# Brighton & Hove PPG Network meeting

## Notes and Actions

**Date:** Wednesday 14 July 2021

**Time:** 1.30pm – 4.30pm

**Location:** Virtual Join Microsoft Teams Meeting

**Present:**

Martyn Yeats - Chair

Lilly Kennard - Brighton & Hove CCG Public Involvement Manager

Susie Goodbrand, Digital First Team, NHS Sussex Commissioners

Amanda Waller, Digital Project Manager, NHS Sussex Commissioners

Helen Todd - Senior Digital Project Manager, NHS Sussex Commissioners

Eve Chandler

Henriette Hardiman

Pauline Young

Mark Richardson

Fabia Brackenbury

Val Cane

Sunita Shier

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| **Item ref** | **Item description** | **Action Number** |
|  | Welcome and Apologies |  |
| 1.1 | Apologies and welcome |  |
| 1.2 | Declarations of conflicts of interest  None declared. |  |
|  | Last meeting updates |  |
|  | *Actions from last meeting (14 April 2021):*  Item 4 - Invite Andy Hodson and Tom Gurney to a future meeting October 2021. Action JH  Shorter meetings confirmed as of today.  More space for PPGs to update on their activity is included on the agenda.  Engaging with the PPG development website: MR reported that the development group did not know about the website so this will be mentioned at be end of each set of minutes. **Action for LK and JH**  **Action JH:** Amendments to minutes to be included on future agendas.  **Action LK:** LKto circulate meetingpapers to practice managers. |  |
|  | **Matters arising:**  None |  |
|  | NHS Digital First Project |  |
| 3.1 | MY welcomed Amanda Waller, Digital Project Manager, Helen Todd, Senior project manager within the Digital First Team and Susie Goodbrand (Project Manager) at NHS Sussex Commissioners  AW introduced two Digital First programmes: The Remote Consultations and Digital Skills and Inclusion Projects.  Digital Skills and Inclusion Projects is to raise awareness and support use of the NHS App.  *The Remote Consultations Project:*  This will offer patients access advice, support and treatment using the associated digital tools by 2023/24. Telephone and face to face contact will still be available.  The aims of this project are to help patients get treatment quickly through the most appropriate means. The emphasis is digital consultation in this project, but in person or telephone contact with practices is still in place and will continue. Digital services do not replace in person or telephone services, but aim to offer more choice in the way in which people receive treatment and advice.  It aims to reduce inappropriate demand in practices and emergency departments. Staff will be supported to adopt the new technologies throughout the NHS.  AW explained the wide range of stakeholders being consulted which includes GPs, patients, patient representatives such as Healthwatch, voluntary organisations, people with learning disabilities, those with mental health challenges, older people, and carers.  Feedback so far emphasise the importance of organising allocated times for digital consultation. It is seen as potentially useful because it can fit in to life and is less stressful than going into the practice. There are issues to do with standardising technology across providers (not just GP practices).  Remote consultation covers SMS (exchanging text messages) video consultations (face to face via video) and online consultations (using an enquiry form).  The video tool may be commissioned by the CCG on behalf of practices, or funding may be delegated to practices to purchase independently – this is under consultation.  The timeline of activities and go-live target date is 1st April 2022.  *Digital Skills and Inclusion Project;*  Susie Goodbrand (Project Manager) talked through the Digital Skills and Inclusion Project. The main aim is to support and promote use of the NHS App.  The project will show patients where they can find information and digital skills training and it will develop additional online learning resources. These will be adapted to suit those who might find access more difficult.  It will be promoted using social media and via vaccination centres.  Tablets will be loaned to practices for patient and staff training.  The NHS App will be used as a travel and events pass, demonstrating Covid-19 vaccination status and it will be further developed to offer more patient services and information. It is not designed to replace traditional methods of practice contact and appointments.  The main feedback themes so far are that people will need individual support to use the NHS App, it is important to be clear about what it does and the benefits and that it must be sustainable.  The timeline demonstrates that the model will be tested and refined by December 2021. To inform progress, links are in place with voluntary groups and others.  **Q&A**:  **Question:** How will the data be used – does this share our data?  ES pointed out that you can get a form from your GP surgery to opt out of data sharing.  SG confirmed that the NHS App is an opening to services, not a storage for patient data. The health record issue is separate to the app. Data collected by the app is not sold on.  SS is interested in the 18% of people who do not have internet access and which groups this consists of. She experienced physio online which was strange, but they want to continue with this. It was confirmed that patients can ask the provider to revert to face to face.  PY recommended that the digital team involve people who know nothing about technology/are averse as more will be learned. MY will meet with AW to discuss this outside of the meeting.  HH said she finds the app useful because her appointments are sent by email.  LK said that some people will be wondering where to go when things go wrong and how to get help. Libraries have been very helpful, and AW will be able to share links to these resources.  MY reported that reception staff have directed people to e-consult who cannot use it, and this is not appropriate.  AW understands that traditional means of interaction (phone and in person) remain contractually in place.  How can patients know they have a right to face to face? LK said this is important for the deaf and learning disability communities who should have other options if unable to use telephone. LK to take this forward and report back  VC highlighted general current patient difficulty in getting an appointment and Facebook activity confirming people’s experiences of this.  SS said her practice uses phone first before face to face is offered.  **Action LK:** Lilly will ask the Primary Care team to check GP contractual obligations for provide telephone and face to face consultation and confirm back.  **Action AW:** AW will follow up on whether the NHS app will be available for older mobile versions.  **Action AW:** AW to share links to support resources such as libraries. |  |
