



Meeting name PPG Network Meeting

Minutes

Date: 18 – October – 2019
Time: 13:30 – 16:30
Location: Hanover Room, Brighthelm Centre, North Road, Brighton, BN1 1YD

Convening Chair: Martyn Yeats - Links Road Surgery - MY

Present: Debbie Ludlam – B&H CCG - DL
 James Hatch - B&H CCG - JH
 Robert Hinton – Stanford – RH
 Eve Castle – Beaconsfield - EC
 Neil Vinter – Saltdean & Rottindean – NV
 Robin Guilleret – Regency Healthcare – RG
 Sharon Lyons – Portslade – SL
 Mark Richardson – Preston Park – MRi
 Mike Holgate – CCG Governing Body Lay Member - MH
 Brian Ravenett – North Laine – BR
 Carol Whitney – St Peters – CW
 Pauline Young – Trinity – PY
 Lloyd Ungoed – Trinity – LU
 John Kapp –Saltdean and Rottingdean– JK
 Josephine O’Carroll – Pavillion – JO’C
 Michael Randal – Woodingdean – MRa
 Nina Graham-Charter – -NG
 Sylvia New – Wish Park – SN
 Val Cane – Park Crescent – VC
 Fiona – F
 Steve Cribb – Cluster 4 PCN Manager Lead/Links Road – SC
 Denise Muller – Portslade - DM

In attendance: Frances McCabe – Healthwatch - FMcC
 Hugo Luck – HWLH CCG - HL
 Kate Parkin – Armed Forces Network - KP

Item No.	Item	Action
	Meeting Opening Items	
1	Welcome and apologies The chair welcomed everyone to the meeting	
2	Introduction The PPG representatives introduced themselves.	
3	Minutes and matters arising The Chair carried out a page-by-page review of the draft minutes and invited comments: St Peters practice have not had a PPG meeting since they merged with North Laine. DL explained that she has been in contact with the practice manager and a meeting is being arranged. There was a discussion about Primary Care Networks and how it is a bit confusing with some being	

<p>referred to as Clusters because this is what they were called in the 'old model'. DL explained that PCNs are still in their infancy with details such as names still being worked through. DL has shared the configuration of the PCNs.</p> <p><u>Minutes of the meeting held on 31 July 2019</u></p> <p>The Committees approved the minutes as an accurate record of the meeting held on 31 July 2019</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • MF said that the PCNs would be missing out if they don't use the PPGs. MH and Dr Supple have put in preparatory work to set them up and are attending bi-monthly meetings. Action: MY will feed back on these meetings to the group. • There is a concern regarding governance as there is no direct link between the PPG network and the CCG Governing Body. MY has written to Terry Willows and Tom Gurney and is awaiting a response. • MH discussed the speed of the changes taking place with new constitutions being drawn up. He reiterated that he doesn't represent the public at the Governing Body he provides an assurance role and congratulated Martyn on his work. • We need to connect more with the local authority but generally carry on doing what you are doing. • The CCG has no authority over the PCNs. The group were advised that everything would be in place by April 2020 so any patient/public engagement would need to be completed before then. Action: LU to contact Dr Supple to provide advice on this. • RG - The chair has more power to lean on the CCG than the PPGs. • It was discussed that the PPG network believes that a PPG representative from each PCN should attend PCN meetings. PPG network members were encouraged to contact the clinical director/ managers of their PCN to talk about how they can be involved. • SL – West Hove have a group of Health Champions who are elected for that PCN to represent the practices. • Steve – Attended the West Hove PCN meeting for the first time last Wednesday. The practices are on the early stages of a journey. There are concerns about the accountability and governance for PCNs so they are taking things one step at a time. • Discussion on engagement and how it varies across Sussex as well as Brighton and Hove. DL assured the group that engagement is happening across the City and explained the ECHO commission for engaging with equalities groups. The engagement leads across the Sussex CCGs are looking to align engagement procedures across Sussex. • A further discussion followed on electing a vice chair. The group wanted to be able to nominate and decide there and then but it was agreed that a vote on electing could not be decided at this meeting because not everyone in the PPG network was present and therefore would not have a chance to nominate themselves. It was decided to put to the wider PPG network. Action: DL to produce voting slips and add to the agenda for the next meeting. 	<p>MY</p> <p>LU</p> <p>DL</p>	
<p>4</p>	<p>Healthwatch priorities and how PPGs and Healthwatch can contribute to each others work- with discussion</p>	
	<p>Frances McCabe (FMcC) outlined the following key points:</p>	

