

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 8 September 2020							
Report Title:	Patient Reference Group Overview Report	Agenda Item: 1.2							
Chief Officer:	Louise Mitchell, Director of Strategy and Planning								
Clinical Lead:	Carol Anderson, Chief Nurse								
Report Author:	Gemma Keats, Corporate Governance Administrator								
Document Status:	Final								
Report Summary:	This report provides a 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 6 February 2020 attached at Appendix A and 22 July 2020 attached at Appendix B.</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							
CAF08	Risk to maintaining robust CCG Governance Arrangements	8 (A)							
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:	Louise Mitchell, Director of Strategy and Planning								
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: 8 SEPTEMBER 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 summary of the main issues considered by the Patient Reference Group (PRG) at its meetings held in July 2020 and August 2020.

2 KEY POINTS

2.1 22 July 2020

2.1.1 Proposal to begin Public Consultation regarding the relocation of the Peterborough Urgent Treatment Centre (UTC) and Out of Hours (OOHs) services to the Peterborough City Hospital (PCH)

The PRG received a paper that was presented to the Governing Body on 7 July 2020 on the “*Proposal to begin Public Consultation regarding the relocation of the Peterborough Urgent Treatment Centre (UTC) and Out of Hours (OOHs) services to the Peterborough City Hospital (PCH)*”. The PRG asked for clarification on public transport and car parking as they considered these would be issues that would be raised by the public during the consultation. The PRG also requested that there was wide circulation of the consultation document and process for engagement. The PRG was provided with assurance from the Communications and Engagement Team on how this would be addressed and how vulnerable patients and those still shielding because of the COVID-19 pandemic would have the opportunity to comment. The PRG also commented on concerns around wider travelling issues and was advised that North West Anglia Foundation Trust was developing a travel plan for Peterborough and Huntingdon and this was about access as well as travel. There was also acknowledgement that wider partners such as the Local Authority and Highways Agency would need to be fully engaged in the process.

The PRG was also briefed on plans to reduce footfall to the hospital and deliver diagnostics and phlebotomy in alternative settings. This was also aligned to the NHS Long Term Plan which had proposed reducing outpatients by 30% and the CCG was already seeing some of this using technology solutions. This also related to urgent and emergency care and ensuring the appropriate triage via NHS 111. The PRG would continue to discuss these issues.

2.2 August 2020

2.2.1 Flu Update

The PRG received an update on flu planning and that the CCG was keen to get uptake for flu vaccinations higher this year. There would be the usual campaign with schools to ensure young people are vaccinated. There were concerns about the care home sector and vulnerable groups and there were plans to vaccinate as soon as possible. This work was being done collaboratively for system wide delivery. The PRG discussed the different routes for getting vaccinated. The PRG would continue to receive regular updates on flu.

2.2.2 BMI Can Do It Campaign

The PRG received a presentation on the new BMI Can Do It Campaign, previously discussed at Governing Body. The PRG noted the statistics for COVID-19 if people have a higher BMI or diabetes. There was a need to do more to encourage people to do more to live healthier, to eat well, sleep well and move more. The CCG was working with the public on their favourite recipes and working with dietician to make healthier versions of these. The PRG agreed to take this back to their own patient groups to gain feedback at a local level. The CCG was using social media, working with employers, local media, radio and local MPs to promote the campaign. Local food bloggers also want to be involved in this work to make healthy life changes that are sustainable. The CCG was using its stakeholder list to ensure all areas in the patch were covered and to increase access.

2.2.3 Patient Partition Group (PPG) Engagement and Representation Across our Geography

The PRG received a presentation on PPG Engagement and Representation across the CCG area. The PRG noted the role of the North and South Alliances. There were opportunities to look at how the CCG is engaging children and young people. There were 86 GP practices across the CCG aligned to 21 Primary Care Networks and each GP practice should have a PPG. The CCG was working to establish a clear picture of what was in place and where further development was required. The PRG discussed that they represented their own GP Practice and some members had very little or no conversation with other PPGs. The PRG discussed having a PCN representative on the PRG and went on to talk about how to attract new members to PPGs. Members noted that Healthwatch had developed a Toolkit for GPs and the CCG could go back to this Toolkit to ensure it covers attracting new members and Chairs. This would also be discussed in the review of the PRG's Terms of Reference.

