

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 14 January 2020								
Report Title:	Patient Reference Group Overview Report	Agenda Item: 1.2								
Chief Officer:	Nikki Pasek, Lay Member and Chair, Patient Reference Group									
Clinical Lead:	Carol Anderson, Chief Nurse									
Report Author:	Mary Hennells, Executive Assistant									
Document Status:	Final									
Report Summary:	This report provides a brief summary of the main issues considered by the Patient Reference Group at its last meeting.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td></td> <td>For Decision</td> <td></td> <td>For Approval</td> <td></td> <td>For Information</td> <td>X</td> </tr> </table>	For Assurance		For Decision		For Approval		For Information	X	
For Assurance		For Decision		For Approval		For Information	X			
Recommendation:	<p>The Governing Body is asked to endorse the work of the Patient Reference Group.</p> <p>The Governing Body is asked to note the approved minutes of the Patient Reference Group held on November 2019.</p>									
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do	X								
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’									
	Objective 3 – Use data and information to prove everything	X								
	Objective 4 – Deliver the prioritised performance standards									
	Objective 5 – Deliver the 6 transformation programmes									
	Objective 6 – Deliver the CCG Financial Plan									
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
CAF01	Risk to maintaining robust CCG Governance Arrangements	4 (Y)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health									
	IAF 2 Domain 2 - Better Care									
	IAF 3 Domain 3 - Sustainability:									
	IAF 4 Domain 4 - Leadership	X								
Resource implications:	N/A									
Chief Officer/ SRO Sign Off:	Carol Anderson, Chief Nurse Jessica Bawden, Director of External Affairs & Policy									
Chief Finance Officer Sign Off: (if required)	N/A									
Legal implications including equality and diversity assessment:	N/A									
Conflicts of Interest	N/A									
Report history:	Final									
Next steps:	Regular update to the Governing Body and escalation of issues as necessary.									

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 1.2

DATE: 14 JANUARY 2020

TITLE: PATIENT REFERENCE GROUP OVERVIEW REPORT

FROM: NIKKI PASEK, CCG LAY MEMBER AND CHAIR, PATIENT REFERENCE GROUP

1 ISSUE

- 1.1 This report provides a brief summary of the main issues considered by the Patient Reference Group (PRG) at its meeting held on 7 November 2019 and 5 December 2019.

2 KEY POINTS

2.1 7 November 2019

2.1.1 Primary Care Nursing Strategy & GP Surveys Clinical Quality Lead – Primary Care

The CCG's Clinical Quality Lead for Primary Care attended the meeting and provided a summary of the Annual GP Survey. This was provided as a PowerPoint presentation for each CCG and could be reviewed further so that practices were able to review their specific data including benchmarking. Members noted that the Cambridgeshire & Peterborough System was generally "Good" or "Above Average", sending 27,000 questionnaires locally with a 38% response rate. The Group was happy to note that the local overall experience was 84% positive compared to a national average of 83%.

Discussions were held around both locally and nationally recognised issues such as capacity, workforce and access to appointments. It was recognised by members and professionals alike that Patient Voice was the most powerful mechanism as well as good Practice Management.

Health data had been circulated within Primary Care Network (PCN), PCN leads and it was agreed to circulate this to members of the PRG. The data can then be reviewed at a local practice level for discussion at Patient Participation Groups and aid improvement if required.

Members found this information helpful and agreed that they would take this data back to their Practices.

2.1.2 Primary and Secondary Care Medications / Prescriptions

The CCG's Pharmacist provided an overview of primary and secondary care medications as well as an update regarding various changes and issues on a local, region and national level. These included progression of programme of implementing a single formulary across Cambridgeshire & Peterborough, Safety Campaigns, Medication Shortages (including the potential and perceived impact of EU Exit) and awareness raising of Self-Care Week.

A PRG member raised a concern regarding the regulation of generic medications being used within the NHS. He provided some background and research he had conducted on a manufacturer / supplier of one such generic medication. The CCG agreed to investigate the organisation directly and feedback regarding this, however assurance was received by the PRG that generic medications used within the NHS had a requirement for registration with the Medicines and Healthcare products Regulatory Agency (MHRA) or the European Medicines Agency (EMA) which have tracking and monitoring overview legislation in place which had to be strictly adhered to. The PRG was assured by this.

