

Patient and Public Engagement Committee
Minutes of meeting held on 13 September 2018 at Silsoe Village Hall

Present:

Michelle Summers	MS	Head of Communications and Engagement (BCCG) – and Chair for meeting
Sarah Frisby	SF	Senior Communications and Engagement Manager (BCCG)
Jackie Bowry	JB	Communications and Engagement Manager (BCCG)
Anona Hoyle	AH	Senior Communications and Engagement Officer (BCCG)
Balraj Singh Rai	BS	Deputy Business Manager, Central Bedfordshire Localities (BCCG)
Diana Blackmun	DB	Healthwatch Central Bedfordshire
Cheryl Green	CG	Patient Representative
David Simpson	DS	Patient Representative
Martin Trinder	MT	CEO, Community Voluntary Service (CVS)
Lisa Wright	LW	Senior Youth Worker - Youth Support Services, Central Bedfordshire Council
Emily Meekins	EM	Youth Engagement, Bedford Borough Council (attending as substitute for Hayley Mills)

Also in attendance:

Dr Jonathan Kirkham	DH	Urgent Treatment Centre (UTC) Clinical lead
Michael Maynard	MM	Senior Unplanned Care Commissioning Manager
Taneisha Scanlon	TS	Interim Commissioner for Stroke/CVD

1	<p>Welcome and Introduction</p> <p>Michelle Summers (MS) welcomed everyone to the Patient and Public Engagement Committee (PPEC), advising that she was chairing the meeting as AB and JM were unable to attend. MS welcomed Emily Meekins who was attending the meeting in HM's absence and invited everyone to introduce themselves.</p> <p>MS also welcomed guest presenters Dr Jonathan Kirkham – Clinical Lead for the Urgent Treatment Centre, Michael Maynard – Senior Unplanned Commissioning Manager and Taneisha Scanlon - Interim Commissioner for Stroke/CVD (BCCG).</p>																					
2	<p>Apologies</p> <p>The following apologies were received:</p> <table border="1" style="width: 100%;"> <tr> <td>Alison Borrett</td> <td>AB</td> <td>Chair and Lay Member for Patient and Public Engagement</td> </tr> <tr> <td>Jane Meggitt</td> <td>JMe</td> <td>Director of Governance, Risk and Corporate Services (BCCG)</td> </tr> <tr> <td>Kevin Parker</td> <td>KP</td> <td>Deputy Business Manager, Bedford Locality (BCCG)</td> </tr> <tr> <td>Soniya Dhariwal</td> <td>SD</td> <td>Healthwatch Bedford Borough</td> </tr> <tr> <td>Rubina Shaikh</td> <td>RS</td> <td>Bedfordshire Council of Faiths</td> </tr> <tr> <td>Hayley Mills</td> <td>HM</td> <td>Youth Engagement, Bedford Borough Council</td> </tr> <tr> <td>Roger Baker</td> <td>RB</td> <td>Patient</td> </tr> </table>	Alison Borrett	AB	Chair and Lay Member for Patient and Public Engagement	Jane Meggitt	JMe	Director of Governance, Risk and Corporate Services (BCCG)	Kevin Parker	KP	Deputy Business Manager, Bedford Locality (BCCG)	Soniya Dhariwal	SD	Healthwatch Bedford Borough	Rubina Shaikh	RS	Bedfordshire Council of Faiths	Hayley Mills	HM	Youth Engagement, Bedford Borough Council	Roger Baker	RB	Patient
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3	<p>Declarations of interest</p> <p>Declarations of interest linked to agenda:</p> <ul style="list-style-type: none"> - CG declared an interest in agenda item 8 as she is a patient at Putnoe Medical Centre and a member of Putnoe PPG - MT declared an interest in agenda item 8 as he is a patient at Putnoe Medical Centre <p>No further declarations of interest were made by members present.</p>
4	<p>Minutes of meeting held on 12 June 2018</p> <p>The minutes from the meeting were reviewed and agreed as an accurate reflection of the meeting.</p>
5	<p>Action Tracker</p> <p>The action tracker was reviewed and all actions had been either partially completed, completed, or covered by items on the agenda.</p>
6	<p>Chairs update Presented by MS</p> <p>MS advised that Patricia Davies had been appointed to the role of joint Accountable Officer for Bedfordshire, Luton and Milton Keynes CCGs and would join the Joint Executive Team (JET) on 1 November 2018. She also informed the group that Gary Bellamy who was a patient representative had resigned from the committee.</p>
7	<p>PPEC – vacancy (role and recruitment) Presented by Anona Hoyle (AH)</p> <p>AH explained that following Gary Bellamy’s resignation there were now 2 patient representative positions vacant on the committee, which needed to be recruited to. She asked for feedback on the role description and application form that had been drafted and distributed prior to the meeting.</p> <p>CG suggested that the person also needed to have an understanding of the health landscape across Bedford Borough and Central Bedfordshire, appreciating the two areas were very different with different services and local infrastructures supporting them.</p> <p>MT suggested that the interview panel should include an independent committee member. LW proposed that MT join the interview panel, the committee agreed unanimously with the proposals.</p> <p>AH advised that the positions would be promoted on social media, sent to public members and members of PPGs, she asked members to share the vacancy amongst their networks.</p> <p>Action AH to update the role description and application form, arrange a date that AB and MT are available to conduct the interviews, and advertise the positions.</p>

