



Bartholomew Medical Group Patient Participation Group (PPG)

Meeting Monday 11th May– 6:00pm

Present:	Dr N Ahmed (NA) Carol Hunt (CH) Denise Ewing David Wall (DWI) Roy Taylor (RT) Malcolm Corke (MC) Daphne Corke (DC) John Frost (JF) Trevor Langton (TL) Johnathan Pepper (JP) Andrew Smith (AS)	GP Business Manager GMS Co-ordinator Patient Patient Patient Patient Patient Patient Patient Patient Patient Patient Speaker Speaker Speaker
	Sally- Ann Spencer Grey Steven Mottershaw Ian Reekie	Speaker Speaker Speaker

Apologies: Helen Fox
 Susan Diack

Minutes	Action	By
<p>1. Welcome and introductions</p> <p>CH welcomed everyone to the meeting and Mr Andrew Smith a new member introduced himself. Tonight the meeting consisted of 3 presentations kindly delivered by our guests Ian Reekie, Steven Mottershaw and Sally-Ann Spencer Grey.</p>		
<p>2. Apologies</p> <p>As above.</p>		
<p>3. Agree minutes from last meeting</p> <p>The minutes of the previous meeting held on the 1 Feb 2015 were agreed as an accurate record.</p>		
<p>4. Presentations</p> <p>The members watched three very informative presentations by the guests from the CCG and Healthwatch, the details of which are now summarised.</p>		

Presentation 1 – Ian Reekie – NHS North Lincolnshire clinical Commissioning Group

The first presentation was a Patient Participation Group Development session to help the group appreciate the importance of their involvement. The North Lincolnshire definition of the role of the PPG is described as to support the practice and act as a critical friend. The National Association for Patient Participation (NAPP) describes the role as helping patients to take more responsibility for their health, contributing to continuous service improvement, fostering improved communication between practice and patients and supporting the practice in implementing change.

The presentation explained the PPG Contractual Requirements as to:

- Develop and maintain PPG for the purpose of obtaining the views of patients
- Make reasonable efforts to ensure PPG composition is representative of practice patient population
- Agree constitution for group with PPG members
- Engage with PPG at frequency and in manner agreed with PPG members
- Agree action plan with PPG setting out service improvements based on patient feedback
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It then went on to discuss the responsibilities of PPGs as:

- **2015/16 GP Contract**
To work with the practice to ensure that the new contractual patient participation requirements are fulfilled
- **CQC Inspections**
To provide considered objective feedback to inspectors on performance of practice during inspection visits
To keep PPG up-to-date with progress on agreed action
- **Friends and Family Test**
To seek to influence choice and wording of additional free text question
To check that collection methodology protects patient anonymity
To check that collection arrangements are inclusive and easy for patients to understand
To periodically consider free text responses to additional question and identify any improvement actions required

The presentation ended with an overview of National Health and Care Commissioning in both the East Riding and Public Health and NHS England. It discussed care provision, National Health Regulation and Quality Assurance measures including the Care Quality Commission, the host of Healthwatch England. It explained the role of the National Institute for Health and Care Excellence (NICE) in undertaking appraisals and publishing guidelines and health and social care quality standards.

Presentation 2 – Steven Mottershaw – Healthwatch, East Riding

This presentation was an introduction to Healthwatch described as :

‘A new independent service for the people of the East Riding helping to shape, challenge and improve local health and social care services.’ It started on 2nd April 2013 and replaced Local Involvement Networks (LINKs)’. Nationally, Healthwatch

<p>England is a committee of the CQC and each local authority area has a local Healthwatch (152). Their function is to be an Independent consumer champion for health and social care helping people share their views and concerns about adults and children's health & social care. They also provide information and signposting to other relevant organisations including the independent complaints advocacy (ICA). The presentation discussed the progress to date of Health Watch East Riding as an independent social enterprise (CIC) with a Board of Directors, office base at Brough Business Centre, staff Team of five and website/e-newsletter/twitter. The presentation ended with a look at the future aspirations for the committee including plans to reach to all sections of community, increase volunteers and community engagement and work with the Voluntary & Community Sector (VCS). Introductory letter posters and leaflets have so far been sent to libraries, leisure centres, customer service centres, GP surgeries, Parish councils, opticians, pharmacies and dentists and 100+ voluntary organisations.</p> <p>Presentation 3 – Sally – Ann Spencer Grey (Lay member of East Riding of Yorkshire CCG for patient and public involvement)</p> <p>The presentation began with an overview of facts regarding the East Riding locality including an area of 1000sq miles, a population of approximately 340,000, 37 GP practices and a number of pharmacies, schools and hospitals etc. This was followed by a short look at the population's health and the funding and costs of their healthcare. Figures were shown demonstrating the CCG income & expenditure for 2015/16 and some of the costs of key providers of services including some operations, hospital beds, medications etc. There was a summary of 2014/15 ERY CCG achievements including the introduction of Long Term Condition clinics, Community Rapid Response Scheme and increased diagnosis & treatment of dementia. It explained that the challenge for commissioners was to 'spend resources to maximise outcomes and value for money whilst providing sustainable healthcare to meet the changing needs of the population'.</p> <p>The presentation ended with a short discussion about the Goole Health and Wellbeing Campus whose vision is 'The delivery of clinically safe, sustainable and affordable service provision at Goole Hospital that reflect the needs of the local population and the wider health priorities identified within the local population'. This includes health maintenance and the prevention of ill health in line with the CCG's strategic vision for community services. There was a brief explanation of the 4 work streams designed to achieve this:</p> <ul style="list-style-type: none"> • Minor injury services, Medical inpatient beds, Elective care services, Health Campus • The Programme's Stakeholder Liaison Group (SLG) has been meeting since June 2013 and has had an important role in shaping the process to date. Members of this group sit on the Programme Board and all four of the work streams that have been established to move the project forward. • The SLG includes representation from Patient Participation Group members from local GP Practices, ERY Healthwatch, ERYC Health and Wellbeing OSC Members, Town and County Councillors and The Courtyard. It also has clinical representation from both GP practices in Goole. • Time line 2015 – 2019 <p>On behalf of the PPG members CH thanked all 3 guests for their informative and interesting presentations.</p>		
<p>8. Any Other Business</p>		

The date for the next meeting would be sent out to all members together with the minutes from this meeting.

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