

Patient Council

30th June 2016

12:30 – 15:30

Eden Hotel Grantham

Minutes

Present	
Kate Mitchell – Public Patient Involvement (PPI) Lay Member, SWL CCG (Chair)	
Carol Lish – PPG Representation – Billingham Medical Centre	
Jean Patman – PPG Representation – Billingham Medical Centre	
Maureen Griffiths – PPG Representation – Belvoir Vale (Bottesford)	
Sandra Griffiths – PPG Representation – Market Cross (Corby Glen)	
Peter Ward - PPG Representation – Millview Medical Centre (Heckington)	
Graham Eames – PPG Representation – New Springwells Practice (Billingborough)	
Alison Bourne– PPG Representation - Millview Medical Centre (Heckington)	
Marlene Lees - PPG Representation – Swingbridge Road (Grantham)	
Diane Hansen – Head of Engagement & Inclusion, SWL CCG (administration)	
Apologies	
Kate Holley - PPG Representation – Ancaster and Caythorpe	
Bob McKinlay - PPG Representation – The Medical Centre (Long Bennington)	
Colin Cox – PPG Representation - Billingham Medical Centre	
Nicola Tallent – Senior Engagement Officer, Healthwatch Lincolnshire	
Observing	
Tom Hann, PWC	
Andrew Burton – new PPI Lay Member (from 1 st July 2016)	
Presentations	
Care Portal - Gary James, Chief Officer – Lincolnshire East Clinical Commissioning Group	
Attraction Strategy - Lauren Watts, Project Manager – Lincolnshire Local Medical Committee	
Draft minutes author	Diane Hansen
Date drafted	14 th July 2016
Date circulated for comment	14 th July 2016
Date agreed	30 th September 2016

1.1 Introductions	
	<p>Kate Mitchell welcomed those in attendance and thanked everyone for coming. Kate let the Patient Council know that this was her last meeting as Chair and introduced Andrew Burton, as the new PPI Lay Member who officially starts in his new role on 1st July 2016.</p> <p>Members introduced themselves.</p>
1.2 Action Log	
	<p>PCA_12 Still outstanding PCA_26 ongoing – PPG members to provide details of local groups for DH to engage with.</p> <p>Action PCA_12 – chase Commissioning Manager to status Action – add countywide PPG event; members agreed that they would like an event</p>
	<p>DH DH</p>
1.3 Issue Log	
	<p>No change to status of current issues</p> <p>Amend: PCI_04 and PCI_05 to read 'limited'</p>
	<p>DH</p>
1.4 Outstanding Actions	
	<p>Peter Ward queried whether the patient council was achieving its purpose and challenged the input the council has into the CCG's processes and decisions.</p> <p>Diane Hansen informed the members that an internal review was taking place with the view to strengthen the mechanisms that are currently in place with regards to patient engagement, in particular, the patient council.</p> <p>It was agreed that Diane Hansen will present the recommendations to the patient council in September before these are taken to Quality Patient Experience Committee (QPEC) in October.</p> <p>During the discussion the group identified that they would like to see a more formal record of the previous meeting. This will help both attendees and non-attendees recap on the discussions that have taken place. Diane Hansen agreed to provide formal minutes and committed to get them out in a timely fashion.</p> <p>Action: add patient engagement review to September's agenda to include an explanation of the CCG structure Action: CCG to provide formal minutes after 3 weeks of Patient Council</p>
	<p>DH DH</p>
2.0 Presentation	
	<p>Lauren Watts, Project Manager, Lincolnshire Local Medical Committee (LMC), gave a presentation on the approach for recruiting staff and encouraging people to work in Lincolnshire.</p> <p>The main points of the presentation were:</p> <ul style="list-style-type: none"> • Shortage of staff in Lincolnshire across health and care sectors • National problem – although this is worse in Lincolnshire • One third of GPs planning to retire in the next 5 years • An increase in long term conditions and increase in demand – increases workload • Lincolnshire LMC are working hard to promote Lincolnshire nationally and let people know it's a great place to work and live • Working with schools to 'grow our own'