The PRG discussed the involvement of Practice Managers in PPGs so they could assist in providing answers to questions that patients had about what their GP practice is doing. It was important to reiterate how important PPGs could be in communicating information to patients. The Chair offered to invite Practice Managers to a session to discuss PPGs. The PRG also discussed using Parish Councils to help with disseminating information and meetings rooms for example. The PRG went on to reflect on the COVID-19 pandemic and the new ways the PRG had been working virtually. Feedback was that it was good to be able to join meetings so easily without the need to travel, however, there was a benefit to meeting in person and they discussed possibly meeting physically every three months in future.

3 RECOMMENDATION

- 3.1 The Governing Body is asked to endorse the work of the Patient Reference Group.
- 3.2 The Governing Body is asked to note that the approved minutes of the Patient Reference Group held on 6 February 2020 (Appendix A) and 22 July 2020 (Appendix B).

Author **Gemma Keats**
 Corporate Governance Administrator
 21 August 2020

Appendix A – Minutes of PRG held on 6 February 2020
Appendix B - Minutes of PRG held on 22 July 2020

Appendix A

Notes of the Patient Reference Group Development Session held on Thursday 6 February 2020, Room G93, Oak Tree Centre, Oak Drive, Huntingdon, PE29 7HN

Present: Frances Dewhurst, Healthwatch
Martin Lewis, Granta PPG
Howard Sherriff, QEHP
Sandy Ferrelly, Hunts Patient Forum
David Bowers, Hunts Patient Congress
Keith Stonnell, Cambridge
Peter Barry, Greater Peterborough Patient Forum
Alison Bacon, Greater Peterborough Patient Forum
Ann Green, Fenland Area Patient Group
Gordon Lacey, Healthwatch
Ron Hodson, East Cambs Patient Group

In attendance: Jessica Bawden, CCG Director of External Affairs and Policy (Chair)
Carol Anderson, CCG Chief Nurse
Jane Coulson, CCG Senior Communications and Engagement Manager
Laura Halstead, CCG Head of Communications & Marketing (agenda item 8)
Rob Murphy, CCG North Alliance Programme Director (agenda item 7)
Elaine Overend, CCG Executive Assistant

1 **Welcome and Introductions**

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

2 **Apologies**

Apologies were received from Dr Gary Howsam, Nikki Pasek and Pat Skelton.

3 **Declarations of Interest**

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

4 **Minutes from previous meeting on 5 December 2019 – Development Session**

Minutes from the Development Session held 5 December 2019 were approved and agreed as an accurate reflection of the meeting once the following below amendment was made.

1. Alison Bacon's name appeared twice as present. Duplication to be removed.

5 **Matters Arising**

The Action Log was update and was appended to the minutes.

6 **PRG Terms of Reference**

Moved to end of agenda however this was then deferred to March 2020 meeting due to lack of time. Chair asked members to send any comments on ToR to MH.

ACTION: Members to send any comments on ToR to MH

7 Update on the North and South Alliances – Rob Murphy, North Alliance Programme Director

Rob Murphy had recently started in role in North Alliance and presentation explained what the Alliances were and the future as NHS Long Term is to have integrated system by 2021. There were three levels: STP, Alliances, Integrated Neighbourhoods (IN) and Primary Care Networks (PCN). Acknowledged priorities different for different areas and look at how help to deliver. CCG were 102 out of 104 for Diabetes Care and have 5 Integrated Neighbourhoods to be pilot sites. By 20/21 Wave 3 to have all PCNs which are clinically led.

March and Fenland did not have a PCN and once others established and learn from them and be able to see benefits as better for patients in long term. Sandy asked if it was enforceable to become PCN and Rob responded that practices form PCN and build IN around that. There were difficulties in recruiting GPs and have to deliver core services, and reason why selected those practices willing to do. There is guidance from NHS England of what they expect of every system.

Members can share presentation with patient groups.

Social Care part of wider STP discussion. District Councils sit on North and South Alliance to help deliver locally with patients. Example of Wisbech, with Fenland District Council funding Active Fenland.

Howard Sheriff commented on GPs rejecting new GP Contract due to the extra work involved in managing the system and took away from patient contact time. Rob acknowledged point as alluded to struggle on core contract and the request was for seven services to deliver on top of core contract. CCG went with those practices who came forward to form PCN. There was willingness to rollout but is built on primary care. Alliances were driven by their Clinical Directors who provided support to primary care system and held a responsibility to increase viability as key principles.

Rob Murphy advised that there was a Public Safety Board in each area under which all services came together; Police, Ambulance, Fire Services etc, and that this was effective in promoting principles of working together.

