

## Patient Opportunity Panel Meeting

### MINUTES OF THE MEETING HELD THURSDAY 8 DECEMBER 2016 Zion Centre, Halesowen 10.30am – 1.00pm

#### Present:

Julie Jasper	Lay Member for Patient and Public Involvement, Dudley CCG
Helen Codd	Community Engagement Manager, Dudley CCG
Keren Hodgson	Engagement Co-ordinator, Dudley CCG
Maria Prosser	Communications & Public Insight Support Officer, Dudley CCG
Daniel King	Director of Membership Development & Primary Care, Dudley CCG
Dr Richard Gee	GP Engagement Lead, Dudley CCG
Joanne Taylor	Primary Care Commissioning Manager, Dudley CCG
Deb Attwood	Healthwatch Dudley

#### Representatives from the following PPGs:

Stuart Steele	AW Surgeries
Cicely Thomas	Friends of Ridgeway Surgery
Pat Lamb	Lapal Medical Practice PPG
Bryan Caldicott	Moss Grove PPG
Stephen Schwartz	Castle Meadows PPG
David Bailey	Clement Road PPG
Margaret Roberts	Stourside PPG
Tony Durrell	St Margarets Well PPG
David Taylor	Feldon Lane PPG
Audrie Omerod	Eve Hill PPG
Pam Houghton	Eve Hill PPG
Leila Woolf	Northway PPG
Colin Burch	3 Villages PPG

#### Apologies were received from:

Laura Broster	Dudley CCG
Caroline Brunt	Dudley CCG
David Stenson	Moss Grove PPG
Stuart Rudge	Feldon Lane PPG
Irene Arrowsmith	Three Villages PPG
Harry Bloomer	Wychbury PPG
Geoff Lawley	AW surgeries
David Orme	KMP PPG
Carole Evans	The Limes

### 1. Welcome, Introductions & Apologies

Julie Jasper welcomed all to the POPs meeting and thanked all for attending.

### 2. Presentation: Primary Care, Daniel King – Director of Membership Development & Primary Care

Daniel King thanked the group for inviting him and his team; Mrs Joanne Taylor & Dr Richard Gee to the meeting.

The first visit to POPs was approximately 4 years ago when NHS England commissioned Primary Care services. Dudley Clinical Commissioning Group (CCG) now commission services locally which includes 46 GP practices.

The Primary Care Commissioning Committee (PCCC) meet monthly to discuss all issues surrounding local primary care services and includes the budget of £40m. It should be noted that the team is clinically led by GPs, retired GPs, Practice Nurses and Practice Managers.

Daniel King provided a presentation on Primary Care in Dudley (hand-outs provided to all those in attendance).

Key points included:

- Primary Care – Current Position (25% of GPs expected to retire in the next 3-5 years)
- Statement by Simon Stevens, NHS England Chief Executive
- General Practice Forward View (GPFV) – 5 year package of investment & transformation – published in April 2016
- GPFV five key areas of activity
- Position in Dudley: New local contract to include improved access; better continuity; better co-ordination: more patient focussed and patients are empowered; training & education on-going
- MDT's in all 46 practices working collaboratively to meet the best interests of the patient
- Practice based pharmacists in each practice
- Enabling Practices to Improve & Change Programme (EPIC) on-going with the clinical and admin teams; process aims to improve services for all
- One clinical system (to improve data extraction/sharing) - EMIS
- Clinical training & education
- All CCGs are required to invest £3.00 per head of population in Primary Care Development; however Dudley CCG currently invests £10.00 per head but has plans to invest £14.00 per head of population over the next 3 years
- Online patient services – aims to improve the number of patients utilising this service (20% of Dudley patients currently registered – 40% of patients at Kingswinford Practice are registered for online services)
- Development of Hubs in each locality (will support the UCC)
- National expectation by NHS England that Primary Care Services will become accessible 7 days per week (there is on contractual obligation to provide Primary Care services 7 days per week) 1 practice from each locality has agreed to provide primary care services 7 days per week
- Dudley Outcomes for Health Framework of which 40 out of 46 practices have signed up to. (D King agreed to provide the names of the 6 practices which have not agreed to this framework.)
- Dudley CCG access requirements to include same day access to children under 5 years of age and to extend this to those aged 75 years and over
- Develop local pathway to allow NHS 111/local care co-ordination team to directly booked patient appointments with practices
- New model of care that delivers: better patient care; better outcomes; better patient experience and a sustainable general practice.

