

North Norfolk Clinical Commissioning Group

North Norfolk



Patient Partnership Conference



09 October 2014
Blickling Hall, Aylsham

Introduction

NHS North Norfolk Clinical Commissioning Group (NNCCG) hosted the 13th Patient Partnership Conference on 9th October 2014, at Blickling Hall. The conference was chaired by David McNeil, Lay Member with oversight of Patient and Public Engagement, with support from CCG staff and members of the CCG's Governing Body.

The event opened with:

- Aims of the day;
- Integrated Care – an update of the progress made since the previous conference in providing seamless health and social care for individuals living in North Norfolk;
- PPGs in North Norfolk: The Story So Far – a look back to the first Patient Partnership Conference in 2008; and
- The national Direct Enhanced Service (DES) designed to support patient engagement in practices

The main focus of the event was how the CCG, PPG members and GP Practices can support Patient Participation Groups to evolve by sharing good practice, improving communication and encouraging individuals across all demographics to be actively engaged in decisions made about local health and care services. Attendees were therefore invited to discuss the following questions:

- What does “good” look like for local PPGs?
- What do PPGs and Practices need help with?
- Do you have other examples of good practice to share?
- How can the CCG keep in touch with local PPGs?



Format and Agenda

The following agenda was tabled for the event, which incorporated presentations from Dr Anoop Dhesi, Chairman of NNCCG and GP at Stalham Staithe Surgery, and Rebecca Champion, Engagement Manager for NNCCG.

9.30am	Arrive and Refreshments	
10.00am	Welcome from the Chair <ul style="list-style-type: none"> • Aims of the day 	David McNeil NN CCG Governing Body Lay Member for Patient & Public Involvement
10.05am	Update and Introduction: <ul style="list-style-type: none"> • Previous conference: <ul style="list-style-type: none"> ○ Integrated Care • PPGs in North Norfolk – the story so far <ul style="list-style-type: none"> ○ Look back to 2008 ○ Current Picture in North Norfolk ○ DES ○ Examples of good practice 	Dr Anoop Dhesi Chair NN CCG & GP Stalham Staithe Surgery
	Q&A	
10.25am	Supporting PPGs <ul style="list-style-type: none"> • National Association of Patient Participation (NAPP) Examples of possible local support: <ul style="list-style-type: none"> • Volunteer support and recruitment • Annual PPG Conference • Regular PPG Chairs/ reps meetings • Training and development • Webpage to centralise information 	Rebecca Champion Engagement Manager North Norfolk CCG
	Q&A	
10.40am	Open Session Question Time: An opportunity to ask questions and raise concerns about health and care services in North Norfolk	Panel
11.00am	Break for Refreshments & Networking	
11.30am	Discussion Groups <ul style="list-style-type: none"> • Setting the scene See reverse for further information	David McNeil
12.15pm	<ul style="list-style-type: none"> • Group Feedback – 2 minutes per group 	
12.30pm	<ul style="list-style-type: none"> • Next Steps • Proposal - new format for future conferences • Close 	David McNeil

Wider Support for Patients

You said:

- We should build upon voluntary sector support e.g. offering a befriending service.
- There needs to be better access to information about services.
- Patients do not understand why they have to tell their story repeatedly. Healthcare professionals should be able to share information about a patient if it is for the purposes of their direct care.

We Did:

- Re-commissioned the services of Voluntary Norfolk to facilitate greater and more flexible use of voluntary sector services.
- Recruited Integrated Care Coordinators who are responsible for signposting and coordinating joined up care between health and social care for individuals with a long term condition and/or at risk of an emergency admission which could have been avoided by proactive care in the community.

The CCG prides itself on being a forerunner of integrated care, which is now a nationally recognised approach to providing joined up care and continuity of service, with the view to reducing emergency admissions and the ever growing demand on secondary care services.

