

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 11 May 2021						
Report Title:	Patient Reference Group Overview Report	Agenda Item: 1.1						
Chief Officer:	Nikki Pasek, Lay Member and Chair, Patient Reference Group							
Clinical Lead:	Carol Anderson, Chief Nurse							
Report Author:	Gemma Keats, Corporate Governance Administrator							
Document Status:	Final							
Report Summary:	This report provides a brief summary of the main issues considered by the Patient Reference Group at its last few meetings.							
Report Purpose:	For Assurance		For Decision		For Approval		For Information	X
Recommendation:	The Governing Body is asked to endorse the work of the Patient Reference Group. The Governing Body is asked to note the approved minutes of the Patient Reference Group held on 4 February 2021 (Appendix A) and 4 March 2021 (Appendix B). The Governing Body is asked to note the verbal update following the latest meeting of the PRG held on 6 May 2021.							
Link to Corporate Objectives: 2020/22	Ensure everyone has the opportunity to improve their health and well-being							X
	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities							
	Focus time and resources on areas where people receive most of their health and care services, the community							
	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.							
	Deliver our statutory financial commitments as best as possible							
CAF (Strategic Risk) Reference	Description of Risk							Current Risk Score
CAF08	There is a risk that the transition from the CCG to the Integrated Care System will lead to loss of focus on business as usual and the delivery of the CCG's statutory functions.							12 (A)
Impact Assessments	Equality		N/a					
	Health Inequalities							
	Health Impact							
	Data Privacy							
	Sustainability							
	Quality							
Resource implications:	N/A							
Chief Officer/ SRO Sign Off:	Sharon Fox, Director of Governance On behalf Carol Anderson, Chief Nurse							
Chief Finance Officer Sign Off: (if required)	N/A							
Legal implications including equality and diversity assessment:	N/A							
Conflicts of Interest	In line with the CCG's Conflicts of Interest Policy.							
Report history:	FINAL							
Next steps:	Regular update to the Governing Body and escalation of issues as necessary.							

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 1.1

DATE: 11 MAY 2021

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 meetings held from February 2021 – April 2021.
- 1.2 At the time of writing this report, the PRG is about to meet on 6 May 2021. I will be able to provide a verbal update on this meeting at the Governing Body in Public.

2 KEY POINTS

2.1 February Meeting:

The PRG received an update on the primary care delivery of the Mass Vaccination Programme from the Director of Primary Care. The PRG noted there were currently 23 sites vaccinating people and when there was supply of vaccine, staff and volunteers were working seven days per week. Since the end of December 2020, 15,000 people had been vaccinated which was an amazing achievement. The PRG discussed the gaps in those that had not been vaccinated and the potential reasons. Work was ongoing with the Local Authority where some communities were concerned about vaccination. The PRG heard that around 75% of Health and Social Care Staff had been vaccinated. The PRG was updated on the larger vaccination sites and plans to continue to follow the National plan. The PRG discussed the various scams going around related to vaccinations and noted that these were being advertised as they came up. The PRG fed back some soft intelligence that staff and volunteers had been abused at the vaccination hub and this was being followed up by the CCG.

A number of PRG members fed back on the excellent service received whilst visiting the local hospitals in the patch recently. The PRG also heard about a new 'Click and Collect' machine for collecting medication at the pharmacy attached to a GP practice to reduce queuing times.

The PRG thanked Gordon Lacey, Healthwatch representative for his contribution to the PRG over many years, as he had announced he had stepped down from Healthwatch.

2.2 March Meeting:

The PRG received an update on the Mass Vaccination Programme noting the latest data on first vaccination doses given to date, as well as some second doses which

were also well underway. The next stage was to offer the vaccine to all people aged over 50 and this would run to 15 April 2021 with the rest of the population following that with a target of 31 July 2021 for all adults having been offered the first dose of the vaccine. Work was being done to look at innovative ideas to get out to hard to reach groups, such as drive through centres, vaccination buses and pop up facilities. The PRG discussed the latest data, commenting on a number of areas, such as lower numbers of clinically vulnerable people getting vaccinated and the uptake amongst care home staff. The PRG commended the Team working on the Vaccination Programme.