ACTION: MH to add Alliances Update as a future agenda item

8 Themes / Feedback from The Big Conversation – Jane Coulson and Laura Halstead

Jane Coulson and Laura Halstead presented responses and feedback from the Big Conversation which ran between 27 September – 20 December 2019. Events were held across Cambridgeshire and Peterborough and the CCG attended existing forums/groups as well as great focus on social media and Facebook Groups. The CCG received 6000 responses. The top mentioned 5 words from the free text box in document were; Needs, Patients, Services, NHS, and Appointments.

The responses to Big Questions were anonymous but the CCG could draw down on detail for age bracket, ethnicity and geography as well as first part of post code provided. Each of the 10 questions were reviewed and it was noted that some responses people had put provisos, and some questions had clear majority whereas others were not so clear.

From discussion, the following comments were noted:

Q1 – Majority of respondees would prefer to travel further to see specialist if seen quicker, but transport would need to be considered. There were patients who rely on community drivers but were struggling to get drivers.

Q2 – Comment from feedback was noted that public thought that all services should be delivered the same across the country with no regional differences. Francis Dewhurst highlighted a change of criteria for hearing aids for CPCCG and she believed that this should be a national decision.

Q3 – Follow up appointments – The responses to this question were close in number between receiving a call/video call or have number to call if concerned. Francis Dewhurst queried whether there was a risk/responsibility issue between provider and patient. Carol Anderson advised the group that there is a Risk Stratification in place for Outpatients. It was agreed that patients should have the information in order to make informed decision. It was also commented that some members of the public could be excluded from technology and that the system should be mindful of exclusions.

Q4 – There was a clear majority response for over counter medicines. Feedback highlighted that schools and care agencies only administer to patients if prescribed by a GP so there was a requirement for further work / resolutions were needed in this regard. Howard Sheriff commented that there was a need to educate the general public that pharmacies are paid for prescriptions. The Chair advised that Script Switch (a system currently used with the CPCCG system) selects the cheaper generic medication each time. GPs have leaflets to hand to patients and GPs had also been given a list of drugs that they were requested not to prescribe. This programme of work so far had saved £700,000. Ann Green felt that as a forum, the PRG had a responsibility to spread awareness.

ACTION: JB to circulate the leaflet given to patient by GP and list given to GPs not to prescribe to members.

Q5 – Majority response for A&E to redirect people to appropriate services. The Chair discussed the current pilot at “front door” at Hinchingsbrooke Hospital where patients were seen by clinicians on initial arrival in order to ensure appropriate use of resources. Of those seen under the pilot, 65% had been redirected to other services with no complaints. As a consequence, the A&E waiting times had reduced. Due to this success there was potential to roll out model to other acute providers. It was noted that these models could look slightly different due to the different needs / demographic of the hospital.

The issue of oversubscription of CUH was raised as an issue; approximate figures of 475 patients per day. There was a question raised as to whether the department was still fit for purpose. It was noted that various ways of streaming had previously been tried. **ACTION: CA to pick up with Howard re consultants informing people to go to A&E and sign in and see them there, which then delays A&E patients being seen.**

Carol Anderson advised that the data showed that younger working people attended A&E after work instead of attending their GP Surgery and there was a question regarding whether showed a requirement to make access to GP services easier and more convenient.

Q7 – How long patients are prepared to wait for a hospital / specialist appointment – the majority of the responses were that if a Doctor thinks there was a need to be seen, then this should be in place as soon as possible. Jane Coulson commented that the feedback indicated a need to be more efficient and streamlined for blood tests, scans to be on same day rather than patients making multiple trips for investigations. There would be a need to ensure that patients were aware that they could be at hospital all day for investigations depending on what the requirements were.

Q8 – There was a majority clear response to use technology to access healthcare services quicker.

Members acknowledged the technology and use of apps, and that practices were using different systems. This also meant that those patients who did not use technology in this way, could end up seeing GP quicker, due to a release in capacity.

Q9 – The most popular response to this question indicated that most of public would like to have one place to contact to seek advice. This indicated that they wanted a simplified access route to seek reassurance. There were mixed responses to 111 services and the CCG were starting to investigate and consider these responses. Members noted that hearing and learning difficulties needed to be considered in all types of communication with the public, with the potential for an alternative online route to address this issue. There was a discussion regarding Deaf Awareness Training and the Chair agreed to investigate whether there was a provision of Deaf Awareness Training for Receptionists within the Training Hub **ACTION: JB to investigate whether deaf awareness training for Receptionists is included by Training Hub**

Q10 – There was a clear majority response for the system to get tougher with patients who consistently miss appointments

A member of the group provided an example of appointment letters being sent to an incorrect address. She would be addressing this directly. Rob Murphy advised that the hospital had recently implemented a new computer system which had caused some problems with patient records. This was found to have had some implications to patients in this regards.

