



**Commissioning Alliance**

Brighton and Hove CCG  
Crawley CCG  
East Surrey CCG  
High Weald Lewes Havens CCG  
Horsham and Mid Sussex CCG



# PPG Network Meeting

## Minutes

**Date:** 23<sup>rd</sup> January 2019

**Time:** 13:30-16:30

**Location:** The Brighthelm

### Summary of resolutions taken at meeting

Proposed resolutions	
Item number	Resolution
5 (iv)	PPG members to email DL with any parking issues at your surgery
7 (ii)	PPG Terms of Reference (ToR) will be circulated with the minutes.
8 (ii)	JS (Community Works) to send DL breakdown of figures.
8 (v)	DL to find out from the CCG rules on the uncommitted funds (Community Works).
9 (iv)	JT to provide DL with a copy of the (Medicine Management Update) 'self-care' presentation to go out with the minutes.
9 (vi)	Chair to arrange meeting between West Hove Health Forum and CCG regarding 'self-care' scheme and get their input.
10 (ii)	Update (script) from 111 engagement team on 111 provider to be included with the minutes.
11 (ii)	PPC website update to go on the agenda for the next meeting.
12 (ii)	PY and FB to email DL notes from the Cluster 6 integration project meeting - to be included with the minutes.
13 (ii)	PPG conference to go on the agenda for the next meeting.
13 (iii)	The Chair to confirm the budget for the PPG conference.

<b>Chair</b>	<b>Martyn Yeats</b>	<b>MY</b>
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	<b>NAME</b>	<b>INITIAL S</b>	<b>PRACTICE</b>
<b>Present</b>	<b>Debbie Ludlam</b>	DL	CCG
	<b>Tony Graham</b>	TG	
	<b>Brian Ravenett</b>	BR	North Laine
	<b>Josephine O'Carroll</b>	JC	Pavilion
	<b>Clair Danvers</b>	CD	Saltdean and Rottingdean
	<b>Eileen Fieriheller</b>	EF	St. Lukes/ Saltdean & Rottingdean
	<b>Roy Fieriheller</b>	RF	St. Lukes/ Saltdean & Rottingdean
	<b>Sarah Hurtchfield</b>	SF	Carers Hub
	<b>Carol Witney</b>	CW	St. Peters (PM)
	<b>Rosemary Phillips</b>	RP	Portslade Health Centre
	<b>Mo Marsh</b>	MM	Stanford
	<b>Andy Cheng</b>	AC	
	<b>Val Cane</b>	VC	
	<b>Mark Richardson</b>	MR	Preston Park
	<b>Fabia Brackenbury</b>	FB	Trinity
	<b>Pauline Young</b>	PY	Trinity
	<b>Mike Aldgate</b>	MA	Preston Park / Saltdean & Rottingdean
	<b>Mary Mason</b>	MM	Hangleton Health Forum / Benfield Valley
<b>Jess Sumner</b>	JS	Community Works	
<b>Edward Clay</b>	EC	Wish Park	
<b>Steve Cribb</b>	SC	Links Road (PM)	
<b>In attendance</b>	<b>Jennifer Newell</b>	JN	Interim IG Officer (minute taker)
	<b>Geraldine ANSCOMBE</b>	GA	Surrey & Sussex LMC
	<b>Sarah Hirschfield</b>	SH	Carers Centre
	<b>David Supple</b>	DS	CCG
	<b>Jeremy Luke</b>	JL	LMC Surrey & Sussex
	<b>Jade Tomes</b>	JT	CCG
	<b>Neveen Sorial</b>	NS	CCG
<b>Apologies</b>	<b>Stan Pearce</b>	SP	<b>Saltdean and Rottingdean</b>
	<b>Sharon Lyons</b>	SL	
	<b>Maureen Copeman</b>	MC	
	<b>Graham Aldridge</b>	GA	Wish Park