An update was received on the CCG Urgent & Emergency Care Team on the Urgent Treatment Centre Relocation in Peterborough. The current UTC was located on Thorpe Road and the plan was to move this and the Out of Hours Service to the Peterborough City Hospital site. A public consultation was undertaken in summer 2020 which gave the CCG some issues to consider before the work was stalled by the Pandemic. The timeline was now back on track to go live from 30 June 2021. From a patient perspective, there will be one front door, where patients would be screened and then sent to the right service, either NHS111, Urgent Treatment Centre, an appointment booked with a primary care clinician (by NHS111) or to the Emergency Department. This should see a smoother experience. The PRG discussed the staff that would TUPE transfer.

2.3 April Meeting:

The PRG received a presentation on Integrated Care Systems (ICS), providing an overview of the ICS and highlight the opportunities of the ICS, looking at the NHS White Paper and the difference with the current structure. The timeline for this work was outlined with the system operating as an ICS from April 2022. The PRG commented on external providers being involved. There was discussion around Local Authorities being more involved and where the funding would come from to enable this. It was highlighted that patient involvement was not mentioned much in the NHS White Paper, but the PRG was assured that patient involvement was high on the agenda. The PRG also asked about how the charity/voluntary sector could contribute. The Deputy Chief Nurse in attendance had said this was all about a positive patient journey, bringing it back to the patient needs with the right care at the right time with the shortest route.

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 meetings held on 4 February 2021 (Appendix A) and 4 March 2021 (Appendix B).
- 3.3 The Governing Body is asked to note the verbal update following the latest meeting of the PRG held on 6 May 2021.

Author **Gemma Keats, Corporate Governance Administrator**
4 May 2021

Appendix A – Minutes of PRG held on 4 February 2021
Appendix B – Minutes of PRG held on 4 March 2021

Appendix A

Notes of the Patient Reference Group held on Thursday 4 February 2021 By Microsoft Teams

Present: Nikki Pasek, CCG Lay Member (Chair)
Carol Anderson, Chief Nurse, CCG
Alison Bacon, Greater Peterborough Patient Forum
Peter Barry, Greater Peterborough Patient Forum
David Bowers, Hunts Patient Congress
Sandy Ferrelly, Hunts Patient Forum
Ron Hodson, East Cambs Patient Group
Paul Jobling, Healthwatch
Gordon Lacey, Healthwatch
Martin Lewis, Cambridge Area Patient Group
Pat Skelton, East Cambs Patient Group
Keith Stonell, Cambridge Area Patient Group

In attendance: Jessica Bawden, Director of Primary Care, CCG
Jo Hobson, Senior Communications Manager, CCG
Gemma Keats, Corporate Governance Administrator

1 Welcome and Introductions

The Chair welcomed everyone to the meeting.

2 Apologies for Absence

Apologies for absence were received from Ann Green, Howard Sherriff and Jane Coulson.

3 Declarations of Interest

There were no declarations of interest related to the agenda.

4 Mass Vaccinations Update

Jessica Bawden gave an update on the Mass Vaccination Programme from the primary care perspective, which she was leading. Jessica Bawden advised the PRG that there were currently 23 sites vaccinating people and when there was supply of vaccine, staff and volunteers were working seven days per week. Since the end of December 2020, 15,000 people had been vaccinated which was an amazing achievement. Feedback had been received from staff and patients who had been pleased with the service. Both were happy to provide the service and receive their vaccines. So far, primary care had been asked to cover cohorts 1-4, including the over 70's, over 16's and clinically vulnerable, care home residents and staff. Jessica Bawden gave an overview of the percentage of people vaccinated in each cohort so far.