Dr Dhesi referred to the voluntary Quality Outcomes Framework (QOF) which was implemented in 2004 as part of the GP contract, which incentivised the management of some common chronic diseases and the provision of additional services. The original process was bureaucratic and did not deliver the required outcomes. It was therefore replaced with a Direct Enhanced Service (DES) aimed at avoiding unplanned admissions through proactive case findings and care reviews for vulnerable people. GP Practices across North Norfolk now routinely:

- Produce care plans, which are coordinated by our Integrated Care Coordinators and delivered by a named GP and/or community matron;
- Conduct regular risk profiling of at least 2% of the practice's patient list to ensure the right patients are benefiting from the DES;
- Conduct holistic case reviews to ensure continuity of care; and
- Ensure patients receive a timely follow up after discharged from secondary care services.

The CCG recognises the importance of this approach to have implemented a further local agreement which will:

- Provide extra support for care homes that have a high unplanned admission rate;
- Provide more help for patients with a long term condition and a history of A&E attendances;
- Use Multi-Disciplinary Teams (MDT) to coordinate care plans and communication between providers during in and out of hours;
- Regularly review emergency admission data to see identify causes for peaks in activity; and
- Work towards providing a 7-day service for patients with complex care needs.

PPGs in North Norfolk

Rebecca Champion provided an overview of the work of Patient Participation Groups (PPGs) in North Norfolk.

Each of the 19 GP Practices in North Norfolk currently have a PPG, either as a physical group meeting on a regular basis, a virtual group exchanging views and feedback via online forums or both. In North Norfolk PPGs generally:

- Gather patient feedback on GP services;
- Act as an advocate for their GP practice;
- Support GP Practices with event such as annual flu jabs assigning with the distribution of letters and leaflets and managing patient flow through the surgery;
- Provide support groups such as bereavement support and walking for health;
- Provide volunteer groups such as befriending and voluntary non-emergency patient transport;
- Arranging health fairs such as dementia awareness stalls;
- Producing newsletters;
- Utilising virtual PPGs to conduct surveys and distribute questionnaires; and
- Actively canvassing patient opinion on wider services.



In order to reinforce the importance of patient engagement in the delivery of modern healthcare, a Direct Enhanced Service was developed in April 2011, which stated that GP Practices:

- Would develop a feedback structure e.g. a PPG
- Should agree areas of priority;
- Should collate patient views through a patient survey;
- Publicise the results of the patient survey;
- Publicise the actions taken from the feedback received and what has been achieved as a result

In addition to the above GP Practices will be required to participate in the Friends and Family Test as of April 2015 which enable will assess whether their patients would recommend the service they have received.

Open Session Question Time

Attendees were given the opportunity to pose any question to the Chairman and following members of the CCG's Governing Body in relation to health and care services in North Norfolk:

- Sally Ross-Benham, Business Manager – Stalham Staithe Surgery
- Dr Anoop Dhesi, Chair of NHS North Norfolk CCG and GP in Stalham Staithe Surgery
- Rachel Arkieson, Managing Partner, Drayton and St Faiths Medical Practice
- Mark Taylor, Chief Officer of NHS North Norfolk CCG

Question 1

Dr Dhesi's presentation referred to 4 hubs? Where are the hubs situated and what is their purpose?

Answer

The 19 practices across North Norfolk are group into four integrated hubs, which enables them to coordinate out of hospital care within a much smaller geographical area. Details of the integrated hubs will be included within the report from the Patient Partnership Conference.

Question 2

Is it correct that the Out of Hours Services does not have access to the GP's electronic patient records and if so, why?

Answer

There is no single IT system across the NHS, and therefore organisations such as GP Practices, Acute Hospitals, Ambulance Trusts and Out of Hours Services each use a variety of systems to host their electronic patient records such as SystmOne, EMIS and Vision. There is currently no consolidated way to centralise all patient data into a single portal which all healthcare providers such as the Out of Hours Services can use.

However it should be noted that some elements of a GP's patient record are held centrally and therefore available across the NHS, such as the Summary Care Record which holds essential medical information that may be needed in an emergency situation, such as medication, allergies and drug reactions.

