

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 May 2019 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	✓	
Acorn (Gillies)	David Murray	✓	
Acorn (Hackwood)	Joy Deadman		✓
Acorn (Hackwood)	Colin Godfrey		✓
Wilson	Derek Gurney CHAIR	✓	
Beggarwood and Rooksdown	Margaret Sudlow		✓
Beggarwood and Rooksdown	Peter Robson	✓	
Boundaries	Dennis Thomas	✓	
Chawton Park	Ian Saunders	✓	
Chawton Park	Allison Saunders		✓
Chineham	Karen Ashton		✓
Chineham	Ian Josey	✓	
Clift	Nick Hutton	✓	
Clift	David Gent	✓	
Crown Heights	Moira Whitaker		✓
Crown Heights	Cathy Wands	✓	
Watership Down Health - Oakley & Overton	Ian Pryce	✓	
Watership Down Health - Kingsclere	Tony Forward	✓	
Odiham	David Woodward	✓	
Odiham	Dr Helena Heywood		✓
Odiham	Tony Tuck	✓	
Tadley	Gill Tomlins		✓
Tadley	Jean Chapman	✓	
Whitewater	David Nodder		✓
Whitewater	Stella Potter		✓
Wilson	Ken Jones		✓
North Hampshire CCG	Sharon Martin	✓	
North Hampshire CCG	Naomi Green	✓	
North Hampshire CCG (Focus Item)	Jess Berry	✓	
North Hampshire CCG	Dr Nicola Decker	✓	

1	Standard Business Items
1.1	The Chair welcomed everyone to the meeting, apologies were noted as above.
1.3	Minutes of the meeting held on 13th March 2019 The minutes were approved and agreed.

1.4	<p>Action Tracker</p> <p>The actions from the 13th March 2019 meeting were to be updated on the action tracker. The current open actions were reviewed and updated.</p>
1.5	<p>Feedback from CCG Event held on the 10th April 2019 (The NHS Long Term Plan and the New GP Contract)</p> <p><i>Ian Josey shared his feedback on the event:</i> A well organised event that gave a balanced mix of presentations and round-table discussions. A variety of different medical and social case histories presented as varied experiences specifically for their history of outcomes. They provided examples and the means by which learning could take place across health and welfare workplaces. This was a useful way of shifting analytic capacity from regulation and performance, to quality improvement, collaboration and transformation.</p> <p>Potentially with more events happening like this, GPs attending are seen to be “walking the walk” and focusing on requirements for benefits of change demanded by the local community. These benefits can then be articulated and embedded in practice, allowing NHS organisations to become intelligent customers, giving better use of information and services within PCNs through steering commissioning support units and local services to common goals.</p> <p>Our next event will take place at Hampshire Court Hotel in Chineham on Wednesday 12th June, which concerns the Whitewater Loddon PCN. It should lead to encompass and continue the example set on this occasion and show availability to the public for most ways of communicating and being informed across this sector, locally. Anyone is welcome to attend.</p> <p><i>Nick Hutton shared his feedback of the event:</i> Agreed it was a well organised event, hopefully the first of many all-inclusive meetings specific to the development of PCNs. It gave the platform to explore, share and take-away learning. Attendees were a mix of charities, PPGs, PCN member and Primary Care, and it put the PCN at the heart of future NHS plans. There was an understanding that success is about building good relationships and partnerships and integrations – moving from centralisation to localisation with Digital orientation being the enabler.</p>
1.6	<p>Chair and Vice Chair Update</p> <p>Voting for the position of Chair and Vice Chair is now open, with a response deadline of 7th June 2019. Nominations to be sent to Sharon.martin22@nhs.net</p> <p>Sharon communicated the voting process, with a short summary from each Candidate on 16th May 2019.</p>
1a	<p>URGENT ADDITIONAL ITEM – Extended Hours (the new GP Contract)</p>
1a.1	<p>Update</p> <p>Dr Nicola Decker started by noting that the Clinical Directors are newly appointed into post and nothing has officially been signed off yet by the Boards/Committees and the names of these individuals are not yet public.</p> <p>It will take some time to truly get hold of the role as it is new, so asked the group to please bear with them and go on the journey with them as they will need support</p>

