


MEETING:	Patient and Community Assurance Group (PCAG)	
MEETING DATE:	Tuesday 17 July 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
Jamie Pugh	Youth Council Member	North Lincolnshire Council
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:		
Geoff Day	Interim Director of Primary Care <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Rebecca Bowen	Senior Commissioning Manager – Acute services <i>In attendance for Items 1.0 – 4.0 only</i>	NHS North Lincolnshire CCG
Jackie France	Divisional General Manager – Patient Access <i>In attendance for Item 5.0 only</i>	Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT)
John Pattinson	Associate Director of Commissioning for Vulnerable People <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Mr Jon Harper	Observer <i>In attendance for all items</i>	N/A

Jonathan Brooks	Engagement Officer <i>In attendance for all items</i>	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
Angela Treadgold/ Joanne Green	Advocate	Cloverleaf Advocacy

1.0 WELCOME, APOLOGIES FOR ABSENCE AND QUORACY

Mrs Keilthy welcomed attendees to the third 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.

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
N/A	N/A	N/A

Resolved:

No declarations of interest were received.

3.0 MINUTES AND ACTIONS FROM THE PREVIOUS MEETING ON 15 MAY 2018

The minutes of the meeting on 17 May 2018 were taken as read, and accepted as an accurate record of the last meeting, subject to the following:

6.0: Extended GP Services (page 7) Bullet Point 10

Mrs Condliff advised that discussion in relation to 'Care Navigators' had been regarding clarification of the role of the Care Navigator.

9.0: Any Other Business (page 10)

Mrs McSharry advised that she had raised under 'Any Other Business' that the consultation titles were not always clear, highlighting as an example the 'Keeping the Wheels in Motion' engagement exercise.

Consistency: Meeting Member Titles

Mrs McSharry and Mrs Condliff confirmed that their title should be 'Mrs', rather than 'Ms'.

4.0 URGENT TREATMENT CENTRE AND EXTENDED ACCESS TO GP SERVICE PROVISION

Mr Day stated that the 'Next Steps in the NHS Five Year Forward View' (5YFV), published in March 2017 set out how the 5YFV goals would be implemented over the following 2 years. Urgent and Emergency Care is one of the main improvement priorities, with a focus on improving national Accident and Emergency (A&E) performance and making access to services clearer for patients. One element of Urgent and Emergency Care is the roll out of standardised new 'Urgent Treatment Centres' and national standards have been developed for implementation.

Improving access to primary care services is also one of the key priorities for the 5YFV. The national requirement for extended hours is that patients will benefit from extended access to primary medical care at evenings and weekends, including bank holidays.

Mr Day advised that discussion had taken place at the PCAG meeting on 15 May 2018 with regard to the short-term arrangements for extended GP services.

It was noted that from June to September 2017, the CCG carried out public engagement to ascertain the views and experiences of local people, to contribute to designing a new service specification for extended access to GP practice services. It was highlighted that given the pressures faced by GP services, it would be impractical to provide GP services across all nineteen North Lincolnshire practices, 7 days a week.

Mr Day stated that, as advised at the last meeting, the longer term plan would be to commission an integrated service, covered by one contract. It was noted that a model had been jointly developed by local clinicians from the CCG and the Hospital Trust, combining Primary Care services and co-locating these on the hospital site, which would ensure that the whole service (Urgent Treatment Centre and extended access to primary medical care) would be available 24 hours a day, 7 days a week.

Miss Bowen stated that the CCG had 3 questions that PCAG members were asked to consider:

- 1. Do you think the integrated approach is the correct one?**
- 2. What services would you like to see offered in the extended access period?**
- 3. Given that the UTC will be on the hospital site and patients will be able to walk in as with A&E, and will then be dealt with by the most appropriate person (more of a change to pathways of care than a service change) Do you think that if we undertake significant communications activity with patients that the consultation is sufficient?**

Specific areas highlighted/discussed:

- Mr Ashley queried the difference between A&E and the UTC
 - Miss Bowen advised that both A&E and the UTC have acute physicians, however the UTC would have a multi-disciplinary team (MDT), a full team made up of GP's, nurse specialists, social workers and mental health workers
- Mr Pugh queried which services would be offered, highlighting the waiting times for access to the Mental Health Access Team
 - Miss Bowen advised that A&E was not the ideal place for people in crisis, and confirmed that the UTC would be staffed by a full MDT, therefore response times would be quicker
- Mr Anscombe queried the availability of the UTC
 - Miss Bowen confirmed that the UTC would be available 24 hours a day, 7 days a week, 365 days a year
- Mr Anscombe questioned how the services would be accessed
 - Mr Day advised that the plan was to make access to the most relevant service easier, confirming that when a patient entered the UTC, they would be directed to the most appropriate professional at the start of the patient pathway. As the service would be 'integrated', there would be one door, one service, with the ability to access a range of services
- Transport was discussed. It was acknowledged that there was a need to consider local transport, and to look at access to the services for those who do

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- not have their own transport, and those who need to access services out of hours
- Parking and existing facilities for patients at the Scunthorpe General Hospital site were highlighted as a concern
 - Mr Day stated that the CCG did not commission car parking spaces
 - Miss Bowen confirmed that approximately 62% of patients were discharged from A&E with no outcome
 - Mr Ashley highlighted that some patients need to attend for 'monitoring' purposes, rather than treatment
 - Discussion took place regarding the option for the local GPs to work weekends, or perhaps manage their time differently. Mr Day confirmed that there were not enough GPs to work the extended hours and weekends required
 - Mr Day advised that the CCG were looking at ways to open up the services over 7 days, which would enable the local system to meet activity and demand
 - Mr Ashley queried whether the UTC would have bookable appointments
 - Miss Bowen advised that if a patient required treatment that was not an emergency, NHS 111 could book an appointment, which would reduce the waiting time and be arranged at a convenient time for the patient
 - It was queried whether the Ironstone Centre was an option, as it was suggested that if the UTC was near the existing A&E, it would be used in the same way as A&E
 - Mr Day advised that the Ironstone Centre had been considered
 - Mrs Condliff queried whether there would be an integration of clinical records, to ensure consistency and continuity of care, querying whether GPs would still be told of attendance at the UTC and whether other health professionals, such as physiotherapists, would access the same clinical system
 - Mr Day confirmed that subject to the correct patient consent, software systems were able to be shared
 - Discussion took place regarding the current systems. It was highlighted that A&E, social care and the local GPs were accessing different clinical systems
 - Miss Bowen advised that the MDT would operate on a 'team' system, and confirmed that conversations were currently taking place with partners, with a view to record sharing, and working in a different way
 - Ms France confirmed that Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) was looking to replace the current A&E system, and as part of the service specification there would be a need to integrate with GP systems
 - Discussion took place regarding engagement. It was suggested that contact should be made with local GP practices, GP Patient Participation Groups (PPG), the Voluntary and Community Sector, and to make contact with those patients who regularly attend A&E
 - Miss Bowen confirmed that patients were not being asked to change where they attend when they require treatment
 - Mrs McSharry suggested that surveys should be placed in A&E
 - Mr Ashley highlighted his personal experience of issues with car parking, and expressed his concern in relation to the availability of Consultants in Scunthorpe General Hospital
 - Discussion took place regarding the use of park and ride
 - Mrs McSharry stated that there was a need to ensure that the harder to reach patient groups and those with protected characteristics were approached as part of the engagement process
 - Mr Anscombe queried the funding for the proposal
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Agreed Outcome/Action:

1. Urgent Care and GP Extended Access

It was agreed that the 3 questions would be shared via email with PCAG members, for further consideration outside of the meeting. Comments to be forwarded to Ms Smith.

2. Making Time for Everyone - Easier-to-access routine family health services for the future in North Lincolnshire

'You Said – We Did' - Engagement outcomes, actions and progress

It was agreed that the document would be shared via email with PCAG members, for further consideration outside of the meeting. Comments to be forwarded to Ms Smith.

Post Meeting Note: Action completed.



Follow up to PCAG meeting 17th July.msg

Comments received from PCAG members in relation to this agenda item have been forwarded to Mr Day and Miss Bowen.

5.0 Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT): Patient Communication

Ms France attended to discuss an additional agenda item regarding a proposed 'welcome letter' for patients, to aid in improving patient communication. Ms France explained that when a patient is referred to NLaGFT for treatment, sometimes there can be a long period of time before a patient receives an appointment letter or further correspondence from the Trust. Ms France requested feedback from PCAG members in relation to a proposed 'welcome letter', which would provide patients with useful information, contact telephone numbers, actions to take if their condition worsens and provide an idea of the current waiting time for treatment. Ms France advised that she was happy to share a first draft with PCAG members for comment.