	<ul style="list-style-type: none"> • Attending careers fairs to promote Lincolnshire and our vacancies • Lincolnshire has been chosen to run a national pilot which is seeking to bring in 20-25 European doctors • Recognised that we need to retain professionals once recruited <p>The Patient Council discussed the amount of vacancies that Lincolnshire currently has and agreed that it was positive that were being so proactive. It was a concern that Lincolnshire struggles to recruit. It was suggested that the LMC should consider working closely with schools as most of them have open days and parents evenings.</p> <p>Action: share an electronic version of the slides to members of patient council</p>	DH
3.0 Lincolnshire Health and Care Update		
	<p>Diane Hansen informed the members that the Lincolnshire Health and Care (LHAC) Case for Change document has been published this week and that coverage in the media had already taken place.</p> <p>The key points in the document were highlighted, these were:</p> <ul style="list-style-type: none"> • Current deficit of £60m • The 'case for change' the reason why we are doing this <ul style="list-style-type: none"> ○ The safety concerns that have been recognised in particular A&E targets; mental health wards are not fit for purpose ○ We currently do not have the recommended number of births in Lincolnshire to maintain two sites; ○ Older people are staying longer in hospital than necessary • Staff shortages • Financial Pressures • Future services and possible changes; which covers A&E; Centres of Excellence; maternity and children's services • Lincolnshire's Sustainability and Transformation Plan (STP) • Improvements already made such as Neighbourhood Teams; Care Portal; Clinical Assessment Service; Self-Care <p>The group felt that mothers would be concerned about midwife led services and felt that we need to ensure that mothers are engage throughout the process.</p> <p>The group discussed the document and there were concerns about the 'Self-Care' of the programme particularly when Public Health are cutting services such as Smoking Cessation, Weight management; Phoenix Stop Smoking. The group agreed that they would like to explore Well-being at the next meeting.</p> <p>Action: invite colleague from Public Health and a rep from the Self-Care project to discuss how we are working together with one area promoting healthy choices and looking after yourself and the services are being cut.</p>	DH
3.1 Care Portal Presentation		
	<p>Gary James, Chief Officer, Lincolnshire East Clinical Commissioning Group and LHAC lead for the Care portal, gave a presentation on the Care Portal and Patient Portal.</p> <p>The main points of the presentation were:</p> <ul style="list-style-type: none"> • Trying to solve the issue that patient records are scattered across numerous NHS systems in Lincolnshire. • Currently have approx. 50 different hospital systems. These are not 	

	<p>joined up with the systems at the GPs, community services (district nurses etc), mental health services and ambulance service (EMAS).</p> <ul style="list-style-type: none"> • The care portal we give professionals the ability to see the full patient record and share information about patients. For example, this will enable the ambulance service to radio control who will be able to access a full record for each patient they see and should reduce the need for patients to be taken to hospital. • Gives patients the opportunity to input data on to the system themselves such as blood pressure readings. The system has the ability to notify GPs if changes happen that could mean that the patient is now at risk. • The NHS has a legal duty to share information about patients if it is in the best interest of the patient even if they have not given consent and opted out of the summary care record. Currently 99.9% of patients in Lincolnshire have consented that health professionals are able to share information across organisations through a process called the summary care record. Gary James explained that we will need to do a similar exercise for the care portal to give patients the option to opt in or out. Members of the Patient Council discussed the approaches that the Care Portal project could take about informing patients and the best way of seeking consent from Patients. <p>Agreed: The Council were all in favour (100%) and advised Gary James that, in their opinion, they should conduct an information campaign to ask patients to opt out if they did not want their records to be shared amongst health and care professionals.</p> <p>Action: Gary James to share a link of the video produced for the Care Portal. Once live share with Patient Council</p>	<p>ALL</p> <p>DH</p>
4.0 PPG feedback		
	<p>Billinghay Medical Practice</p> <ul style="list-style-type: none"> • Relayed a story of a 79 year old patient and the problems they had recently had with regards to getting a certain medication. The soluble medication that they had used for years had been stopped and was no longer allowed to be prescribed due to costs. They were prescribed other medication but was not as effective. The patient ended up paying to see their consultant privately and was prescribed the original medication with a cost of £64 for 28 tablets. <p>The decision has now been overturned due to the patient paying for the consultant and private prescription. The patient is upset that they had to go through this process to receive the prescription that they needed and is out of pocket and feels it was due to their age and the cost of the medication. Members suggested that the patient involved should discuss this with the practice manager and that they should take it up as a complaint. Diane Hansen advised that the CCG can investigate the complaint if the patient does not receive a satisfactory response from the surgery.</p> <ul style="list-style-type: none"> • Runs patient surveys “Have your Say” – looks at the results and challenges the surgery on the improvements. • Revising Terms of Reference and ground rules • Now have a dedicated PPG noticeboard • First newsletter is scheduled for September 	<p>DH</p>

