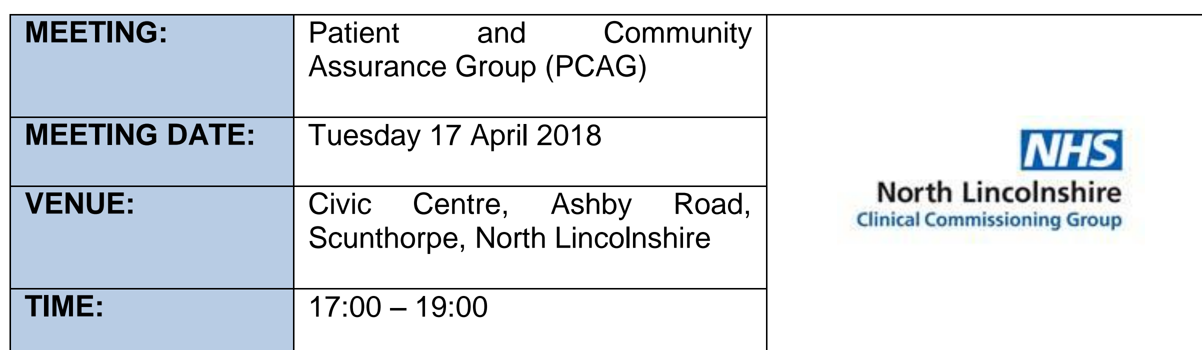

MEETING:	Patient and Community Assurance Group (PCAG)	NHS North Lincolnshire Clinical Commissioning Group
MEETING DATE:	Tuesday 17 April 2018	
VENUE:	Civic Centre, Ashby Road, Scunthorpe, North Lincolnshire	
TIME:	17:00 – 19:00	

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
Richard Young	Director of Commissioning	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
Jamie Pugh	Youth Council Member	North Lincolnshire Council
Joanne Green	Advocate	Cloverleaf Advocacy
Annabel Tindale	Enter and View & Volunteer Coordinator	Healthwatch: North Lincolnshire
Susan Oliver	Project Delivery and Development Manager	Humber & Wolds Rural Community Council
Rae Twidale	Project Co-ordinator	Westcliff Drop-In Centre
IN ATTENDANCE:		
Jane Ellerton	Head of Strategic Commissioning	NHS North Lincolnshire CCG
Jonathan Brooks	Engagement Officer	NHS North and North East Lincolnshire CCG
Clare Smith	Patient Experience Manager *In attendance for the notes*	NHS North Lincolnshire CCG
APOLOGIES:		
Catherine Wylie	Director of Nursing and Quality	NHS North Lincolnshire CCG
Sheila Girling	Community Member	N/A
Kennedy Hannan	Youth Council Member	North Lincolnshire Council

1.0 WELCOME, APOLOGIES FOR ABSENCE AND QUORACY

Mrs Keilthy welcomed attendees to the first 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 if any six members were present, including the Chair and/or the Vice Chair; the meeting was deemed quorate to proceed.

2.0 DECLARATIONS OF INTEREST

Mrs Keilthy reminded members of the need to declare any interests, to include direct or indirect financial interest, relevant to any items on the agenda. A briefing note had been shared with members, which was noted, for information.

Name	Agenda No	Nature of Interest/Action taken
N/A	N/A	N/A

Resolved:

No declarations of interest were received.

3.0 MEETINGS PROTOCOL

Mrs Keilthy advised that an initial discussion had taken place at the PCAG development session on 20 March 2018 in relation to a PCAG meeting protocol. Comments were welcomed from members as to how the group could work well together going forward. Suggestions were:

