

**Minutes
PPI Committee
Tuesday 9th May 2017, Chappell Room, Arnold Civic Centre**

Present:

Janet Champion (JC) (Chair) Lay Member, NNE Governing Body	
Deborah Bellamy (DB)	Patient Representative
Francis Henman (FH)	Westdale Lane PPG
Helen Horsfield (HH)	Complaints Manager
Terry Lock (TL)	Park House PPG
Sharon Bentley (SB)	Patient Representative
Bruce Cameron (BC)	Independent Patient Rep
Elaine Maddock (EM)	Governing Body GP Representative

In Attendance:

Antonia Smith (AS)	Corporate Communications Manager
Emma Watson (EW)	Transformation Engagement Manager
Louisa Hall (LH)	Corporate Admin Officer
Esther Gaskill (EG)	Head of Quality & Patient Safety & Experience
Michelle Turpin (MT)	Senior Service Improvement Manager

Apologies:

Hazel Buchanan (HB)	NNE Director of Operations
Kathryn Sanderson (KS)	Torkard PPG
Sharon Pickett (SP)	Deputy Chief Officer

Item		Action
PPI 17/019	<p><u>Welcome and Apologies</u></p> <p>Janet Champion (JC) welcomed the group and requested brief introductions.</p> <p>Esther Gaskill and Michelle Turpin attended the meeting as guest speakers.</p> <p>Apologies were noted above. Quoracy was confirmed.</p>	
PPI 17/020	<p><u>Declarations of Interest</u></p> <p>The Chair reminded committee members of their obligation to declare any interests they may have on any issues arising at Governing Body meetings which might conflict with the business of the CCG.</p> <p>Declarations of the Patient Participation Involvement Committee were listed in the CCG's Register of Interests. JC noted that the Register was available either via the secretary to the PPI Committee or the CCG website at the following link:</p> <p>http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</p> <p>No Declarations of Interest were made in relation to the agenda.</p>	
PPI 17/021	<p><u>Minutes and Actions from previous meeting 5.04.2017</u></p> <p>The minutes of the meeting held on 5th April 2017 were approved as a true and accurate record</p>	

	<p>with the following actions acknowledged as complete:</p> <p>PPI 17/0015: copy of the PPI Annual Report was distributed to Committee Members.</p>	
<p>PPI 17/022</p>	<p><u>Updates on ongoing projects</u></p> <p>AS gave an update to the Committee in relation to ongoing projects:</p> <p>It was reiterated that as PURDAH is in place due to the elections, engagement is not currently taking place. AS informed the group that they have been working up to QIPP but the CGG is not in a position to present yet to the Committee but will hopefully do so after the election.</p> <p>AS updated the Committee that the Annual General Meeting (AGM) has been planned for the 26th of September. AS requested the group to ask any interested patients to attend.</p> <p>AS proposed a further potential patient networking event and informed the group that other CCGs are keen and with a smaller amount of funding, this can take place. Terry Lock (TL) agreed this would be good. AS provided an update to the new members of the PPI Committee to explain the previous networking event and who attended (speakers and senior team/patient support). TL added that he could liaise on the patient network event to support the planning of this.</p> <p>AS informed the Committee of minor changes to the self-care/Over the counter leaflets. AS introduced new leaflets to the group on self-medicating and paracetamol. It was pointed out that these had not been signed off yet.</p>	
<p>PPI 17/023</p>	<p><u>Presentation on the Primary Care Access engagement plan</u></p> <p>Emma Watson (EW) presented the topic of GP Access to the Committee.</p> <p>EW advised the group that there are various models of care but they have been focusing on the project around GP access. EW informed the group that the project was aiming to target the wider population and public including those who occasionally access the GP, full time workers who cannot attend within GP hours etc. EW mentioned that as no pre-election work can be undertaken, planning is in process. It was explained that the survey design was for a wide range of people and that Rachel Rees had been working on factors which affect change and the most suitable way to promote in and around practices. Engagement around those parts of the community with protected characteristics. Social media will also be looked at.</p> <p>EW presented the draft survey to the Committee and invited the group to discuss the survey design. Copies were distributed to gather feedback.</p> <p>AS presented an update to the group on how this will be communicated to the public. The Group were informed that posters and displays will support response boxes in Practices. Additional support from PPG group members to promote this has also been discussed at the PPG meetings. AS added that Digital assets, events and media will also be used to promote this as widely as possible.</p> <p>It was highlighted that the topic of extended opening hours in Nottingham has already appeared in the media so this is not a new topic for patients to engage in.</p> <p>EW asked the group for feedback on the survey, key points raised were:</p> <ul style="list-style-type: none"> • Francis Henman suggested that a possible question to patients on, if federated, would you be willing to go to another GP practice for a service. • Sharon Bentley (SB) queried if they would be able to be seen at another practice. If federated, it will need to stay in area but it needs to be clear to patients how far this means or if out of area. Helen Horsfield (HH) suggested identifying NNE on the survey but the Group agreed that this would not be clear to the public. • Shared access to records needs to be a question due to data protection. • Need to clarify that this survey is based on the extended service and not out of hours. • Layout of the form: needs to be more explicit, full postcode etc. to ensure all data is captured. • Q17 should be come Q11. • Other ways to distribute: could possibly liaise with social care partners to disseminate. • The group queried the benefit of Q4 and agreed this should be more specific to find out about 	