The Chair thanked representatives from the Comms and Engagement Team and members of the PRG and reiterated her welcome of the discussion. It was agreed that the results were to be shared and published on the CCG website and they would also be circulated to those who left their contact details at events. It was noted that the two-page report of key facts and principles which was provided for Governing Body was also to be circulated. The CCG was now commencing the Big Conversation with Primary Care. **ACTION: Documents to be published on website. Circulate 2-page of key facts and principles.**

9 Best Practice / information sharing

Due to time restraints this was not discussed in this meeting.

10 Key items to feedback to the CCG Governing Body

Learning with NHS following litigation and pressure of budget.

11 Any other business

Peter Barry raised his concern on £83 billion for legal fees litigation and asked where Peterborough costs were documented. He questioned whether the system was learning from cases to help reduce the deficit. Carol Anderson reassured the group that that every NHS organisation paid into a Clinical Negligence Scheme for Trusts. NHS Protect held responsibility for litigation. Organisations submit yearly to NHS Protect where learning was collated to assure this was progressed. The CCG produced Quality Reports which highlighted learning. Peter Barry requested the name of person and contact details of whom to write to. **ACTION: Fleur Seekins contact details to be sent to Peter Barry**

Sandy requested that members share that older people could register with their water company to establish a possible discount. Members agreed to share this information

ACTION: Future meeting items Feedback on Big Conversation with Primary Care, and Learning

12 Date of Next Meeting

The next meeting was confirmed as 1400 – 1600 on 5 March 2020, Seminar Room 2, Oak Tree Centre, 1 Oak Drive, Huntingdon, PE29 7HN

**Author - Elaine Overend
Executive Assistant
6 February 2020**

Circulation List

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

Appendix B

Notes of the Patient Reference Group held on Wednesday 22 July 2020 By Microsoft Teams

- Present:** Nikki Pasek, CCG Lay Member (Chair)
Alison Bacon, Greater Peterborough Patient Forum
Peter Barry, Greater Peterborough Patient Forum
David Bowers, Hunts Patient Congress
Frances Dewhurst, Healthwatch
Sandy Ferrelly, Hunts Patient Forum
Ann Green, Fenland Area Patient Group
Ron Hodson, East Cambs Patient Group
Gordon Lacey, Healthwatch Cambridgeshire & Peterborough
Howard Sherriff, Cambridge Area Patient Group
Pat Skelton, East Cambs Patient Group
Keith Stonell, Cambridge Area Patient Group
- In attendance:** Carol Anderson, CCG Chief Nurse
Jessica Bawden, CCG Director of Primary Care (for agenda item 6)
Jane Coulson, CCG Senior Engagement Manager
Dr Gary Howsam, CCG Chair
Gemma Keats, CCG Corporate Governance Administrator
Louise Mitchell, CCG Director of Strategy & Planning
Matthew Smith, SRO, Urgent & Emergency Care (for agenda item 6)

1 Welcome and Introductions

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

2 Apologies

Apologies were received from Martin Lewis.

3 Declarations of Interest

Ann Green declared an interest as a Trustee for the Light Project in Peterborough.

4 Minutes from previous meeting

The minutes from the previous meeting held on 6 February 2020 and the notes from the PRG Briefing held on 30 April 2020 were **agreed** as an accurate record.

5 Matters Arising

The Action Log was update and was appended to the minutes.

Patient Participation Groups – Alison Bacon advised that her PPG had met with Lakeside Healthcare where it was proposed to merge the New Queen Street Surgery and Stanground Surgery Patient Participation Groups together. She said meetings would take place at New Queen Street Surgery with Stanground members taking part two or three times per year. Jessica Bawden and Jane Coulson would be picking up work on the future of Patient Participation Groups and how they might

work. Frances Dewhurst suggested that Healthwatch was included in this discussion. Alison Bacon said she would be taking this to the Greater Peterborough Patient Forum next week. She suggested that in future perhaps PPG's could be town based rather than singular practice groups, for example the two practices in Whittlesey could join together to form one group. Dr Gary Howsam commented that this was really important going forward, especially with the difficulties people might face coming out of the COVID-19 pandemic over the next 18 months. He said the delivery of primary care would look very different going forward and the PPGs will have an important role in advising people why services will look the way they will. Ann Green advised that she had tried updating people from PRG meetings and suggested that the CCG needed to think creatively about how to get information wider than just the patient groups.