Agenda Item No.		Action
1.	<b>Welcome and apologies</b>	
	The Chair welcomed everyone to the meeting.	
2.	<b>Introduction</b>	
i.	The PPG introduced themselves.	
ii.	<p>Sarah from Carers Centre introduced herself to the PPG and explained she was attending this meeting to gain a greater understand of how the PPG works. Sarah explained the role of Carers Hub and how they support unpaid carers in the community. Sarah offered to attend any future PPG meetings and give a more detailed presentation of the services Carers Hub provides. Sarah provided her email address and said it would be fine for anyone from the group to contact her if they needed to.</p> <p><a href="mailto:Sarah.hirschfield@thecarerscentre.org">Sarah.hirschfield@thecarerscentre.org</a>  <a href="https://carershub.co.uk/">https://carershub.co.uk/</a></p>	
3.	<b>Minutes (circulated on 06/11/2018) and Matters Arising</b>	
i.	The minutes from the last PPG meeting were approved by the Chair and no issues of accuracy were recorded.	
ii.	It was noted that all matters arising had either been actioned or were covered in the meeting.	
4.	<b>CCG update (Debbie Ludlam)</b>	
i.	DL reminded the PPG about events coming up on the 9 <sup>th</sup> Feb regarding long-term plans for the NHS and the STP (Sustainability & Transformation Plan) case for change, which provides the platform for conversations around priorities and funding. There will be a presentation followed by the opportunity to break into smaller group discussions. It was noted that this is a public event.	
ii.	The PPG raised the issue around how best to communicate events like this to people on a wider scale. DL explained a poster will be issued by the Comms team in due course, to be displayed in the surgeries. Some members of the PPG suggested displaying the posters in bus-stops as well (if it is possible).	
iii.	<p>There will also be various opportunities coming up and meetings around IAF work ((Improved &amp; Assessment Framework) that will require PPG input around participation and engagement:</p> <p><a href="https://www.england.nhs.uk/commissioning/regulation/ccg-assess/">https://www.england.nhs.uk/commissioning/regulation/ccg-assess/</a></p>	
5.	<b>Issues arising from PPG meeting feedback forms</b>	

	<b>Parking (Edward Clay)</b>	
i.	EG introduced himself to the PPG and explained he would be delivering the presentation instead of Graham Aldridge (GA).	
ii.	Issue of parking and access to surgeries for elderly, frail and disabled patients. Current contracts for GP's with the NHS means it is not the responsibility of the GP outside the building, (which implies by default it is the responsibility of the local council). EG delivered his presentation on the issue of access to Wish Park practice and the ongoing problems they encountered regarding accountability and changes to the situation.	
iii.	EG asked if the PPG members could look into car parking access and issues for their surgeries, and in turn produce a one page summary to bring to the next meeting. EG will then collate all these into one report to take to the council and ask the chair of the committee responsible for policy guidance on how to make the disabled and frail patients first priority for access to GP surgeries.	
iv.	<b>Action: PPG members to email any issues regarding parking and access at their surgeries to DL</b>	<b>ALL</b>
<b>6.</b>	<b>How can the Local Medical Committee (LMC) and CCG work together to make primary care more sustainable? (Jerry Luke &amp; David Supple)</b>	
i.	JL and DS introduced themselves to the group. JL was a GP for 30 years in Crawley, a member of the LMC for 34 years, and now one of their medical directors. For more information on what the LMC does go to: <a href="https://www.sslmcs.co.uk/aboutus">https://www.sslmcs.co.uk/aboutus</a>	
ii.	The LMC only represents general practices and the CCG has a duty to discuss any changes with the LMC so they can keep track of what changes are coming. Part of the negotiating strategy is the contract under which GP's work changes on a yearly basis, which is not ideal for practice managers.	
iii.	The main issues for GP's are: not enough GP's; don't just do NHS work as doing lots of other jobs (so they are over stretched and essentially work part time hours with patients); lack of resources (money, work force and time). The LMC considers the sustainability of practices and protects them from being over-whelmed by the ever-growing workloads and responsibilities.	
iv.	The LMC tries to get involved early on to give advice on the business, relationships; rules on what can and can't be done; premise costs; funding streams available etc..	
v.	DS explained current issues: practices that fold for various reasons; when a practice closes another practice has to take on the patients;	

