrated in the right place. It was noted that patients need to open up to other staff and this should be encouraged. All the evidence suggests that 80% is a social need not medical; the journey of transition back to GP's only covering medical issues needs to continued.</p> <p>Signposting to the correct organisation is key i.e. citizen's advice bureau, counselling. GP's are being encouraged to reach out the voluntary organisations.</p> <p>The PPG asked for a summary from AK and copy of the presentation and the direction we are moving to.</p> <p>Action: AK to circulation the presentation</p>
2.3	New Models of Care Update (AK)
	This item was covered in the PCN Update.
2.4	<p>How the PPG Forum and PPGs support this work and the Developing PCN's?</p> <ul style="list-style-type: none"> • A representative from each PPG could meet to share information • IT/internet training is often a block for some patients. The PPG could help with training. • A31 led by Ben Ghazaros (Dr Natalie Smith) one member can join the meeting and a get a copy of the confidential minutes and then report to the PPG meeting. The representative will then be invited to stay on to the networking meeting. • There is a quarterly organisational group from around the A31 group initiated by Community First. This meeting is all around working in partnership, mainly around self-care. • Some members of the PPG would like to find out more. AK offered some support with this. • Bentley PPG reported 4 initiatives have started. They had asked for help with e-consult; SM offered help by Julia Ticker. One approach could be 'train the trainer'.

	<ul style="list-style-type: none"> • At the Wilson practice a monthly a topic is promoted; 14 ailments had been identified though self-care and they would like to share with A31. This PPG would like to share with all PPG's. this would benefit all practices. • At the Clift surgery the chair has resigned; and they would like to take on self-care but there has not been much feedback. The only shared data is DNA (did not attend) but no other data to support this whole new programme. They would like to see if this has given any good results. • It was recognised that data is important to share across the practices i.e. how many patients with complex issues. Population Health management will start drawing this data to help get information for self-care. • There has been an A&E audit "did you go elsewhere before attending A&E". AK offered to share the result of the audit. • The PPG reported they cannot get into the e-consult system sometimes. The PPG would like feedback from numbers. • GCH reported problems with the NHS App – three drop in sessions to help are available now. The first session will start on Saturday at St Andrews surgery. • GCH reported very high (1436) DNA's in one month. Text is available and the number is always displayed but non-attenders would not see this. There are repeat offenders; some surgeries do write to patients and ask why they did not attend. Volunteers could not be used to help due to patient confidentiality. If there is difficulty trying to phone to cancel and there is a very long waiting time this is costly for the patient. • Some text messages do not state it will not cost anything to reply. <p>Action: This will remain as an Agenda item.</p> <p>What Projects/Initiatives are PPGs already involved with their Practice or PCN?</p>
3.	OTHER MATTERS TO NOTE
3.1	<p>Any items for next meeting DG asked for any new agenda items. None were put forward.</p>
3.2	<p>Any Other Business - to be tabled prior to the meeting</p> <p>Commissioning intentions will not be published by the next meeting but AK will get some information together for a quick snapshot.</p> <p>Interventions can be listed for the next meeting for the DNA patients. Any information is welcomed for the next meeting. Teenagers and upper 40's are most likely not to attend.</p> <p>The start time of 6.30 was raised if it can start earlier. Traffic is an issue and working people cannot attend. It was agreed to keep the start time at 6.30 but an item for the next meeting.</p> <p>The frequency of the PPG meeting will be an agenda item for the next meeting.</p>

3.3	Date of next meeting All meetings will be held on Wednesdays from 18:30hrs to 20:30hrs 18th March 2020 20 th May 2020
	Meeting closed at 8.30 pm

DRAFT