1. Meeting paperwork to be shared in a timely manner (one week prior to the meeting).
2. Late papers to be shared by 'exception' only.
3. Members to attend at least 50% of each session, where possible.
4. Apologies to be forwarded to Clare Smith if unable to attend a meeting.
5. 'Disagreeing' and 'challenging' is fine and acceptable.
6. Members should have the ability to talk to each other between meetings, if required. Mr Hinks suggested that a Google or Whatsapp group could be set up to enable meeting members to discuss agenda items between meetings.
7. Mobile phones to be placed on silent mode or switched off (courtesy rule).
8. All members should be listened to, and given time to give their opinion.
9. Members to be discrete. It was acknowledged that members may have access to information that is not in the public domain. Mr Anscombe queried whether the use of email was an appropriate way to share confidential information.
10. Avoid digression/deviation from the topic of discussion.
11. Members to attend each meeting with an 'open mind'. All members should be prepared to listen and accept challenge to the points raised.
12. No personal information or agendas to be discussed at the meeting. Be generic so it is of interest to all members.
13. When asking questions, ensure all members have "air time". If a member has multiple questions, be respectful of time constraints. It was agreed that members were able to ask supplementary questions if it was felt that a question had not been answered appropriately.
14. All members should prepare for the meeting, and meeting papers should be read prior to the meeting.
15. Abbreviations and acronyms to be explained. It was agreed that members should speak up if abbreviations, acronyms and jargon were used.

16. There is no such thing as a 'silly question'. Members should ask if unsure about something.
17. Keep It Simple, Stupid (KISS). Adopt the KISS principle to ensure all are able to understand the discussion.
18. Use as a 'communication' group. Members are encouraged to ask questions.
19. Make the meeting enjoyable, so all members are able to enjoy the experience of working together.

Agreed Outcome/Action:
PCAG members commented on the proposed Meetings Protocol. The protocol to be updated and shared with PCAG members in due course.

4.0 PCAG AGENDA FORWARD PLAN 2018/2019

Ms Czabaniuk shared a 'draft' forward agenda plan, which would be populated further in due course.

Copy of PCAG draft work plan. amended J

Specific areas highlighted/discussed:

- Mrs Ellerton advised that the re-commissioning of Community Services would be discussed in May 2018.
- It was highlighted that for the Extended Access GP Services agenda item in May 2018, colleagues from Primary Care would be attending to discuss.
- Mr Anscombe queried the term 'Urgent Treatment Centre'.
  - Mr Young clarified that an Urgent Treatment Centre would be classed as in-between a Minor Injuries Unit and Accident and Emergency (A&E). Mr Young advised that the formation of Urgent Care Centres was a government initiative. The Urgent Care Centre would be on the same or existing site as A&E, they would be General Practitioner (GP) led, and equipped to diagnose and deal with many of the most common ailments people attend A&E for, in order to ease the pressure on hospitals.
- Mr Pugh advised that the forward plan did not currently include any discussion in relation to Mental Health services.
  - Mr Young confirmed that the CCG had recognised that there was a gap in relation to discussion regarding mental health services; this would be discussed with the Interim Associate Director of Vulnerable People when he returned from annual leave.
- Mr Anscombe suggested that discussion regarding winter planning should be added to the forward plan.
  - Mr Young confirmed that winter planning could be added to the agenda, although discussions start in summer for the following winter period. It was suggested that this could be added in May and September 2018, if appropriate.
- Ms Condliff queried where discussions regarding diagnostic services would fit.
  - Mr Young advised that there was no plan to discuss diagnostic services in isolation, although this would be picked up as part of specific workstream discussions e.g. Community Services. Mrs Ellerton confirmed that diagnostics would be picked up through individual workstreams, and was intrinsic in most workstream discussions. Mr Ashley reiterated the importance of ensuring the diagnostic service was improved.