Sandy Ferrelly commented that there had been lots of anger in the Huntingdon area, where the Red Cross had volunteered to undertake the car park management and marshalling but had been declined because other areas did not have the Red Cross. Jessica Bawden was not aware of this and agreed to look into it. She advised that

Primary Care Networks had been getting support from their own sources. Carol Anderson advised that the Red Cross was being used at a National level and to her knowledge no one in our area had declined their help.

Peter Barry commented on the substantial gaps in those that had not been vaccinated and asked the reason behind this. Jessica Bawden advised that some people had refused the vaccine and others had contra-indicators with other medications. She said the figures she had shared were very good and that the CCG had never vaccinated at this level before. It was noted that some communities were worried about vaccination and the CCG was working closely with Local Authorities to address this. The cohorts being vaccinated now were those that were most vulnerable.

Martin Lewis asked if there were many that had declined the vaccine and commented on people not registered with a GP. Jessica Bawden advised that as it stands, people had to have an NHS number to receive the vaccine. There was no mandatory vaccination in this country, but work was happening to capture those without an NHS number as this should not stop them being vaccinated. In terms of the registered population, the vaccination programme was going well.

Turning to Health and Social Care Staff, around 75% had been vaccinated. This was a challenge but if staff were exposed or at risk they should be vaccinated.

The Chair commented on communication and that she had seen messages recently on Facebook asking people to contact their GP if they had not yet received their vaccine and were part of one of the eligible cohorts. Jessica Bawden said this was to mop up the remaining people the CCG and partner organisations had not been able to contact. Friends and carers should promote this to people if they had not been vaccinated.

Jessica Bawden advised that she was less involved with the larger vaccination centres, such as the City Care Centre in Peterborough, the Oak Tree Centre in Huntingdon, the Grafton Centre in Cambridge. There were also two pharmacy sites and others would gradually come online as the programme moved through the other age groups. Carol Anderson advised that the National plan was to eventually enable people to get a vaccine within a 15-minute drive.

Ron Hodson commented on the Oak Tree Centre in Huntingdon and asked why people were now going there instead of Doddington. Jessica Bawden said people were choosing to go to Huntingdon.

Sandy Ferrelly commented on some older people refusing to have the vaccine and commented on an email scam where people were being asked for their bank details to have a vaccination in return. Jessica Bawden advised that there were several scams going on and these were being advertised as they come up. People need to be reminded that the NHS would never ask for bank details. The Chair advised that there was also lots of National information going out on scams and urged people to sign up to receive scam alerts as the scams did change frequently. There had also been a scam targeting housebound patients, and Jessica Bawden advised that the NHS would never turn up unannounced to someone's home. They would always be booked in advance. The Chair said it was important to check visitors ID if they were offering vaccination in homes, which the NHS and Local Authority would be happy to show.

Martin Lewis commented on pharmacies delivering vaccines and that he was concerned about the commercial element as they were paid per dose. Jessica Bawden advised that this was around £112.50 per dose. Martin Lewis asked if the CCG checked who was providing the vaccines. Jessica Bawden advised that NHS England commissioned the pharmacies for this programme of work.

Peter Barry referred back to older people refusing the vaccine. He said this was selfish as it could impact on someone else and people should be mindful of this. He also commented on the volunteers at the Stanground vaccination hub who were very happy and excellent. Gordon Lacey agreed that had also received a good service from Stanground. Gordon Lacey commented on the BME population and that uptake was low and asked whether there was any publicity/process going on to address this. Jessica Bawden advised that the CCG was working with the Local authority and community leaders on this. A lot of this was about confidence and information.

Alison Bacon commented on the abuse volunteers had received at the Stanground vaccination hub when she visited, particularly to those in the car park when traffic was backing up. Jessica Bawden agreed to pick this up to ensure issues were being dealt with as they arose.

The PRG **noted** the update.

Jessica Bawden left the meeting.