2.1.3 BIG Conversation Update

Members received an update regarding the BIG conversation. It was noted that approx. 2,500 responses had been received so far. There was confirmation that although NHS England and NHS Improvement were initially worried about whether the programme should continue during the purdah period, there had been an agreement that due to the programme already being underway and that it was not a formal consultation, the BIG conversation should continue.

It was confirmed that all GP Practices had received all information required to raise awareness within their practices and members agreed that they would also support within their own PPGs and wider practice communities.

The PRG requested to be updated regarding the programme as it progressed.

2.2 5 December 2019

2.2.1 Presentation on the STP and local system with Q&A

As this was the December Development Session, the PRG had requested to continue education regarding the wider NHS system as a whole and how the different elements fit together in the changing environment, given known pressures on the CCG locally, primary care and the NHS nationally. The PRG received a presentation from that was previously presented at the Cambridge University Hospitals NHS Foundation Trust's Board of Governors meeting by the Sustainability and Transformation Programme, which was working collaboratively (providers, local authority, acute trusts and the CCG) to ensure that the local system was fit for purpose by its public and patients (aligning with recommendations from national policy).

Members found this overview helpful and expanded on previous discussions regarding the continued 4% underfunding of the Cambridgeshire and Peterborough system and continued increase on local services, and the need for public and patient awareness of demand and appropriate use of services. It was agreed that the BIG conversation was a great tool for this ongoing discussion between public / patient and the NHS.

2.2.2 Presentation on Primary Care Network and Primary Care Commissioning with Q&A

A presentation on Primary Care Networks (PCNs) and Commissioning was received which set out the role and purpose of the newly emerging PCNs within the NHS landscape. There was a discussion regarding the NHSE/I plan that PCNs would change the way that healthcare was delivered to the local population, with the benefit of flexing services and professionals with the demand, need of the local population and workforce. There was a recognition that this may also change the format of the local PPGs and the PRG in the future as PCNs develop as more services would be based around the PCN geography and that this was likely to mean that PCN PPGs would be more efficient and effective working in this way.

This session was a development session for the PRG for continued development of knowledge rather than discussion of specific issues or pieces of work.

3 RECOMMENDATION

- 3.1 The Governing Body is asked to endorse the work of the PRG.
- 3.2 The Governing Body is asked to note that the approved minutes of the PRG held on 7 November 2019 attached at Appendix 1.

Author *Mary Hennells*
Executive Assistant
8 January 2020

Appendix 1 – Minutes of PRG Meeting held on 7 November 2019

Appendix 1

Notes of the Patient Reference Group held on Thursday 7 November in Seminar Room 2, Oak Tree Centre, Oak Drive, Huntingdon, PE29 7HN

Present: Alison Bacon, Greater Peterborough Patient Forum
Ron Hodson, East Cambs Patient Group
Gordon Lacey, Healthwatch
David Parkes, Greater Peterborough Patient Forum
Sandy Ferrelly, Hunts Patient Forum
Howard Sheriff, Cambridge Area Patient Group
Martin Lewis, Granta PPG
David Bowers, Hunts Patient Congress

In attendance: Nikki Pasek, CCG Lay Member (Chair)
Jessica Bawden, CCG Director of External Affairs and Policy
Carol Anderson, CCG Chief Nurse
Kelly Broad, CCG Head of Medicines Optimisation Team & Pharmacist
Fleur Seekins, Clinical Quality Nurse Lead – Primary Care
Mary Hennells, CCG Executive Assistant

1 Welcome and Introductions

The Chair welcomed everyone to the meeting and introductions were made round the table.

2 Apologies for Absence

Apologies were received from Peter Barry, Keith Stonell, Frances Dewhurst, Roy Stafford, Ann Green and Dr Gary Howsam.

3 Declarations of Interest

Howard Sheriff, declared a potential Conflict of Interest as he also sat as a Governor for Cambridge University Hospital.