	<p>Action: Patient Council agreed that they would like to receive a presentation around prescriptions and medications – to be arranged for December’s meeting.</p> <p>Millview Medical Centre - Heckington</p> <ul style="list-style-type: none"> • Millview surgery have recently had a new extension to the premises which is about finished now. • Peter Ward was disappointed with the attendance and challenged the CCG to improve the patient council attendance for September’s meeting. Diane explained that they have been trialling the two localities across and it not possible for everyone to attend the meetings. <p>Action: report back to Patient Council about progress made on recruiting to Patient Council and discuss options for the Patient Council with new PPI Lay Member</p> <p>Market Cross Surgery – Corby Glen</p> <ul style="list-style-type: none"> • Currently has 7 other members • Runs a virtual PPG too <p>Belvoir Vale - Bottesford</p> <ul style="list-style-type: none"> • PPG has been running for a year. Currently Belvoir Vale are having merger talks with The Welby Practice, both in Bottesford. This will have an impact to both PPGs and also to the staff at each practice. Will update the group at the next meeting with any progress. <p>Swingbridge Road - Grantham</p> <ul style="list-style-type: none"> • Recent CQC inspection; still awaiting CQC report; received positive feedback about the PPG • PPG chair person has resigned and deputy is organising next meeting • Notice board – recruits PPG members and will display newsletter once complied • GP has recently taken over Colsterworth practice which limits the continuity at Swingbridge Road • Two new practitioners are now employed <p>New Springwells – Billingborough</p> <ul style="list-style-type: none"> • The practice lost over £1400 of drugs due to the temperature rising in fridge. Bought a USB which records the temperature (wirelessly) and alerts the surgery if the temperature alters, even over the weekend. • Toilet needed refurbishment – the PPG arranged for local trades to come in and do it • Sought advice from other PPG reps how leaflets and notices are displayed in their surgeries. Springwells thinks that GP surgeries are asked to display too much information. 	DH / AB
5.0 Topics for next meeting		
	<p>SEPTEMBER</p> <p>Health and Wellbeing theme – September’s meeting - Self-care; worried services are stopping such as phoenix stop smoking; weight management - invite self-care and public health – how do health and LCC work together especially when cutting services</p> <p>Patient Engagement Review – to include explanation of the CCG</p> <p>DECEMBER</p> <p>Discussion / presentation around medications and prescription. Invite both Public Health and rep from Self-Care team.</p>	

6.0 AOB

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| <ul style="list-style-type: none">• PPG event – at the last meeting an area wide PPG event was discussed possibly even a countywide event to share good practice and learn from different localities. Since March, Diane Hansen has discussed the concept with colleagues from across the over 3 CCGs and there is interest to hold a countywide event. Currently discussing budget requirements and logistics. Members suggested that half a day would be sufficient and agreed that they would attend on a Saturday. Locality was discussed and a suggestion of Lincoln was made so that attendees could visit Lincoln.
Update to be provided shortly.• Patient Council members agreed that they would like to contact each other in between meetings and requested that the CCG shared their contact details. This was agreement is only for those who attended this meeting.• Apologies to everyone who is still waiting for payment for their travel expenses from March. The CCG changed its back office contractor back in February and have not processed the payments until we queried them last week. At the next meeting you will receive an amended form for members to complete.
<i>Please note: we are no longer able to supply SAEs for submitted the travel claims.</i>• Diane Hansen thanked Kate Mitchell for her contribution to the Patient Council and wished her the best for the future | DH

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7.0 Date for next meetings

30 th September – 12:30 – 15:00 – Sleaford area – venue to be confirmed 15 th December – 12:30 – 15:00 – Grantham area – venue to be confirmed	
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