

Patient and Public Engagement Committee 2020/2021

Date of Meeting:	14 January 2021
Agenda Item:	2.5
Subject:	HMR Locality PPG
Reporting Officer:	Deputy Chair Karen Kelland
Aim of Paper:	Update

Governance route prior to PPEC	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Strategic Place Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Information Governance Management Group	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Patient and Public Engagement Committee Resolution Required:	For Information Only
Recommendation	Click here to enter text.

Link to Strategic Objectives	Contributes to: (Select Yes or No)
SO1: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	No
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	No
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	No
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	No

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	Click here to enter text.

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Not applicable
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

PPG activity is suspended due to covid. There has been little activity of the HMR Locality Group since the October meeting. Unfortunately, our Chair remains unwell.

Patient participation and involvement

Covid continues to have a significant impact on the activity of the group and its ability to function.

Covid has highlighted that many group members are unable/unwilling to take part in virtual meetings. I am aware that there has been some efforts by members to keep in touch in different surgeries but has not been communicated through the HMR Locality Group. This important means of gathering feedback and communication for patients with their surgeries in terms of quality assurance, especially in the current worrying times, appears largely stalled as usual meetings cannot take place.

My own surgery continues to receive updates from the practise manager with an open invitation to send our feedback to her via email.

The Deputy Chair attended a Teams meeting on November 3rd with Kerry Bertram from Action Together, Tracey Coatman from Healthwatch and Phil Burton from HMR CCG (apologies sent) to discuss the development of PPGs. It was a very useful meeting in which discussions highlighted:

- opportunities that might be available to PPG members to support their development and activity such as membership of Action Together.
- the challenges for PPGs within current practises and quality structures in the borough such as achieving joined up care; proactive involvement in service design changes; different purposes of PPGs in individual practises; connectedness to quality mechanisms
- the importance of co-ordinated and collaborative working for the volunteer patient network in terms of achieving a meaningful voice within the quality improvement mechanisms of health and social care services in the borough. It was suggested that PPGs could have:
 - input into the development of the Co-operative Engagement Model currently under development
 - involvement/membership of the HWR Advisory Board

- the development of key connections and mechanisms with healthcare providers and relevant wider healthcare organisations
- the improvement of the PPG profile as a valuable factor to quality improvement
- how do patients and the public have meaningful involvement in service design changes that continue during covid? ie Primary Care Networks; service provision by providers in the community and hospital.

The last full meeting of the Locality Group in January 2020 before covid restrictions, raised the following items:

Integrated elective care pathways – this new model aims to streamline elective treatment pathways and change e-referral methods. Members asked questions regarding the impact on the patient experience, access to treatment and staff asked for volunteers to participate in the development of the pathways but no further communication has been possible due to covid. Primary Care Networks – members asked 5 questions regarding how the development of the networks will impact the treatment and care received by patients. It was agreed that Diane Garner, Sally Cook and a Community Connector would come to speak to the group for assurance but this is not possible due to covid.

Pain Management Service – The Quality and Safeguarding lead was invited to attend a future meeting to discuss ongoing issues raised by the group.

The TOR have recently been agreed and the group had been discussing how we can move forward in a meaningful way to contribute to the quality and safety of patient care by sharing our experiences of services in our practises and the wider healthservices. The group has called for services that provide joined-up care and seek better patient feedback mechanisms that are connected to healthcare organisations to help co-ordinate these efforts.

Raising the profile of PPGs was discussed and how we can encourage feedback from patients and the public. The Groups presence on the CCG website was discussed in the 'Get Involved' section.

Members who have contacted me have expressed concerns regarding how to address the everyday issues they have with managing their own care needs in a pressured service and whether covid will change their GP services access permanently.

Service changes are continuing within local healthcare organisations and patient involvement appears to continue where patient representatives are able to participate virtually. This raises concerns for the wider patient voice in the development of person centered services whilst services continue making strategic changes during covid.