- Healthwatch are a health and social care watchdog who act as champions for people. Everything in health and social care is in a churn at the moment and everyone has something different to offer.
- The Healthwatch website <https://www.healthwatchbrightonandhove.co.uk/> describes in more detail what we do, what we can do better and also contains our follow up reports.
- There are issues with GP relationships as patients often got to A&E when they can't get an appointment. There are also concerns that 111 can't be delivered and hardly anyone has used the pharmacist for advice.
- There are lots of recommendations for hospital discharge and frailty but hardly anyone has a care plan for returning home.
- The YMCA are doing some work in West Hove looking at topics of concern to young people. Mental Health is always an issue, especially in terms of wellbeing, bullying and exams.
- The Royal Sussex County Hospital (RSCH) is a building site. Healthwatch have visited it on a monthly basis for the last couple of years to inspect the environment. There won't be a significant improvement until the hospital is finished.
- Along with the CQC Healthwatch have been making inspections of care homes They represent potentially vulnerable people in the care homes who might find it hard to speak up for themselves. Only 55% of the homes visited had access a visiting dentist and 41% didn't know the inpatients were entitled to dental care.
- There are mental health problems across the City, this is especially high in the trans community. People with mental health difficulties are also having issues getting support payment

The following points were made in discussion:

- Q - MF – How do you work collaboratively?
- A – We use our partner groups networks knowledge and intelligence as an integral part of our work and vice versa. We can't complete our work without volunteers. There are three in the room, so we can train you up if interested?
- Q – RH – You can sign up to the Healthwatch newsletters which are really useful.
- A – Healthwatch produce the newsletters every three months or so. Please do ask us to come along to regular meetings and you are welcome to join ours. We are designing programmes of work to pull in people from outside the organisation. **Action:** MY to contact Healthwatch regarding collaborating.
- Q – BR – Healthwatch visited a couple of North Laine surgeries and met with two PPG reps. How many surgeries do you visit?
- A – Only about three surgeries in Brighton and Hove have not been visited in the last three months.
- Q – VC– How much notice of an inspection do you give?
- A – We have never made an unannounced inspection although we have the authority to do so. We always check with the surgery and have a lead in time.
- Q – NV –Do you work with the three Healthwatch's in Sussex?
- A – Yes we work across the patch. The NHS consitutions and patient transport are the same across the county and so generally are the outcome and impact measures. Feedback is provided immediately and reports are produced ASAP.
- Q – SC – As a practice manager should I be conscious of what other inspections have happened?

MY

	<ul style="list-style-type: none"> • A – I would be conscious in that you can pick it up to see what the impact of the inspection is. • Q – F – Does the role inspect new private contracts such as patient transport? • A – We followed up on a whistle-blower with this. There is a need to be more open in terms of private contracts. 	
5	<p>PPG Conference Planning</p> <p>NVis to lead on organising the PPG network conference on 28th March 2020.</p> <ul style="list-style-type: none"> • The hardest issue has been selecting a venue. Several have been considered but no decision has been made as yet. Issues include location, specifically in town or out of town, Parking and accessibility. • Other areas of consideration include: Speakers (who & how many?), Networking (how?), Market Place (who to invite?) <p>Group discussion/suggestions on event.</p> <ul style="list-style-type: none"> • Venues: <ul style="list-style-type: none"> ○ Salvation Army ○ Sussex University – NHS England Event ○ King Alfred ○ Corn Exchange ○ Amex Stadium (get Albion in the Community/players on board?) ○ Attach to something else in the city (festival?) • Programme: <ul style="list-style-type: none"> ○ PCN clinical managers to do a Q&A • Audience: <ul style="list-style-type: none"> ○ How to expand demographic of people that attend ○ How to get working age people to attend ○ Think about who you want to influence ○ Numbers – The Network would consider 200 attendees as a success ○ It will be a free event • Media/promotion: <ul style="list-style-type: none"> ○ Livestream on Facebook ○ Show “Under the Knife” documentary (too long?) ○ Invite a celebrity ○ Film/record event (Brighton Digital/Radio Sussex?) ○ PPG meaningless to public – how to advertise? ○ Need to know objectives • Participants: <ul style="list-style-type: none"> ○ Carers Hub ○ Older Peoples Council ○ Local 3T’s development team (in hospital) • Market Stall Suggestions: <ul style="list-style-type: none"> ○ Smoothy Bike ○ CCG ○ Healthwatch • Other <ul style="list-style-type: none"> ○ Themes (Healthcare is vast) ○ How to influence Councillors? ○ One off or annual event? <p>Emails and websites:</p> <ul style="list-style-type: none"> • brightonandhoveppg@gmail.com for ideas for PCN Q&A’s • https://www.brightonandhoveppgnetwork.org/ for information • bandhppgnetwork@gmail.com for ideas for media input and objectives 	