5 Minutes from previous meeting

The minutes from the previous meeting held on 7 January 2021 were **agreed** as an accurate record.

6 Matters Arising

6.1 Action Log

The Action Log was update and was appended to the minutes. Jo Hobson agreed to share updated details sent to GP practices with everyone.

7 Best Practice and Information Sharing

Alison Bacon commented on information on social media to recruit people to Patient Participation Groups. Jo Hobson offered to draft something for practices to share on their Facebook pages for example. The Chair said this was also part of the PPG Toolkit work and agreed there could be something out in the interim.

8 Feedback to the Governing Body

The Chair said any issues or positive comments on the vaccination programme would be shared with the Governing Body.

Martin Lewis commented on Cambridge University Hospitals NHS Foundation Trust (CUHFT) and that people he knew had visited ED recently or for their routine appointments and the service was brilliant, well organised and people were seen without issue. He was also pleased with the service provided at Granta Surgery, where patients were called back in a timely way, people were still being seen face to face when appropriate and he had not heard anything negative. Martin Lewis

advised the PRG that at Granta surgery there was now a 'Click and Collect' machine for collecting medication at the pharmacy to reduce queuing and other machines were also being installed elsewhere, adding that other companies were also getting on board with this. Carol Anderson advised that this was something Granta Surgery had implemented themselves for their own business model adding, that not all practices were dispensing practices, but this did provide patients with more choice.

Sandy Ferrelly commented on the good service she had received from Peterborough City Hospital and Hinchingbrooke hospital. Sandy Ferrelly referred to people with disability and mental frailty and that GPs had been referring people to the charity she works with.

Paul Jobling commented on the convenience for some people regarding the click and collect machines, but this could cause many pharmacies to close in future if companies were able to cherry pick. He commented on a recent positive online consultation with the Millfield Medical Practice and that the GP seemed to have more time for him. Martin Lewis showed the PRG the click and collect machine on screen.

9 Any Other Business

Gordon Lacey advised the PRG that he had stepped down from Healthwatch and the next meeting would be his last. The Chair thanked Gordon Lacey for his contribution to the PRG.

10 Date of Next Meeting

The Chair thanked everyone for attending the meeting and confirmed the date of the next meeting as Thursday 4 March 2021 at 2.00pm via Microsoft Teams.

Author – Gemma Keats
Corporate Governance Administrator
4 February 2021

Circulation List

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

Appendix B

Notes of the Patient Reference Group held on Thursday 4 March 2021 By Microsoft Teams

Present: Nikki Pasek, CCG Lay Member (Chair)
Carol Anderson, Chief Nurse, CCG
Alison Bacon, Greater Peterborough Patient Forum
Peter Barry, Greater Peterborough Patient Forum
Ann Green, Fenland Area Patient Group
Ron Hodson, East Cambs Patient Group
Gordon Lacey, Healthwatch
Martin Lewis, Cambridge Area Patient Group
Howard
Pat Skelton, East Cambs Patient Group
Keith Stonell, Cambridge Area Patient Group

In attendance: Jane Coulson, Senior Engagement Manager, CCG
Gemma Keats, Corporate Governance Administrator
Ramnit Bassi, Programme Manager, CCG Urgent & Emergency Care
Team
Martin Niven, C&P CCG Lead Planner COVID19 Mass Vaccinations
Programme

1 Welcome and Introductions

The Chair welcomed everyone to the meeting.

2 Apologies for Absence

Apologies for absence were received from David Bowers, Sandy Ferrelly and Paul Jobling.

3 Declarations of Interest

There were no declarations of interest related to the agenda.

4 Minutes from previous meeting

The minutes from the previous meeting held on 4 February 2021 were **agreed** as an accurate record.

5 Matters Arising

5.1 Action Log

The Action Log was update and was appended to the minutes.
It was agreed to follow up on the outstanding actions outside of the meeting.

