

## Richmond Clinical Commissioning Group Report Summary

<b>Meeting Title</b>	Primary Care Commissioning Committee in public	<b>Date</b>	5 June 2018		
<b>Report Title</b>	<b>PPG network highlights report</b>				
<b>Agenda Item</b>	4.1	<b>Attachment</b>			<b>J</b>
<b>Purpose</b> <i>(please indicate with X)</i>	Approval/ Ratification	<input type="checkbox"/>	Discussion / Comment	<input checked="" type="checkbox"/>	Information
<b>Report Author:</b> <i>(name &amp; job title)</i>	Caroline O'Neill, Engagement Manager	<b>Presented by:</b> <i>(name &amp; job title)</i>	Maggie Ennis, PPG network representative		
<b>Summary and purpose of report</b>					
<p>This report provides highlights from the May 2018 PPG network where practices were represented.</p> <p><b>1. Update on electronic referral management</b></p> <p>The Head of Primary Care provided an update on the NHS e-referral system implementation which has a deadline of October 2018.          The following issues were highlighted by PPG representatives:</p> <ul style="list-style-type: none"> <li>• Local examples given of referral letters not providing enough information and telephone number ringing out without being answered.</li> <li>• Duplicate referral letters being sent which confuses the patient.</li> <li>• Positive feedback from PPG representative who had received appointment confirmation within 24 hours of GP consultation.</li> <li>• Request for infographic of the e-referral process to help patients' understanding of the system.</li> <li>• Suggestion that patient leaflet is reviewed by newly established patient information group.</li> <li>• Clarification that e-referral system is for outpatient appointments and DXS for other referrals.</li> <li>• Clarification around whether cancelled outpatient appointments are put back into the system for others to use.</li> <li>• Maintaining patient choice.</li> </ul> <p>PPG representatives were encouraged to share both positive and negative experiences of referrals from GPs to secondary care including copies of referral letters if possible to inform the work of the project group.</p> <p>It was noted that ongoing support is available to practices to use the e-referral system.</p> <p><b>2. Primary care transformation</b></p> <p><i>Primary care strategy update</i></p> <p>PPG representatives asked to see the latest version of the strategy and could provide further feedback if helpful. They also wanted to understand the timeline for finalising the strategy.          A discussion took place on the concept of "at scale" for primary care. PPG representatives welcome the idea of having PPG network at the workshop "at scale" on 26 June. It was noted that "at scale" needs to be explained in an accessible way to ensure local people can take an active part in discussions.</p>					

Clarification was sought on whether the CCG is autonomous and able to focus on locally priorities or whether south west London initiatives will take priority at the expense of local needs.

#### *Quality in primary care*

Network confirmed receiving copy of quality in primary care engagement report. It was confirmed that the current timescale for the next phase of the pledge/patient responsibilities work is September 2018. It was noted that the insight from this project is informing the refresh of the primary care strategy.

#### *Primary care extended access and urgent treatment centre*

Currently working to implement changes in service at walk-in centre from early July to become an urgent treatment centre with closing hours changing from 10pm to 8pm. Following on from last PPG network the CCG set up a patient information group to inform the development of materials for the new urgent treatment centre. The time change poster ahead of the service change was shared for information. More work required to develop patient information to explain the new service and ways to access it, which will continue to involve the patient information group.

PA stated that Healthwatch had undertaken an enter and view visit at the walk-in centre and all patients thought introducing bookable appointments was a good idea.

It was noted that CCG staff will be present in the walk-in centre in the coming week during peak time afternoon and in the evening during the proposed time change to talk with visitors about the proposed changes and see first-hand number of attendees.

### **3. Information sharing between PPGs**

#### **Acorn Medical Practice**

PD explained that a plan/brief for the future of the PPG is being developed. It is asking the practice what is the PPGs purpose which he posed to other PPG representatives. A discussion followed on the challenges of recruiting members, PPGs governance in relation to the practice, roles within the PPG, Chair etc. It was noted that a one size fits all approach doesn't work for PPGs as practices are all very different. Members were keen to share experiences, suggestions outside of the meeting. It was suggested that a longer agenda item be including for the next meeting on sharing good practice.

#### **Sheen Lane**

MD reported that currently both practices are sharing one practice manager and highlighted the ongoing issue of recruiting staff in primary care across all disciplines.