Richard Gee stated that there has never been so much patient participation since 1947. The Multi-Speciality Community Provider (MCP) plan aims to improve, develop and bring services back together. The POPs members were invited to discuss their vision/needs within primary care and feedback to Dudley CCG.

Cicely Thomas asked whether Tier 2 Dementia counselling fits into primary care. Daniel King confirmed that this does indeed fit within primary care services.

Patient 'Did Not Attend' (DNA's) has increased and the group were asked would they expect Dudley CCG to do to improve in this area. One suggestion included applying 'sanctions' and another included removing patient online access to those patients who repeatedly book and then fail to attend appointments. Stuart Steele advised that AW Surgeries has an excellent booking system and this has dramatically reduced the number of patient DNAs. Anyone wishing to find out more information in this area; should contact the surgery or Stuart.

Members of PPG asked Daniel King to provide the names of the 6 practices which have not yet signed up to the Dudley Outcomes for Health Framework.

It was noted that Dudley CCG is recognised nationally as best practice with regards to MDT's. The MDT's meet monthly and use the Risk Stratification Tool and looks at those patients who are at high risk of hospitalisation due to complex needs etc. The MDT is a planning meeting and is used as a preventative measure in the primary care setting. Stuart Steele confirmed that he is a member of the MDT meeting at Kingswinford, Amblecote & Brierley Hill locality and agreed that members of the MDT all have a common 'core;' agenda to influence change and help those patients in need of support.

Tony Durrell asked that the CCG considers the method of communication ie APPs or computer access' as not all patients have modern technology or are computer literate.

The role of the PPG appears to have lost its direction and what strategies does the Dudley CCG have to support these groups. Helen Codd advised that help and training is readily available and can be accessed via Dudley CCG.

Daniel King also recommended POP members view the 'Tea Party at Three Villages Practice' video. This occurred later in this meeting.

Julie Jasper thanked Daniel, Joanne & Richard for attending today's meeting.

POPs members were divided into groups of 3-4 and asked to spend 15 minutes answering the questions prepared by Daniel King and feedback thereafter.

#### **What awareness did you have about the GPFV?**

- Very little
- Only one knew
- No knowledge
- Need to simplify for GPFV for patient information, not previously aware of GPFV

#### **Do you think we need a public leaflet on this response to the GPFV?**

- Must be widespread distribution
- Yes, simple, clear language
- Emphasis – development advantage individual patients, more accessibility –continuity – coordination of services (like cartoon figures on surgery tele)
- Possibly
- Yes to leaflet

#### **Are you aware of GP Online Services? Do you use them? How can we help patients to use them more?**

- Practices use them
- Patients need to be computer savvy

- Will never get 100%
- Warn people if they don't use it frequently get logged out
- Yes but use surgery promotion
- Yes we are aware
- Need to redefine PPG input in communicating forward plans of local PPG
- 100% aware of online services but 75% usage rate

#### What is the role of PPGs with the GP 5YFV?

- Massive
- Need training
- Don't know
- Broadcast the plan to patients

#### Do we have pledges/responsibilities for patients?

- No
- No (dedicated volunteers)

*(views are of the POP's delegates only – not all patients)*

#### Action:

- **Helen Codd to feedback the names of 6 practices which have not yet signed up to the Dudley Outcomes for Health Framework.**
- **Helen Codd to circulate or upload the Tea Party video from Three Villages Practice (see end of minutes)**

### 3. Networking

David Bailey asked those present if they had ideas to share when recruiting new PPG members.

Deb Attwood informed the group about Community Information Champion training and confirmed that 2 x 0.5 day networking sessions are available free of charge and these sessions will provide advice, information of other organisations who may be able to assist in reducing isolation issues etc.

### 4. Draft minutes from last meeting & outstanding actions

Julie Jasper asked members if there were any omissions, errors etc to bring these to the attention of the group. The minutes were agreed as an accurate record of the meeting held on 6 October 2016.

