

Patient Locality Group Meeting

Tuesday 21st November 2023 at 13:00pm

Attendees:

Lesley Savage (LS)	Chair, Leek and Biddulph PCN Patient Locality Group
Ian Robbins (IR)	Deputy Chair, Leek and Biddulph PCN Patient Locality Group
Lesley Roberts (LR)	Leek Health Centre PPG
Geoff Shorto (GS)	Biddulph Valley Surgery PPG
Ian Jones (IJ)	Park Medical Centre PPG
Judy Samuel (JS)	Leek Health Centre PPG
Theresa Parker (TP)	Medical Receptionist Biddulph Valley Surgery
Emma Ford (EF)	Health Watch, Support Staffordshire
Lisa Dulson (LD)	PCN Business Manager
Jenna Heath (JH)	PCN IT & Business Intelligence Officer
Alison Ratcliffe (AR)	PCN Project Manager / Pharmacy Technician
Holly Potts (HP)	PCN Support Officer
Paige Wain (PW)	PCN Administration Assistant

		Actions
1.0	Apologies	
	There were apologies from Bas Pickering, Rachel Hurst and Peter Price.	
2.0	Notes of the previous meeting – 19th September 2023	
	<p>There were no issues raised in regards to the notes of the previous meeting. They were accepted as a true and accurate record of the meeting.</p> <p>LS explained that the presentation on the 7th November (From Moorland Medical Centres Patient Participation Group) went really well, and LS wanted to thank Moorland Medical Centre for inviting the member of the Patient Locality Group to attend the meeting.</p> <p>GS from the new Biddulph PPG, explained that they had only just recreated the PPG and had only had a couple of meetings, they were struggling to get going due to people not consistently attending the meetings. LS added that if there were any support that they required then the Patient Locality Group would help in any way they could.</p> <p>IR requested an update on PCN Developments due to the ICB visiting at the end of September 2023 to discuss progress of the PCN. LD explained that it was not a review of the Primary Care Network, but it was a review of the Capacity and Access Plan which the PCN had to pull together in April as a part of this year's DES contract. LD noted that she sent the Capacity and Access plan to Bas to circulate after the last meeting. LD added that the ICB were happy with everything that the PCN had done to date which was very pleasing.</p>	

3.0	Health Inequalities Project	
	<p>JH introduced herself to the meeting and explained her role as the PCN Business & IT Intelligence Officer, JH noted that there was a PCN Health Inequalities group which looked at different cohorts of patients that were at risk of Health Inequality. JH added some examples of different cohorts that the PCN had previously worked with included care home patients, patients with learning disabilities and patients with autism, JH explained that the idea of this was to tailor the different services to try and meet the needs of those patients at risk of Health Inequalities.</p> <p>JH explained that at that moment, the NHS and wider systems were moving forward digitally and therefore the PCN did not want anyone left behind. JH suggested that the NHS App could be a potential project to digitally include patients, by creating drop in sessions in the practice waiting rooms or a room in the GP practices in which patients could ask questions and learn how to navigate the NHS app. JH noted that she was aware that the Patient Locality Group already had a digital inclusion group and therefore she wanted to bring this idea to the meeting to discuss any areas which they would like PCN support on. JH added that she would put her email address in the chat.</p> <p>IR explained that he and LR had a conversation with the Midlands Partnership Foundation Trust on a similar subject, who were targeting patients who did not have the IT skills. IR explained that his personal view was to target exiting groups as this would be more beneficial, some examples of which included a stroke group which meets every week in Leek. IR noted that various IT skills from extensive to none would be a good place to start. IR suggested a conversation with MPFT would be beneficial. JH noted that she would look at possible groups speak with MPFT and possibly work alongside them.</p> <p>IR added that Support Staffordshire and the voluntary sector would have extensive lists. EF added that Newcastle North PCN did digital workshops JH added that she would also link in with Newcastle North and share some ideas.</p> <p>JS asked IR if he thought there would be any interest from some on the Patient Participation Group members if it was in regards to the NHS app and not just IT skills. IR noted not specifically, IR explained that he thought speaking with people who had no IT skills about the NHS app would not be the best starting point. JS suggested that a straight email be sent out to the PPG members and ask whether they would welcome an hour session as a one off to show them how to use the NHS app. JH agreed to put together an email from her to the members of the meeting which could then be forwarded to the PPG members at the practices. JS added that this was a brilliant idea as it would also give a common approach across the practices.</p>	<p>JH</p> <p>JH</p> <p>JH</p> <p>JH</p>
4.0	Developing Research across the practices	