4 Minutes from previous meeting held on 3 October 2019

The minutes of the 3 October were approved and agreed as an accurate reflection of the meeting once the following below amendments were made.

1. Apologies received from Sandy Ferrelly

5 Matters Arising and Action List

The Action List was updated and was appended to the minutes.

6 Primary Care Nursing Strategy & GP Surveys – Fleur Seekins, Clinical Quality Lead – Primary Care

Fleur Seekins attended the meeting and provided a summary of the Annual GP Patient Survey. This was provided as a Powerpoint Presentation for each CCG and

could be reviewed further so that practices were able to review their specific data, including benchmarking. Historical data was available dating back to 2007 however the national questionnaires were amended in 2018 and therefore comparable data was limited to the last 2 years.

Cambridgeshire & Peterborough system was generally “Good” or “Above Average”. Twenty-seven thousand questionnaires were sent locally with a 38% response rate. The questions included measures around making appointments, access to appointments, perception of care and practice opening hours, amongst others.

Overall experience for Cambridgeshire & Peterborough was 84% positive compared to national positive of 83%. There were nationally and locally recognised issues regarding access to appointments however it was perceived that once access was in place, the quality of care patients of Cambridgeshire & Peterborough received was good.

The information was agreed to be informative and useful and showed good performance across the region however there were 35 practices which sit below the national average, with one significantly lower with a score of 51%. In most cases the system and CCG were already aware of issues with those practices and had already commenced work with them. Fleur confirmed that these were generally found to be within city centres of Peterborough and Cambridge where there were recognised vulnerability factors.

Health data had been provided within Primary Care Network (PCN) packs, which have been circulated to PCN leads and reviewed at PCN level.

Capacity was a known difficulty within Primary Care and there was collaborative work ongoing with practices to support with technology, ideas, triage, and other issues. The implementation of PCNs would in theory make practices more resilient as there was an ability to flex resources over the system however there was also a need to acknowledge that demand was consistently outstripping the capacity. There was an acknowledgment by all parties that there was a need to educate and support patients and the public with a “prevention rather than cure” approach.

A number of issues were discussed regarding access to appointments and the differences across general practice with the processes of booking appointments and the potential “chicken and egg” consequences of these. Some were noted as being counterproductive in the long run. The CCG confirmed that individual practices were private businesses and there was some debate regarding the approach that the CCG could take with regards to practices with a less than average patient survey score in this regard. It was confirmed that the CCG had limited ability to resolve these issues via a contractual route however the CCG provided leadership and support to practices (via the CCG Primary Care and Quality Teams) across the system, not just to those with a less than average score. It was confirmed that there was a recent training programme for more than 300 nonclinical staff focused on customer service. It was agreed that patient voice was the most powerful and Fleur encouraged all Patient Participation Group’s (PPGs) to discuss the data with their practices to encourage change.

It was agreed that the Practice Manager was key within practices for encouraging and implementing change, and Carol Anderson confirmed that there was specific training with Practice Managers being undertaken currently and an invite was extended to PRG members to attend this alongside CCG staff and add weight to the patient voice.

ACTION: CA to investigate dates of training facilitated by Healthwatch and CCG for Practice Managers and invite PRG members to attend.

ACTION: Circulate Template for PPG themes and trends to PRG members

ACTION: Circulate Patient Survey power point / results for PPG interrogation and progression

There was a discussion regarding what a PPG and patients could expect from their practice and it was agreed to discuss this in the December Development Session with David Parke, Associate Director for Primary Care. **ACTION: Include Expectations of general practice to December Development Session agenda.**

7 Primary and Secondary Care Medications / Prescriptions – Kelly Broad, Pharmacist

Kelly Broad provided an overview of the work being undertaken within the system currently regarding primary and secondary medications.

- Formulary; Kelly confirmed that there was a programme of work regarding implementing a single formulary across the entire Cambridgeshire & Peterborough system to include all NHS stakeholders (e.g. Primary Care, acute trusts, CPFT, addiction services etc) in order to bring equality and equity to the system.
- Safety Campaigns; There was a real appetite across the system to work on safety campaigns more broadly and include partners from other health professionals, Fire and Rescue Services, local authorities as well as the CCG. This was undertaken recently in the Emollients Safety Campaign following the formal recording of a patient death by the coroner (not within the Cambridgeshire & Peterborough area) as being directly related to the extensive use of emollient and poor medication management. Nationally there was work being done however the materials for this had not yet been released and the Cambridgeshire & Peterborough system had worked together to publish their own materials.