	<p>obstacles for travelling to appointments or what support would be needed to travel instead.</p> <ul style="list-style-type: none"> • Move Q6 to above Q5. • The Group discussed the survey question on distances and if these are reasonable. It was suggested that travel distances need to be further than the draft. Errors in distances identified to be changed. <p>Elaine Maddock (EM) entered the room at 14.37pm</p> <ul style="list-style-type: none"> • The Group agreed this could be put forward to the Patient Participation Group (PPG). Revised draft requested from TL so he could get additional comments and feedback. • The group discussed how to find out if people understand about shared records. Bruce Cameron (BC) identified that if people want GP access, they will need to allow records to be shared. • The Group identified a change in sentence from “your GP, to “a GP”. • Elaine Maddock queried Q9: are we raising possibilities that we cannot deliver or can we do these safely? <p>TL referred back to a previous update raised by AS on events and suggested that Gedling Country Park could be good if available for eventing. Visitors centre is the hub and free space around could be useful for the AGM or future events.</p>	
<p>PPI 17/024</p>	<p><u>Quality Monitoring of Providers</u></p> <p>Esther Gaskill (EG) gave an overview of the Quality team and how quality is monitored with a role of being a “critical friend” to suggest improvements and also give positive feedback. EG explained the 3 elements relating to Darcy’s definition of quality:</p> <p>EG explained the 3 factors in more detail:</p> <ul style="list-style-type: none"> • The patient experience and feedback • Safety elements analysed across health provides including incidents and prescribing/medicine management. • Clinical effectiveness ensuring NICE guidance is followed and quality and outcomes framework is adhered to. <p><u>Demonstration of the Primary Care Quality Dashboard</u></p> <p>EG gave a demonstration on the Primary Care Quality Dashboard for Nottingham North and East CCG. Key points covered:</p> <ul style="list-style-type: none"> • All NNE practices are now on the dashboard. EG informed the Committee that this is refreshed on a quarterly basis and historic quarterly data is also available. • Question mark explains how rating is worked out, RAG rating and how ratings have evolved. • EG explained how data appears on system: clinical input sitting on their system and data pulled down from clinical systems fed into e-health scope. This is anonymous but can be reduced down to specific patient data. • Coding for RAG ratings and each domain scoring was explained. The Group were informed that the CQC rating is not included in the final score so that data is more current. • Clinical outcomes include clinical indicators and how this is challenged to improve targets. • JC questioned how some data is presented, for example, for flu vaccinations for over 65s. EG confirmed the national target is 75% therefore most show red, but this would be explored and the dashboard can use as a best practice tool. • Practices can delve into information which is demonstrated on e-scope. Sharing some good practice to improve results. • E-scope to help and support practices. Not all positive feedback from practices or the survey due to various factors e.g. patients who have never accessed. • Star is used in data for no adverse factors. • Tool to look at national indicators. • Elaine Maddock (EM) suggested other indicators could be put on but it would be difficult to measure. The Group discussed the data that can be captured and to ensure the soft intelligence is in place as well. • EG informed the group that there have been marked improvements through practices. 	

<p>PPI 17/0025</p>	<p><u>Connected Notts project/Patient empowerment</u></p> <p>Michelle Turpin (MT) presented on the Connected Notts project and gave an overview to the Committee.</p> <p>MT explained the key streams of work and explained how the CCG will move forward with health care systems to move information efficiently. The project includes local work and wider to ensure a sustainable system. MT explained how it is ensured that funding is used in the best possible way and although NHS were impressed by the Connected Notts project bids are still required for funding.</p> <p>MT presented the 5 pillars of wisdom that have projects/strands of work to ensure they are connected and run through STP etc.</p> <p>MT ran through the key tech projects:</p> <ul style="list-style-type: none"> • MIG: key information to be shared between other health providers to enable them to treat patients appropriately. MIG for whole of Nottingham. Phase 3 now scoping out now in place. • GPRCC: To use to provide best care. Phase 3 now scoping out now in place. • POL: ensuring patients can access information, data and prescriptions online. • Community portal: a piece of work for Nottingham which is in early development and will be hosted by NUH. The principle aim is to plug information from all systems and link up. <p>TL emphasised the use of online access to free up time and resources at Practices. It was requested if posters etc. to ensure sign up and to ensure awareness.</p>	
<p>PPI 17/0026</p>	<p><u>PPG notes & QIPP notes</u></p> <p>The Committee acknowledged the notes from the PPG and QIPP meetings.</p>	
<p>PPI 17/0027</p>	<p><u>Any Other Business</u></p> <p>No other business was received by the Committee.</p>	
<p style="text-align: center;">Details of the next meeting 11th July 2017, 1pm-4pm Chappell Room, Civic Centre, Arnot Hill Park</p>		

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All attendees should be aware that there is a requirement to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be released as part of a request for information