- Mr Young acknowledged that the CCG needed to identify a way to address particular topics that PCAG members requested for discussion. Mr Young and Mrs Ellerton advised that although they could not promise all topics could be discussed, they would liaise further outside of the meeting in order to take PCAG member suggestions forward.
- Mrs Nicholson confirmed that a tick would be added to the plan, in relation to the Patient Experience Strategy in due course.
- Ms Oliver advised that 'patient transport' was missing from the list.
    - Mrs Ellerton confirmed that as previously advised this was a theme that would run through a number of workstreams, but could be discussed in May 2018, if appropriate.
- Mr Potter stated that there was currently nothing for discussion in February 2019.
- Ms Smith highlighted that the formal meetings would be held monthly from April until September 2018 (six months), the meetings would then be held bi-monthly, and the forward plan would need to be amended to reflect this.
- Mr Anscombe queried the lack of discussion in relation to finances and budgets on the forward plan.
    - Mr Young confirmed that the CCG's Finance Plan for the forthcoming year would be discussed at the Annual General Meeting (AGM), and was an on-going discussion. It was acknowledged that this was a good point and the new CCG management team were currently working through this.
    - Mrs Ellerton reiterated that finance and budgets were explicit across all workstream discussions, in order to ensure that the service proposals were 'value for money'.
    - Mrs Nicholson confirmed that 'quality' and 'sustainability' of services would also be covered across all workstream discussions.
- Mrs Keilthy suggested that the draft plan may change and CCG priorities may change in the future.

Agreed Outcome/Action:
PCAG members noted and commented on the proposed PCAG Agenda Forward Plan.
CCG members to discuss and update the Agenda Forward Plan for 2018/2019, further to comments received from PCAG members.

5.0 CCG PRIORITIES FOR 2018/2019

Mr Young presented Item 5.0, an extract from a paper that had been developed from discussion workshops held by the CCG Governing Body, and later considered by the CCG Governing Body. It was noted that the content of the paper now formed part of the Draft Operating Plan for the CCG. Mr Young highlighted that the strategic priorities would form the basis of a number of commissioning programmes, and as such would form part of the work plan of the CCG. The work plans would be considered by the relevant CCG committees, and the CCG Governing Body.

Mr Young advised that as part of the external governance review, the CCG Governing Body was recommended to review the strategic intentions for 2018 – 2021, reviewing the CCG vision for the population of North Lincolnshire. From the discussions, the four strategic intentions were Prevention, Out of Hospital, Acute Commissioning and Vulnerable People.

Discussion took place regarding each strategic intention.

Prevention: *The CCG in partnership with the NL Council by 2020 aims to:*

- *Promote a healthy start in life*
- *Increase the number of Healthy Life Years people have;*
- *Increase awareness and promote healthier life choices to prevent ill health;*
- *Reduce inequalities to improve the wider determinants of health*

Priority: *To develop social prescribing in North Lincolnshire to promote self-care/self-management*

- Mr Young confirmed that this was not just about prescribing medicines, but about referring patients to local, non-clinical services to keep people well e.g. enabling people to access the gym or exercise classes.
- Mr Anscombe suggested that it was up to each individual whether they wanted to keep fit, and the CCG should not become 'Big Brother'.
- It was acknowledged that it was more about giving people an 'option', and enabling people who, due to their social circumstances, may not be able to access services independently. It was confirmed that the CCG would work with North Lincolnshire Council and the Voluntary Sector to provide choice.
- Mr Potter queried how this would be 'measured'.
    - Mr Young confirmed that for all strategic intentions, a baseline would be established, although it was acknowledged that it was difficult to measure, and a proxy would be used.
    - Mr Ashley highlighted a project which studied the measurement of emotional wellbeing. It was acknowledged that there was no easy way to measure this.
- Mr Ashley queried why only one priority had been chosen from the Prevention section.
    - Mr Young reported that this was a 'fair comment', and stated that the work would be supported by the Public Health Department.
- Mr Potter queried the meaning of the term 'Healthy Life Years'.
    - Mr Young advised that this related to measuring the 'quality' of life, rather than the 'length' of life. Healthy Life Years measures the number of remaining years that a person of a certain age is expected to live without 'disability', free of disease, anxiety, depression and pain.
- Ms Oliver queried whether the strategic intentions were solely the responsibility of the CCG.
    - Mr Young confirmed that the strategic intentions could not be delivered solely by the health service, and there was a collective responsibility required in order to take the intentions forward, this would include working with North Lincolnshire Council and local voluntary organisations.
- Ms Condliff highlighted that social prescribing had been used for a number of years in the NHS, and outcomes of programmes had not shown great results e.g. in employee programmes, there had not been a reduction in sickness absence.
    - Mr Young confirmed that this was a fair challenge and agreed that robust evidence on the effectiveness of social prescribing was limited.
- Ms Condliff queried the sustainability of social prescribing, and asked how long the CCG would continue to prescribe memberships for slimming clubs and the gym if they were not being used. Discussion took place regarding next steps and alternatives.
    - Mr Young advised that all options needed to be considered, and for each patient, there may be different conversations. An example regarding weight management was highlighted. It was agreed that prior