	<p>AR explained that all of the practices were very keen to get involved in research for the benefits that it could have on patients, including; a change in the way people are treated, getting patients diagnosed with conditions sooner, preventing conditions from developing and generally improving the health and care around how people are cared for in primary and secondary care.</p> <p>AR explained that it could be a clunky process in which some emails tend to get lost between practices, therefore it had been decided that this project would be coordinated as a PCN. AR added that all information would come from herself to hopefully improve opportunities for patients to be involved in the research projects.</p> <p>AR mentioned that from the Patient Locality Group, she would require the information to be shared with the patients to not be afraid if they receive a letter or text about research, that there was no pressure to be involved in those research studies if they did not want to, or that more information was available. AR noted that she would share some links in the chat to support the research, there was also an opportunity to become a research champion. AR added a list of studies which were ongoing included: looking at patients with multiple UTIs and whether a vaccination against the Ecoli prevented further UTIs, a study for practice staff to report their experiences of violence and aggression and another study in regards to early detection of pancreatic cancer. LR noted that she was a research champion for the clinical network of the West Midlands, AR added that was who we were working closely with. LR requested ARs contact details to liaise and discuss trial management committee or trial management group. AR noted her email address in the chat. LS asked that AR kept the meeting informed of any updates or progress in which AR agreed.</p>	AR
5.0	Discussion on feedback from the Presentation and Questions to Tracey Sherwin on the 7th November 2023.	
	<p>IR expressed that he was not going to go over the background again, however they were concerned about the Patient Engagement with the Integrated Care Board new set up which had been ongoing since 2022. IR added that they were able to ask some questions which they now had answers to.</p> <p>In relation to patients being referred from the Moorlands to Macclesfield, Tracey had taken that up but did not receive a definitive answer and therefore they were still awaiting an answer on this.</p> <p>A discussion took place on the issues with the services run by MPFT and the issues patients have accessing these. The PLG did not think that Tracey had answered the questions around these problems</p> <p>The final question was a patient who had suffered from a fracture, going for treatment at the hospital, trying to seek physiotherapy, were told they could not go to Leek hospital where there are physiotherapists. IR explained that he would not read the response to this question as it does not answer the question and again is a lot of “NHS speak” – IR mentioned that at it stands</p>	