MF concluded by saying that he felt the collaborative strength of the group and overall the support feels positive.

6

Primary Care Strategy

Hugo Luck (HL) outlined the following key points:

- Primary Care Networks (PCN) will cover a population range of approximately 50K. There will be seven in Brighton & Hove. They will play a key part in the future of the NHS including out of hours GP services. Funding has been made available for £20K per cluster. This could cover a range of services such as diabetes. The CCG commissions the services. It is not a providing agency but provides contracts to GPs.
- Currently the PPGs are not part of the PCN model but they are part of the legal framework. However they need to plan on local needs and this must include patient involvement. There is likely to be the same dynamics under the PCNs as you currently get.
- There is a clear line of patient involvement in the maturity matrix. A four step procedure which demonstrates where the PCN is with regard to patient involvement.
- There are three key pressures on PCNs:
 1. Change in activity – less GPs more patients.
 2. The workforce is decreasing.
 3. Primary Care Estates – digital
- We work with practices who are under pressure. This includes improved access with out of hour's services from 6-8pm and at weekends. This also reduces the pressures on A&E and walk-in centres that get a spike at about 6pm.
- The PCNs will integrate with community services including nursing homes.
- The GP Five Year Forward View will look at practice resilience and how we can support them. How to work with the workforce, both clinical and admin staff.
- Online consultations will start from April next year.

The following points were made in discussion:

- Q – JK – Health and Wellbeing councillors hold the budget?
- A – We are on the Health and Wellbeing board.
- Q – BR – Most doctors are only part-time. This is a problem.
- A – GPs complete a large amount of paperwork that is very time consuming. They only get paid part-time hours and work in a model that was set up 40 to 50 years ago.
- Q – MR – Strategy – Surgeries are doing prevention work, ambulances are being called out when not a crisis and leases are expiring so practices are merging.
- A – These are performance issues and how to manage the system. With surgeries closing decisions have to be made as it's not been possible to recruit. Result is that the surgeries have to consider merging to avoid being closed.

7	<p>Armed Forces Network Update</p> <p>Kate Parkin (KP) presented the following report and outlined the following key points:</p> <p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • Q – F - Do you work with soldiers from overseas? • A – Yes Gurkhas – There aren't that many in Brighton though. • Q – RH - Are the Royal British Legion aware of your good work? • A – Yes we frequently liaise with them. 	
8	<p>Action Log</p> <p>The Committees agreed to the following actions:</p> <p>Action 3.1: Feedback on these meetings to the group on PCN meetings.</p> <p>Action 3.2: Contact Dr Supple to provide advice on status and timing of PCN going live in April.</p> <p>Action 3.3: Produce voting slips for election of Vice-Chair.</p> <p>Action 4.1: Contact Healthwatch Brighton & Hove regarding collaborating.</p>	<p>MY</p> <p>LU</p> <p>DL</p> <p>MY</p>
9	<p>Any Other Business</p> <ul style="list-style-type: none"> • Q - LU – It was reported in the Health Service Journal that BSUH may merge with Western Sussex Hospitals. This could have a big effect on primary care. 	
Date of next meeting		
13.30 to 16.30 Thursday 30 th January 2020 Hanover Room, The Brighthelm Centre, North Road, Brighton, BN1 1YD		