

## **Brant Road and Springcliffe Patient Participation Group Committee Meeting**

**1200 hrs 13th February 2018**

### **Attendees**

Alice H	-	Chair
Colin F	-	Secretary
Ivan K	-	Committee Member
Karen S	-	Practice Member
Linda O	-	Committee Member
Michael H	-	Committee Member
Helen K	-	Committee Member
Claire H	-	Practice Reception
Guest speaker Kevin G	-	West Lincs CCG

### **1. Welcome**

The Chair welcomed everyone to the meeting and in particular thanked Linda O from the Springcliffe surgery for joining the Committee, and Kevin G for coming to speak to the Committee about the STP and other key CCG issues.

### **2. Apologies**

Apologies received from Vicky B.

### **3. Minutes and Actions Arising**

The minutes from the previous meeting were agreed. The Chair noted one outstanding action, the action at Item 4 would be completed shortly. The action from Item 9 of the October 17 meeting remains outstanding.

### **4. STP Update**

Kevin G briefed on the outcome of the Monks Road Walk-in Centre consultation. He further briefed on STP progress and a copy of the latest update is attached at Annex A of these minutes.

### **5. Patient Council Update**

The Secretary gave an update on the recent Patient Council which is attached at Annex B to these minutes.

6. **Merger Update**

Karen S advised that the formal final decision at CCG level will be taken at the meeting on 21 Feb 18.

7. **Toy Purchase**

The Secretary stated that the Committee needed to move forward on this issue. Karen S agreed to email the status of the accounts and websites where specialist toys could be obtained. It was also stated that toy purchase should also include providing for the Springcliffe surgery as well as Brant Road.

**Action: Karen S**

8. **General Data Protection Regs 2018 (GDPR18)**

The Secretary asked how the surgery was progressing in addressing the GDPR18. Karen S stated that a member of staff was due to attend a training session on GDPR18 and a speaker was coming to the Practice Managers meeting to brief on the issue. It was agreed to keep this issue on the agenda to monitor progress.

**Action: Secretary**

9. **Understanding The Challenges The Surgery Faces**

The Secretary highlighted that the PPG Committee had little information on the challenges the surgery faced which was discussed. The Committee was briefed on progress with the new new CQC inspection framework. The Federation for the practice has secured some funding via the LMC for some PM/Practice support in getting ready for the next CQC inspection. It was agreed to keep this issue on the agenda to monitor progress.

**Action: Secretary**

10. **Any Other Business**

Helen K highlighted an issue she had recently experienced where the issue of urine dipsticks had not been available for use at her local pharmacist. This was discussed further and Kevin G stated this appeared unusual and that he would check this out and advise the outcome.

**Action: Kevin G**

9. **Next Meeting**

The next meeting will be at 1200hrs on 17 Apr 2018.

**PPG Meetings Update – January 2018****Mental Health**

The priority for Mental Health is to enable more people with complex mental health needs to be cared for in Lincolnshire. Over the last 6 months considerable progress has been made, key actions include:

- 10 Male Psychiatric Intensive Care beds active – 15+ people have received care in county rather than outside, no male patients out of county.
- Psychiatric Clinical Decisions Unit opened on 2 January 2018 at Lincoln County Hospital, provides 24hr assessment. Gives ability to assess patients in a specialist unit rather than A&E or hospital admission
- The expansion of the Crisis Resolution and Home Treatment services is in progress; 50% of staff are recruited and anticipated start date is later this quarter.

**Integrated Neighbourhood Working**

Work to implement the six Neighbourhood Teams is progressing. The following are the highlight actions over the last 3 months;

- Gainsborough has just produced its 100 day report and this shows that over the last 3 months:
  - 84 people have been supported by the team
  - The membership of the core team has expanded to include Housing, Fire & Rescue, Alzheimer's society, carers and Voluntary Community Services
  - There have been 4 community engagement events
  - GPs are increasingly becoming part of the team, with a GP lead now identified
  - Social Prescribing is now well established with 54 people supported into different services
  - Work with local care homes has started so that residents have an advanced care plan in place; to date 29 residents have such a plan.
- The five new sites (Spalding and area, Grantham – Rural and Town, Boston, Lincoln South Federation area and Stamford) are now becoming established with all sites having a 'steering group' to ensure local involvement in translating the concept into a locality specific solution recognising "one size does not fit all". All have GP leads in place. Stamford team now co-located at Stamford Hospital and Spalding team to work from Johnson Hospital site in due course.
- A recruitment process has been undertaken and five dedicated Neighbourhood Team Leads have been appointed. These post holders will start in February.
- Further work is being completed to ensure that we can measure the difference that Neighbourhood working is making to the wider system, local people and local staff members. The impact / outcome measures need to be sensitive enough to monitor local differences, i.e. focused on what is important to that locality.