<p>at the moment patients who has been treated at Royal Stoke for a fracture cannot then have physio at the Leek hospital purely for contractual reasons.</p> <p>LS mentioned that an issue she would like to bring up was around 2 years ago, as a Locality Group they had come up with a list of necessities for involvement of patients and how to get the patients voice heard. This was sent to the CCG and the response given was similar but did not have the same impact as far as patients were involved. LS expressed that she was disappointed and felt as though it should not just be left. LS asked for the attendees of the meeting to think of suggestions on what to do next.</p> <p>EF explained that from the rurality report which was spoken about with Moorland PPG a big issues was access and transport, EF noted that it had not been published yet but would be published by the end of the month. EF noted that she would send out a copy of report to the Patient Locality Group.</p> <p>EF discussed that in regards to having a patient voice, Bas attends the ICB Board on behalf of Health watch Staffordshire. EF wondered if she should speak with Bas to try to find a way to get more direct patient involvement rather than going through Support Staffordshire. EF asked what the attendees thoughts were on this.</p> <p>LR expressed that as far as she was aware, she did not have a voice. LR explained that she did not want her voice to go through Health watch or anything else, it should have come straight from the PPGs. LR explained that in regards to a report on rurality, she could have given it to the in three sentences and would then want to know what the action would be from the report, LR added that the reports were worthless unless acted upon. LR noted that they were the only people being listened to and therefore, requested that she be copied into the reply which IR had received and she would take it back to MPFT and request that the response be in basic English. LR noted that she would report back to the Patient Locality Group with the actions she receives.</p> <p>JS commented on when the ICB was being set up, a lot of what they had sent out made a big thing about wanting to have an input from “hard to reach groups”. JS expressed that she felt as though the Patient Locality Group had become ignored, as well as the Primary Care Network also being ignored. JS explained that this was very clear from the meeting with Tracey from the 7th November.</p> <p>LR noted that Health watch was on the ICB and noted that the Patient Locality Group represent over 50,000 patients in a rural area. IR added that this was all well documented years ago with the clinical commissioning groups, IR noted that they were fully aware of what the situation was. EF noted that there was a patient congress, which LS and IR both confirmed. However it finished without any recourse to its membership.</p> <p>JS explained that some ways in which this Patient Locality Group and Constituent PPGs contributed with the CCG included patient representatives on a lot of procurement tasks, some of which relatively small and short lived,</p>	<p>EF</p>
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	and others being huge tasks. JS confirmed that the Patient Locality Group that they were completely cut off.	
6.0	The advantages of being a part of Health watch	
	<p>EF thanked the meeting for inviting her to the meeting, she explained that Health watch came out around ten years ago after an incident at the Stafford Hospital. The purpose of Health watch was to prevent a reoccurrence of the issues that occurred a few years ago at Stafford Hospital. EF added that Health watch would investigate where reports have been made and see the patterns which need taking up to a higher level. There are around 150 Health watches throughout the country. EF explained that it was government funded, however the funding comes by the council.</p> <p>EF noted that there were 3 engagement officers in Staffordshire county. IR expressed that having only 3 people to cover Staffordshire concerns him. IR asked as a patient how he could report a concern to Health watch. EF explained that there was a Freephone number which EF would put in the chat, along with her mobile number, there is a form which can be filled in on the website, you can contact them via the email address “enquiries@healthwatchstaffordshire.co.uk”</p> <p>IR asked who it was from Health watch which goes through the Integrated Care Board, EF noted that it was her manager Baz Tameez. IR asked how Baz interact with the 800,000 people which he represents. EF explained that they get feedback which is put into one system allowing Baz to pull a report to see what the issues are before each meeting.</p> <p>IR asked how he joins Health watch and why should he. EF explained that they do not have members as such, but you could receive the regular e-bulletin which gives you information about what they have been doing. By joining Health watch and becoming a volunteer is to help Health watch get out there and speak with people, to gather information, attend events, go to groups. IR asked how many volunteers Health watch have doing entering and viewing, EF confirmed they had 3 volunteers doing entering and viewing.</p> <p>JS mentioned that despite the huge area they were trying to cover, Health watch was split across 3 areas, which is what the ICB were supposed to do originally.</p> <p>EF noted that she would speak with her manager in regards to this issues raised.</p> <p>EF noted that she had mentioned earlier in the meeting about the Peoples Assembly, EF asked why this was not an option. IR explained that the Peoples Assembly was for North Staffordshire for the Clinical Commissioning Group only. IR explained that it was an example of patient engagement, but at the moment, they have no patient engagement and with the Clinical Commissioning Groups there was an attempt to engage.</p>	<p>EF</p> <p>EF</p>
7.0	Update on PCN development	

