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| MEETING: | Patient and Community Assurance Group (PCAG) |  |
| MEETING DATE: | Tuesday 15 May 2018 | |
| VENUE: | Civic Centre, Ashby Road, Scunthorpe, North Lincolnshire | |
| TIME: | 17:00 – 19:00 | |

| PRESENT: | | |
|-----------------------|--|---|
| NAME | TITLE | ORGANISATION |
| Janice Keilthy | Lay Member, Public and Patient Involvement and Chair of the PCAG | NHS North Lincolnshire Clinical Commissioning Group (CCG) |
| Sally Czabaniuk | Engagement Manager | NHS North and North East Lincolnshire CCG |
| Heather McSharry | Lay Member, Equality and Inclusion | NHS North Lincolnshire CCG |
| Chloe Nicholson | Quality Manager | NHS North Lincolnshire CCG |
| Peter Ashley | Community Member | N/A |
| John Anscombe | Community Member | N/A |
| Peter Hinks | Community Member | N/A |
| Helen Condliff | Community Member | N/A |
| Addison Potter | Youth Council Member | North Lincolnshire Council |
| Angela Treadgold | Advocate | Cloverleaf Advocacy |
| Kirsten Spark | Manager | Healthwatch: North Lincolnshire |
| Susan Oliver | Project Delivery and Development Manager | Humber & Wolds Rural Community Council |
| Rae Twidale | Project Co-ordinator | Westcliff Community Works |
| IN ATTENDANCE: | | |
| Jane Ellerton | Head of Strategic Commissioning | NHS North Lincolnshire CCG |
| Geoff Day | Interim Director of Primary Care | NHS North Lincolnshire CCG |
| Caroline Briggs | Transformation Programme Director <i>In attendance for Item 5.0</i> | NHS North Lincolnshire CCG |
| Carol Lightburn | Chair, Healthwatch North Lincolnshire | Healthwatch: North Lincolnshire |
| Jonathan Brooks | Engagement Officer | NHS North and North East Lincolnshire CCG |
| Clare Smith | Patient Experience Manager <i>In attendance for the notes</i> | NHS North Lincolnshire CCG |

| APOLOGIES: | | |
|-------------------|--|----------------------------|
| Catherine Wylie | Director of Nursing and Quality | NHS North Lincolnshire CCG |
| Julie Warren | Interim Chief Operating Officer/ Director of Commissioning | NHS North Lincolnshire CCG |
| Sheila Girling | Community Member | N/A |
| Kennedy Hannan | Youth Council Member | North Lincolnshire Council |
| Jamie Pugh | Youth Council Member | North Lincolnshire Council |

1.0 WELCOME, APOLOGIES FOR ABSENCE AND QUORACY

Mrs Keilthy welcomed attendees to the second formal meeting of the Patient and Community Assurance Group (PCAG). Apologies for absence were received and noted as above. It was noted that the PCAG was quorate to proceed.

Mrs Keilthy reported that Mr Richard Young, Director of Commissioning had now left the CCG. Ms Julie Warren was the Interim Chief Operating Officer/Director of Commissioning. Apologies were noted from Ms Warren for this meeting.

2.0 DECLARATIONS OF INTEREST

Mrs Keilthy reminded members of the need to declare any interests relevant to any items on the agenda.

| Name | Agenda No | Nature of Interest/Action taken |
|---------------------|------------------|--|
| Ms Susan Oliver | 4.0 | Ms Oliver declared an indirect interest in relation to the Patient Transport Services agenda item, as Humber & Wolds Rural Community Council provides a Voluntary Car Service. |
| Ms Angela Treadgold | All | Ms Treadgold declared a potential interest, as she was an Independent Complaints Advocate. |

Resolved:

Declarations of Interest were noted, as detailed above.

3.0 MINUTES AND ACTIONS FROM THE PREVIOUS MEETING ON 17 APRIL 2018

The minutes of the meeting on 17 April 2018 were taken as read, and accepted as an accurate record of the last meeting. Specific areas highlighted were:

List of Attendees (page 1)

Ms Twidale highlighted that her organisation was 'Westcliff Community Works', rather than 'Westcliff Drop-In Centre'.

3.0: Meetings Protocol (page 2)

Ms Condliff queried whether members were to attend '50% of sessions' or '50% of each session'. Mrs Keilthy confirmed members were expected to attend 50% of all sessions. It was agreed that an updated meeting protocol would be sent to each member, for information in due course.

It was agreed that a final Forward Plan would be shared with members in due course.

Agreed Outcome/Action:

- The Meetings Protocol to be updated and shared with PCAG members in due course.
- The final Forward Plan to be shared with PCAG members in due course.

