**Newcastle Gateshead Clinical Commissioning Group**

**Joint Patient Forum**

**Notes of Meeting**

**Attendees**

Martin Bell (Chair) Denton Turret Medical Centre

Susan Wilson Practice Manager Cruddas Park

Suzy Ballantyne Patient Representative Denton Turret Medical Centre

Joe Mason Patient Representative

Olive McGarve Patient Representative

Ron Thomas Patient Representative Cruddas Park

Lorraine Burns Patient Representative

Ann Lamb Patient Representative

Steve Wootten Patient Representative

Ian McCalman Patient Representative Gosforth Memorial

John King Patient Representative Holly Medical

Jennifer Cane Patient Representative Benfield Park

George Slessor Patient Representative Denton Turret Medical Centre

David Forrester Patient Representative Denton Turret Medical Centre

Anne Raffle Patient Representative Walker Medical Group

Brian Doyle Practice Manager Walker Medical Group

Linda Taylor Patient Representative Throckley Primary Care Centre

Lisa Wilkinson Patient Representative

Guy Reid Patient Representative

Tony Ingoe Patient Representative Heaton Road Surgery

Gill Clancy Patient Representative ACORN Chair/Brunton Park

Elizabeth Hommill Patient Representative Holly Medical

Lynda Imeson Patient Representative

Susan Wilson Patient Representative Cruddas Park

Alison Thompson NG CCG N/A

Emma Parkinson NG CCG N/A

John Tait Patient Representative Saville Medical

John Smith Patient Representative The Grove

Alan Gowers Patient Representative

Michael Thomas Patient Representative Roseworth Surgery

Alan Rakison Patient Representative Roseworth Surgery

Christine Ramsey Practice Manager Roseworth Surgery

Janet Burn Patient Representative

M Thomson Patient Representative Denton Turret Medical Centre

Honour Cowling Patient Representative Denton Turret Medical Centre

Oliver Wood Lay Representative ACORN Vice Chair

Danielle McArdle NG CCG N/A

**In attendance**

Heather Harrison (minutes)

**Apologies**

SH Patient Representative Westerhope Medical Centre

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| **Item** | **Note** | **Action** |
| **1** | **Welcome and Introduction** M Bell welcomed everyone and thanked all who had attended. He explained there were to be three main table discussions throughout the afternoon, but initiated the meeting with background information of the two Patient Fora. S Ballantyne and G Clancy gave a brief introduction of the Newcastle West Patient Forum and the ACORN Group.There were 5 tables in all. |  |
| **2** | **Notes from Previous Meeting** M Bell advised that minutes from the West patient forum previous meeting held on 5th November were to be circulated via email to all attendees. **Action: H Harrison to circulate minutes to all members of the group** | **HH** |
| **3** | **THEMED DISCUSSION: As Practice Patient Groups, what are we about?**Opportunity for discussion was given to each table group to collate their ideas on what Practice Patient Groups (PPG) mean to them. A PPG consists of a group of patients from a practice to represent the overall patient view on numerous systems.* Interface between the practice and the patient
	+ Must feed back into practice
	+ Patient’s views matter
	+ Need to represent different minority groups within the community
* Question: “whose group is it?”
	+ Need to take ownership
	+ This is opportunity to use patients skills and expertise to make [the practice] a better experience
	+ To do this, is beneficial and need clinical and reception staff involvement
		- Need good relationship between patients and practice staff
		- Need Practice Managers to engage
* Patients need to be [kept] up-to-date with all that’s happening in Department of Health, NHS England, CCG, etc.
* Conduit between the practice and the CCG

One of the main aims for a PPG is to provide a link between the practice and the patients; in order for patients’ views and experiences to be shared. It was discussed that in many practices it is difficult to recruit a diverse group of patients and many PPG representatives are of an older generation due to spare time. This discussion led to the following questions asked amongst the group;* How can a small group of people represent a whole practice?
* How do they collate opinions and views of patients?