The Chair said this was such a big issue and agreed to add this as an agenda item on the next agenda. This would tie into the conversation on the Terms of Reference and the new way of working going forward. **Action: Gemma Keats to add to next agenda.**

6 Proposal to begin Public Consultation regarding the relocation of the Peterborough Urgent Treatment Centre (UTC) and Out of Hours (OOHs) services to the Peterborough City Hospital (PCH)

The PRG received a paper that was presented to the Governing Body on 7 July 2020 on the Proposal to begin Public Consultation regarding the relocation of the Peterborough Urgent Treatment Centre (UTC) and Out of Hours (OOHs) services to the Peterborough City Hospital (PCH).

Jessica Bawden presented the paper, advising the PRG that as part of COVID-19, organisations had been working hard to prepare for winter in a COVID-19 climate. One of the key things that would help would be to have one site including minors, majors and GP access. She said the model outlined in the paper was designed to suit patients. The Governing Body had approved the paper and agreed to go out to public consultation in August 2020 on this. It was noted that this could impact mostly on people in Peterborough city centre. The consultation would run for 8 weeks, from the beginning of August.

Gordon Lacey commented on travel and whether this had been considered. Jessica Bawden advised that most of the traffic was for Out of Hours and was right at the beginning of the day. This was compared with PCH and they were looking at their Travel Plan. Conversations were also underway with the Local Authority on the bus routes. Jessica Bawden said the travel issue was not as big as you would think when most people would attend at the end of the day when clinics will have finished. Gordon Lacey said he would like to see the pattern of the parking at PCH as it appeared to be almost full whenever he had visited. Jane Coulson advised that the CCG was trying to get this information from PCH to back up the anecdotal information. It was noted that going forward the car parking at the City Care Centre would be reduced as more disabled parking would be in place in future.

Frances Dewhurst commented on the consultation and asked how people would be reached to ensure a wide coverage. Jane Coulson advised that where the CCG was aware of high usage, such as Central Ward, the CCG was looking to the local faith communities to ask how they were currently meeting to reach people through those meetings. Jane Coulson advised that the CCG would also be working with the Peterborough Hub to reach those that were shielding. It was noted that the CCG had held a successful patient meeting online with over 50 people and from a range

of ages and ethnicities. This was a positive meeting with lots of different people and going forward it was anticipated that virtual meetings would be held more often to reach this wider audience.

Alison Bacon commented that people visited the Minor Injury unit at any time of day so it was important to look at the parking information with car parks occupied 70% of the time. She commented on the plans for the east of Peterborough and that a new bypass would be in place at King's Dyke soon and it was getting more and more difficult to get into Peterborough. She suggested that patients from the east of the patch could use Doddington instead. Sandy Ferrelly commented on concerns from Huntingdon, and that for morning appointments at PCH, it could take almost two hours to get there at that time of day. Jessica Bawden advised that north West Anglia Foundation Trust was putting together a travel plan for Peterborough and Huntingdon and this was about access as well as travel. There was also a discussion to be had with the Local Authority and the Highways Agency.

Dr Gary Howsam said as well as the work around the traffic, there was work underway to reduce footfall to the hospital anyway due to COVID-19 and there was a move to get diagnostics and phlebotomy away from the hospital site and it was anticipated that this would ease some of the issues raised. He advised that the iteration of the NHS Long Term Plan pre-COVID-19 had plans to reduce outpatients by 30% and the CCG was already seeing some of this using technology solutions. It was anticipated this would reduce further over the coming months and years. The general consensus was that face to face appointments were only needed where it added clinical value. Dr Gary Howsam said the National direction for all urgent care seemed to be in the direction of NHS 111 first with the first point of contact by telephone so they can triage to the right place at the right time. There was a move so that unscheduled care became scheduled. Gordon Lacey asked if there was a process for sharing good practice. Dr Gary Howsam said there was a huge amount of work going on through the Royal College of GPs on how this would all be delivered, the acceleration of technology use and ensuring it was acceptable and sustainable for the future. There was a journey for services in terms of maximising capacity. All the arguments around information governance on technology had been streamlined to enable it quicker.