Specific areas highlighted/discussed:

- Use of email to send information to patients
 - A link would be sent via email, with a PIN number to access the content of the letter
 - No cost to the NHS
 - Reduces postage costs
 - The event could be saved electronically to a patient's electronic calendar
 - Links to leaflets and further information could be provided in the letter
 - Use of Audio letters
 - Easy read formats
 - Different languages
 - Use of text message reminders and alerts
 - Copy referral letters for patients
- Mr Anscombe highlighted that not all people use email
 - Ms France confirmed that the option was there if patients preferred to receive information via email
- Mr Pugh suggested that a welcome letter may reduce any anxiety/angst associated with a referral to the hospital

- Ms Oliver stated that it would be beneficial if the letter advised how long to allow for an appointment, as this would aid those patients who book transport
- Mrs McSharry suggested that the Trust could consider customer services training, as the face-to-face transmission of information was essential

Agreed Outcome/Action:

It was agreed that the draft welcome letter would be shared via email with PCAG members, for further consideration outside of the meeting. Comments to be forwarded to Ms Smith.

Post Meeting Note: Action completed.



Follow up to PCAG meeting 17th July.msg

Comments received from PCAG members have been forwarded to Ms France. Comments were received with thanks.

6.0 CLINICAL MENTAL HEALTH SERVICES ENGAGEMENT PLANS

Mrs Czabaniuk advised that Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) wish to relocate the current clinical bases for a number of services from 344 Ashby Road and Great Oaks Mental Health Unit into the Ironstone Centre, West Street in Scunthorpe.

North Lincolnshire CCG is supporting this development and has arranged for RDaSH to occupy currently unused rooms and space within the Ironstone Centre.

On 18 June 2018 the CCG and RDASH consulted with North Lincolnshire Council's Overview and Scrutiny Committee about the plans to engage with service users, their families and carers to ensure we fully understand and address any concerns they may have about the move.

The Overview and Scrutiny Committee were generally supportive of the proposed move and of the engagement plans, on the understanding that:

- The Getting it Right Service User Group would be involved in developing the information leaflet/letter and questionnaire
- Service users would, as a minimum, receive one letter to their home address at the beginning of the process and a follow up later in September explaining the outcomes and next steps, in addition to ad hoc opportunities to receive the information at clinics and via informal discussions with staff
- Engagement will be carried out with local voluntary and community sector organisations e.g. Mind/Age UK/Dementia Alliance/Carers Support
- Outcomes from the engagement will be shared with the panel

Specific areas highlighted/discussed:

- PCAG members queried whether the relocation was a consultation, or was it going to happen
 - Mr Pattinson advised that there was a need for the relocation to take place
- Mr Ashley queried the outcome if the issue was the Ironstone Centre itself
 - Mr Pattinson advised that if the Ironstone Centre was an issue, the plans would have to be reviewed
 - It was highlighted that patients may not know where they are going, or how to get to the Ironstone Centre

- Mr Ashley advised that the environment in and around the Ironstone Centre was loud and bright with a lot of distractions, which may not be ideal for some patients who would need to access the services based there
- It was noted that there was often nobody available to talk to at the Ironstone Centre (e.g. a main reception area)
- The signage was highlighted
 - Mr Day stated that he was aware of issues in relation to the signage, and this was being addressed
- Mrs McSharry suggested that a 'virtual tour' of the building could be used to help patients, as the building was quite disorientating
- Mrs McSharry stated that there should be some contingency planning undertaken, and queried at what point would suggested plans be reconsidered
- Bus services to the Ironstone Centre were discussed; it was queried whether bus routes stop at the Ironstone Centre itself
- Mr Pugh suggested that there should be discussion with the existing staff who would be affected by the move, and highlighted that patients who are currently an inpatient under the Mental Health Act, who may become a part of the community service should also be liaised with in relation to the changes
- Mr Anscombe highlighted that the Ironstone Centre was in the centre of a busy town, and parking may be an issue
- Mr Anscombe stated that the RDaSH website needed to be updated, as it was not clear which services were based where now
- The waiting areas within the Ironstone Centre were discussed
- Customer service was highlighted. Ms Oliver advised that some patients would need to be taken to the exact area they need to be, and queried whether there would be help available within the Ironstone Centre for those that may need it
- Mrs Condliff queried whether the Park and Ride service to Scunthorpe General Hospital could be expanded to stop at the Ironstone Centre

Agreed Outcome/Action:

PCAG members noted and commented on the engagement plans.