4.0 PATIENT TRANSPORT SERVICES (PTS) RE-PROCUREMENT

Mrs Ellerton advised that Thames Ambulance Service Limited (TASL) began providing PTS in North Lincolnshire in October 2016. Prior to the contract being awarded, an engagement exercise was carried out locally about PTS called 'Keeping the Wheels in Motion' to enable local people and their experiences to inform the new service specification.

However, patients experienced continued difficulties with the service, and the CCG worked closely with TASL for a number of months to address on-going performance issues. On 26 March 2018, the CCG announced it was to commission a new non-emergency patient transport service. A refreshed service specification is currently being developed to go out to procurement in the summer, with the new service to be in place by April 2019.

As part of this refresh, the CCG invited patients to send in their views and comments about the service. The CCG also carried out face-to-face engagement with the group of patients who use PTS to access regular and frequent renal services about their specific experiences at the dialysis unit at Scunthorpe General Hospital over a one-week period.

Ms Czabaniuk and Mrs Ellerton presented the findings via a PowerPoint presentation.



4.0

Specific areas highlighted/discussed:

- Title slide (*slide 1*)
- Background (*slide 2*)
- Engagement (*slide 3*)
- Renal patients (*slide 4*)
- Who did we speak to? (*slide 5*)
 - Mr Anscombe queried how many possible renal patients could have completed the survey
 - Ms Czabaniuk advised that 49 patients out of approximately 60 patients completed the survey. It was noted that some patients were asleep, so they were not disturbed
- What did we want to know? (*slide 6*)
- How do you travel to your usual site for dialysis? (*slide 7*)
 - It was highlighted that 69% of renal patients use Patient Transport services, two-thirds of these being conveyed in taxis (Lincs Taxis, a recent development)
 - Majority of patients were happy with the taxi service, but stated that were not before the recent development
 - Mr Ashley questioned the motivation in relation to the use of a taxi service
 - Mrs Ellerton confirmed that the provider had sub-contracted the service; this had been agreed by the CCG. It was confirmed that the provider would have had to undertake a comprehensive appraisal/due diligence of this option, prior to using a taxi service

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- Ms Oliver and Mr Anscombe queried how the taxi service was chosen, and whether there was any communication in relation to this
 - Mrs Ellerton reiterated that the provider of the service would have undertaken this, not the CCG
 - Choice of travel (*slide 8*)
 - How happy are you with the following aspects of NHS funded renal patient transport services (*slide 9*)
 - Cleanliness and comfort (*slide 10*)
 - Mr Anscombe queried the appropriateness of a taxi, if patients were physically sick after treatment. It was highlighted that a taxi would not have the same equipment available as an ambulance, if a patient became ill. It was noted that a taxi could have to be taken off the road if a patient was sick
 - Mrs Ellerton reiterated that a taxi firm would have to demonstrate that they were able to provide the appropriate level of service to patients, prior to the award of a contract
 - Mr Anscombe queried how the taxi service was compensated
 - Mrs Ellerton confirmed that the CCG would not be involved in the agreed arrangements between the provider and the taxi service
 - Ms Oliver stressed that she was saddened that TASL was using taxis, rather than discussing further with a voluntary organisation in the first instance
 - Punctuality – getting to the unit (*slide 11*)
 - Punctuality – leaving the unit (*slide 12*)
 - Journey times and sharing transport (*slide 13*)
 - Staff (*slide 14*)
 - Thoughts on improving the service (*slide 15*)
 - Engagement with Renal Unit staff (*slide 16*)
 - Key findings for service specification refresh (*slide 17*)
 - Comments received from patients (*slide 18*)
 - Next steps (*slide 19*)

Mrs Ellerton thanked Ms Czabaniuk and Mr Brooks for undertaking the engagement, which was an extremely beneficial piece of work.

Agreed Outcome/Action:

PCAG members noted and commented on the findings from the engagement with renal patients in relation to patient transport services.

5.0 HUMBER ACUTE SERVICES REVIEW

Mrs Briggs advised that across the Humber area (Hull, East Yorkshire and Northern Lincolnshire), local health and care organisations are working in partnership to improve services for local people. It was noted that organisations are working together to find ways of getting the best from our local hospital services for the people of the Humber area

Mrs Briggs stated that the review was part of a wider programme of work to improve the health and wellbeing of local people, including looking at how care can be delivered in new ways, outside of hospital.

Mrs Briggs presented the briefing via a PowerPoint presentation.