GP Practices are very keen for the same approach to integrated health and social care to be applied to the integration of electronic patient records, especially for the frail, elderly and/or those with complex medical conditions. Information sharing across health and social care must be balanced with an individual's right to privacy and the need to share information for the avoidance of harm. Therefore we continue to work very closely with colleagues to ensure that patients only need to tell their story once, if practicable.

Question 3

A consultant will usually write to a GP informing them of the patient's treatment, however there does not appear to be any continuity with the patient receiving a copy of the same letter unless they specifically ask. This leaves the patient with unanswered questions regarding the outcome of results, treatment and progress of any onward referral. Is there a reason why the patients do not receive copies of consultant to GP correspondence?

Answer

There is currently no national requirement for patients to routinely receive copies of all correspondence exchanged between GP practice and secondary care providers. However everyone has a right to request access to any personal information held about them under the Data Protection Act 1998. Correspondence exchanged between healthcare providers can be technical in nature and would be very different from the information conveyed to a patient so that there is no scope for misinterpretation. The CCG recommend that patients should raise the request if they wish to receive copies of correspondence, however to impose this as a contractual obligation may impose an additional administrative burden on secondary care providers, that may not be welcome or needed by all patients.

Question 4

There is too much technical jargon in relation to patient consent and the various ways it is used for the purposes of healthcare. Also the risks of withholding consent do not appear to be fully explained to patients. Could the panel confirm what exactly patients are being asked to opt in or out of please?

Answer

In 2013 the NHS introduced the Summary Care Record which is an electronic means of sharing elements of a patient's medical records, with authorised NHS Staff that may be required in an emergency situation such as prescribed medication, allergies and whether an individual had previously had a bad reaction to any medication. Patients were automatically opted in but in accordance the Data Protection Act, patients were given the option to opt out. However we acknowledge that the risks of opting out may not have been conveyed correctly and the NHS continue to learn from feedback received in this regard.

In late 2013 the Department of Health (DoH) introduced a programme to collate information about the care received by patients, to enable those who provide health services to improve the quality of services. This will be called "care.data". This process is being conducted centrally by the Health and Social Care Information Centre (HSCIC) and will require the organisation to access patient identifiable information such as data of birth, full postcode and NHS number to generate an overall picture of healthcare services across the United Kingdom. Only full anonymised data will be shared with healthcare providers. However, the programme has been put on hold whilst the DoH and HSCIC revise their communication plan following feedback received from patients and healthcare providers. More recently a small group of CCGs across the country have been asked to participate in a pilot to ensure that the programme is rolled out effectively. It is thought that everyone will be opted in, but given an option to opt out via their GP Practice, subject to an explanation of the risks of doing so. The CCG will aim to make available information via the website as and when received.

Question 5

With the drive to reduce emergency admissions and the increasing demand on acute services, more services will need to be delivered by Primary Care. Is there anything that the CCG and PPGs can do to lobby for additional investment into primary care?

Answer

Whilst CCGs are currently constituted to commission secondary care services, they are in a position of being able to lobby and influence how primary care services are commissioned by NHS England (NHSE). It was acknowledged that the rate of investment in primary care had not kept pace with secondary care, and there is a national issue with the recruitment and retention of the GP workforce. A sustainable primary care service is fundamental to keep an increasingly frail and elderly population well in the community.

Question 6

What influence does the CCG have to reverse the decision of Norfolk Community Health and Care (NCHC) to change services / move the location of clinics without proper consultation?

Answer

The North Norfolk, South Norfolk, West Norfolk and Norwich CCG contract with NCHC to provide a wide range of services as part of a block contract. NCHC therefore need to establish ways of working cost effectively within their budget, whilst delivering high quality safe services which meet the needs of patients within Norfolk. The CCG's Patient Experience Safety and Quality Committee maintain an oversight of the issues noted regarding delivery of services which enables the CCG to hold the Trust to account. We also value feedback received from patients and act on concerns raised by ensuring complaints are addressed and remedial action plans are delivered where required.