	<p>over the next few months while things settle in.</p> <p>Nicola shared with the group an update of where we are in terms of the Extended Hours Access element of the new GP Contract.</p> <p>She summarised that the Extended Hours Access was a service introduced back a number of years ago where practices could provide, for additional reimbursement, an additional 30 minutes per 1,000 patients on top of the core hours (8:00-18:30). The majority of practices did this, but last year NHSE introduced Improved Access to General Practice (IAGP), which all practices needed to deliver by October 2018. Improved Access is essentially the same service but must be offered between 18:30-20:00 Monday-Friday and offer a weekend provision. To deliver this, practices are working together within their PCNs. Most practices therefore ceased to offer Extended Access and only offered Improved Access due to the challenges around staffing the extra provision.</p> <p>The PCNs must continue to provide Improved Access but as part of the new GP Contract, they now must also offer Extended Hours Access. The CCG has been thinking about how PCNs could work differently to be able to provide both these elements, as there are workforce challenges (Nationally). A letter was sent to PCNs testing the idea that PCNs could offer different kinds of services in these appointments, for example, blood test, smoking cessation, health-workers from charities (Mind) etc. The LMC and NHSE have this idea in principle, but now we need to seek the PCNs views and the views of patients.</p> <p>We have 6 weeks to try and come up with a solution as PCNs must be delivering this by 1st July 2019, so there is a lot of work happening around this at the moment. We do not want a “postcode lottery” scenario and hope that the appointment of the Clinical Directors will lead the way in tailoring this to population need and outcomes. It is a real opportunity to deliver true Public Health and promote the prevention agenda.</p> <p>Concerns were raised by some, around those practices who are struggling already to provide the basic, core provision before adding additional services in to the mix. Nicola said she has been witness to some positive discussions of the PPG and this group will play a big role in shaping and driving changes and ensuring equity. The concern was noted.</p> <p>It was also noted that if blood tests were to be offered at weekends/evenings the CCG should consider this carefully and engage with HHFT and other providers to ensure what is being implemented can be delivered.</p>
2.	FOCUS ITEM – Mental Health, Learning Disabilities and Physical Disabilities
2.1	<p>Presentation by Jess Berry (NHCCG Senior Commissioning Manager)</p> <p>Jess Berry spoke to the group about the wealth of resources now available to practices and the public around Mental Health, Learning and Physical Disabilities. It was noted there has never been a lack of resources but rather a lack of understanding on where to find them.</p> <p>Connect to Support Hampshire have been working on creating a centralised directory of resources that is searchable to anyone: https://www.connecttosupporthampshire.org.uk/home</p>

A demonstration was given on how to navigate the website and Jess encouraged the group to further explore this themselves. She explained that if a Provider is not included, they can complete an online form embedded in the webpage and the team will review and add them to the directory:

<https://www.connecttosupporthampshire.org.uk/s4s/FormDetails/FillForm?formId=3>

The CCG has been updating its own directory of resources, with many elements that link to the Connect to Support Hampshire webpage. The teams want to ensure that everyone has access to the same resources so no area is disadvantaged. The NHCCG web link to the directory is below:

<https://www.northhampshireccg.nhs.uk/your-health-2/>

Connect to Support Hampshire update the site every 6 months and the CCG updates their webpage regularly too, the aim is to ensure the most recent and relevant information is accessible to the population. Southern Health has done a significant amount of work in making the Learning Disabilities resource pages very user friendly.

It was mentioned that the CCG want to try and encourage the elderly populations to the psychiatric therapies that are available, for example “i-Talk”. I-Talk is a service that offers psychiatric support to all ages; this includes face-to-face meetings and telephone calls. The outcomes when the service is used are very good and positive and so the CCG wants to encourage resources like this to be used more.

The CCG and other providers are hoping to launch the 3-D’s campaign soon, targeted at the frail population. The 3 D’s are:

1. Dementia – only patients who are diagnosed have access to the support services.
2. Delirium – is a treatable and preventable condition and is often a side effect of an underlying infection. There is a lot of information available about this.
3. Depression – there is a higher prevalence of depression in this patient group as they often feel socially isolated.

Jess welcomed the support of the PPG in raising awareness to this particular patient group advising the team can come to any events/lunch clubs that might run in the community. The events do not have to be a certain size. Please contact Jess if this is something you would like to schedule:

jessica.berry1@nhs.net

or email via the primary care inbox: nhccg.primarycare@nhs.net

It was noted that the team are working with HHFT to get this information included in discharge packs.

The PPG urged the CCG to keep posting on its social platforms - Facebook, twitter etc. as they do share these and signpost patients accordingly. The group also noted that more signposting to local pharmacies needs to be encouraged.

A question was raised around where the Mental Health expertise comes into the new PCN model. The CCG advised that lots being done to address this through connections to the voluntary sector, psychiatric nurses in some PCNs which the team is hoping to roll out to other networks.

3.

