

# Deer Park Patient Participation Group Minutes



**Date of Meeting: 25 April 2019**

## **Attendees**

(JM)	GP Partner
(AC)	Practice Manager
(JH) Chair	Patient Representative
(EG) Secretary	Patient Representative
(MJ)	Patient Representative
(MC)	Patient Representative
(PP)	Patient Representative
(PW)	Patient Representative
(TM)	Patient Representative
<b>KH</b>	<b>Greater Nottingham Clinical Commissioning Group (GNCCG)</b>

## **Apologies for absence**

PR; DS; RD; NH.

## **Introductions**

The Chair introduced the guest speaker, (KH), from the Greater Nottingham Clinical Commissioning Group (GNCCG).

KH apologised that she had no handouts on her presentation and said that she would send a copy of the slides to be shared with the PPG. KH began by giving a summary of the background of the CCG. The newly reorganised CCG now covers Rushcliffe West, Nottingham City and Nottinghamshire North and East. The geographical boundaries it covers for both Primary and Secondary healthcare commissioning reach to Newark. By 2020 the intention is that the Southern Nottinghamshire CCG will merge with Mid Notts to include Mansfield, Ashfield, Newark and Sherwood. Service contracts will change but there

will be little impact 'on the ground'. The STP (Sustainability & Transformation Partnership) is known as the Integrated Care System (ICS), a name which better reflected the work done by the group.

Nationally, across England, it has been identified that Health & Social Care organisations need to work closer together to create more efficient partnerships and reduce artificial boundaries. KH said that Notts was further ahead than other counties in England. The ICS Board comprises senior people from areas of health and government.

The ICS focus is on existing healthcare, with a high priority also given to proactive healthcare, looking at, for instance, inequalities between areas within its remit: KH cited the difference in life expectancy between people living in Bilborough and Wollaton was almost 12 years. The agenda will be research based. PW asked about the group's priorities: KH explained that identified priorities would be deliverable at primary care level. The exact procedures were still work in progress. PW also asked who would oversee setting priorities: KH said this would be in the remit of the Primary Care Networks (PCN) [see slide on PCN].

KH explained that PCNs must comprise more than 30 000 people: City Locality Teams had identified eight PCN in Nottingham City. MW asked whether the PCN boundaries mirrored Council Wards so that specific Councillors might be involved. AC said that Deer Park was part of PCN 7 (each PCN will eventually be given a name) together with Wollaton Park, Grange Drive and Derby Road: Deer Park is no longer grouped with Cripps Medical Centre as the demographics are too dissimilar. The aim is to create a PCN with like-minded members and a similar demographic. PW asked how priorities for action would 'filter down' to PCN. KH responded that these details were still under discussion. MH asked for a target date for completion; KH quoted the CCG: joining with the Mid-Notts CCGs was scheduled for 1 April 2010 and this was the only date deadline that was provisioned.

JH asked whether PPGs might influence CCG policy. KH said that NHS England has called for different ways of working but had not set out 'how or what', she added that the CCG was always looking for patient voices, people to challenge attitudes and thinking. Senior managers are trying to identify the statutory 'touch points' in the new structure (ICS, ICP and PCN) and to bring in people to discuss and question actions. MJ stated that there would always be conflicts as different areas of Primary and Secondary Care have their own priorities/agenda.

EG asked about two-way conversations: KH explained the role of the People's Council etc. who currently operate differently in different localities. The challenge is for representative voices, in such groups, to really reflect the client group. EG commented that the PPG was not representative of the Deer Park demographic. AC said that, at one time, it was a requirement for a PPG to have members from a range of backgrounds, ages and ethnic groups etc. JM urged members of Deer Park PPG to become involved with other groups in the PCN. There is currently an opportunity to be involved in a wider discussion and maybe influence decision making. The ICS is made up from leaders on CCG, City Council and County Council: the membership has not changed in many years. Now is the time for the PPG to 'raise its game': KH said that she knew members on other PPGs who would be open to working in partnership.

TM asked about funding for the changes to CCG: KH feels that there would be no additional funding but acknowledged that there was a need to address inefficiencies across Health & Social Care, for example, a more open sharing of data. JM said that it was not always about money: there was an issue with resourcing too. KH said it was about using current resources effectively and JM reiterated his example from the previous meeting whereby employing a pharmacist to review prescriptions can

save GP hours. JM repeated that the PPG can influence the CCG in matters such as this. PP commented that he felt that some concerns may have been 'blocked' in the past by high level managers and committee members. JM countered that people of all levels of experience had something to offer but that 'young blood' was needed to challenge the system.

JH thanked KH for her presentation and asked that PPG members submit questions to the Secretary via email.

There was a brief discussion about the length of meetings and viability of arranging interim sessions for sharing information etc. that did not involve the Practice Manager or GP Partner. AC said that it was possible to use the Deer Park premises between 1 and 3pm on Thursday afternoon. It was agreed that more regular meetings would be helpful: the time could be spent, for example, on bringing new members up to date; discussing items of specific importance to Deer Park PPG and preparing considered questions to bring to the full meetings.

### **Matters Arising & Actions**

1. AC reported that a Facebook page had been set up for the practice.
2. Discussions with NHS Property Services had been 'reasonable and productive' and it was hoped that the unused rooms would become available to the practice. However, a contract and special licence should have been in place by 31 March and was now 5 weeks overdue.
3. Information about the appointments system was now on the website.
4. JH asked about progress on handing out the patient questionnaire. AC will attend to it.
5. JM asked that, 'What's happening at PCN level?' becomes a standing agenda item.
- 6.

### **AOB**

There was no other business.

**Meeting closed at:** 14.20

**Date of next meeting:** Thursday June 13<sup>th</sup> at 1pm (interim)

**Date of next full meeting:** Thursday July 18<sup>th</sup> at 1pm.

**Any items for the June agenda to Elaine Golding by:** 3 June 2019.