	practices that merge together; difficulties for GPs in the more deprived areas; the working day puts a lot of GP's off surgery practices because they are taking on more and more things that usually hospitals would have dealt with; tensions between ease of access and continued care; some tension with CCG and what is the core job for a GP practice (and how it is going to be paid for).	
vi.	The PPG discussed these issues and suggested: <ul style="list-style-type: none"> <li>• Specialist nurses, midwives, counsellors etc. working part time in the surgeries (as well as the hospitals)</li> <li>• More self-care by patients; care navigators to help point patients in the right direction regarding their health care</li> <li>• Would it be possible to ever change the yearly NHS contracts; so not having to renegotiate so often?</li> </ul>	
<b>7.</b>	<b>What is a good PPG? How do we know if we are doing well? What metrics should we use to measure success? (Mark Richardson)</b>	
i.	The PPG discussed whether it should set a criteria for how to measure the success of the group and set a yearly target for what it wanted to achieve going forward. The PPG needs to demonstrate it provides value for money and makes a positive difference to people's lives as well as supporting the CCG.	
ii.	<b>Action: PPG Terms of Reference (ToR) will be circulated with the minutes.</b>	<b>DL</b>
iii.	The PPG considered the current issues around how best to support practices and patients. The main issue was how to communicate information to patients effectively (especially those who did not visit the practice often). The GP's surgery texting system was an option but GDPR meant over-coming obstacles such as obtaining patient authorization (where it had not been given) in some cases.	
iv.	AC informed the group he had looked at the NAPP website (National Patient Participation Groups) <a href="https://www.napp.org.uk/overview.html">https://www.napp.org.uk/overview.html</a> which listed 4 points for PPGs to consider when working in partnership with their practices: <ol style="list-style-type: none"> <li>1. help patients to take more responsibility for their health.</li> <li>2. contribute to the continuous improvement of services and quality of care</li> <li>3. foster improved communication between the practice and its patient</li> <li>4. provide practical support for the practice and help to implement change</li> </ol>	

v.	The PPG decided that going forward they would continue to bring ideas to the group for discussion and debate; sharing what has worked well and what hasn't; keep a record of what their successes were; consider evidence of the good practice where possible; the exchange of knowledge; continual review of success criteria.	
<b>8.</b>	<b>Community Works PPG support update (Jess Sumner)</b>	
i.	JS informed the PPG that there would be no more funding from 1 <sup>st</sup> April. Community Works had been given a grant of £3,500 for the PPG; £1,000 was for the PPG annual event and £2,500 was for the event support plus admin support for the small grants programme. There was still a slight underspend around £200.	
ii.	<b>Action: JS (Community Works) to send DL breakdown of figures.</b>	<b>DL</b>
iii.	From the 1 <sup>st</sup> April the PPG could become a member of Community Works in order to access some of the support functions but they will no longer have a dedicated member of staff.	
iv.	JS explained the funding for the annual event was uncommitted and could be treated as a claw back from the CCG. Community Works could hold it for the PPG with CCG approval or pay it to another party. JS asked the PPG to think about their needs for the uncommitted £200 and find out the best course of action (it could be used towards the website).	
v.	<b>Action: DL to find out from the CCG rules on the uncommitted funds.</b>	<b>DL</b>
vi.	Community Works are currently running a questionnaire around the community and voluntary sector to provide a picture of community groups in the city. JS explained this has previously been used to influence policy and strategy when giving a picture of what the voluntary and community activity looks like in Hove and Brighton. JS invited the PPG to have their say and fill in the questionnaire at: <a href="https://www.bhcommunityworks.org.uk/voluntary-sector/brighton-and-hove/research/">https://www.bhcommunityworks.org.uk/voluntary-sector/brighton-and-hove/research/</a>	
vii.	The Chair thanked JS for all the work and interesting innovations Community Works has provided the PPG, who have benefitted from the small grants programme and he hoped the PPG would continue its partnership with Community Works as a member.	
<b>9.</b>	<b>Medicines Management update (Jade Tomes &amp; Neveen Sorial)</b>	
i.	JT and NS introduced themselves to the PPG and explained the purpose of their presentation was to provide the group with an update on changes to 'self-care' for patients and how patients can be empowered to self-care for minor conditions. One of the aims was trying to cut down on the back-log of work for unnecessary	

