

Patient Participation Group

Minutes

Date: 27th September 2017

Time: 2:00 – 4:30pm

Location: The Hanover Room, The Brighthelm Centre, North Road, Brighton

Summary of resolutions taken at meeting

Proposed resolutions	
Item number	Resolution
01	Mike Randall to report on the outcome effects of the Ridgeway surgery closure. When: 24th January 2018, PPG meeting.
05ii	LK to provide patient numbers to GP ratio to Network members
06	Details of forthcoming PPG annual event to be passed to Mike Randall: Kaye Duerdoth
07	GP Survey update to be provided from Healthwatch at the next meeting. Meg Lewis to invite Healthwatch.

CCG Representatives:	
Thomas Gurney	Associate Director of Communications, TG
Jane Lodge	Head of Participation and Voluntary Sector Partnerships JL
Meg Lewis	Patient and Public Engagement Manager ML
Rebecca Atkinson	Patient and Public Engagement Administrator RA
Jonah Padfield	Engagement and Communication Apprentice JP
PPG represented:	
Barbara Marshall	Beaconsfield Surgery
Mary Mason	Hangleton and Knoll Forum/ Patient at Benfield Valley Healthcare Hub
Nick Goslett	Links Road
Josephine O'Carroll	Pavilion
Lloyd Ungood	Trinity Medical Centre
Roy Fierheller	Saltdean and Rottingdean
Eileen Fierheller	Saldean and Rottingdean
Neil Stevenson	Charter Medical Centre
Sylvia New	Wish Park
Mike Randall	Woodingdean
David Bowden	Preston Park
Helen Brownstone	Hove Park Villas



Derek Felstead	TBC – Emailed requesting info,
Mark Richardson	TBC – Emailed requesting info,
Henrietta Hardiman	TBC – Emailed requesting info,
In Attendance:	
Kaye Duerdoth	Community Works
Magda Pasiut	Community Works
Sue Sayers Lara Kiziltuna	Community Development Worker supporting Saltdean and Pavilion PPG Commissioner, Brighton and Hove CCG,
Apologies received:	
Sharon Lyons Barbara Myers Mike Holdgate	Portslade Health Centre Preston Park Lay Member for Patient and Public Participation, CCG Governing Body

Agenda item	Discussion	
01	Welcome and apologies	
	Stan Pearce welcomed attendees to the meeting. This is his first time as Chair.	
	Apologies as listed above.	
02	Updates from PPG Network members since the last meeting	
	<p>Beaconsfield Surgery: Practice pharmacy was discussed, this has now been approved. Dr. Green has now retired, Dr. Amrit Baura will be with the surgery over the next few months. From December 2017, new GP Dr. Jim Rehill will be joining the surgery. A new practice nurse has also joined the team.</p> <p>Preston Park Surgery:</p> <p>Reports that have now found a replacement for Dr David Supple, however, it is likely that this will be a salaried GP rather than a Partner. The use of the text messaging service within the practice has been useful and will continue.</p> <p>However, there has been immense difficulty in recruiting new members to join the PPG, despite the recent AGM – there have been no new members</p> <p>Concerns about space were discussed, the practice currently has two GP trainee graduates and if they were to come back to the practice once qualified, there are concerns that there would be no space available to them. To resolve this the practice has applied to the council to maintain the use of portacabins which had been refused. The practice has appealed this decision and are being supported by the CCG with this.</p> <p>On the 13th /November there is the mental health access session in which Rebecca Jarvis will attend with Mind. All welcome to join.</p> <p>Trinity Medical:</p>	