to bariatric surgery, a range of other non-invasive methods should be offered and explored beforehand.

- Ms Oliver advised that East Riding had used an Asset Based Community Development (ABCD) methodology for the development of the prevention agenda in the local community.
- Ms McSharry highlighted that social prescribing did not have to focus on memberships involving a fee, as there were other things local people could access at no cost, which would also promote healthier life choices. It was highlighted that the local community wellbeing hubs were free to access, and the CCG should promote their use

Out of Hospital: *The CCG aims by 2020 to:*

- *Deliver a new community service model where care is closer to home.*

Priority: *To define a new community service model where care is closer to home.*

- *Reconfigure existing community services into more coherent groupings of care.*
- *Ensuring newly created groupings cover the key areas of care (prevention, detection/diagnosis management & rehabilitation.*
- *Ensure groupings can deal with physical, mental and social well-being.*
- *Moving activity out of hospital which does not need to be there.*
- *Commissioning for outcomes not process.*

Primary Care: *The CCG aims by 2020 to ensure that general practice is fit for the future, able to work at scale and make the best use of resources for technologies as described in the GP 5 Year Forward View through the following:*

Priority Areas:

- *Investment*
- *Recruitment and Retention*
- *Primary Care Networks (includes sustainability, extended access for example)*
- *Infrastructure (Premises and IM&T)*

There are also 2 cross cutting themes

- *Communications and Engagement*
- *Quality*

Priority: Medicines Management: *Ensure high quality and safe prescribing in primary care that takes into account existing national and local guidance. Implement plans to look at safe "de-prescribing" of medicines to improve quality of life of our patients.*

- Mr Young advised that there was a need to specify and re-commission a new community service model that was innovative. It was acknowledged that there was a need for a new dynamic service that could respond to the challenging needs of the local population.
- Mrs Ellerton stated that GP services would be discussed at a future meeting, as per the PCAG Forward Plan.

Acute Commissioning: *The CCG by 2020 aims to reduce the reliance and dependence on acute services to ensure patients are only admitted:*

- *For investigation and/or a procedure that involves a hospital stay of greater than one day or access to specialist equipment /profession which for safety or economies of scale suit hospital;*
- *If medically unstable and/or need continuous monitoring and care;*

- *Treated because of emergency and/or trauma*

Priority: *The CCG needs to implement systems/processes to manage demand and offer alternatives in the community*

- Mr Young reported that there was a need to look at the way acute care was accessed as a healthcare economy (East Riding, Hull, North East Lincolnshire and North Lincolnshire), and to collaborate for better services. The Humber Acute Review would focus on this, to identify services that could be delivered outside of the traditional hospital environment.
- Discussion took place regarding the *'procedures that involve a hospital stay of greater than one day*'. Mr Young confirmed that there are now a number of procedures that no longer require an overnight stay.