### 5. Update Purse Fund

Julie Jasper explained that following the meeting on 6 October 2016, it was agreed with DCVS that the POPs Purse Fund should not be used to support the Health Passport for Looked After Children (LAC), as it does not fit within the criteria of using that money and a few POP members had raised concerns re spending of funds.

Tony Durrell advised that a discussion had taken place with regards to the Birthing Pools and that his Locality has requested clarification on the use of this item.

A discussion took place surrounding the purchase of IPADs for the Pressure Ulcer Service operated by the District Nursing Team. Julie Jasper stated that there is no requirement for the PPGs to fund this proposal; this case was brought to POPs for information and consideration.

## 6. Questions to Board

Julie Jasper advised members that David Stenson had written a question on behalf of POP members for the Board. Julie read out the question and members agreed for this question to be raised at the CCG January Board meeting with a slight amendment (10.01.2017).

Question: The consultation process on the characteristics, scope of services and outcomes to be included in the Multi-Specialty Provider (MCP) which concluded in September 2016 was very successful.

The MCP is a new model of care and as such there is understandable concern about which organisation will be selected and how it will both interact and impact on the local health economy in Dudley and neighbouring area. The local NHS is a service on which we all depend.

Whilst recognising the commercial sensitivity and due diligence that will be involved in the procurement process, the POP believes that an active and consistent patient engagement process, at agreed stages in the procurement process and beyond, will be essential in helping to both reassure and develop the confidence of patients and public in the organisation that will be selected as the MCP.

Consequently the Patient Opportunity Panel (POP) is seeking assurance from the Board that:

- 'the CCG will establish a process to ensure an on-going interaction and dialogue with patients and the public during the procurement process; and
- 'The CCG will require the MCP to develop and implement a Patient/Public Engagement Strategy and associated processes for the period of the contract'

Response provided by Neill Bucktin ready for Board on 12<sup>th</sup> January 2017:

*'The CCG recognises the importance of maintaining patient and public engagement in the commissioning, procurement and development of the MCP.*

*There is public representation on the Procurement Project Board.*

*As part of the procurement process we are looking at how service users for specific care pathways might be involved in the "dialogue" phase when we seek to test out the proposals put forward by bidders.*

*We are proposing to have a public event during the dialogue when with the bidder (s) will be invited to share sharing their proposals.*

*Prospectively, the MCP prospectus sets out our expectations around patient, public and community involvement. Bidders' proposals in relation to this will be tested out during the dialogue.'*

Questions can be sent to [keren.hodgson@dudleyccg.nhs.uk](mailto:keren.hodgson@dudleyccg.nhs.uk) 48 hours in advance of Board meetings. The next Board meeting will be held on 10<sup>th</sup> November 2016.

## 7. Any Other Business

### 7.1 RHH Update

Julie Jasper advised members with an update on UCC from Jason Evans; 'A UCC Pharmacy is not viable. There are not enough patients using the UCC and prescribed a PF10 to support the business model for a Hospital based community pharmacy contract. (PF10 : It's the green community based GP prescription you can use in any High Street pharmacy. Acute trusts can't issue these, their prescriptions or pink and can only be used in the hospital pharmacy. The UCC use green because they are a primary care service, which can't be used in the hospital hence the issue patients have raised)'

Out of hours Pharmacy lists are provided to patients who require prescriptions. It was noted that Priory Pharmacy are keen to offer a 'free of charge' service; Julie Jasper agreed to raise this with Jason Evans.

Julie also shared; 'The funding grant for new UCC premises has been deferred to 2017-19 before they announce who has secured what, so we won't hear till after March 2017. Jason is happy to attend a future meeting (potentially June 2017)'

### 7.2 Mental Health Strategy update

**Due to time this was not read out but added into the minutes following the meeting;**

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*In the process of developing the strategy, the first step has been for Public Health to commission a specific mental health population needs assessment for Dudley as this was felt to be underdeveloped in the most recent Joint Strategic Needs Assessment (JSNA) for the borough. This work is being completed by a Dr Emily Smith, work commenced in November and the report is expected early in the new year. This work is currently on-going and the strategy should be formed based on the themes that the expected report will reveal.*