8 (Agenda item 9) Feedback from focus groups and update on Urgent Treatment Centre (UTC)

Presented by Dr Jonathan Kirkham (JK), Michael Maynard (MM) and Jackie Bowry (JB)

MM and JK provided an update to committee members on the Urgent Treatment Centre (UTC) which will open on 1 October at the Cauldwell Centre. Members were given a paper copy of the presentation and were informed that they would be sent an electronic version of the presentation with the minutes.

Following the presentation, members asked for further clarification and raised a number of points:

- JK advised that 3 million patients attend A&E inappropriately each year, with many patients going there as the automatic default
- The opening of the UTC should reduce waiting times for both urgent and emergency care and lead to better health outcomes
- If a member of the public needs urgent care, they should ring NHS111 where they will be clinically triaged and either be given an appointment at the UTC or triaged on an alternative pathway.
- If a GP practice does not have any appointments available and the patient needs to be seen urgently, they will be able to book the patient an appointment to be seen at the UTC within 2 – 4 hours, via NHS111
- If a member of the public presents themselves at the UTC without first ringing NHS111, after booking-in at reception they will be clinically triaged to the most appropriate service (which may not be the UTC or A&E)
- There will be a new entrance and reception area. On arrival, all patients will need to book-in at reception
- CG suggested that patients who had a pre-booked appointment, should be fast-tracked and not have to wait at the reception in a queue waiting to be booked in (behind people who presented without an appointment)
- There are no additional parking spaces or reduced parking charges for patients using the UTC. However patients who have a pre-booked appointment should only need to park for up to an hour for their 20 minute appointment.
- The new service specification for NHS111 will include a clinical advisory service.
- Lessons have been learnt from other areas such as Northamptonshire, Chelsea and Westminster

Members of the committee commented that following the presentation and discussion, they had a much clearer understanding of the UTC and felt assured by the commissioners that the system and patient pathway would evolve where needed once the pilot went live.

Action required:

JK and MM to consider a fast-track booking-in system for patients who have a pre-booked appointment

JB provided an update to committee members on the Focus Group session held on 24 July regarding the Urgent Treatment Centre (UTC). Members were given a paper copy of the presentation and were informed that they would be sent an electronic version of the presentation with the minutes.

Following the presentation, members held a comprehensive discussion regarding the communication and key messages:

- Patients need to understand whether their need is urgent or an emergency and whether to ring 111 or 999, MM explained that if they contacted the wrong service, they would be signposted to the correct one
- More call handlers have been commissioned to deal with the increased number of calls
- Information about NHS111 and the UTC should be given out at A&E
- A FAQ sheet should be produced, suggestions for information to include were an explanation on the difference between A&E and UTC, provide reassurance about the revamped NHS111 service, explain who will answer 111 calls, advise whether the person should expect a call-back once they have rung 111
- DB commented that Healthwatch Central Bedfordshire had been invited to visit the 111 call centre (service delivered by Herts Urgent Care (HUC)) on 13 October. MS advised that if members of the PPEC wanted to look around the call centre to contact AH.
- DS and CG commented that patients needed to be educated about using the most appropriate healthcare service.
- JK suggested that PPGs might be able to support their surgeries by helping educate patients regarding using the most appropriate service and advising patients about new ways of working and that patients do not always need to see a GP and that clinical pharmacists and nurses are often more suited to dealing with the healthcare need
- CG commented that when a patient rings some practice, there's a voicemail message with the GP advising that the staff may ask the patient the reason for the appointment so they can be referred to the most appropriate person at the practice to deal with

Action required

Members to contact AH if they would like to visit the NHS111 call centre

JB to produce FAQs regarding the UTC

9 Agenda item 10 – Stroke Services

Lead by Taneisha Scanlon

TS informed the committee that plans were underway to move the stroke rehabilitation ward to John Bunyan House (at the Bedfordshire Health Village) and that the CCG and NHS England had been working with Headway to explore options to relocate their service to a commercial letting.

MT asked why Headway had to move, MS advised that there was not sufficient space for both services and the stroke service would make better best use of the building. Headway provides a day-time service whilst the stroke unit would operate 24hrs a day and staffed by a team of nurses with support when required from other healthcare teams.

