

West Kent PPG Chairs Meeting 08.09.20
Online Meeting 2-3.30pm

In Attendance:

Chair:
Gerald Heddell

NEL CSU: Antonia Knifton and Joscelin Yates

PPG Chairs: 24 attendees

ACTIONS			
Commissioning Priority/Theme	Engagement needed	By when	
Patient and Public Engagement Interim Engagement Strategy	Please refer to the Qs raised and send comment/feedback to Joscelin	ASAP	
Flu Vaccination Programme	Non at present		
Carers App	Please think about how this can be promoted to the wider population	To feedback at November meeting	
MEETING NOTES			
Item			Action
1.	Introduction and Welcome Gerald Heddell welcomed everyone to the meeting.		
2.	Kent and Medway PPG Chair Terms of Reference Update Gerald highlighted how the chairmanship of the PPG Chair meeting was not aligned with all the other areas in Kent where the associate lay rep chairs. To align with the other areas across the county the PPG Chair meetings going forward will now be chaired by the associate lay member.		

	<p>Tony has been involved in this process and had previously spoken with Gerald re stepping down after 7 years as Chair. We would like to extend our thanks and gratitude to Tony for the role he has performed for the CCG for several years.</p>	
<p>3.</p>	<p>Patient and Public Engagement Interim Engagement Strategy</p> <p>The associate lay members have been retained for a period of one year from when Kent and Medway CCG formed in April 2020. The CCG continues to recognise the importance of local input for engagement with patients and public and in collaboration with associate lay members across the county have developed an interim strategy for engagement.</p> <p>Our intention is to work closely with the K&M engagement team and yourselves as PPG Chairs as you represent patients across almost every practice in west Kent. We will also work with the voluntary and community sectors and other partners such as Healtwatch to ensure local knowledge and engagement is at the forefront of what we do. There's also the virtual health network of individuals and organisations who have an interest in healthcare which we will continue connecting with.</p> <p>Our priority moving forward is to continue working safely during Covid 19, recognising it may be with us for some time and risk still remains. It's importance for us to continue following government guidance on social distancing whilst engaging with patients and public. The NHS has developed a social distancing guide to engagement which is a very useful document to refer to when carrying out engagement activities.</p> <p>A large-scale survey took place during the Covid 19 pandemic to help inform recovery and restart of services. Over 3000 people took part including patients, public and staff. The findings are now published in full and there continues to be high level support from both patients and staff to continue telephone and video appointments provided this is not seen as the only option: https://www.kentandmedwayccg.nhs.uk/get-involved/our-involvement-work</p> <p>A second finding is to ensure clear and coherent advice is available to both patients and staff.</p> <p>A summary of principles has been written following the findings and has been shared with all Chairs recognising social distancing is and remains a priority to keeping people safe during engagement.</p>	<p>Joscelin to circulate guidance with the notes.</p>

	<p>Questions for Chairs:</p> <p>What of the principles – do they take account of the covid limitations? Are there gaps, or improvements we can make?</p> <p>Comment Chair: With the importance of all the electronic things we are doing we must try to make sure we are not excluding people that are not involved in computer systems. How do we ensure they are not missed out?</p> <p>Comment Chair: As we represent all the people in our practise can we not represent the people in our practice that do not have I.T?</p> <p>Comment Chair: I found the restrictions that are now here because of GDPR hard because I can't contact all the patients anymore.</p> <p>Comment Chair: We also try to get contacts but we can only do this in co-operation with the practice. There seems to be some reluctance from some practices to engage with the PPG.</p> <p>Comment Chair: I want to reinforce the comments made. We can only contact 300 of the patients now. I'm finding collaborating with GPs at our practice difficult at present.</p> <p>Comment Antonia: The GDPR comment comes up frequently. There is a statement at the bottom of the practices paperwork when they collect contact information explaining the purposes of what they will do with that information. If the practices include passing patient details to the PPG who will make contact/share information that is relevant to you it will give you access to email addresses etc if the patient consents. So please speak to your practices about this.</p> <p>Comment Gerald: I will take this forward outside of this meeting as I understand there seems to be varying limitations of being able to make contact with patients at your practices and we need to try and ensure practices recognise the importance of PPGs as many already do.</p> <p>Comment Chair: We have a very good relationship with our GP's. The only problem we would have is that all the patient details have already been collected so we wouldn't be able to incorporate Antonia's suggestion.</p> <p>Comment Chair: Points on the Principles doc sent out: good starting point and sets out the approach to courteous interaction with volunteers. But the timely structure around this approach and how continuous learning from engagement methods and structures would be useful. Alongside more around sharing impact outcomes</p>	<p>If you would like to respond further to these questions please forward comments to Joscelin</p> <p>Gerald to discuss further with CCG colleagues</p>
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What of the proposed models of involvement?