	appointments when self-care could potentially be more effective and time efficient.	
ii.	Some of the challenges identified are: whether a patient can afford over the counter (OTC) medication and they feel able to discuss this with their doctor; whether a doctor feels comfortable discussing OTC options with the patient; patient entitlement (patient thinking they are entitled to a prescription); changing the mindset of patients (and getting them to adopt the 'self-care' approach); how to best educate people in 'self-care' and alternative options; making patients aware when they should not 'self-care' but go see the doctor.	
iii.	<b>Action: JT to provide DL with a copy of the 'self-care' presentation to go out with the minutes.</b>	<b>DL</b>
iv.	The next step is to host a joint meeting between GP's and Community Pharmacies as a shared learning and educational event to discuss better communication channels; work is ongoing around the trial of a 'self-care' prescription form (which the GP would fill on for the patient to take to the Pharmacist); developing a patient facing web-page that will provide more information about sign-posting and self-care.	
v.	<b>Action: Chair to arrange meeting between West Hove Health Forum and CCG regarding 'self-care' scheme and get their input.</b>	<b>MY</b>
vi.	<p>The PPG thanked JT and NS for their presentation. Generally it was felt this is a good idea and positive progress has been made. The PPG discussed with JT and NS some reservations to keep in mind:</p> <ul style="list-style-type: none"> <li>• Greater clarity on when the 'self-care' starts – does it come after first consultation with GP?</li> <li>• Involve some members of the PPG on the Medicines Management Team Working Group (to include patients' perspective).</li> <li>• In order to help change patients behavior towards 'self-care' use stories and not figures – use first-hand accounts of patients experiences at using 'self-care'.</li> <li>• Issue of care-homes and other care providers not being able to do the 'self-care' for patients.</li> <li>• Might discriminate against some patients who have long-term conditions, or those who require a lot of OTC medication (e.g. paracetamols are sold with a maximum limit on what you can buy – if a patient needs a lot OTC would not be practical for them)</li> <li>• What if the patient takes the wrong medication for a long time, buys it online, takes the wrong thing and is then too embarrassed to admit this to the doctor?</li> </ul>	

	<ul style="list-style-type: none"> <li>Clarification on when a patient should stop 'self-care' if medical problem not getting better, and book an appointment with the GP?</li> </ul>	
vii.	<p>DS informed the PPG of two current websites that people could currently use to research conditions etc.</p> <ul style="list-style-type: none"> <li><a href="https://www.nhs.uk/">https://www.nhs.uk/</a></li> <li><a href="https://patient.info/">https://patient.info/</a></li> </ul>	
<b>10.</b>	<b>111 lay members group feedback (Martyn Yeats)</b>	
i.	<p>The Chair explained to the PPG the procurement exercise for the new 111 provider and the clinical assessment service, which is part of that exercise. The Chair read out the script that was provided by the engagement team who are leading the project. If any PPG members have a query they can contact the 111 transformation team at <a href="mailto:cwscg.sussex111transformation@nhs.net">cwscg.sussex111transformation@nhs.net</a></p>	
ii.	<b>Action: Update (script) from engagement team on 111 provider to be included with the minutes.</b>	<b>MY</b>
<b>11.</b>	<b>PPG website update (Mark Richardson)</b>	
i.	Due to time constraints the PPG agreed to defer this item for the next meeting.	
ii.	<b>Action: PPC website update to go on the agenda for the next meeting.</b>	<b>DL</b>
<b>12.</b>	<b>Cluster 6 integration project feedback (Pauline Young &amp; Fabia Brackenbury)</b>	
i.	PY and FB have only been to one meeting; met with one of the facilitators; this is actually a pilot scheme so in discussion stages; nothing definite to report back to the PPG as yet.	
ii.	<b>Action: PY and FB to email DL notes from the Cluster 6 integration project meeting to be included with the minutes.</b>	<b>DL</b>
<b>13.</b>	<b>Any other business &amp; agenda items for next PPG conference</b>	
i.	<b>DL asked the PPGs to email her any thoughts and ideas they might have for the PPG conference.</b>	<b>ALL</b>
ii.	<b>Action: PPG conference to go on the agenda for the next meeting.</b>	<b>DL</b>
iii.	<b>Action: The Chair to confirm the budget for the PPG conference.</b>	<b>MY</b>
iv.	<p><b>Post meeting:</b> Fabia Brackenbury provided details of the Trinity Medical Centre PPG coffee mornings – opportunity for community interaction; invitation to network members to come along.</p> <p><b>When:</b> last Monday of the month</p> <p><b>Where:</b> <a href="#">Modelo Lounge, Church Road, Hove</a></p>	

	<b>Time:</b> 10am to 12pm <b>Note:</b> Wheelchair access	
<b>14.</b>	<b>Date of next meeting</b>	
	24 <sup>th</sup> April 2019 / 13:30 to 16:30 at Hanover Room, Brighthelm	