

**NHS Warwickshire North Clinical Commissioning Group
Patient Group Forum
9 May 2016, 6:30pm - 8:30pm
George Eliot Hospital, GETEC, Raveloe Conference Room.**

Draft minutes

Attendees:

Jane French (JF)	Chancery Lane Surgery	Bill Nicklin (BN)	Manor Court Surgery
David Simkin (DS) Deputy Chair	Coleshill Surgery	Alan Nicholls (AN)	Dr Reily & Partners Surgery
Peter Eltringham (PE)	Bulkington Surgery & GEH MAP	Maurice Charley (MC)	GEH Advocate
David Simkin (DS) Deputy Chair	Coleshill Surgery	Paul Bonner (PB)	Manor Court Surgery
Betty Rossi (BS)	Dr Henderson's (Queen's Road)	Dan Ibeziako (DI)	NHS Arden & GEM CSU
Jeff Higgs (JH)	Old Mill Surgery	David Allcock (DA)	NHS Warwickshire North CCG
Len Makin (LM)	Healthwatch Warwickshire	Andrea Green (AG)	NHS Warwickshire North CCG
Christine Pfeiffer (CP)	Grange Medical Centre	Jenni Northcote (JN)	NHS Warwickshire North CCG
Gill Davis (GD)	Atherstone Surgery	Stan Orton (SO)	PGF Chair and Dordon Surgery
Hilda Gledhill (HG)	Pear Tree Surgery	Margaret Bell (MB)	Camp Hill GP Led Health Centre

**Apologies: Adrian Edgington, Chapel End Surgery
Sheila Hinds, Chancery Lane Surgery
Joan Baber, Old Cole House Surgery
Shelagh Charles, Old Cole House Surgery**

Item No:	Agenda item & discussion	Action	Lead officer
1.	<p>Welcome and apologies</p> <p>SO welcomed everyone to the meeting and gave apologies received.</p> <p>SO welcomed David Allcock, the new PPI lead.</p>		
2.	<p>Minutes of the last meeting</p> <p>2.1 The minutes of the last meeting were agreed.</p> <p>Matters arising</p> <p>2.2 Children Services - No update but to be added as a future agenda item.</p> <p>2.3 NHS 111 visit - CP advised she had sent the presentation to DI to place on the website. DI confirmed added to website in December 2015.</p> <p>2.4 Members of the group are to send their details to DI if they would like to be involved in VoiceAbility, a mental health advocacy group. DI advised nothing received and to leave item open.</p> <p>2.5 Healthwatch are inviting people to talk about what makes a good experience around health and social care, to understand from across the county what people see as being really good, and what is the opposite. Healthwatch will hold further similar events over the coming months, and there will be a report in May 2016. DI to add as a future agenda item.</p>	<p><i>DI to place a copy on the website</i></p> <p><i>DI to add to a future agenda item</i></p> <p><i>DI to add as a future agenda item</i></p>	<p><i>DI</i></p> <p><i>DI</i></p> <p><i>DI/LM</i></p>
3.	<p>CCG Update</p> <p>3.1 Urgent Care Update Communications are ongoing, following on from the update given by JN at the last meeting.</p> <p>3.2 Stroke The first elements of the assurance process are almost complete. The CCG has finished the process of taking the clinical proposals to the national senate. We will take this assurance to NHS England then this will go to a pre-consultation business case. By July will have a pre-consultation business case. A full consultation will take place</p>		

<p>3.3</p> <p>3.4</p> <p>3.5</p>	<p>once this is completed. AG is delighted on where we are. We are moving forward to try to attract national monies.</p> <p>CCG year end position Our year end deficit is £8.9m. Our external auditors are doing a more rigorous approach. We also have different auditors this year and so far, so good. The audit will be complete by 22 May. Finalising annual accounts in June for publication.</p> <p>Children's services (0-5) There is not much to report on this but planning is happening across Warwickshire working with parents and grandparents to see if there are gaps in the services provided. Led by the county but we are involved in this.</p> <p>MB asked who is delivering the service is it GEH? And AG confirmed they were.</p> <p>HG commented that moving Urgent Care to GEH hasn't helped those in rural north. AG confirmed that we need to work the borough on this and that the CCG will monitor patient feedback and any comments from the public re the urgent care centre on an ongoing basis through the mobilisation and after the go live.</p> <p>MB asked if some services such as family planning will cease. JN said that the CCG is working with Public Health to ensure that we maintain a continuous service.</p>		
<p>4.</p> <p>4.1</p> <p>4.2</p>	<p>Annual Plan Survey and Patient Panel feedback</p> <p>JN updated on progress. Thanks were given to those that have responded so far and we will extend the deadline for another week. We have undertaken a patient panel. They have received a business plan update and a challenge and confirm exercise on the specific projects being carried out by the CCG. Trying to combine the two was challenging. One area that resonates was the challenges in rural north. Prescribing and over ordering was another. There was a discussion on bringing things out of hospital and closer to home but ensuring we retain a local general hospital . In relation to the annual plan, comments were made on readability for example some of the language used. We may need to produce a summary version.</p> <p>SO commented that the ability to be able to question the CCG on how they arrived at a certain point was good. And the opportunity to speak directly to commissioners was useful. It was also agreed that a further patient panel would be set up in three months time, in light of the two of our largest providers are also financially challenged.</p>		