Specific areas highlighted/discussed:

- Title Slide (*slide 1*)
- Focus (*slide 2*)
- Securing the future for our hospital services (*slide 3*)
- What's it all about? (*slide 4*)
- What will it entail? (*slide 5*)
- Who is conducting the review? (*slide 6*)
 - Humber Area
 - Four Clinical Commissioning Groups
 - Four Local Authorities
 - Five Acute Hospital Sites
- Review principles (*slides 7 and 8*)
 - Plans for the future provision will include urgent and emergency care and maternity care at Hull Royal Infirmary, Diana Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital
- Why do we need a review? (*slide 9*)
- When will this happen? (*slide 10*)
- What services are we looking at? (*slide 11*)
 - Wave One
 - Ear, Nose and Throat (ENT) services
 - Urology
 - Haematology
 - The Sustainability and Transformation Partnership (STP) schedule was discussed. Mrs Briggs advised that the Humber Acute Services Review schedule was just behind the STP schedule, as local elections in North East Lincolnshire and Hull had taken place, which had delayed conversations
 - Wave 2
 - Urgent and emergency care
 - Maternity
- How can I have my say? (*slides 12 and 13*)
 - Recruitment of patient representatives and a citizen's panel to support engagement with local people
 - PCAG members were encouraged to express an interest in attending events and/or joining the citizens panel
- Communication and Engagement Place (*slide 14*)
 - Mr Anscombe felt that the plan was ambiguous and queried how 'weighted' the Citizens Panel was in relation to the review
 - Mrs Briggs accepted Mr Anscombe's view, accepting that the plan had not been written for the public initially
 - Mr Anscombe expressed concern that the north of the Humber had more resources than the south
 - Mrs Briggs confirmed that the review would cover services across **all** areas
- Ms Condliff highlighted that she lived on the border between Scunthorpe and Doncaster, and had concerns that patients in her area could be left in 'limbo' if services were moved to the north of the Humber. Concern was expressed for those patients who relied on patient transport if services were moved further away
- Ms Condliff raised the issue of the coordination of patient records, advising that due to the dissemination of services, medical history was now distorted, as

medical records are not kept up to date and in one place. It was agreed that issues such as access to medical records needed to be addressed

- Mrs Briggs advised that the review focussed on what services were needed for the local population, and not who would provide the services. It was highlighted that the review would look at using the five acute hospital sites, in the most efficient way, to meet the needs of the patients
- Ms Treadgold provided an example of a urology patient whose follow-up care was affected, due to the unavailability of medical documentation. It was queried what would happen in an emergency situation if a patient's past medical history was not available to a clinician
 - Mr Day confirmed that at present, all providers cannot see all medical records
 - Mr Anscombe advised that he was aware of issues in the Barton surgeries, where documents were not being received from Hull
 - Mrs Briggs stated that the highlighted concerns regarding access to medical records were not part of the remit of the review
- Discussion took place regarding the value of patient stories. Mr Day confirmed that patient stories were a powerful way to explain a situation. If the stories relate to a patient's experience and outcome, they are 'real' examples and are valuable
- Ms Oliver advised that there may be an opportunity for the CCG to attend voluntary sector meetings to discuss further, as they were attended by representatives from voluntary and community sector organisations and carers across a wide network.
- Ms Condliff queried how staffing issues would be addressed; highlighting that she was aware that in Ireland they were currently trying to recruit nurses. It was highlighted that there were similar issues there, as nurses leave after training to take up opportunities in the USA, Australia and Canada.
 - Mrs Briggs advised that there was recognition that there was not going to be a huge increase in staff numbers going forward. Engagement with staff would take place, services would be organised on a 'network' basis
- Mr Ashley stated that this was a very important piece of work, which should be a key issue for the PCAG, and on the forward plan
- It was highlighted that there was a lot of information available to read on the website. It was acknowledged that the group had perhaps not had enough time to read all of it, prior to the meeting. Mrs Briggs advised that the main areas for PCAG focus at this point were:
 - Communications and Engagement Plan
 - Feedback Survey
 - Issues Paper
- Discussion took place regarding changes to services, and links with the local Planning Authorities, and whether the relevant discussions are taking place across the partner organisations. Issues in relation to the Lincolnshire Lakes and planning permission in Kirton Lindsey were highlighted. Mr Day confirmed that the Planning Authorities are linked in to the relevant discussions

Agreed Outcome/Action:

PCAG members noted and commented on the review. It was agreed that members could forward any further comments after the meeting. Members were encouraged to express an interest in attending events and/or joining the citizen's panel.

6.0 EXTENDED GP SERVICES

Mr Geoff Day advised that in 2016 the Department of Health published the General Practice Forward View, setting out plans to invest in GP provision. Part of this included extending access to GP services, to include evenings and weekends, by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.