Comment Chair: The flu clinics are coming up is this a good opportunity for engagement?

Comment Bob: As much as flu clinics are usually enhanced by PPG involvement this year because of Covid we are not involving our PPG. We want to ensure people are in and out of the surgery as quickly as possible to ensure safety.

Comment Chair: Our PPG is involved at our surgery in flu clinics but outdoors to maintain social distancing. We'll use marquees if it's raining.

Comment Bob: PPG gazebo in the car park sounds a fine idea.

How might we support you and this group to develop and take an active role in the work of the CCG?

Comment Chair: Provide training support to Chairs/PPG members. An open discussion about this at one of our meetings might help us all.

Comment Chair: We understand that a PPG is a mandatory part of a set up for a practice. We feel at our practice that we are "paid lip service". Perhaps all practices need to be encouraged to engage with their PPGs in a meaningful way.

Comment Chair: In response to that point has the CCG gathered views from practices/GP's of what they want from PPGs? What would "good" look like from their PPG.

Comment Chair: I've had conversations with our practice to find out what they want from us as a PPG. Some members of the practice are not even aware of our existence.

Comment Gerald: The PPGs are representing patients and this needs to be a two way discussion with practices.

Comment Chair: Now we are working in PCNs building up a relationship with the clinical director could well be the route in to better collaborative working with practices.

Comment Chair: We make better use of the wider DES contract services that GPs are putting in place through PCNs to reach specific groups that way. There needs to be mutual building of respect and understanding of roles between GPs and patient groups - some work around that would help.

Please feedback any further questions/comments via

	<p>Comment Chair: I've read that you can only be Chair of your PPG for three years. Is that common?</p> <p>Comment Gerald: I know that is written in as normal practice but many Chairs have represented their PPG for longer terms for many reasons.</p> <p>Comment Bob: I think different cultures of different practices are reducing. It is a statutory requirement for practices to have a PPG but what that constitutes is not written into the contract.</p> <p>Comment Chair: How PPGs operate is quite varied - some attempts to have some core functions shared - would help with information sharing and impact evidencing</p> <p>Comment Chair: Trouble getting any response to email questions from the Practice manager to changes in services/support. Nothing up to date on website.</p> <p>Comment Chair: I think the above, would help with building relations with GPs. Many are disconnected from their PPGs and their roles. They tend to be managed by admin staff or PMs with limited engagement with GPs and their wider views on working with their patients.</p> <p>Some professional and patient team building and mutual understanding of roles</p> <p>Our CD (Weald) gives our group an update and shares ideas and information between professionals and the groups</p> <p>Comment Chair: Sometimes the PM considers that contact from patients / via PPG are about complaining rather than making positive and negative input.</p>	<p>email to Joscelin</p>
<p>4.</p>	<p>Flu Vaccination Programme</p> <p>This year's flu campaign is the biggest one yet, with an increase in eligibility and increasing targets for those eligible to get the vaccination. With the threat of Covid-19 this winter it is more important than ever to make sure those who are most vulnerable are protected from the flu.</p> <p>Vaccination of health and social care workers has started. A communications campaign has started to encourage uptake among staff (target of 100%). It's called 'I've had my flu jab' and features a purple sticker for people to wear once they have had their jab. By highlighting the protective shield sticker, this is a visual symbol of</p>	