6 Mass Vaccination Programme Update

The Chair welcomed Martin Niven, C&P CCG Lead Planner COVID19 Mass Vaccination Programme to the meeting who gave an update on the Mass Vaccination Programme. Martin Niven introduced himself to the PRG and shared his screen outlining the latest data on first vaccination doses given to date as well as some second doses which were also well underway.

Martin Niven gave an updated on each of the vaccinated cohorts, noting the remarkable achievements so far. The next stage was to offer the vaccine to all people aged over 50 and this would run to 15 April 2021 with the rest of the population following that with a target of 31 July 2021 for all adults having been offered the first dose of the vaccine. It was noted that the system was starting to see the real effect of the programme with the main constraint being supply. Work was being done to look at innovative ideas to get out to heard to reach groups, such as drive through centres, vaccination buses and pop up facilities. These ideas would be worked through. In terms of future vaccines, Moderna had been approved but was not yet authorised. There were others in the pipeline such as Johnson and Johnson. The main vaccines currently in use were Pfizer and AstraZeneca. Martin Niven showed a slide looking at our patch and that the majority of people now had a vaccination centre within a 10 mile radius. Work was being done to look at using more community pharmacies around Cambridgeshire and Peterborough. There was a good spread in place with 8 constant vaccination centres as well as 23 Primary Care Network sites. PCN sites were vaccinating a lot of people and they were limited in terms of booking appointments due to having to wait for supply first.

The Chair asked if people had to have the same vaccine at the same vaccination centre for their second dose. Martin Niven confirmed this was the case.

Peter Barry asked about housebound people receiving their vaccination. Martin Niven advised that around 92-95% of housebound people had already been vaccinated and CPFT was doing this. Carol Anderson advised that the system was seeing that a number of housebound patients that had not received a letter also did not have up to date contact details and therefore work was being done to try to locate these people. There were around 200 people to reach in this cohort.

Ann Green commented on hard to reach groups. Jane Coulson advised that a Collaborative group had been established with the Local Authority and work was being done to look at where there was anecdotally vaccine hesitancy. This group was looking at which people had not come forward for their vaccinations and seeing if there were any common factors, these could be ethnicity, faith, where they live, working patterns etc.

Keith Stonell commented on the low uptake in the clinical extremely vulnerable. Martin Niven advised that this was mainly due to the change in criteria of the clinically vulnerable. Keith Stonell also asked if the vaccine being delivered by community pharmacies was only the AstraZeneca vaccine. Martin Niven advised this was the case due to the logistics of storage.

Gordon Lacey commented on the over 60's age group doing better in the second dose than the over 70's age group. Martin Niven advised that the numbers were small for the second dose due to the requirement for a gap of 11 weeks between the vaccines. Some second doses may have been given to stop wastage. It was noted that the PCNs would start to administer second doses mid to end of March 2021. It was the lesser of two evils to use the vaccine for a second dose rather than waste it.

Peter Barry commented on the low uptake of care home staff. Martin Niven advised that all staff had been offered the vaccine and the system would continue mop up the remaining people not vaccinated. The system was starting to see a rise in people coming forward for vaccine as more information was being pushed out and understanding continued to grow. The same issues were being seen nationally. Peter Barry commented on that there were 600 staff not vaccinated that were still going into homes. Martin Niven discussed the duty of care that staff have and the ethical debate the Government would soon have on vaccines in future. Care homes staff continued to be vaccinated.

Martin Lewis congratulated the team on the vaccination programme that was going well. He said he was concerned about the vaccine hesitancy. Carol Anderson referred to Professor Chris Whitty and that he had said it was a professional duty to have the vaccine but it was not mandated. There were national conversations around this. Carol Anderson advised that there would also be staff that can't be vaccinated, due to illness, allergy or even if they currently had COVID-19, but she agreed that it was a professional duty to have it. Carol Andersons said this was not about herd immunity, but was about protecting the most vulnerable.

