

Minutes

PPI Committee

Tuesday 9th January 2018, Chappell Room, Arnold Civic Centre

Present:

Janet Champion (JC) (Chair)	PPI Lay Member, NNE Governing Body
Deborah Bellamy (DB)	Patient and Public Representative
Sharon Bentley (SB)	Patient and Public Representative
Hazel Buchanan (HB)	NNE Director of Operations
Francis Henman (FH)	Patient and Public Representative
Helen Horsfield (HH)	Complaints Manager
Terry Lock (TL)	Park House PPG
Elaine Maddock (EM)	Governing Body GP Representative
Kathryn Sanderson (KS)	Patient and Public Representative

In Attendance:

Nikki Biddlestone (NB)	Patient and Public Involvement Manager
Louisa Hall (LH)	Corporate Admin Officer

Apologies:

Sharon Pickett (SP)	Deputy Chief Officer
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Cumulative Record of Members Attendance (2017/18)

Name	Possible	Actual	Name	Possible	Actual
Deborah Bellamy	5	4	Terry Lock	5	5
Sharon Bentley	5	5	Elaine Maddock	5	4
Hazel Buchanan	5	4	Sharon Pickett	5	2
Janet Champion	5	5	Kathryn Sanderson	5	2
Francis Henman	5	5			
Helen Horsfield	5	5(1x deputy)			

Item		Action
PPI 18/001	<p><u>Welcome and Apologies</u></p> <p>Janet Champion (JC) welcomed the group. Apologies were noted above.</p> <p>Quoracy was confirmed.</p>	
PPI 18/002	<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 PPI Committee 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>	
<p>PPI 18/003</p>	<p><u>Minutes and Actions from previous meeting 20.11.2017</u></p> <p>The minutes of the meeting held on 20th November 2017 were checked for accuracy and approved as a true and accurate record.</p>	
<p>PPI 18/004</p>	<p><u>Urgent Care</u></p> <p>Hazel Buchanan (HB) presented an overview on urgent care with an aim for the Committee to have a discussion on the engagement plan.</p> <p>It was highlighted that moving to an urgent care centre is included on the Five Year Forward View that the CCG follows and that there is a national requirement to redesign urgent care. This is with the aim to support patients to make the right decisions on care and to use suitable alternatives to A & E, to make staff and skills more effective and to review what is "urgent" to be able to take forward.</p> <p>The Committee was informed that there are local requirements around financial recovery but fragmented services make the service complex and confusing to patients to choose the right pathway.</p> <p>The national mandate is to commission urgent treatment centres. Current processes have a designated GP at the front door of A&E but there is a need to look at effectiveness.</p> <p>The requirements of the service include opening 8am-8pm (12 hours a day) which has to treat minor injuries and illnesses and has to accept booked appointments and walk-ins. Elements of this are currently provided at NUH.</p> <p>It was added that in order for this to be successful, it will be necessary to take into consideration the percentage of patients that would go to optional services or A&E so all points of access are covered.</p> <p>A discussion was held around the two current services in Nottingham with NEMS also covering the GP at the front door as well as the out of hours service. Streaming has also been put in place at NUH to support patients where to go.</p> <p>The Committee discussed the need to be clear to patients on the services and to highlight that it needs to be used on the nature of treatment. It was added that the CCG needs to ensure that patients do not use the service as an option if GP</p>	