Question 7

To what degree does North Norfolk Clinical Commissioning Group maintain a position within the collaborative commissioning of services for the whole county and how does the CCG influence the development of services which need to meet the particular demands of patients in rural areas? To summarise, how does the CCG balance local autonomy with commissioning services in the round?

Answer

Where a contract is being commissioned for Norfolk as a whole each CCG will elect a member of the Executive Team to participate in the development of the specification for the service and the selection of the provider. An example of this is the re-procurement of the Out of Hours / 111 Service which is being led by Norwich CCG, as lead commissioners for out of hospital care. North Norfolk CCG will ensure that the specification contains local variations to meet the needs of a rural population. It was noted that the fundamental difference between CCGs and its predecessor PCTs is that there is now more opportunity to commission services based on clinical involvement, patient feedback and the needs of a smaller geographic area. It was also noted that the procurement panel for the re-procurement of the IAPT (Wellbeing Service) contract included patient representative who was able to challenge the provider based on the patient's perspective.

Question 8

Privatisation of the NHS - Are GP Practices investing considerable sums of money to form private companies so that they can tender for services?

Answer

GP Federations have been created to enable GP Practices to strengthen their position and maintain an equal standing in a competitive market. By tendering for services in collaboration with other GP Practices, services can be offered that deliver efficiencies, improve local integration and strengthen clinical quality and safety of services. NNCCG has worked hard to support practices to continue to retain services in-house wherever possible through the use of Local Enhanced Services. However it is a statutory obligation of the CCG to tender out services which meet certain criteria with a view to acting upon the opportunity to provide better care. Members of the Governing Body reiterated that it is not the CCG's vision to privatise the NHS, but to provide the right services, at the right time whilst delivering value for money.

Rebecca Champion provided a presentation regarding the importance of the role PPGs play in the delivery of modern healthcare.

The Health and Social Care Act 2012 imposed two legal duties on CCGs and NHSE to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment; and
- The effective participation of the public in the commissioning processes itself so that services reflect the needs of the public.

Gold standard guidance was therefore introduced which will enable commissioners to:

- Ensure good public participation is inclusive and reaches all parts of the local population including diverse and hard to reach communities through effective use of PPGs; and
- Identify experts within organisations such as Lay Members and Practice Managers who can actively engage with patients groups to bring patient expertise back to commissioners.

NNCCG has recently been assessed against these standards which identified that we need to engage with younger individuals and help people engage with decisions about their individual care needs.

National Association of Patient Participation (NAPP)

NAPP was established in 1978 with a view to offering support and guidance to practices in setting up PPGs. NNCCG have bought memberships for all 19 PPGs so that they can use the full range of resources and services such as newsletters, examples of good practice, consultancy and sample documents.

Local Support for PPGs

Attendees were asked to split into three groups to discuss the following questions, designed to enable the CCG to identify how we can help PPGs develop:

- What does “good” look like for local PPGs?
- What do PPGs and practices need help with?
- Do you have other examples of good practice to share?
- How can the CCG keep in touch with local PPGs?

In addition attendees were asked to explore the benefits of the following types of support from the CCG:

- Could the PPGs benefit from support from Voluntary Norfolk to recruit new members and training new volunteers?
- Would PPGs welcome an Annual Conference whereby members could reflect on their work and share best practices and ideas?
- Is there a benefit to the CCG facilitating a PPG Chairs Meeting?
- Would the PPGs welcome a central page on the NNCCG website which would like a platform to share information between PPGs and signpost to their individual sites?

In order to set the scene attendees were shown a short film which demonstrated the initial purpose of PPGs.

The following feedback was received:

What Does “Good” Look Like for Local PPGs?