| 3.2 | **Group discussions/feedback on:**  ***Chairing***  MY intends to stand down and there has been some interest from other members to become the chair. This needs to be addressed quite quickly and it is hoped that others will step forward. An additional meeting was suggested for September which would focus on this election. Each person will have a five-minute slot to present their credentials and then there would be a vote if more than one person steps forward. A simple majority is legally sufficient. If there was no support, MY would continue but he would prefer to be replaced.  People will who invest in attending or send a PPG representative can vote. It will be a PPG vote in case more than one person attends from each.  **Action LK:** LK will send a new Chair call-out in the next two or three weeks with clear voting arrangements.  **Action LK:** To invite a guest speaker to the September Chair election meeting. |  |
|  | PPG Development Action Group |  |
| 4.1 | *Updates from the new PPG Development Action Group*  LK said the action group is about sharing good ideas and current activities, what has worked, what has not and plans to encourage others. This includes what has happened during the Covid-19 pandemic and how things might have changed. There is also reflection on how PPG functions and legalities may change following the White Paper, which is not clear currently.  Some practices are working well through having effective links with practice managers and GP’s. LK reported that the CCG is thinking of surveying practices to understand hesitancy. Another issue is recruitment of members. Sometimes PPG’s feel they can get more done in smaller groups. However, they also want to hear from all to increase diversity. Younger members are needed, BAME and all those with access needs. PPGs want to know how to link with PCN hierarchy. West Hove Health Forum is a good example and brings together a group of practices working together. There is a need to focus on benefits for patients.  EC said it has been some time since her PPG met. The suggestion is to send invitations directly rather than wait for the practice manager to organise this – they can forward emails on the PPG’s behalf. MY said his practice is starting to ask PPGs for help involving patients post Covid and a GP came to a recent meeting. He has a meeting with the practice manager in a week to follow up on this. LK said this would be a good case study as best practice.  PY is pleased that LK is doing this work as Charter and Trinity (plus others such as Brighton Health & Wellbeing Centre) are keen to promote a PCN-wide patient group. Trinity did a survey to attract members and there were 40 or so responses of interest (hopefully some in younger age groups).  There was discussion about Albion St surgery merging with St Peter’s, which may be the reason for a delay in PPG participation at this meeting.  Practices can be asked to email patients about joining PPGs which is not a not data protection issue. MY has been successful in getting two more members this way. He will share an application form with data sharing section that practice devised.  LK suggested that the September meeting could include a showcase with a couple of examples of things going well. She will ask for case studies in survey.  **PPG mapping, PPG survey & Practice Manager survey**  LK will circulate the PPG survey, asking for details about how often they meet, what is going well and any issues. A second survey is going to practice managers and GPs/practice staff to ask what they want from PPG’s and what type of toolkit they might need.  LK is meeting Michaela Hawkes, B&H Head of Primary Care to develop ideas. She could be invited to this meeting. She understands how to bring locality groups together. LK is meeting Trinity and Charter Medical Centres and with PCN managers to discuss what they will be doing.  The group will be designing a toolkit with templates for minutes, agenda and newsletters, taken from other local examples. It will help to share best practice ideas about how to recruit, using case studies, social media training and how to produce videos (with BSL interpretation and subtitles) explaining the benefits of being part of a PPG. Resources from PPG forum websites need to be used more.  **Action LK:** To ask for PPGcase studies in survey for September meeting.  **Action LK:** to explore how PPGs would be involved in ICT Boards.  **Action MY:** Toshare an application form with data sharing section that his practice devised.  **ACTION LK:** invite Michaela Hawkes to the October meeting |  |
|  | Group discussions on shaping the PPG Network |  |
|  | *What do you want to see more of within the Network meetings?*  It would be helpful to encourage the website to be used between meetings. Fewer people are coming to Zoom meetings than physical meetings. Can we find out why? LK said this would be included in the survey.  PY noted that attendance today is lower than before. May be because the link is embedded in the agenda and people are used to seeing in an email. Face to face is easier for those less technically able.  Ideas included a mixture of meeting formats. Perhaps physical meetings with Zoom for single issues in between.  An outdoor warm-up picnic or casual drop-in was suggested for discussion at the development group.  HH Unsure if people want to meet face to face just now.  *Speaker/Topic suggestions?*  How can we hear more from our PPGs? Individual PPG updates, sharing best practice and case studies, problem solving workshops, etc. would be useful ways to hear more about current work. |  |
|  | **Any other business** |  |
| 7.1 | AOB |  |
| 8. | Date of next meetings |  |
|  | **14th October Brighton and Hove PPG meeting** |  |