	<p>access is not prompt.</p> <p>It was added that there is a national push to increase streaming through 111. There will also be a mandate to increase hours to 8am-12midnight seven days a week.</p> <p>Nikki Biddlestone (NB) gave an update on the Urgent care engagement plan: The following points were highlighted:</p> <ul style="list-style-type: none"> • Started to look at key users that need to be engaged. E-healthscope shows above average attendance to the urgent care centres. This gives some indication of groups of people using the services. Areas in Nottingham highlighted of above average were Mapperley, Carlton, Arnold, West Bridgford and South Broxtowe. • Options to engage: Surveys, waiting rooms, go to urgent care centres, satisfaction to see if there is any correlation between GPs and going to urgent care. • Nottingham Trent University carried out a survey with students around attending A&E and results showed that most students go direct to A&E as they know it's available. <p>It was agreed that there is a need to reach a wider range of people.</p> <p>The Committee discussed further engagement ideas:</p> <ul style="list-style-type: none"> • Use of the Gedling Borough Council's Contacts magazine to promote where possible. • Pull information off over a 12 hour period at A&E to see reasons for attending to aim to analyse who are the potential biggest users and then to focus on targeted communications. • The Committee agreed that it would prove more beneficial to go out and do targeted engagement rather than events that could potentially attract the same groups of service users. • Posing question to patients on reasons for visit and a tick box if patients are aware of other services. • Children also make up one of the largest groups of service users so engaging in Surestart centres etc. would be beneficial. Rushcliffe CCG previously produced a booklet on this so NNE could use this to target parents/families. • Analyse NUH data on admissions. 	
<p>PPI 18/005</p>	<p><u>Waste Med/ OTC management</u></p> <p>NB gave an update on the Waste Medicines and Over the Counter (OTC) campaigns:</p> <ul style="list-style-type: none"> • Visits to 18 out of 20 practices were successful. This was a self-care tour to promote benefits, to advise top tips to stay well this winter and also to carry out engagement activity around prescribing. • Prescribing engagement was to find out impact on OTC meds and to learn more about peoples' habits and knowledge around medicines and medicine waste. • Positive and a lot of volunteers to support the CCG going into the practices. • 356 responses were received about proposals that GP practices would stop 	

	<p>prescribing some OTC medicines for minor ailments. Patients were then asked how these changes had impacted them and used the opportunity to talk to them about their prescribing habits.</p> <ul style="list-style-type: none"> • 207 replies to date with feedback as follows: <ul style="list-style-type: none"> ○ Majority of patients hadn't noticed any difference since the changes to Over the Counter Medicines had been in place. ○ More patients are beginning to use on-line services to order their repeat prescriptions but the majority still go in person to the GP practice. ○ Over half of the respondents said their usual pharmacy doesn't offer them a medicines review to discuss their medicines. Therefore there is a need to see if reviews are being clearly logged as a review or detailed how they are carried out. <p>Next steps for engagement are to continue to seek feedback from GPs and patients and also analyse the results once Rushcliffe CCG and Nottingham West CCG complete this to get an overall picture.</p> <p>It was suggested that maybe the savings or expense for prescriptions should be highlighted as to what that money could fund e.g. nurses, staff etc.</p>	
<p>PPI 18/006</p>	<p><u>Terms of reference review</u></p> <p>The Committee agreed that due to the current position of the CCG going through a restructure, the Terms of reference do not require change or amendment as the Committees will change in the near future.</p>	
<p>PPI 18/007</p>	<p><u>Connected Notts update</u></p> <p>Terry Lock (TL) gave an update on Connected Notts to the Committee. Key points included:</p> <ul style="list-style-type: none"> • Summit was held in November where there was the chance to see some of the applications. • MIG and E-healthscope are proving as benefits especially expanding for social care. Phase 3 is moving out into social care. Coroner's office also wants access if possible. • Community portal is proving successful and there is a hope that this will progress to Sherwood Forest Hospitals. TL explained the portal to members of the Committee that this allows access to all systems to share information. • Midlands' Accord: East and West working together with approximately 10 million patients across; a strong stance on scale when talking to suppliers. TL attending a meeting in Birmingham around a supplier's forum with the equivalent connected Notts colleagues to benefit future progressions. • Patient empowerment will soon be restarting with a meeting planned in to focus on how to get more use online services. • Review of MIG at the end of phase 2. • Independent audit review feedback included timely access to patients and usage increased - most significantly within NEMS. Aiding assessment in triage and saving time in accessing applications. • Big potential to progress to EMAS. 	

	<ul style="list-style-type: none"> • Patient's conference some time in 2018. <p>TL to disseminate paper to committee members.</p>	TL
PPI 18/008	<p><u>PPG Forum notes from 28.11.2017</u></p> <p>The Committee acknowledged the PPG Forum notes.</p>	
PPI 18/009	<p><u>AOB:</u></p> <p>None received.</p>	
<p>Details of the next meeting Thursday 29th March 2018, 1.00pm – 4pm Meeting Room 1, Civic Centre, Arnot Hill Park</p>		

Meeting administrator: louisa.hall@nhs.net

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

Unratified