


MEETING:	Patient and Community Assurance Group (PCAG)	
MEETING DATE:	Tuesday 18 September 2018	
VENUE:	Civic Centre, Ashby Road, Scunthorpe, North Lincolnshire	
TIME:	17:00 – 19:00	

PRESENT:		
NAME	TITLE	ORGANISATION
Janice Keilthy (<i>JK</i>)	Lay Member, Public and Patient Involvement and Chair of the PCAG	NHS North Lincolnshire Clinical Commissioning Group (CCG)
Kirsten Spark (<i>KS</i>)	Engagement Manager	NHS North Lincolnshire CCG
Chloe Nicholson (<i>CN</i>)	Quality Manager	NHS North Lincolnshire CCG
Peter Ashley (<i>PA</i>)	Community Member	N/A
John Anscombe (<i>JA</i>)	Community Member	N/A
Peter Hinks (<i>PH</i>)	Community Member	N/A
Jon Harper (<i>JH</i>)	Community Member	N/A
Addison Potter (<i>AP</i>)	Youth Council Member	North Lincolnshire Council
Angela Treadgold (<i>ATr</i>)	Advocate	Cloverleaf Advocacy
Annabel Tindale (<i>ATi</i>)	Manager	Healthwatch: North Lincolnshire
Rae Twidale (<i>RT</i>)	Project Co-ordinator <i>In attendance from Item 4.0 onwards.</i>	Westcliff Community Works
IN ATTENDANCE:		
Geoff Day (<i>GD</i>)	Interim Director of Primary Care <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Mark Williams (<i>MW</i>)	Head of Communications and Engagement <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Clare Smith (<i>CS</i>)	Patient Experience Manager <i>In attendance for the notes</i>	NHS North Lincolnshire CCG
APOLOGIES:		
Heather McSharry (<i>HMc</i>)	Lay Member, Equality and Inclusion	NHS North Lincolnshire CCG
Clare Linley (<i>CL</i>)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Julie Warren (<i>JW</i>)	Interim Chief Operating Officer/ Director of Commissioning	NHS North Lincolnshire CCG
Sheila Girling (<i>SG</i>)	Community Member	N/A
Helen Condliff (<i>HC</i>)	Community Member	N/A
Jamie Pugh (<i>JP</i>)	Youth Council Member	North Lincolnshire Council
Susan Oliver (<i>SO</i>)	Project Delivery and Development Manager	Humber & Wolds Rural Community Council

1.0 WELCOME, APOLOGIES FOR ABSENCE AND QUORACY

JK welcomed attendees to the fourth 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.

JA queried who had passed on their apologies for the meeting that had been scheduled to take place on Tuesday 21 August 2018, as the cancellation email had stated that the meeting was cancelled due to the number of apologies received. JK confirmed that the decision was made to cancel the meeting as a number of apologies were received from proposed speakers, stating that it was important that the most appropriate people were present to listen to and participate in the business of PCAG meetings. JK advised that she would investigate JA's query further in readiness for the next meeting.

Agreed Action:

It was agreed that JK would investigate JA's query in relation to the cancellation of the meeting that had been scheduled to take place on 21 August 2018.

2.0 DECLARATIONS OF INTEREST

JK 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 17 JULY 2018

The minutes of the meeting on 17 July 2018 were taken as read, and accepted as an accurate record of the last meeting.

4.0 PCAG MEETINGS: SHARE VIEWS ON HOW THE PCAG MEETINGS HAVE BEEN GOING. HAVE THE SESSIONS SO FAR BEEN WHAT WAS EXPECTED?

KS presented Item 4.0 and Item 5.0 via a PowerPoint presentation.



Item 4.0 & 5.0

Specific areas highlighted/discussed:

- Slide 1: Welcome.
- Slide 2: Plan for this evening.
- Slide 3: Time for reflection.
 - ***How has it been for you as a member of PCAG?***
 - ***Is it what you expected?***
 - ***What have we done so far?***
- Slide 4: Discuss:
 - ***How has it been for you as a PCAG member?***
 - ***Do you feel you know what you need to do to prepare for each meeting?***
 - ***Do you think you have enough information to help you have useful discussions?***
 - ***Do you feel the views of the group are valued?***
 - ***How do you know?***

-
- PH stated that he had found the preparation better this month, as there was less to read, and it was clear what was expected from members at the meeting.
 - PA advised that there was still some confusion in relation to the actual role of the PCAG.
 - It was agreed that there was a need to be clear what was required 'prior' to the meeting. An example was provided of a number of documents being shared which were approximately 300 pages long.
 - GD suggested that his understanding of the role of the PCAG was that if there was a proposed service change:
 1. The PCAG would review and comment on the proposals for the communications and engagement in relation to the service change, rather than comment on the actual service change proposal.
 2. The consultation would then take place.
 3. The response would be presented to PCAG.
 4. PCAG would ensure that the CCG had engaged appropriately with the community in relation to the proposed service change.
 - JK stated that prior to the first formal meeting in April 2018, the PCAG had commented on projects which had already started, stressing that the group had an important role to play and the views of members were extremely valuable.
 - JA queried who made the decision as to which papers were recommended for additional reading, as previously the background information had been out of date.
 - KS suggested that if PCAG members were aware of any further/updated or additional reading in relation to any proposals, this could be shared with all PCAG members.
 - JA stated that he did not feel that PCAG members had received appropriate feedback from previous discussions that had taken place.
 - It was agreed that it was not always made clear to members how their input was being taken forward.
 - JK confirmed that as PCAG started to work on 'live' proposals, there would be appropriate feedback as part of a "you said, we did" approach.
- Slide 5: Purpose of the PCAG.
 - It was confirmed that the role of PCAG was not to provide the 'engagement', but to review and comment on the proposed 'engagement plan'.
 - It was suggested that the role of the PCAG had perhaps not been made clear in the past, and often PCAG discussions happen 'after the event', when decisions had already been made by the CCG.
 - KS reiterated that the group had an important role to play and the views of members were extremely valuable.
 - It was suggested that PCAG members did not know if their views were valued.
 - It was acknowledged that there was a need to ensure feedback was provided to PCAG members after discussions had taken place.
 - Slide 6: What have we done so far?