Howard Sherriff commented on the reduced number of patients having face to face consultations and the backlog and waiting lists for elective surgery where it was nationally predicted to take 7 years to clear. He said ultrasound would previously have seen 7 people but now was down to only 3 patients due to the extra cleaning that needed to be done between patients. He said there was a need for an out of hospital diagnostic service. Jessica Bawden said there was a lot going on around this, starting with phlebotomy as there were pressures in both primary and secondary care. Then this work would move onto Xray and ultrasound. Jessica Bawden said she hope to be able to provide an update on recovery plans for the next meeting. Carol Anderson added that there would also be updates from the Alliances in future. She said the Governing Body would be keeping a close eye on this, particularly around maintaining the safety of people on waiting lists and those that were hidden from view or not on the waiting list yet. There was work around the mechanisms for moving people around to ensure the right level of service and capacity to ensure flow for the system. Louise Mitchell commented on the messaging around restoration and recovery seeking assurance that there was no clinical harm to those on a long waiting list.

The PRG **noted** the paper.

7 Best Practice and Information Sharing

The Chair said one item for the next meeting agenda was PPG's going forward. She asked members to talk about other issues of concern.

Howard Sherriff commented on a personal experience of a cardiology appointment which had included diagnostics by an MRI scan and then an online consultation which he found to be very efficient. He said he had had two meetings using Zoom with GPs so far which were continuing in his part of the county and were working well.

Peter Barry commented on primary care and asked if any areas were cutting costs and what they were doing. Jessica Bawden advised that things were actually costing more as they were being separated out. Jane Coulson advised that any of the branch surgeries closed during COVID-19 would be re-opening again. Dr Gary Howsam said many practices had increased staff during COVID-19 and that going into flu season he could not see primary care scaling down at all.

Keith Stonell said he was concerned about flu vaccinations and this would be rolled out this year. Carol Anderson advised that this needed to be done differently this year and there was the possibility of things like drive through flu clinics. She agreed to bring an update to the next meeting. **Action: Carol Anderson.**

Ron Hodson commented on the future of Fenland Minor Injury Units, which were currently closed and putting more pressure on GPs. Jessica Bawden said the reopening of these would be discussed as soon as staff were available. Jessica Bawden said they were re-opening in a phased way.

8 Feedback to the Governing Body

The Chair said there was another PRG meeting before the next Governing Body Meeting in Public but agreed to feedback on PPGs and patient engagement so far. Other issues to feedback on would be discussed at the next meeting.

9 Any Other Business

Ann Green commented on information she circulates from the CCG to her patient group and that they were interested in reading legitimate statistical information. She said it would be helpful to receive regular updates on how things were going in general.

Frances Dewhurst advised the PRG that this was her last meeting of the PRG and that she had resigned as Director of Healthwatch. She advised members about her new role as Social Prescriber for Meridian and that she was happy for members to contact her in future. The Chair thanked Frances Dewhurst for her contribution to the PRG.

Alison Bacon referred to discussion at the last meeting about deaf awareness and advised from a personal experience, she had suggested using Live Transcribe in hospital as she could not understand everything her consultant was saying due to wearing a mask. She was told she could not use Live Transcribe as it was against hospital policy around recording. The Chair said there was lots going around on this and agreed that it was sometimes impossible without it. Carol Anderson advised that the CCG had looked into the use of masks with a clear front but they did not comply with Type masks. It was agreed to share the link for Live Transcribe with

Carol Anderson so she could pick this up with other Chief Nurses. Frances Dewhurst asked for this to also be shared with Healthwatch. It was noted that Cambridge University Hospital Foundation Trust was trialling the clear masks in terms of compliance. The Chair said this was something that was making the deaf and hard of hearing community feel very isolated and anything that could be done to help would be gratefully received. **Action: Alison Bacon/Carol Anderson.**

10 Date of Next Meeting

The Chair thanked everyone for attending the meeting and confirmed the date of the next meeting as Thursday 6 August at 2.00pm via Microsoft Teams.

Author -

Circulation List

Nikki Pasek	Jane Coulson	Gary Howsam	Keith Stonell
Carol Anderson	Frances Dewhurst	Gemma Keats	Howard Sherriff
Alison Bacon	Sandy Ferrelly	Gordon Lacey	Pat Skelton
Peter Barry	Ann Green	Martin Lewis	
David Bowers	Ron Hodson	Louise Mitchell	