#### **Broad Lane Surgery**

DA reported PPG due to issue its newsletter which is produced by an editorial sub-group and this approach is working well. The newsletter is published on the website and hard copies available in the practice and has been emailed to patients. However, with onset of GDPR the link to the newsletter will be sent via text message.

#### **Paradise Road Surgery**

HC stated that following this meeting he would be arranging to meet the practice manager to see what he can contribute to the PPG.

#### **Twickenham Park Surgery**

MC explained that they value having informal conversations with patients in the practice to get feedback on services which they share with the practice staff. Highlighted that not many patients were aware of the changes to prescribing made as part of Choosing Wisely project. It was noted that if a patient needs a medication that is no longer prescribed then the GP will explain this and provide them with patient information during the consultation.

The PPG has started to build a communications book which will be in the waiting room to include information relevant for patients.

The pros and cons of whether posters and leaflets in practices were effective ways to communicate with patients.

### **Hampton Wick Surgery**

BG explained that the PPG's annual workplan will be published on the practice website shortly. The plan includes an information event on diabetes in October and a patient survey with different questions to the national GP patient survey. Currently produce two newsletters a year with additional ones if needed. Practice has developed area on website where patients can register to receive the newsletter.

### **Parkshot Practice**

WV explained that PPG is trying to encourage GPs to publish profiles on website etc. to explain background and areas of interest. Research all Richmond practice websites and only 10 provide information about GPs. None of the practices provide information about other services that work with them e.g. community nursing. It was noted that the practice partner rather than GP attends the PPG meetings.

Discharge summaries were highlighted as an issue for the practice with summaries arriving late or/and not clear or complete. Also, patients do not always get their referral letters in time for appointments. MD agreed with the issue of discharge summaries from personal experience and this can be a patient safety issue.

### **Hampton Medical Centre**

EB reported that the PPG is trying to improve patient representation and is looking to hold some meetings during the day. They will be inviting representatives from local organisations such as Carers Centre to talk to PPG/patients and promote health walks. The PPG has introduced a comment and suggestion box in the practice waiting area.

For referrals, the practice is going to include a slip for patients to complete and return if they have not received referral appointment after x number of days.

### **York Medical Centre**

PA explained that it had taken several years to develop their PPG and that they set up specific focus groups to plan the newsletter, event etc. The practice manager and a GP usually attends.

## **4. Other issues**

In line with terms of reference network members were asked if a PPG representative would like to take over the chair of the network on a rota system. Though in the terms it was noted that if a PPG rep. is chairing the meeting it is more difficult to take a full part in the discussions. Agreed to discuss at the next meeting. Sue Smith happy to continue to chair if network would prefer.

As part of cancer programme there is the proposal to have cancer leads within each practice and BG suggested that PPGs may want to have a cancer lead to be aware of what practice is and can be doing – possible patient champion. It was clarified this role would be liaising with the practice rather than patients.

End of life care and how advance care planning is working locally was also raised as an area of interest.

Agenda items for next meeting:

- Role of PPG network chair
- Cancer services – recovery programme and training for cancer lead in practices.
- Acorn practice young carers project.

## **Key sections for particular note**

## **Report recommendation**

The PCCC is asked to note the contents of the report and provide feedback to the network as required.

<b>Financial and / or resource implications</b>
None
<b>Key risks identified &amp; mitigation</b>
None.
<b>Equality and / or privacy impact analysis</b>
In developing a PPE approach to primary care commissioning due regard has been taken for those groups who face specific barriers to participation in GP services commissioning and how the CCG will take into account these groups when undertaking engagement.
<b>Committees that have previously discussed / agreed the report and outcomes</b>
PPG network.
<b>Communication plan / stakeholder involvement / patient engagement</b>
The PPG network and related participation activities are part of the CCG's approach to patient and public engagement (PPE) for delegated commissioning of primary care medical services (GP services)
<b>Assurance</b>
<i>Does the report need to be taken to any additional meetings for further assurance or ratification?</i>
<b>CORPORATE OBJECTIVES 2016-18</b>
Please indicate below all the categories which the paper provides evidence for:
<input checked="" type="checkbox"/> 1. Better Health
<input checked="" type="checkbox"/> 2. Better Care
<input checked="" type="checkbox"/> 3. Sustainability
<input checked="" type="checkbox"/> 4. Leadership
<input checked="" type="checkbox"/> 5. Engagement