In 2017, NHS North Lincolnshire CCG undertook public engagement, 'Making Time for Everyone', which focussed on the views and experiences of local people to help the CCG design a new service specification for a contract to operate extended access GP services. It was highlighted that given the pressures faced by GP services, it would be impractical and unaffordable to provide GP services continuously seven days a week. The CCG, therefore, consulted with patients to understand the demand for services.

Mr Day stated that the intention was to have an interim service in place by October 2018, with a long term service in place by April/May 2019. This agenda item related to the short-term arrangements, with a more detailed discussion due to take place at the PCAG meeting in June 2018.

Specific areas highlighted/discussed:

- GP Out of Hours Service
 - The out-of-hours period is from 18.30 to 08:00 on weekdays, and all day at weekends and on bank holidays, and is currently accessed via the Accident and Emergency Department at Scunthorpe General Hospital
- Mr Day highlighted that the longer term plan would be to re-commission an integrated service, covered by one contract
- Interim Service
 - A Prior Information Notice to be issued in June 2018
 - The service needs to be cost effective, but address the needs of the local population
 - Could possibly be one site in each 'Care Network'
 - Ms Czabaniuk advised that the GP practices across North Lincolnshire were split in to three 'Care Networks' (West, South and East), based on their geographical area. It was agreed that further information could be shared with PCAG members regarding the care network areas
 - Discussion took place regarding use of the Ironstone Centre
 - The Centre already offers an 8 - 8 service, providing a GP-led healthcare service between 08:00 and 20:00, Monday to Saturday and on a Sunday between 10:00 and 14:00
 - Rooms are available at the Ironstone Centre
 - Ms McSharry suggested that there was a need to look at the booking systems used across North Lincolnshire, as well as timings for appointments, as many local GPs offered same day appointments, where appointments were made at the beginning of each day. It was acknowledged that some patients may not be aware of the availability of pre-bookable appointments, and rely solely on the daily service
 - Mr Day advised that work in relation to the local IT systems was on-going, and confirmed that contractually there was little the CCG could do in relation to the allocation of appointments by individual GP practices
- Mr Day highlighted that there was a need to start working differently across the local health community
- Travel

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- It was acknowledged that due to working differently, there may be a need for patients to travel further than their local GP practice for treatment
 - Ms Oliver stressed the need to ensure that any changes in accessing GP services across North Lincolnshire also looked at public transport arrangements, for those service users who did not have transport. It was agreed by members that often changes were made to services, and then frantic action was required to try and put other services in place afterwards
 - Discussion took place regarding whether patients have to be seen by a 'clinician', or whether patients need to be physically seen in person at all e.g. use of Skype and telephone consultation. Ms Oliver reminded members that some patients may be lonely or isolated and would welcome an appointment in person. It was agreed that there was a need to commission services for all, and to think about the effects of service changes on all service users. Ms Lightburn reiterated this point, highlighting that there are people who will want to see a GP in person
 - Mr Anscombe expressed concern in relation to the security and confidentiality of teleconference systems
 - Mr Ashley highlighted that GP resources could be released by reducing unnecessary medication/medical reviews
 - Mr Anscombe stated that the Cedar Medical Practice in Scunthorpe already offers Saturday morning appointments, and highlighted a trial for evening appointments over a six week period, which resulted in only two patients accessing evening surgery
 - Discussion took place regarding communication, and how GP practices communicate with patients. It was suggested that more GP practices should use social media and texting services to ensure patients were aware of the services available to them
 - Mr Day acknowledged the points raised, advising that not all options suited all patients, but there was more choice available for patients
 - Ms Condliff advised of the use of 'Care Navigators' in Australia. It was noted that care navigation was an emerging idea, with a growing evidence demonstrating benefits for both patients and carers. Care Navigators occupy many roles in helping people get the right support, at the right time, to help manage a wide range of needs
 - Mr Hinks highlighted the Wakefield New Care Models Programme, Wakefield was chosen as a vanguard
 - Discussion took place regarding 'Social Prescribing'. Mrs Ellerton advised that this was being taken forward as a CCG 'prevention' strategic intention, as part of the CCG Priorities for 2018/2019
 - Mr Ashley stressed that there was a need to look at clinical need over patient preference in relation to accessing GP services Mr Ashley highlighted that a patient's condition can deteriorate in 24 hours, access to a GP at all times across a weekend is a clinical need