Group 1

- An experience chairperson with good organisational skills and the ability to effectively chair meetings;
- Recruitment of a broad group of PPG members or varying age groups with mixed experience;
- A mixture of virtual groups and face to face meetings so that the ability to engage is inclusive for all;
- Ensure members feel part of the decision making process and the opinions and feedback are valued;
- A PPG which is representative of the practice and can reflect the issues experienced by patients; and
- GPs which are actively engaged with their PPGs and welcome their views and feedback.

Group 2

- Effective and mutually-beneficial two-way communication between PPG and practice;
- Regular face-to-face contact – including meetings – between PPG and practice manager/GPs;
- Members need good listening skills and be willing to take a pro-active approach on behalf of patients;
- Willingness to be the ‘ears on the ground’ for patients and facilitate complaints;
- Supportive environment in which PPG, practice manager and GPs are pulling in the same direction; and
- Good working relationship with trust and understanding between PPG and practice.

Group 3

- Mutual respect between members of the PPG, GPs and Practice Managers;
- Good 2-way communication;
- Clarity of purpose;
- Network into the wider community and good links between PPGs to share good practice; and
- Tailored PPG to fit the needs of the GP Practice and recognising that one size does not fit all.

How can the CCG keep in touch with local PPGs?

Group 1

- Newsletters;
- Online forums; and
- A section for PPGs on the NNCCG website.

Group 2

- A regular PPG letter on the CCG website
- More information/advice/shared good practice provided online

Group 3

- Annual conferences;
- CCG to attend some PPG meetings;

- A summary of best practice from each PPG that can be shared either via an online forum or through regular newsletters;
- “Buddy” system between PPGs so that they can develop a support network; and
- Up to date contact details for members of the CCG, together with a description of their roles within the organisation.

Do you have other examples of good practice to share?

Group 1

- Meetings between Chairs to share good practice;
- Using PPGs to test information to ensure it is clear and easy to understand for the general public; and
- Health Awareness days.

Group 2

- Quarterly notes and newsletters to keep patients informed (Fakenham PPG)
- Fundraising stall at surgery and monthly raffle (Sheringham PPG – money raised has paid for a water cooler at surgery amongst other things)
- Holding events – e.g. dementia awareness day (Sheringham PPG)
- Having guest speakers at meetings (Holt PPG)
- Networking with other community groups so PPG members are also members of other organisations and mutually supportive (Holt PPG)

Group 3

- Regular articles in local newspapers;
- GPs attending PPG meetings to provide clinical input wherever necessary;
- PPG asked to review, decide and evaluate the GP Practices priorities for the provision of primary care.

What do PPGs and practices need help with?

Group 1

- Recruiting young people and new members;
- Setting up virtual PPGs;
- Sharing good practice across PPGs;
- Resource on NNCCG website for PPGs; and
- Help and guidance with project work.

Group 2

- Advice (and financial support) to improve communication and ensure PPGs can ‘get the message out’ effectively to patients (including mail-outs, questionnaires and means of gathering patients views and opinions)
- Advice on getting around the barriers posed by Data Protection legislation in contacting patients
- Help to recruit new volunteers – particularly younger people – and virtual members
- Training to ensure PPG members can be more effective (e.g. gaining a better understanding of the world of general practice)

Group 3

- The CCG to facilitate a list of keynote speakers / presenters who can attend PPGs meetings to provide talks on particular subject and/or field pertinent questions;
- Guidance and support with fundraising, potentially through training provided by Voluntary Norfolk and clarification around what the money should and shouldn't be used to fund;
- Clear information about what CCGs need from PPGs; and
- Practice help and guidance in relation to corresponding with patients registered with the GP Practice. In particular PPGs need simple and straight forward guidance around what can be achieved whilst adhering to the Data Protection Act and regulations around confidentiality.

Next Steps

Attendees were thanked for their participation and valuable comments. The feedback given will be used to help create a programme of support for PPGs and practices to develop their patient engagement skills and foster wider co-operation between practices.