TS explained that they had held 2 workshops, engaged with various patient groups, stroke survivors, Carers (via Carers in Bedfordshire) and the Bedford Stroke Association exploring and developing patient pathways. She advised that she would meeting more groups over the following weeks.

	<p>Members of the committee were pleased to hear that patients were being engaged with and that Headway was receiving support to help source a new space.</p> <p>TS concluded that the next stage was to meet with the Overview and Scrutiny Committees (OSC) to determine whether the committee required them to formally consult on the change, or whether as they had engaged with patients throughout the work, whether a good piece of engagement would be ample.</p>
<p>9</p>	<p>Agenda item 8 - Update on Putnoe Walk-in Centre (WiC) Lead by Michelle Summers</p> <p>MS informed the committee that the work around Putnoe Walk-in Centre (WiC) had moved at a great pace and that the focus had changed since the last committee meeting. MS confirmed that on 11 July the committee were informed that the CCG would conduct a 6-week consultation on the proposal to close Putnoe WiC and move walk-in services to the UTC on the Bedford Hospital site. The consultation was due to run from 10 July to 19 August, it ended one week early following conversations with NHS England and the wide-ranging feedback and findings received during the rigorous and extensive consultation period.</p> <p>MS advised that the consultation responses were being independently analysed, and the report of findings will be available to the PPEC at a later date. 56% of respondents disagreed with the proposal whilst 28% agreed with the proposal.</p> <p>MS advised that a solution was is in the process of being sought, with the CCG in discussion with partners at Putnoe Medical Practice, regarding providing a walk-in service from 30 September when the contract ends. The practice have confirmed that they do not have the space available to provide a like for like service.</p> <p>The committee had a rigouous discussion regarding the WiC, points raised during the discussion included:</p> <ul style="list-style-type: none"> • The consultation met Gunning 1 and Gunning 2 principles • The committee thought that the CCG was in a difficult position trying to balance public opinion against available finances • Members asked whether other options regarding location could be considered, such as Gilbert Hitchcock House on Kimbolton Road and/or whether a WiC was needed • There needs to be equality across the whole of Bedfordshire; people in the south of the county do not have access to a WiC • It felt uncomfortable closing the consultation early, especially when a public meeting had been arranged. It sends a 'confused' message out to the public and puts the CCG on a 'back foot' • Messages had been inconsistent throughout the whole process, the CCG should have clear principles at the get-go. <p>During the discussion, MS advised that the largest volume of users for the Putnoe WiC were from De Parys Avenue and Pemberley Avenue surgeries, and since the introduction of same-day services, there had been a 20% fall in usage at the WiC. It is expected that demand will continue to fall. MT suggested that the time of year (end of school holidays) and short period that the statistics were being measured, that it was difficult to project.</p>

10	<p>Agenda item 12 - Commissioning Intentions Lead by Michelle Summers</p> <p>MS explained that the Commissioning Intentions document sets the ambition for healthcare services in 2019/20 that have been agreed across a wider BLMK footprint as the three CCGs start to work more collaboratively.</p> <p>The Commissioning Intentions were formed based on engagement and feedback from patients and partners, national strategy, new policies, local population needs and service improvement needs. MS explained that the document is broken into six key work-streams which reflect how the NHS works – Primary Care, Planned Care, Unplanned Care, Out of Hospital, Prescribing, Children’s & Maternity with each area describing specific ambitions for BCCGs local and wider BLMK population.</p> <p>MS advised that the document had been shared and approved by local Health and Wellbeing Boards and Overview and Scrutiny Committees. MT commented that the timescales did not allow much time for members of the PPEC to comment, he also wanted to know how it might impact local providers if services were commissioned at scale.</p> <p>MS suggested that Tara Dear attend a future meeting to talk about commissioning intentions and what it means for Bedfordshire patients.</p> <p>Action AH to invite Tara Dear to attend next meeting</p>
11	<p>Agenda item 11 - Winter Plan Lead by Michelle Summers</p> <p>MS advised that the Winter Plan was an organic campaign, specifically targeting parents with under 5s, the frail and the unwell. She agreed to circulate the plan to members following the meeting and welcomed their feedback</p> <p>Action AH to circulate Winter Plan</p>
12	<p>AOB Dates for diary:</p> <p>BCCGs AGM is on 20 September from 18:15 – 19:15 at Kings House, Amptill Road Bedford, MK42 9AZ.</p> <p>The Festival for Older People taking place on 4 October 2018 at the Rufus Centre</p>
	<p>Next meeting:</p> <p>Next meeting is on Thursday 18 October 2018, 14:00 – 16:00 Venue TBC</p>

Signed

Dated

Alison Borrett
Lay Member for Patient and Public Engagement