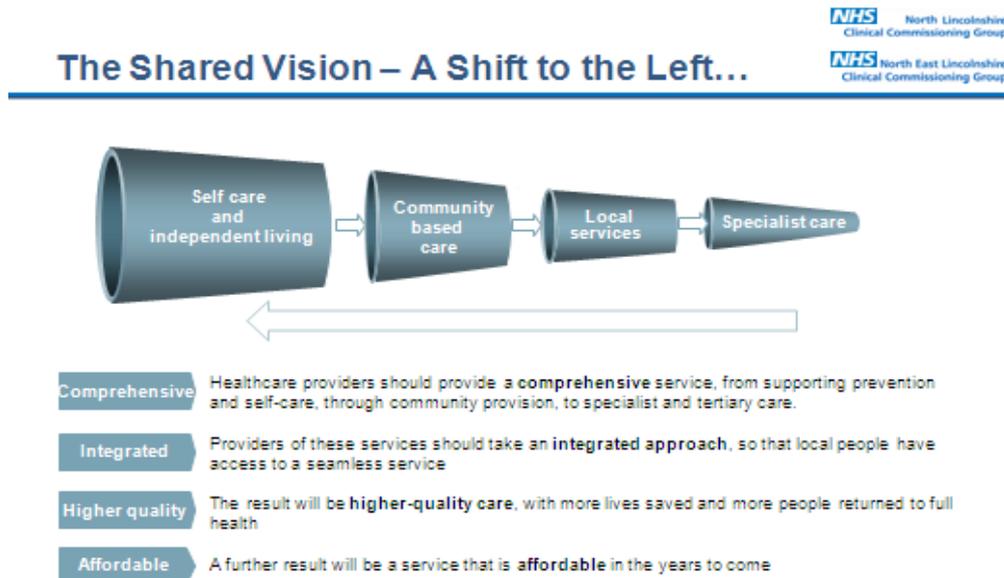
Agreed Outcome/Action:

PCAG members noted and commented on the review.

- It was agreed that further information would be shared with PCAG members regarding the care network areas

7.0 OUT OF HOSPITAL MODEL/COMMUNITY BASED SERVICES

Mrs Ellerton advised that in approximately 2013, as part of 'Healthy Lives, Healthy Futures (HLHF)', commissioners and providers of health and care services in Northern Lincolnshire undertook a major service transformation programme, working collaboratively to maximise health outcomes for patients through the shared vision of integrated health and care described locally as the 'HLHF Funnel', as detailed in the diagram below.



North Lincolnshire CCG decided to undertake an Experience Led Commissioning (ELC) programme, to better understand how it could support people to keep well, and to deepen its insight into how best to redesign services to align with these principles. The question asked was *"What needs to happen in your community so that you and yours feel confident, keep well and live an independent life to the full?"*

Mrs Ellerton advised that, as per the discussion at the last PCAG meeting, a new community service model would be commissioned as a CCG priority for 2018/2019.

Specific areas highlighted/discussed:

- It was queried whether the ELC report from 2013 could be shared with PCAG members, for information
- Mr Anscombe queried if the staff members were available to work in the community. Mrs Ellerton advised that the workforce issues would need to be worked through
- Ms McSharry stated that transport was key, as if services were moved to the community, patients needed to be able to access them

Agreed Outcome/Action:

PCAG members noted and commented on the review.

- It was agreed that a copy of the Experience Led Commissioning report would be shared with PCAG members

Post Meeting Note: The ELC report can be access via:

<http://www.northlincolnshireccg.nhs.uk/data/uploads/elc/north-lincolnshire-ccg-keeping-well-commissioning-insights-report.pdf>

8.0 MATTERS ARISING FROM THE MINUTES

Nothing discussed.

9.0 ANY OTHER BUSINESS

9.1. Meeting Paperwork

Mrs Keilthy apologised for the delay in circulating the meeting paperwork. It was agreed that future meeting paperwork would be shared with members, via email, one week prior to the meeting date

9.2. Actions required from PCAG members

It was agreed that the CCG should make it clear, when completing the agenda item front sheet, what decision or action was expected from PCAG members in relation to each agenda item.

Agreed Outcome/Action:

Any Other Business was noted.

10.0 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 19 June 2018, 17:00 – 19:00, at the Civic Centre, Ashby Road, Scunthorpe.

| Future Meeting Dates | Time | Venue |
|----------------------|---------------|---|
| 17 July 2018 | 17:00 – 19:00 | Civic Centre, Ashby Road, Scunthorpe |
| 21 August 2018 | | |
| 18 September 2018 | | |
| 20 November 2018 | | |
| 15 January 2019 | | |
| 19 March 2019 | | |

Signed:

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Janice Keilthy

**Chair of the Patient and Community Assurance Group, NHS North
Lincolnshire CCG**