- It was agreed that Mrs Czabaniuk would forward the comments and suggestions to RDASH

Post Meeting Note: Action completed.

7.0 PROPOSALS FOR ENGAGEMENT IN RELATION TO THE DEVELOPMENT OF A DEMENTIA STRATEGY FOR NORTH LINCOLNSHIRE

Mr Pattinson advised that in developing the North Lincolnshire Strategy for Dementia, the CCG had summarised the sentiments expressed in national guidance as a question that we need to address in respect of local provision:-

“How do we keep people living well as possible, as independently as possible, for as long as possible?”

In trying to answer this, there are three key areas that need to be considered:-

- Culture – the value and beliefs of the local population and providers, and how this needs to change
- Technology – the advances in assistive technology and how we need to improve our use of this

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- System Architecture – the changes we need to make in how services are delivered to ensure that more services are available through community provision, and only using secondary care for ‘specialist’ need.

The strategy needs to reflect local needs and be informed by the views of people in North Lincolnshire. To do that, the CCG want to have a conversation with our communities about the type of services that we should be providing locally to help people through a diagnosis and post-diagnosis. PCAG members were asked to consider:

- ***Who do you think we should be talking to, to get the best reach for the engagement we want to carry out?***
- ***What are the searching questions we need to ask?
(We want to know what people need to know and we want you to help us define this)
For example, you suspect your partner/family member is in the early stages of dementia, what would you want to know to enable you help you take a positive approach to supporting them to have a diagnosis?***
- ***What is the best way for us to find out?***

Specific areas highlighted/discussed:

- Mrs Condliff stated that she had attended a Patient Participation Group presentation by a Specialist Nurse which she had found to be informative
- Mr Ashley advised that he had personally been through the process with a family member, and struggled to find the appropriate support
- Mr Potter suggested that an ‘App’ could be developed whereby people who suspect their family member may have dementia can link up with people who have already been through the process (peer support)
- Mr Pugh highlighted that there was a need for education in spotting the signs associated with the early stages of dementia, as there was the expectation that dementia only affects older people
- Ms Oliver stated that dementia was not only a ‘medical’ issue, there was a community element too
- Discussion took place regarding the need to include and involve voluntary and community sector services to ensure the information is correct

Agreed Outcome/Action:

PCAG members noted and commented on the proposed engagement in relation to the development of a Dementia Strategy for North Lincolnshire.

- For further discussion at the next meeting on 21 August 2018

8.0 MATTERS ARISING FROM THE MINUTES

Nothing discussed.

9.0 ANY OTHER BUSINESS

9.1. North Lincolnshire CCG: Communications and Engagement Team

Mrs Keilthy advised that to date the Communications and Engagement Team had been shared across North and North East Lincolnshire CCGs. It was recently agreed that each CCG would have permanent resource; therefore from Monday 6 August 2018, North Lincolnshire CCG would have a new team.

Mrs Czabaniuk and Mr Brooks confirmed that they would continue to work for North East Lincolnshire CCG, and therefore this would be their last PCAG meeting. Mrs Keilthy expressed her gratitude for their support and wished them well for the future.

It was noted that Mrs Kirsten Spark had been successful in securing the Engagement Manager role with the North Lincolnshire CCG.

9.2. Ophthalmology

It was queried whether ophthalmology would be discussed at a future meeting, further to the discussion in April 2018. It was agreed that the PCAG Forward Plan would be reviewed.

9.3. PCAG Member Contact Details

It was queried whether PCAG members should share contact details, to enable discussion between meetings. It was agreed that this would be discussed further at a future meeting.

Agreed Outcome/Action: Any Other Business was noted.
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10.0 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 21 August 2018, 17:00 – 19:00, at the Civic Centre, Ashby Road, Scunthorpe.

Future Meeting Dates	Time	Venue
21 August 2018		
18 September 2018		
20 November 2018		
15 January 2019		
19 March 2019		

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