OTHER MATTERS TO NOTE

<p>3.1</p>	<p>Sharing between practices (current challenges, good practice etc.)</p> <p>Practices shared concerns around the difficulties they're having with communicating with patients, despite a high importance being placed on efficient and effective communications at this time of change.</p> <p>Some practices advised they are no longer allowed to email out to patients because of the GDPR rules introduced last year. However, some practices confirmed they still were emailing patients as they offered an "opt-in/out" to them.</p> <p>There was a lot of debate about what was allowed under the new GDPR and whether or not practices were perhaps being too cautious or not following regulations.</p> <p>ACTION – Sharon to email DPO contact at the CSU to get clarity over how the PPG can and cannot communicate.</p> <p>In the meantime, alternative solutions were discussed, methods of communication that seem to be working for some are listed below:</p> <ul style="list-style-type: none"> - PPG has a section in the Practice Manager's/ Practice newsletter to patients - Paper copies of the newsletters are available in practices - Columns in the local paper/parish magazines (if only small section allowed you could include a web-link to the practice websites) <p>Alton Health are also in discussions with the local radio station to see if there is a sensitive, non-imposing way of getting important messages out there.</p> <p>The discussion came to a close with everyone agreeing that consistency in how patients are communicated with was important to ensure efficient and effective messages are shared in a way that was inclusive from everyone, not a Practice/PPG split.</p>
<p>3.2</p>	<p>Any items for next meeting</p> <p>The PPG requested that <u>Patient Communications</u> was a dedicated agenda item and the next meeting.</p> <p><u>Who funds the PPG?</u> Members expressed the challenges they're facing in regards to financial support from practices for events they are both running and would like to attend. For example, PPG members are funding refreshments/resources themselves for local events (Clift meeting scheduled in June) and are not being supported in travel costs to external events like the National PPG meeting in Gloucester. It would be helpful to understand how the different practices are supporting their PPGs.</p> <p>ACTION – Naomi to email Practice Managers to find out what financial support is offered.</p> <p><u>Patient Records</u> It was felt there is some confusion around accessing patient records and the difference between online access and Subject Access Requests. Previously patients were asked to opt-in/out and where patients can go/who they can escalate to if patient records are missing.</p>

	<p><u>Future Focus Items</u> Discussions were had around the focus items of the next few meetings and it was agreed that a GDPR session would be helpful.</p> <p>The group also had a request from the CCG's Medicines Management Team would like to come and speak, the group agreed with this too.</p>
3.3	<p>Any Other Business (to be tabled prior to the meeting)</p> <p><u>E-Consultations</u> A query was raised around the use of e-consultations. As many understand, as part of e-consultations patients are offered either:</p> <ul style="list-style-type: none"> - Telephone consultation - Telephoned and asked to attend the practice for an appointment - Receive an email response via the e-consultation forum <p>If patients receive an emailed response, there is no information around who has offered the advice – whether it was a GP or Nurse and who the individual was. This raises several concerns:</p> <ol style="list-style-type: none"> 1. If the information is erroneous, it is difficult to investigate any potential issues as it does not identify who gave the advice. 2. From a patient perspective, if they need to give details to an insurer, for example, they cannot state where the advice came from. 3. Rightly or wrongly, some patients have certain clinicians they may trust more, so this might cause some uneasiness if they don't know who it came from. <p>It was noted that the system is very good and works very well in most circumstances, but the group felt this issue should be raised. Is it a software restriction? Is it a local or national flaw in the set up? Please could it be escalated?</p> <p>ACTION – Sharon to email Primary Care Development Manager – Digital Enabling, who leads on this to provide response to queries.</p> <p>Following on from this triggered other concerns around GPs emailing patients. Sharon advised that emails sent from nhs.net – nhs.net is a secure network and this is how the CCG communicated with General Practice but patients will not have these set up. Private providers may work differently, but in the NHS there are procedures in place to ensure patient confidentiality and safety (should a member of staff be off).</p> <p>Ian Josey advised there was an article he has seen around this subject on GPOnline – links below:</p> <p>https://www.gponline.com/email-security-patient-confidentiality/article/1442423</p> <p>https://www.gponline.com/better-communication-gps-patients-boost-self-care/article/1411472</p> <p>https://www.gponline.com/search/articles?KeyWords=information+security</p>

	<p><u>Meeting Frequency</u> The frequency of the PPG meetings was discussed, as some felt the meeting were perhaps too far apart in light of the pace of change caused by the developing PCNs.</p> <p>It was agreed by the group that main meetings should remain bi-monthly with interim meeting scheduled monthly to discuss specific topics and members will attend if they are able to.</p> <p>Sharon will send an email clarifying the meeting schedule.</p>
3.4	<p>Date of next meeting</p> <p>All meeting will be held on Wednesday's from 18:30hrs to 20:30hrs</p> <p>24th July 2019 18th September 2019 20th November 2019 22nd January 2020 18th March 2020</p>
	Meeting closed at 20:30 hrs