<p>4.3</p>	<p>HG asked how much does a pharmacist get for each prescription? AG responded that many people don't review their prescriptions and simply tick the box. LM updated on the pharmacy prescription cost and mentioned the potential reduction in numbers.</p> <p>JH pharmacists get paid £30 for a flu jab but the doctor doesn't get that.</p> <p>Dementia strategy JN said that Warwickshire County Council is leading on the dementia strategy refresh. It outlines better and coordinated support and includes an action to support dementia diagnosis. We will look to bring as a future agenda item.</p> <p>AG said that we will share the strategy as it was given at our recent Governing Body meeting.</p> <p>HG informed the group that Borough Care will soon be charged for. MB confirmed that this will be charged for. MB said that the CCG and the borough council will need to have a discussion in relation to eHealth. AG informed that there is a lot more activity that we are expected to fund and it both a tough conversation and challenge.</p> <p>SO confirmed that would be a full Borough Council meeting on 29 June and there will be a discussion on home care.</p>	<p><i>DI to add as a future agenda item</i></p> <p><i>AG to share dementia strategy DI to make strategy available via link to public GB papers</i></p>	<p><i>DI</i></p> <p><i>DI</i></p>
<p>5.</p> <p>5.1</p> <p>5.2</p>	<p>Health Watch Enter and View reports</p> <p>LM gave an overview of the above reports. Healthwatch Enter and View reports are carried out and involve them visiting public areas of care providers as per the Health and Social Care Act 2012. GP surgeries and Care Homes are currently being done. GP surgeries are written to in advance but care homes receive unannounced visits.</p> <p>The practice managers know that they will be there and sometimes a Patient Participation Group (PPG) representative will be present. The visits consist of a survey of about ten questions. Reports following the visits are available on the Healthwatch website. When surveys take place they explain they are independent and confidential. Results from surveys were shared with the group and DI picked up outstanding ones to send to those who were not in attendance.</p> <p>AN asked what does this add to other surveys that take place, for example those done by the CQC. LM responded that they add to the mix and give another dimension.</p>	<p><i>DI to share outstanding reports with PGF members not at the meeting</i></p>	<p><i>DI</i></p>

<p>6.</p>	<p>Future meeting agenda items and themes</p> <p>DI raised the subject of future items of the PGF meeting.</p> <p>MB said that a discussion is needed re primary care workforce and number of GP's (added to July meeting agenda).</p> <p>GD informed that Mary Ann Evans Hospice was trying to liaise with CCG and hoped to come to this meeting (added to September agenda).</p> <p>MB wanted to hear an update on the savings plans and financial plans that have been introduced (added to November meeting agenda).</p>	<p><i>DI to update future meeting agendas to reflect the agreed topics</i></p>	<p><i>DI</i></p>
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p>	<p>Issues Log and update from local PPG groups and Healthwatch</p> <p>2013.001 – Issue closed.</p> <p>2014.11 – Medication on discharge – MC reported there is action being taken on this issue. MC will update at July 2016 meeting. Issue left open.</p> <p>New issues</p> <p>2016.01 – Outpatients and prescriptions – BR asked if they can be dispensed at the patient's own pharmacy?</p>	<p><i>MC to feed back at July 2016 mtg</i></p> <p><i>DI confirmed this had been previously answered and will share response with BR</i></p>	
<p>8.</p> <p>8.1</p>	<p>Chairperson's report/GEH Patient Advocacy Forum update</p> <p>SO gave an update on the NHS 111 procurement.</p>		
<p>9.</p> <p>9.1</p> <p>9.2</p> <p>9.3</p>	<p>Any other business</p> <p>JN provided detail around enhanced local services and gave thanks for the support by the group in a number of recent areas.</p> <p>DI had received a request for patient voice representation at the West Midlands UECN Healthwatch Event. DI to share details with the group.</p> <p>DI informed the group that the Good Death Café event would be taking place on Saturday 14 May in Nuneaton and</p>	<p><i>DI to email details to group</i></p> <p><i>DI to email details to the group.</i></p>	<p><i>DI</i></p>

9.4	encouraged all to attend; details will be shared by email. DK shared details of Whitestone Surgery's Patient Participation Group's Open Day on Saturday June 4th 2016 between 2pm and 5pm at the United Reformed Church, Nuneaton. The subject is the Digital Future of Healthcare. Further details will be emailed.	<i>DI to update the group via email.</i>	<i>DI</i>
10.	Close		
11.	Date of next meeting: Monday 4th July – 6:30pm-8:30pm in Raveloe Conference Room, GETEC building at George Eliot Hospital		ALL

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