*Mental Health continues to be a specific work stream within the Black Country Sustainability and Transformation Plan (STP) and Dudley is committed to the shared aims that are intended to deliver both improvements and efficiencies as part of the regions overall target goal. For mental health the primary aims are to rationalise commissioning across the Black Country, rationalise inpatient beds and use them more effectively across the whole footprint, develop more locally based specialist service to reduce out of area care episodes and greater integration of health and social care to deliver a more integrated and effective community based service. This latter point is felt to be consistent with Dudley's development of a Multi-speciality Community Provider of which the whole of current mental health provision will be a part, in its new form. Dudley's strategy will need to reflect both the STP and MCP in conjunction with the needs assessment.*

#### **Action:**

- **Julie Jasper to discuss Priory Pharmacy 'free of charge' service with Jason Evans.**
- **Helen Codd to invite Jason Evans to June 2017 meeting.**

## 7.2 Healthwatch Update

Deb Attwood provided an update which included:

The Dudley Healthwatch quarterly report is now available online. Deb Attwood to provide Keren Hodgson with the link for circulation to members.

The Special Care Dentistry & Paediatric Dentistry survey for vulnerable groups is now underway.

Dudley Deaf Focus Group meet bi-monthly and discuss life differences for accessing health care services ie interpreters etc. Cecily Thomas suggested that funding is identified for each practice, the purchase a vibrating pager for hard of hearing patients. Deb agreed to look into this.

A good working relationship is developing well with Dudley Group Foundation NHS Trust.

### Action:

- **Keren Hodgson to send Dudley Healthwatch Quarterly Report link for circulation (see end of minutes)**
- **Deb Attwood to investigate the funding of vibrating pagers;** response received from Dudley Group:  
“We have received the pagers and are currently setting them up (PAT testing etc). They should be in action sometime next week. We bought the pagers from a company called Core Systems Technology so if you need their contact details, I can send them to you. However, here’s their website address:  
<http://www.call-systems.com/>  
The pagers will be available to patients with a communication need in ED and main outpatients department. We are looking to also purchase them for Trauma and Orthopaedic Outpatient Department.”

## 8. **Date, Time & Venue of next POPs meeting**

Thursday 9<sup>th</sup> February 2017  
4.00pm – 6.30pm  
Bank Street Methodist Church, Bank Street, Brierley Hill, DY5 3DA.

### **Date of Next Board Meeting**

Thursday 12<sup>th</sup> January 2017  
1pm – 3pm  
Room T051, 3<sup>rd</sup> floor, BHHSCC

### **Glossary of Terms (for information)**

CCG	–	Clinical Commissioning Group
CQC	–	Care Quality Commission
DAGB	–	Dudley Association of Governing Bodies (DAGB)
DG NHS FT	–	Dudley Group NHS Foundation Trust
DIRD	–	Do It Right Dudley!
DNA	–	Did Not Attend
DPMA	–	Dudley Practice Managers Alliance
ED	–	Emergency Department
EPS	–	Electronic Prescription Service
GP	–	General Practitioner

GPFV	–	General Practice Forward View
H&WBB	–	Health & Wellbeing Board
MCP	–	Multi-speciality Community Provider
MDT	–	Multi-Disciplinary Team
NHSE	–	NHS England
PCCC	–	Primary Care Commissioning Committee
POP	–	Patient Opportunity Panel
PPG	–	Patient Participation Group
RHH	–	Russells Hall Hospital
SPP	–	Single Patient Portal
UCC	–	Urgent Care Centre
WiC	–	Walk in Centre
WMAS	–	West Midlands Ambulance Service

**Attachments:**

- [Chairman and Chief Officer briefing](#)
- Healthwatch link for quarterly report; [Dudley Healthwatch quarterly report July - September 2016](#)
  - <http://healthwatchdudley.co.uk/wp-content/uploads/2016/10/Healthwatch-Dudley-Quarterly-Report-July-to-September-Final.pdf>
- Link to Tea Party video on You Tube; [Three Villages Tea Party Instamation Video](#)
  - <https://www.youtube.com/watch?v=5b-mNLKOMSA&list=PL0b6T2RW-rH3OPRZFPuXJ9pqr3jgkUOd&index=24>