	<p>LS requested that LD give an update on the board meeting and Bas had sent his apologies.</p> <p>LD explained that there were no major changes however, the PCN was now at full capacity with no vacancies, the last two members of staff Abera, who was the new Pharmacy Technician and Gabrielle who was the new Clinical Pharmacist joined at the beginning of November. LD noted that Peter Oldham who had previously worked with the PCN had now returned to the PCN as a Team Leader for the Pharmacy Team to support LD and Neil to help manage the Pharmacy Team.</p> <p>Covid and Flu Clinics – LD explained that all care homes were now done as they had to be finished by the end of October, LD added that all practices managed to achieve this and the data was sent off to receive the payment which had now been submitted.</p> <p>Board Meeting – LD noted that Jenna had given an update on progress on this year’s IIF targets, LD added that there were 5 IIF targets this year which was reduced from the over 30 targets last year, LD explained that this was due to completing the Capacity and Access plan. 2 targets were around the Flu vaccinations and therefore there was not much data for those two targets at that time. Another target was the Learning Disabilities reviews, which again there was not much data for this target due to practices completing the reviews around January to March. And the final two targets were around the Structured Medication reviews and fit tests which there were no concerns.</p> <p>LD explained that Jenna would attend the January Board with the updated information, LD suggested that Jenna could bring this information to the PLG to share that data.</p> <p>Finance update – There was a finance update on the board meeting, in which there were no concerns, and the PCN was in a healthy place in regards to income versus expenditure.</p> <p>Digital Inclusion / Health Inequalities – LD presented the two case studies to the PLG and explained that she would send these to LS and requested that LS shared the case studies with the wider group. LD added that if there were any questions in regards to the case studies to contact LD directly and she would coordinate their responses from the relevant team.</p> <p>LD added that she would send out an up to date organisational structure along with the case studies.</p>	<p>Jenna</p> <p>LD&LS</p> <p>LD</p>
8.0	Health and Wellbeing Event in Leek.	
	<p>LS asked if the PCN had got what they wanted from the event to which LD confirmed they had. LD explained that the main objective was to publicise who the PCN was, what they did and just over 60 members of the public had attended. LD expressed that the aim was to every April and September was to re run the events one in Leek and one in Biddulph.</p>	

	<p>IR explained that a number of their PPG members attended, IR hoped that they would have more chance to speak about the Health and Wellbeing event at the next communications meeting. IR and JS expressed that they felt it was a missed opportunity. IR noted that the venue in Leek needed to be discussed at the communications meeting. LS added that the Trinity Church was not the best venue.</p>	
9.0	Communications Group	
	<p>IR explains that this group has met once, however the groups was a very useful tool to talk about communications specifically.</p> <p>HP explained that she thought that the group were requesting another communications meeting. It was agreed that the meetings would only be arranged when they had things to discuss. HP added that there was the digital exclusion which could be discussed. IR added that there was also the health and wellbeing event which took place on the 27th September as well as the Health and Wellbeing event which will be happening in the new year. IR added that a meeting in January would be suitable and requested that HP send around some dates.</p>	HP
10.0	Update on member PPGs	
	<p>TP explained that the new PPG was now up and running, they now had a chair and deputy chair. TP explained that there had now been 3 meetings however, nobody had come forward in regards to the secretary role, but somebody had offered to share it with TP.</p> <p>TP explained that they were experimenting on dates and times for the next two meetings to discover if they could get more people in attendance.</p> <p>LS added that if there was any support that they could give, they would be happy to help.</p> <p>IR reported that the chair was still unwell but recovering. IR explained that they helped with the Covid clinics, although numbers had reduced. Through some work, they had reviewed the questionnaire that was being used for patients arriving at the Covid clinics to the extent that the nurse now completes this at the time of the vaccination to reduce time. It was suggested that the 5 PPGs join up to create a generic questionnaire.</p>	
	Any Other Business (AOB)	
	There was none.	
	The meeting closed at 14:47pm	
	The date of the next meeting: 16th January 2024 – 13:00-15:00	