	<p>Following the recent joined up services between Sackville Medical Centre and Central Hove Surgery, it is felt that overall this has been a positive merger. However, there have been teething issues with patient access. There are now 18,000 patients registered with this surgery. The PPG is now advertising for new members via the website.</p> <p>North Laine</p> <p>Feeling is that it is not working well. There are currently two doctors who do not work full time. The two named doctors are only available for two days per week with cover from locum GP's at other times. The online services currently aren't effective, there are no appointments available to patients who try to book. Treatment at the surgery feels as though it is a bit like a lottery; with varying degrees of service received. Too often simple things are missed, for example: repeat prescriptions service with missing items. Like other PPG's, they have found that people do not want to take part in the PPG's. There are 40 patients on the PPG mailing list and only 6 attending meetings. There is a need to look at new ways to attract involvement</p> <p>Hangleton and Knoll – Benfield Valley Healthcare Hub</p> <p>Mary Mason was very pleased to let the meeting know that there are 2 new GP's that have been recruited in Hangleton.</p> <p>Woodingdean – Ridgeway</p> <p>Mike Randall explained that he is working with patients affected by the pending closure of the Ridgeway surgery. In his experience, patients are unsure of the necessary action to take. MR feels that there should be a model in place on how to deal with practice closures in future. A report will be drafted once the practice closes on 31st October 2017.</p>	
03	Minutes and matters arising from the meeting held on May 24th 2017	
	<p>No matters arising</p> <p>Minutes – to be amended, Paula should read Pauline (item 2)</p> <ul style="list-style-type: none"> - Update on the Partnership Group meeting This was on the agenda but was not discussed at the meeting 	BA to amend electronic copies
04	PPG Network Hosted Event – 25th October 2-5pm	
	<p>SP has planned the event and has invited the following groups to provide 10 minutes of guest speakers from the following community groups:</p> <ul style="list-style-type: none"> • Alzheimer's Society • Dementia Alliance • Cruise Bereavement Care • Possability People • Admiral Nurses • Memory Assessment Service 	



	<p>SP has also invited 15 out of the 26 governors at Sussex Community Foundation Trust to the event.</p> <p>So far there has been a very positive response to this event; SP invited all to the event.</p>	
05	CCG updates:	
05i	The Big Health and Care Conversation and Caring Together	Tom Gurney
	<p>TG summarised his role within Brighton and Hove CCG and the overall plan of The Big Health and Care Conversation working together with Brighton and Hove City Council.</p> <p>Key messages: Together we want to hear the views, give information and have the conversations with the public. It is important to be open and loose, to ensure meaningful engagement. There is currently no model to work from; we are trying to be as diverse as possible in terms of the location of the different engagement events. We welcome any suggestions and are happy for you all to get involved.</p> <p><u>Comments</u> How do services currently work together? Organisations know now that doing nothing is simply not an option – it needs to happen and now is the time. We can achieve this by working collectively, especially in terms of pooling the budgets available.</p> <p>How can we ensure that middle-aged men are reached as this is typically a demographic that is missed? That is interesting; we do need to look into this. We had considered that the Amex would be a suitable location for this demographic however it would be too difficult to reach exclusively Brighton and Hove residents.</p> <p>Can I suggest Whitehawk FC? We can certainly look into it.</p> <p>How will feedback be transcribed? The CCG have engagement guidelines, which enable the information to be recorded effectively. However, any engagement that a PPG member were to have can be as big or small as people would like. It does not need to be a large conversation recorded on the Dictaphone or anything of that nature.</p> <p>Will the information attained through engagement be shared with the practice? It certainly could be, this would be subject to confidentiality. It largely depends on where the information has come from.</p>	
05ii	Update on Co-commissioning and Clusters	Lara Kiziltuna
	<p>LK explained that prior to 1st April 2017, Brighton and Hove CCG had no responsibility for GP surgeries and that this had been with NHS England who has now delegated commissioning directly to the CCG, and it is now the responsibility of the CCGs to move forward with fixing the issues that local GP surgeries are facing. This is seen as a positive move as we now have the advantage of local knowledge which fixes local issues.</p>	



What are NHS England still responsible for?
Complaints, GP performance and revalidation.

The discussion then moved onto concerns relating to capped patient lists and unsafe patient numbers caused by the pressures of GP surgery closures.

Defined patient list definition:

Open: Any catchment area

Closed: This must be for at least 3 months until a maximum of 12 months. It is then 6 months before they can re-open again. This has to be applied for and agreed with the CCG

Capped: this means that the surgery feels it has an unsafe patient numbers and able to allocate to other surgeries in the cluster if necessary. This is a temporary position.

LK: Ridgeway surgery had capped their list and we were able to discuss this with them which then enabled them to open their lists again, which is an example of how things can work through local negotiation and discussion.