Martin Lewis commented on the case numbers in Peterborough. Carol Anderson advised that outbreaks in the prison and care homes had increased the number of cases but overall, cases were going down.

Alison Bacon commented on knowing the vaccine supply at the last minute and how this would be managed when people needed their second dose. Martin Niven advised that vaccine deliveries were becoming smoother with an allocation 7-10 days in advance of a clinic. So there was some planning that could be done in terms of putting the clinic together for whichever vaccine and making the appointments. What the vaccination centres would not do, is run two different clinics at the same time (different vaccines) to ensure there was no room for error. Alison Bacon asked what happened to the leftover vaccines at the end of the day. Martin Niven advised that there were not really any leftover. In the beginning, clinics were full when administering the Pfizer vaccine and staff were vaccinated with any left to ensure no wastage. Demand was now higher so this was not an issue. There should also be little or no wastage with the AstraZeneca vaccine because storage was easier. If there were concerns about vaccine wastage, the Centres would reach out and try to vaccinate according to the cohorts.

The Chair thanked Martin Niven for attending and the PRG **noted** the update.

7 Urgent Treatment Centre Relocation Update

The Chair welcomed Ramnit Bassi, Programme Manager, CCG Urgent & Emergency Care Team to the meeting who provided an update on the Urgent Treatment Centre Relocation in Peterborough. Ramnit Bassi advised that the current UTC was located on Thorpe Road and the plan was to move this and the Out of Hours Service to the Peterborough City Hospital site. A public consultation was undertaken in summer 2020 which gave the CCG some issues to consider. Then the pandemic and lockdown happened so this work had stalled. A modular building was going to be dropped in on the site and this was delayed. The timeline was now back on track to go live from 30 June 2021. From a patient perspective, there will be one front door, where patients would be screened and then sent to the right service, either NHS111, Urgent Treatment Centre, an appointment booked with a primary care clinician (by NHS111) or to the Emergency Department. This should see a smoother experience. Ramnit Bassi shared a slide to explain the structure of the

Programme, with the Urgent Emergency Care Oversight Board overseeing the programme, then NWAFT Programme Board and the Workstreams underneath. This was all working to ensure everything happened by the 'go live' date.

Martin Lewis asked how many members of staff this affected in terms of TUPE transfer. Ramnit Bassi advised that there were around 10 members of staff at the current Urgent Treatment Centre on Thorpe Road but for the whole project this was a lift and shift of staff.

Peter Barry asked how confident Ramnit Bassi was in terms of the go live date of 30 June 2021. Ramnit Bassi advised that this work started in 2019 and the modular build was going into the site now. Peter Barry asked about the transport issues raised during the consultation. Ramnit Bassi advised that following a survey, most people travelled by car. Jane Coulson advised that there was a new bus route starting this week which was an orbital route and was supported by the joint Local Authorities. If this was successful, the route might be extended.

Alison Bacon asked how Peterborough City Council had accepted the move. Jane Coulson advised that when this first went to the Peterborough Scrutiny Committee in 2017 they supported it and they also supported it when it went back again in 2019.

The Chair thanked Ramnit Bassi for attending and the PRG **noted** the update.

8 Best Practice and Information Sharing / Feedback to the Governing Body / Any Other Business

Peter Barry commented on local GP practices that wanted to reduce their footprint and whether this was something the practice oversaw. Carol Anderson said that the closure of branch surgeries could not be done overnight and that the practice had to involve NHS England. The practice would also be encouraged to talk to its patients about plans such as this.

9 Date of Next Meeting

The Chair thanked everyone for attending the meeting and confirmed the date of the next meeting as Thursday 1 April 2021 at 2.00pm via Microsoft Teams.

Author – Gemma Keats
Corporate Governance Administrator
4 March 2021

Circulation List

Nikki Pasek	Jane Coulson	Paul Jobling	Pat Skelton
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David Bowers	Gary Howsam	Howard Sherriff	