-
- Slide 7: Group Exercise.
 - **Has PCAG provided assurance that plans for public involvement are appropriate?**
 - **Has PCAG provided assurance that current engagement activity is right for our community?**
 - **Has PCAG provided assurance that clear feedback has been provided to the public about how their views were used?**
 - **Did PCAG make clear and specific recommendations?**
 - **Or did the group do something else?**
 - *Example 1: Welcome Letter from Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT).*
 - After discussion, it was agreed by PCAG members that the request for feedback on the proposal was not core business for the CCG, as it was a Trust letter.
 - It was agreed that as feedback had not been received, PCAG members were unsure if their comments had resulted in any changes to the proposed NLaGFT letter.
 - *Example 2: Provision of an Ophthalmology Service.*
 - It was acknowledged that PCAG members had not been part of the proposal from the beginning.
 - PA stated that the decision had already been made, therefore it was suggested that any PCAG discussion was irrelevant to the process.
 - Discussion took place regarding the differences between 'consultation' and 'engagement', in relation to the work undertaken by PCAG.
 - It was suggested that 'engagement' could be described as the activity that happens early in a process, which would include holding discussions with the local community, to develop a robust case for change. 'Consultation' could be described as the requirement to consult with the local community when considering a proposal for a substantial development or variation in the provision of a service.
 - GD advised that at times it was not appropriate to have a full formal public consultation in relation to a proposed service change, as the service may be unsafe. It was acknowledged that at times, based on evidence, there may be a need to change a service immediately, without formal consultation.
 - It was agreed that for a 'significant' service change, the preferred option would be to formally consult on a number of options.
 - JA queried the lack of information made available in relation to the specific costs involved in service change.
 - GD confirmed that the costs involved in a service change proposal were not part of the remit of the PCAG, as the role was to review and comment on the proposed 'engagement plan', rather than comment on the service change itself.
 - Slide 8: Recap - Role of the PCAG.
 - Slide 9: Next Steps.

Agreed Outcome/Action:

1. **Feedback will be used to improve future PCAG meetings.**
2. **Meetings will move to bi-monthly.**
3. **An updated PCAG forward plan will be prepared for consideration at the next meeting.**

5.0 Proposals for engagement to inform the Dementia Strategy

Specific areas highlighted/discussed:

- Slide 10: Dementia Strategy Engagement.
 - How do we keep people living as well as possible, as independently as possible, for as long as possible?
 - Already have national guidance on what is required.
 - We have the findings of research in our STP area that tell us views on this regionally.
 - Need to make sure the North Lincolnshire strategy reflects local need.
- Slide 11: Proposed Local Engagement.
 - Engagement with Carers Advisory Partnership – focus group (completed)
 - Review national articles and reports
 - Review regional engagement findings
 - Engage with people diagnosed with dementia – focus group planned at the Carers Support Service in October 2018.
 - Survey to stakeholders (GPs, Carers, Partner Organisations) – October 2018
- Slide 12: Your Task.
 - ***Is this planned local engagement appropriate?***
 - ***Have we identified the right people to engage with?***
 - ***Is there anyone else you think we should talk to?***
 - Members discussed the questions in groups, and recorded their views on paper. KS agreed to collate the responses.
 - JH stated that there was a need to talk to those people who had been through the process.

Agreed Outcome/Action:

- **KS to collate the responses in relation to the engagement to inform the Dementia Strategy.**

6.0 MATTERS ARISING FROM THE MINUTES

JA highlighted that discussion had taken place at the last meeting on 17 July 2018 regarding the Urgent Treatment Centre and extended access to GP service provision. JA suggested that, in his opinion, some of the information shared may have been untrue or misleading, as he believed that decisions had already been made in relation to the Urgent Treatment Centre, as a planning application had already been submitted.

GD stated 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, extended access to primary medical care and GP Out of Hours) would be available 7 days a week, although no formal decisions had been made at present.

GD highlighted that any changes being made on the hospital site would need to be approved by the Trust.

7.0 ANY OTHER BUSINESS

Nothing discussed.

8.0 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 20 November 2018, 17:00 – 19:00, at the Civic Centre, Ashby Road, Scunthorpe.

Future Meeting Dates	Time	Venue
15 January 2019	17:00	Civic Centre, Ashby Road, Scunthorpe
19 March 2019		

Signed:

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