It's also important to note that there are currently no closed lists in the city.

Comments

What are NHS England still responsible for?
Complaints, GP performance and revalidation.

Primary Care :

JL: We have issues with capacity for GP's. Recruitment and retention for current and new GP's is an on-going issue.

LK: There will be six clusters relaunched in September 2017 which are based on geographical areas and the differing needs of each area of the city. This will lead to far better working together and improved healthcare for the patients. It also means that GP's can move around surgeries in their clusters. There will be monthly meetings with practice managers, commissioners and GP's

Will we have cluster PPG's?

JL: All practices are contractually required to have a PPG, so just having one per cluster is not an option, However, there may be opportunities in PPGs across a cluster working together, which is similar to the Health Forum model in Hangleton and Knoll.

Are there current guidelines or rules to GP and patient ratio, as in numbers? It seems GP's are under immense pressure which is increasing all the time.

LK: We recognise the problems faced by GP's. We will check whether there are guidelines about GP: patient ratio, and what the actual rate is, and feed back

Summary Care Records:

Patients will be able to access their own records online, this will enable a better system that allows efficient sharing of information. Patient security and confidentiality is a very important factor in this.

Comments

This is happening in the Benfield Valley Healthcare Hub already

	<p>.</p> <p>There are currently two systems used in surgeries, is information shared effectively between the two?</p> <p>LK: Although there are no known issues however we would prefer consistency and with the clusters in the future we hope that this happens.</p> <p>Will there be a joint budget for this?</p> <p>LK: Yes we are looking to introduce this in the future.</p>	
05ii	Standard Requirements for PPGs and ongoing monitoring.	Jane Lodge
	<p>JL handed out information which outlining the proposed requirements for PPG's and the ongoing monitoring.</p> <p>Monitoring the PPG's is now a responsibility of the CCG having not previously been actively monitored by NHS England.</p> <p>We would like to standardise the model of PPG's and we would like the input of members. Focus should be:</p> <ul style="list-style-type: none"> • Supporting the practice • Helping the practice with patients • Overall working with the practice <p>There will be differences between PPG's however the key focus is to engage with the population.</p> <p><u>Comments</u></p> <p>It is very difficult for us to recruit new PPG members.</p> <p>Are you empowering the PPG to have a role in monitoring with complaints? Only if the surgery chose to disclose, this would be general and multiple complaints, certainly not disclosing any patient /complainant information</p> <p>PPG Newsletter:</p> <p>Felt that this is lacking lately, DB reports the newsletter is completed 4 times yearly.</p>	
06	Community Works update PPG Annual Event	
	<p>Information about the small grant available to PPG's of up to £500. This is to help PPG's to do the following:</p> <ul style="list-style-type: none"> • To increase the numbers of members of your existing PPG • To increase diversity of members of your existing PPG • To reach out to local communities, forming links between PPG's and community groups • To gather local feedback about NHS services and bring it back to the PPG • To develop an online PPG/discussion forum • To run events that enable information exchange, and increase awareness around the roles of PPG's and local health issues. <p>Applications for the grant must be received by Wednesday 31st January 2018.</p> <p>Work is underway for the PPG annual event and currently Community Works is working with:</p>	



	<ul style="list-style-type: none"> • TDC • Serendipity • Hangleton and Knoll <p>The annual learning event will be designed taking PPG feedback into account. The meeting felt that plans were sufficient.</p> <p>KD: Welcomes feedback on the workshops planned so far, and informs that the cluster workshops are currently on hold.</p> <p>ML: Can suggest involving Amaze, LGBT, BME and Traveller groups?</p> <p>MP: We feel that would be useful to have the CCG Communications team involved in this.</p>	
07	GP Survey Update	
	The survey has now been sent out – however we do not have the results of this yet. To be taken over to the next meeting's agenda.	
08	AOB	
	<p>Helen Brownstone is setting up a new PPG, can anyone help?</p> <p>10th October, World Mental Health Day Walk with Mind. This starts at Hove Town Hall and everybody is welcome to join.</p>	
	Date and Time of the Next Meeting:	
	Wednesday 24 th January 2-4.30pm 2018 Hanover Room, Brighthelm	