Vulnerable People: *By 2020 the CCG aims to secure sustainable:*

- *Improvements in adults, children & young people's emotional wellbeing & mental health*
- *Comprehensive local mental health services which are responsive, high quality and which promote recovery & well-being, and which are provided as close to home as possible*
- *Improvements in relation to dementia including increased awareness, prompt diagnosis and tailored, good quality post-diagnostic treatment and support*
- *Services that promote the four key principles of Rights, Independence, Choice, & Inclusion for people with learning disabilities & provide support services which are community based & person centred*

Priority: *Focus on optimum levels of social functioning and joint commissioning*

- Mr Young advised that there was a need to secure sustainable services for vulnerable people.
- Mr Pugh suggested that mental health services should perhaps be added to the 'prevention' agenda as well, as it was important to prevent mental health issues.
  - Mr Young advised that the prevention workplan was still being worked on.
- Discussion took place regarding out of area services, and the use of *'as close to home as possible*'. Mrs Ellerton confirmed that at times it would be appropriate to use out of area services, as it was not possible to have all services available in North Lincolnshire.
  - Mr Pugh highlighted that often people have to travel a number of miles to access services.
    - Mr Young advised that for each individual case, there was a need to look for the least invasive service, suitable for a person's needs and circumstances. In order to access the right treatment, it may involve a journey outside of North Lincolnshire.

Agreed Outcome/Action:
CCG members to discuss and update the PCAG Agenda Forward Plan for 2018/2019, further to comments received from PCAG members.

6.0 OPHTHALMOLOGY ENGAGEMENT OUTCOMES

Mrs Ellerton presented Item 6.0; the Ophthalmology Engagement report entitled 'A Clearer View'. PCAG members were asked to note the report and the outlined approach to ensuring the healthcare system responds to the findings of the work.

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Specific areas highlighted/discussed:

- Engagement activity *(slide 2)*
    - It was acknowledged that not everyone is confident with accessing surveys digitally.
- Key findings from engagement *(slide 3)*
- Getting to appointments *(slide 3)*
- At appointments *(slide 3)*
- Experience *(slide 3)*
- Communication *(slide 4)*
- Inpatient care *(slide 4)*
- Next steps *(slide 5)*
    - Mrs Ellerton advised that updates would be provided to future PCAG meetings.
- PCAG Member Comments
    - Mr Anscombe advised that he had considerable concerns in relation to the report, and queried how decisions could be made based on small numbers, and a lack of consultation with the relevant members of staff
    - Discussion took place regarding winter pressures and use of ophthalmology staff during the winter period.
        - Mrs Ellerton confirmed that ophthalmology staff could not be used to support winter pressures, as their specific training was in relation to ophthalmology, and not general medical/acute care needs.
    - Discussion took place regarding Referral to Treatment (RTT) and waiting times. Mrs Ellerton advised that locally patients were waiting too long for follow-up appointments. It was acknowledged that whilst some patients had a positive experience of the ophthalmology department, some experiences were negative.
- Ms Oliver queried what the outcome of the process was.
    - Mrs Ellerton confirmed that the process enabled the CCG to gain an understanding in relation to what was important to patients, and would enable providers to design services around patients.
- Mr Ashley highlighted the 'engagement objectives' on page 8 of the report:
    - *Communicate the 'case for changes' to services*
    - *Identify patients' and stakeholders' priorities to inform the specification for the Clinical Assessment and Treatment (CAT) Service and the inpatient (HES) service*
    - *Evaluate patients' and stakeholders' opinions in regards to the proposed changes*
        - Mr Ashley advised that in his opinion, the report covered the second bullet point well, but the first and third bullet point were not clear, therefore the case for change was not clear from the outset
            - Mrs Ellerton agreed and welcomed the feedback. It was acknowledged that the views and opinions expressed would be taken forward as part of the 'You Said, We Did' part of the consultation

- Mr Young thanked PCAG members for their honesty, and lessons would be learnt from this specific process

Agreed Outcome/Action:
PCAG members noted and commented on the Ophthalmology Report. Updates to be provided at a future meeting.

7.0 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 15 May 2018, 17:00 – 19:00, at the Civic Centre, Ashby Road, Scunthorpe.

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

Signed: ………………………………………………………………………………………….

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