There was a question from Gordon Lacey regarding working with supermarkets to ensure that messages are more widely spread and it was confirmed that this had also been commenced.

Medication Shortages:

Kelly also provided an overview of problems with stock shortages nationally. She confirmed that these issues pre-dated discussions regarding Britain leaving the European Union however the national media coverage regarding Brexit meant that the public were now more aware of these shortages. Locally it was confirmed that

there was a limited amount that the CCG could do about this in terms of procurement of specific medications however a system wide group of NHS Stakeholders, had been instigated to work together (virtually and face to face) to ensure that these shortages were managed across the system. Kelly confirmed that Community Pharmacists now had the authority to switch patients on specific medications without the need to refer back to the GP for authorisation. This also reduced the time that GPs within practices were being used to review and amend medications for patients. Acute trusts within the system and regionally in the East of England were also working together to implement an agreement that meant that should one of the hospitals be out of a specific medication then it was the responsibility of all hospitals to ensure that stock was spread across the system.

Kelly provided the group with assurance that the system (local and regional) was able to manage major stock shortages with confidence. There was a discussion regarding the stockpiling of medications by manufacturers in warehouses across the country thus creating a greater demand and therefore a greater market value. Kelly assured that all registered wholesalers within the UK were currently under regulations mandating that there was no export out of the country for the foreseeable future.

Awareness Raising:

Information was provided regarding Self Care Week which was running nationally from 18 – 24 November 2019 with stalls promoting self-care and appropriate use of NHS services, within acute hospitals and Primary Care community. **ACTION: Self Care Event list to be circulated.**

Generic Medications:

Martin Lewis informed the group of a concern of his regarding the regulation of generic medicines being used within the NHS. He provided some background information and research he had conducted on a manufacturer / supplier of one such generic medication. Kelly confirmed that she had not heard of this specific company but that she would investigate the information provided by Martin and that she would provide feedback on this directly to him. She did however provide some assurance around the tracking of medications with the use of bar codes, the requirement for registration with the Medicines and Healthcare products Regulatory Agency (MHRA) and adhering to these regulations. She also confirmed that some medicines fell into regulation by the EU via the European Medicines Agency (EMA) which meant that some could not be found under the MHRA remit on search. **ACTION: KB to investigate specific manufacturer / supplier and report back to Martin Lewis.**

8 Big Conversation Update – Jane Coulson, Senior Communications and Engagement Manager

Jessica Bawden provided an update on the Big Conversation on behalf of the CCG Communications and Engagement Team. It was noted that approx. 2,500 responses had been received so far and the conversation was continuing despite being in a period of purdah nationally. Jessica confirmed that NHS England and Improvement (NHSE/I) Regional Team had initially been worried about this however as the CCG had already started this and as it was not a legal consultation it was

agreed that it was appropriate to continue. All events would continue to proceed however no more were permitted to be planned or scheduled and an assurance was provided to NHSE/I that no meetings were occurring in council or political venues.

A new target of 3,000 had been set and responses were continuing to be received, electronically and hard copies. It was confirmed that GP Practices now had all the information required to raise awareness within their practices.

Jessica informed the group that most of the challenge back to the CCG had been the request to be bold and make substantive decisions based on the information that they receive via the conversation. There was an acknowledgement that the Big Conversation was also important in raising awareness and not just with regards to changing policy.

Following on from conversations earlier on in the meeting regarding access to appointments within general practice, Gordon Lacey asked whether any research had been conducted regarding possible correlation between missed appointments and whether SMS message reminders had been sent? Jessica was unaware whether this had been specifically investigated.

The Big Conversation was due to conclude on 20 December 2019 and outcomes and information would be fed back to the group when it was available. There was a request to circulate the Big Conversation information again within the group.

ACTION: Circulate Big Conversation info.