Future Patient Conferences

Rebecca Champion closed proceedings by summarising the proposals for future Patient Partnership Conferences so that they continue to be a valuable event. A new format for future meetings will be developed which will include:

- Widening the invitation list to potentially include individuals who are not current members of their PPG;
- Routinely include a "Question Time" session to enable attendees to raise any question relating to the provision or healthcare;
- Ability to hold the CCG to account in public, again through the presentation of pertinent questions;
- Include a marketplace, inviting stakeholder and provider representatives to give a talk or information stand; and
- Provide an opportunity for networking.

Delegate Feedback

The overall perception of the day was captured in the following feedback questionnaire, circulated to all attendees.

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I found the event useful	12/18	6/18	1/18		
I found the content easy to understand	12/18	4/18		1/18	
I understand more about care in Norfolk than I did beforehand	3/18	9/18	6/18		
I found the subject relevant and interesting	8/18	8/18	1/18		
I felt able to take part in the discussion	10/18	4/18	4/18		
More information in advance would have helped me	2/18	4/18	7/18	5/18	
The venue was appropriate for this event	10/18	1/18	5/18	2/18	
I enjoyed the catering and refreshments	8/18	8/18	5/18		
The event was of the right length	7/18	8/18	2/18	1/18	
I have made new contacts in North Norfolk	2/18	5/18	10/18		

List of Participants

	NAME	ORGANISATION	PPG Member?
1.	Christina Jackson	North Norfolk CCG	N
2.	Alex Reid	Aldborough Surgery	N
3.	Laura Halls	Ludham & Stalham Green Surgery	N
4.	Jessica Bane	Ludham & Stalham Green Surgery	N
5.	Ursula Jackson	Ludham & Stalham Green Surgery	Y
6.	Hilary Beynon	Ludham & Stalham Green Surgery	Y
7.	David McNeil	North Norfolk CCG	N
8.	Mark Taylor	North Norfolk CCG	N
9.	Janet Eastwood	Sheringham PPG	Y
10.	Keith Cameron	Sheringham PPG	Y
11.	Pauline Craske	Sheringham PPG	N
12.	Bob Brownjohn	Wells PPG	Y
13.	Sally Ross-Benham	Staithe Surgery	Y
14.	William Paisley	Hoveton & Wroxham PPG	Y
15.	Teresa Randall	Acle Medical Centre	Y
16.	Max Bennett	North Norfolk CCG	N
17.	Nikki Crawford	Coltishall	N
18.	Steve Kempson	Coltishall PPG	Y
19.	Anna Hallett	Fakenham PPG	Y
20.	Wendy Smith	Fakenham PPG	Y
21.	Yvonne Tiffany	Aldborough PPG	Y
22.	Jean Wheeler	Aldborough Surgery	N
23.	Jeff Wilson	Reepham PPG	Y
24.	Kate Bywater	Staithe Surgery	N
25.	Andy Snelling	Cromer Surgery	N
26.	Carole White	Aylsham (Market Surgery)	Y
27.	Lal Wright	Holt PPG	Y
28.	Sam Bailey	Drayton & St Faiths	Y
29.	Lynda Sowter	Drayton & St Faiths	N
30.	Nita Good	Aldborough	Y
31.	Maggie Prior	Holt PPG	Y
32.	Nicola Sandell	Aylsham (Market Surgery)	N
33.	Anoop Dhesi	Stalham Staithe & NNCCG	N
34.	Andrew Wilkinson	Holt Medical Practice	N

	NAME	ORGANISATION	PPG Member?
35.	Matt Catley	Paston Surgery	N
36.	Liz Hewett	Cromer PPG	Y
37.	Gill Wilton	Aldborough PP	Y
38.	Andrew Morter	Voluntary Norfolk	N
39.	Kate Gabriel	Ludham & Stalham Green	Y
40.	Rebecca Champion	North Norfolk CCG	N
41.	Louise Smith	North Norfolk CCG	N
42.	Caroline Cunningham-Brown	North Norfolk CCG	N
43.	Rachel Arkieson	Drayton & St Faiths Practice & NNCCG	N