Work is also moving forward with Public Health colleagues to develop Health Needs profiles for each Neighbourhood area to enable more detailed local planning of services.

An interactive Frailty Pathway has now been completed and is being tested by the Gainsborough team. It is planned to roll this out Countywide in January. It is anticipated that it will reduce the number of people over 65, with frailty, who currently

attend A&E by at least 10%. This equates to 40 people being supported in their communities each month rather than being transferred to A&E.

### Enhanced Support to Care Homes Programme

This is an emerging work stream which forms a key element of Neighbourhood Working and is aimed at bringing all the work taking place across the County under one ‘umbrella’. This will ensure Lincolnshire is delivering support to our Care Homes in line with the National Framework for Enhance Support to Care Homes that has been developed by the national Care Home Vanguard sites.

The key areas of work include:

- Clinical Assessment Service (CAS) for Care Homes – direct access; so far 43 homes are connected, equivalent to 1,808 beds with an aim to have 80 care homes connected by January 2018.
- The deployment of Telemedicine – this project is currently being established and will enable Care Homes direct, visual, access to a clinician, again to support residents to remain at home.
- Medicine reviews – a medication management policy with procedures is being developed for providers of care to care homes. Once in place, these should help to reduce demand on emergency services and admissions to hospital as a result of medication errors.
- Access to out-of-hours / urgent care when needed – health and care professionals are working together to share best practice to develop a single, countywide approach to care planning to supplement the managing medical emergencies protocol already in place for care homes.
- Preventing falls and fractures in older people – promotion of the frailty pathway with health and social care professionals and independent and third sector providers countywide.
- End of life care – further development of anticipatory care plans to ensure individuals living with a long term condition are better supported by health care practitioners, carers and their family members to plan for an expected change in their health or social status, including health improvements and staying well.

### Implementation of GP Forward View

The STP has now appointed a senior programme manager to work alongside clinicians and drive this critical area of work forward. The key focus is:

Applying to secure up to a further 39 new GPs via an International Recruitment process. Lincolnshire has been successful at the first stage of this national NHS England application process

Workforce planning – a detailed Workforce Plan has now been completed which identifies how to achieve a robust workforce for General Practice over the next 5 years. All 4 CCGs have now submitted an application for funding to commence roll out of e-consultation during 2018/19.

All 4 CCGs have now submitted plans to show how 7 day access to General Practice will be developed by 2019.

### Acute Care Reconfiguration / Acute Service Review

Lincolnshire Co-ordinating Board agreed that the current STP plan is not ambitious enough to address quality, staffing and finances and that in addition to delivering the other six key priorities, an Acute Services Review is required to fully address sustainability of services for our population. This is partly as a response to the deteriorating quality and financial position and the magnitude of the scale of change required in Lincolnshire to achieve sustainable services.

The Acute Service Review (ASR) will answer the following question;

“What is the optimum configuration of ULHT services and the role of neighbouring acute trusts, in order to achieve a thriving acute hospital service in Lincolnshire and for the population as a whole and to deliver clinical, staffing and financial sustainability across the Lincolnshire NHS health economy?”

This ASR has commenced and is building on all the previous work completed. By assimilating all previous work, completing the work where there are gaps (i.e. planned care) and creating a list of options for the optimum configuration of hospital services on hospital sites, the aim is to be able to identify what acute hospital services are required for the whole population.

Any options that suggest significant change to hospital services will go through NHS England assurance processes and public consultation before service changes are made.

### Urgent and Emergency Care Transformation

A local Urgent and Emergency Care Strategy 2018-2021 is drafted and currently under review by the A&E Delivery Board members to ensure accuracy of the agreed vision.

The key transformation projects for the urgent and emergency care programme for the remainder of this financial year are as follows:

- Decision to be made on the local provider of NHS 111 online – a national requirement for a new service to provide an online version of 111 in place by December 2019.
- To further develop the capabilities of the Clinical Assessment Service (CAS) who currently triage all the 111 calls requiring input from a clinician (approx. 50% of all 111 calls go through this route). The ability for CAS to undertake video-consultation, to take direct calls from paramedics ‘on scene’, to take direct calls from care homes are all key areas of development.
- Develop the capability for direct booking of appointments for clinically triaged and, appropriately urgent, 111 callers into Urgent Treatment Centres or primary care.
- To work across the county to develop standardisation of Urgent Treatment Centres which will aid the publics’ understanding of where to go for their urgent care health needs.
- To complete the 3-month review of the Urgent Care Streaming Service in the A&E departments (where clinically appropriate patients are streamed into a primary care service rather than A&E) – this service started in November 2017.