9 Best Practice / Information Sharing

Development Session: Nikki Pasek confirmed that the plan for the December Development Session was proposed as focusing on Primary Care, as previously agreed by the group. There would be an overview presentation covering the different changing elements across the system, with a more detailed dive into Primary Care Networks. David Parke, Associate Director for Primary Care was due to attend and support the session.

Health technology progress: There was a discussion regarding the progress of health technology which had been implemented internationally via the use of application software (Apps). The group confirmed that they would be interested to hear about what technology was or would be available in the future regarding semi-automated software, especially those which could reduce the demand on GP and patient time. It was agreed that the CCG Research team be invited to attend a future PRG meeting with regards to application software testing within Primary Care community.

Sustainability and Transformation Programme Day: Several members of the group attended the STP event and they were interested in hearing the feedback and any next steps regarding implementation of ideas discussed on the day. **ACTION: JB to feedback at December Meeting.**

10 Key items to feedback to the CCG Governing Body - Chair

Feedback to PRG from Governing Body provided at 5 November 2019.

- Following the airing of the PRG video at the CCG Staff Development Day, the Governing Body expressed their thanks to those involved in the making of this. It was well received by CCG staff who appreciated the support of the PRG in the work they did. Thanks were also extended to David Parkes who attended the CCG Development Day itself and provided useful insight with his input throughout the morning.
- Dr Gary Howsam expressed his gratitude to the PRG for raising the concern around the community growth agenda with the Governing Body and suggested that this was discussed in more detail at a future PRG meeting.

PRG members expressed their appreciation of Dr Gary Howsam's words and requested that the final full version of the PRG video be circulated to the group.

ACTION: Circulate PRG Video

No further feedback was provided for Governing Body at this time.

11 Any other business

The Chair expressed, that although enormously pleased to be welcoming Alison Bacon, new Chair of Greater Peterborough Partnership into the Group, she was sad to be saying goodbye to David Parkes, who had provided great support, common sense and balance, in his opinions and work with the PRG. The group thanked David for all his work with the PRG in the last 5 years.

Jessica Bawden provided a leaflet which was due to be used in conjunction with the work that was ongoing regarding the Urgent Care Collaborative programme. This leaflet was due to support the implementation of initial front door triage pilot (by Herts Urgent Care) to all visitors of Hinchingsbrooke Hospital Emergency Department due to commence on 26 November 2019. A review would be undertaken in 3 months to analyse the outcomes and will be fed back to PRG for information. Jessica requested any feedback on the leaflet be provided to her as soon as possible. **ACTION: Comments / Feedback on leaflet to be provided to JB asap.**

Sandy Ferrelly informed the group that it was likely that "Disability Huntingdonshire" would have to close within 2 months due to finances. As a consequence, this would have a massive impact on staff within general practice and local authority. Meetings had taken place to try to implement support however workload and demand was increasing, and it was unsustainable at this point in time. The Chair agreed that this would require escalating to CCG senior leaders, potentially including CCG Governing Body, and Sandy agreed to provide a summary to Jessica to support this escalation. **ACTION: SF to provide JB with Disability Huntingdonshire Summary regarding closure of services.**

There was a discussion regarding the consultations currently underway within the local authorities of Peterborough and Cambridge. It was confirmed that the CCG would be responding to the consultations.

12 Date of Next Meeting

The next meeting was confirmed as a Development Session – although scheduled for 1400 – 1600 on 5 December 2019, Seminar Room 2, Oak Tree Centre, 1 Oak

Drive, Huntingdon, PE29 7HN, the group were asked to pay close attention to communication coming from the CCG regarding this meeting as the time and venue may change.

Author - Mary Hennells
Executive Assistant
13 November 2019

Circulation List

Nikki Pasek	Sandy Ferrelly	Gordon Lacey	Keith Stonell
Carol Anderson	Ann Green	Martin Lewis	Pat Skelton
Jessica Bawden	Ron Hodson	David Parkes	Laura Halstead
David Bowers	Gary Howsam	Howard Sherriff	Alison Bacon
Frances Dewhurst	Mary Hennells	Roy Stafford	Peter Barry