It was agreed that good attendance is required at each PPG meeting to ensure overall feedback and experience is voiced. Patient surveys could be done in practice to collate experiences – although would prove difficult when patients are ill and uninterested.The role of a PPG is to provide an interface between practice and patient. It was decided the need for clinician involvement is paramount to maintain a good relationship between practice staff and patients. It was advised that it is a requirement of each practice to have a PPG. It was also mentioned that the role of a PPG is to provide opportunity for Practice Managers to engage with patients; this led to discussion around the need for larger PPGs. The group discussed the idea of merging two or more PPGs together to share ideas and experiences, in order to gain an understanding of how each group operatesDiscussion took place which led to the agreement of previously mentioned roles; to provide feedback into practice as every patient views matter. It was agreed that PPG’s have dual roles whereby they support practices internally but they are also part of (through the practice) a bigger health organisation. **PPG Role within CCG**The group agreed that their role within the CCG is not clear. The feeling was that the groups need a pathway whereby they can understand what work stream the CCG are currently commissioning and how they can be involved. The group stated there is a lack of communication between the CCG and patient groups.  |  |
| **4** | **THEMED DISCUSSION: How do we get smarter at influencing the CCG?*** Need to influence the decision makers within the CCG
	+ CCG needs to make better use of patients’ expertise
	+ Needs to be greater influence of the patient voice
	+ There needs to be a structure / process in place to enable this
		- Having a flow chart / diagram of CCG (who’s who – names and roles?) would be good
* Need a work plan for the patient fora
	+ Detailing everything involved in and progress reports
* Patients need to be involved in every step of every decision
	+ Matters raised at PPGs go to Patient Forum to go to Governing Body
	+ Patient representation from PPG / Patient Fora on governing body?
	+ Are lay members taking issues to appropriate Governing Body?
	+ Ned more advanced notice of their (governing body / lay members?) intentions
	+ Need Executive / top level commitment to listening to patients
* Communication is key
	+ Patients – Practice – CCG: three-way
	+ Notes from patient fora to go to CCG / decision-makers
	+ Open meetings with CCG
	+ How do we spread information from PPGs / Patient Fora into
		- CCG?
		- Practices?

It was felt that it would be beneficial to the contributing of ideas if the patient was involved in any decision making from day one. All representatives from the PPGs should be included in meetings held by the CCG; Governing Body and Executive Committee. It was explained this involvement would prove difficult at Executive Committee as numerous confidential topics are discussed and papers shared – although a lay member present advised he would request patient involvement at a future meeting. **Action: M Bell to raise the group’s issues with the CCG Executive Committee.** Future Patient Forum meetings should alternate time slots, venues and days in order to accommodate as many patient representatives as possible. It was also suggested that the benefits of advertising PPGs to entice patients to join the group; this could be done on TV screens in practice waiting rooms or having the PPG attend baby clinics etc. to promote the benefits of having a diverse group.The final table explained their thoughts of influencing the CCG; they advised there must be a larger attendance at PPGs and Patient Forums in order to interact with one another sufficiently.  | **MB** |
| **5** | **THEMED DISCUSSION: Where do we go from here?**Discussion led to how the CCG and PPGs can work together in the near future to improve patient involvement.It was agreed that one possibility is for PPGs to meet together more regularly, or to join the National Association of Patient Participation at the cost of approximately £40 per year per practice, and provides opportunity to share experiences together. The patients also decided they require regular updates on the progress of the commissioning intentions which could be discussed at Joint Patient Forums. Overall, it was agreed there must be more frequent interactions between PPGs, Practice Managers and the CCG. The group suggested the following to improve the relationship between the CCG and the PPG’s:* More information and communication from the CCG
* Need well-structured meetings
* A better understanding of the ways in which PPG’s have an impact
* How effective is the forum for achieving something? Is there a plan?
* Time and locations of meetings should be able to accommodate everybody

**With regards to PPGs*** Are practice managers just ticking a box?
* Hold practice managers to account – nicely
* Can the PPG help the practice / practice manager
* PPG can run as long as agenda is set out with the group
* Each practice should have a PPG and representative at wider fora: could be patient or practice staff

**With regards to the CCG*** Time frame for points raised today
* Find out best practice
* Incentives for PPG membership
* One joint meeting with CCG
* One joint meeting as patient fora: alternate every other meeting

Who reads the minutes from the Patient Forum? It was explained that Practice Managers receive the notes of meetings, and that they are fed into the appropriate management teams within the CCG, for example, the Executive Committee. **Action: H Harrison to check this process is accurate.** Overall, it was agreed that there must be more interaction between Practice PPGs, Patient Forum meetings and the CCG in order to share their experiences to improve feedback and communication.  | **HH** |
| **6** | **Any other business**There was a brief discussion about future Joint Patient Forum meetings; if the two patient fora only come together with the CCG every six months, how will they receive a regular update from the CCG? It was advised relevant information would be communicated via email.  |  |
|  | **Date of next meeting**The next meeting of the Newcastle Gateshead CCG **WEST** Patient Forum will be held on Thursday 05th May 2016,  2 pm - 4.15 pm, at The Beacon, Westgate Road, Newcastle, NE4 9PQDate of next ACORN meeting 19 May 2016 |  |