### Operational Efficiencies

The aim is to improve operational efficiency and value for money across the system, contributing £60 million savings by 2021. This priority programme is currently focused on the following areas:

- Prescribing and Pharmacy Programme – progressing well, with a number of projects well advanced (including an ambitious drive of supporting initiatives to introduce new clinical pharmacists into the community, together with drugs management software in hospitals to support the more effective management of medicines).
- Estates Rationalisation – a detailed scope for the review of the use of non-clinical estate across the Lincolnshire NHS has now been agreed. The review will explore the potential for estates efficiencies both within the NHS and with non-NHS partners. The work is expected to be complete after the end of March and will inform the review of corporate / back office functions.
- Back Office – joint working initiatives between the providers are now being implemented for communications, estates and ICT functions; and CCGs are also working more closely together. The Health community is in the process of establishing an oversight committee to review and steer the development of shared services in a consistent way – first meeting is booked.
- Procurement – joint working between the three NHS providers has been strengthened to collaborate on targeting procurement savings and initiatives to support the implementation of the national procurement transformation programme and associated efficiencies. Countywide, there is now a collaboration of both the providers and the CCGs to negotiate the provision of pathology services for the county for 2018/19 and beyond.
- Workforce Efficiencies – a significant area of work for which joint discussions are now being co-ordinated through the seven NHS organisations as the operational efficiency opportunities are intrinsically linked to the deployment and development of the workforce, and to the supporting enablers such as IM & T solutions. These discussions will inform the 2018/19 business plans and any associated savings.

### Planned Care

The key transformation projects for the planned care programme for the remainder of this financial year are as follows:

- Transformation of MSK services across Lincolnshire – a team from Lincolnshire has now made visits to two national sites who have already changed the way they deliver MSK services. The outcome of these visits and other information is being presented to the CCGs at the end of January 2018 in order that the CCGs can make the final decision as to how Lincolnshire will take this MSK pathway redesign forward.
- Reduced demand and referral to secondary care – this includes 4 projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval.  
Focus is currently on establishing ‘Advice and Guidance’ with ULHT, it is anticipated that by the end of March 2018 at least 10 specialties will be set up to deliver this. This will enable GPs to access a wide range of support from hospital colleagues without the need for making a formal referral meaning patients will not attend an outpatient appointment unless absolutely necessary.
- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become “Wave 2” of the national Elective Care Transformation Programme that supports health economies to implement innovative interventions. The three areas that are part of this programme are:
  - Dermatology
  - Ophthalmology
  - Diabetes

The launch event took place on 13<sup>th</sup> December with the official start taking place in January. All three areas of care are now establishing their projects and implementation plans. Leads have been identified for all three pathways.

**CCG Patient Council**

Update on the Walk-in Centre closure - now closed weekdays and currently open at weekends until the end of February after which it will close permanently.

Presentation update given on the STP element of prescribing and medication. One surgery has employed a pharmacist instead of a GP and this has helped relieve their GPs of the burden of medication reviews and repeat prescription requests.

Presentation was given on volunteer patient transport by Dial a Ride which highlighted their services and costs.

Washingborough PPG advised that their Practice Nurse runs a regular event called "Only the Lonely" which is an afternoon tea and get together for local lonely people. There is a small charge of £5 and may be something that our Practice Nurse could consider.

**Growing Networks and Effectiveness Event**

This event followed on from the Patient Council Meeting and was headed by Susan E, Lay Member PPI&E, LWCCG and comprised of three sessions:

1. PPGs contributing towards your GP practice - Paul D, CEO of NAPP
2. Understanding your Community - Paul Dy, LCC Community Engagement Team
3. Funding and how to identify the "right" funder - Wendy Me, LCC Funding Officer

Session 1 highlighted a need for clear aims, objectives and boundaries, ensuring mutual trust and respect. Also are PPGs sure that all members of staff are aware of the aims and objectives of the PPG. There is a need to review roles annually. The use of a virtual group was discussed for those who cannot make our regular meetings - do we know who is in our virtual group?

Session 2 discussed understanding what our community included although I did feel that this could have been more PPG orientated rather than LCC wide. However, there was some value in prompting though and perhaps we should plan a session for our Committee to consider this.

Session 3 I could not attend due to a clash in sessions. However, we were handed a card for the Lincolnshire Funding Portal and I have registered our PPG and will search regularly to see if we can find funding for our projects.

The Chair posed a couple of questions to the group at the close for us to consider with our practices:

1. CQC Inspection regime has changed slightly so do the PPG Committee fully understand the challenges the practice face? What does the practice think we would say is CQC inspected today?
2. Is the Practice ready for the Data Protection Regulations 2018?

I have included both these matters on todays agenda.

I also met with two ladies from the Crossroads Practice which has just come out of special measures. They are only just forming their PPG and I invited them to the next meeting.