	<p>positive action taken by staff to protect themselves and patients/people they care for.</p> <p>There has been an increase in eligibility this year.</p> <p>The clinics are starting to be planned. The aim is to vaccinate everyone on the list by November. NHS England has provided guidance on how to run the clinics to remain Covid-19 safe.</p> <p>Q: Are there any problems getting vaccinations? A: Not that we have been made aware of.</p> <p>Q: We have the option of going to the pharmacy rather than your GP practice. How is this information be collated? A: If you practice sends you a txt there is an option to decline. If a patient declines a few times the practice will have the opportunity to follow up to ask why and one of the reasons may be the patient has had their jab via the pharmacy and that can be recorded.</p> <p>Q: Is there a different vaccine for the over 65s and under 65s this year? A: Yes. The reason being the fourth strain included in the vaccine the over 65s are likely to have been in contact with at some point during their life.</p>	<p>Joscelin to circulate information of all those eligible.</p>
<p>5.</p>	<p>Carers App Information from John Potts</p> <p>The carers app is a very useful tool to put on your phone and I hope everyone has had the opportunity to review the slide sent before this meeting with more information.</p> <p>The council would like to work with us on how best to promote this to patients and carers as from launch it has only had uptake from 2000+ people.</p> <p>Comment Chair: This has been shared with my practice and wider groups and I believe they are advertising on their website for wider patient information.</p>	
<p>6.</p>	<p>Healthwatch Update from Cheryl</p> <ul style="list-style-type: none"> • Healthwatch are still predominately working from home • There are current opportunities to join Healthwatch which are advertised online: https://www.healthwatchkent.co.uk/ 	

	<ul style="list-style-type: none"> • We still engaging with people to find out how they are coping with Covid 19 • Care homes report is now available online– how they have coped with Covid: https://www.healthwatchkent.co.uk/ • We’ve been doing work around maternity in east Kent and stroke services • We’re asking people if they have had a blood test recently and if so where and did they receive their results ok. We’ve had reports that a lot of people are struggling to get blood tests at the moment. • We are trying to find out what is happening around prescription ordering services (PODS). Can we find out more please? <p>Comment Chair re PODS: Could we find out how many GPs in West Kent (if any) have referred to this service and the pharmacy areas and outcomes from those other areas who have used for some time?</p>	
7.	<p>Development of CCG and Integrated Care System (ICS)</p> <p>The purpose of forming a single CCG was to make us ICS ready with health and care organisations working together much more closely than in the past. Integrated care partnerships have been key to moving this forward. The ambition of the CCG is to look at the health of the whole population across the county, encouraging providers to work together to achieve this outcome and allow a more coherent commissioning strategy for Kent and Medway as a whole.</p>	
8.	<p>AOB & Questions</p> <p>Q: Headcorn - Depending on where you access services, Headcorn, Langley or Lenham Valley, depends on whether you will be offered a face-to-face consultation. Will there be engagement with patients about the impact of this?</p> <p>A Bob: Contractually the model the practice chooses to adopt is very variable.</p> <p>Regarding engagement there isn’t a programme currently to engage with patients around this but it’s a very good point. As a result of Covid 19 there was a very rapid response to move to telephone appointments to protect patients and staffs from the impact of Covid 19 and this continues. It is not clear at this stage what affect this is having on patients’ health. I will follow up with Antonia and Jos to discuss engagement options.</p>	

	<p>A Antonia: One of the key findings from the extensive engagement carried out during Covid19 is around concerns staff have with the impact telephone/online consultations may have on people's health. While there isn't any plans currently to investigate that specifically further I would encourage all PPGs to look at the report and to think about how that might shape the next set of engagement we do.</p> <p>Thornhills Our PPG has heard rumours that prescription ordering desks (PODS) will be rolled out across Kent and Medway, is there any information about this?</p> <p>A Bob: The POD is a service that you ring up or communicate with via email and they do your prescription for you along with "housekeeping" such as do you still have any tablets left, are you taking regularly etc. I don't know if this will be available across the whole system. There is an improvement in prescribing quality and less wastage in medication.</p> <p>Comment Thornhills: The query came from patients that do not like the PODS. They didn't know who they were talking to, they at times struggled to get on the system. They thought they would be able to change the medication with the person they were speaking with directly.</p> <p>Comment Chair: Can this go on as an agenda item?</p> <p>Comment Chair: Within our PCN I'm aware of different patients in different practices who find the process less than straightforward.</p> <p>Edenbridge I recently used the Government web site to try and see where a Covid test (not postal) could be obtained. They offered Reddich (116 miles) not exactly local. Can the CCG offer a more convenient location?</p> <p>A Bob: The CCG do not commission or have any influence over this service. This is run by Public Health England. I don't know how we hold it to account and it does not sound it is working properly.</p> <p>A Antonia: There are reportedly centres in Rochester and Canterbury opening.</p>	<p>Antonia will speak to Pharmacy team to follow up</p>
	<p>Next Meeting 10.19.20 online 2-3.30pm</p>	