

**Patient Reference Group Meeting**  
**Thursday 13<sup>th</sup> October 16**  
**Nutfield Lodge, Redhill**

**Minutes**

**1. Welcome and introduction to the meeting – Nici Jupp, Lay Member Patient and Public Involvement**

Nici Jupp welcomed everyone to the meeting and spoke briefly about what her role as Lay member for patient and public involvement involves. She explained that as a lay member, she attends CCG meetings as a member of the public and when decisions are made by the Governing Body; part of her role is to challenge these decisions, to ensure that they are in the best interest of the patient.

**2. Declarations of Interests – Nici Jupp, Lay Member Patient and Public Involvement**

Don Illman declared his role at Surrey & Borders Foundation Trust and his position as co-chair of the Surrey Mental Health Partnership Board.

**3. Quality Update from Director of Quality & Nursing – Karen Devanny, ESCCG**

(See slides)

Karen spoke about the quality improvements that have been made in-year at the CCG. Among these are how the CCG approaches serious incidents and complaints and Emergency Planning. At a recent audit carried out, the CCG received the grading 'substantial' in both these areas which is very positive for the CCG.

On-going improvements are being made in the following areas:

- **Mental Health** - Around Parity of esteem and having better services and support in place for children and adults
- **Maternity** – Looking at improving choice and in particular for Mental Health patients
- **Cancer** – Improving survival rates and the length of time between diagnosis and treatment
- **Diabetes** – Improving support and educating people to manage their condition

The majority of providers in the area are doing well but there are concerns around the current ambulance service. South East Coast Ambulance Service (SECAmb) recently had their CQC inspection which came back poor. The main areas that require improvement are Governance, Leadership and performance targets. Commissioners have collectively pulled together a recovery plan with SECAmb and feedback will be given to the PRG on improvements that have been made as things move forward.

**Questions and Answers**

Q – Is the Frailty Unit (Pendleton Assessment Unit) being utilised fully now?



A – The Commissioners aren't aware that the unit is open yet, however as feedback from the meeting today suggests that it is, Karen agreed to investigate this and feedback. She explained that it's possible the ward is being used as spill over from the A+E department.

**Feedback from Karen: The Unit is open and indeed being used to support A & E. This is a good example of patient representative feedback**

Q – We have been told that the Ambulance Service contract is up for renewal at the end of September and different providers will be taking over. Has a contract been signed and if so with whom?

A – There has been a collaborative agreement put in place between South Central Ambulance Service and South East Coast Ambulance Service to collaboratively work together to improve the service provided to our patients. A host CCG (North West Surrey CCG) looks after the Ambulance Service contract on behalf of the Surrey CCG's and there are already some improvements that have been made within the Leadership at SECamb. Karen agreed to confirm the length of the collaborative agreement that has been put in place

Q – Please could Sepsis be added to the list of On-going Improvements?

A – Karen confirmed that Sepsis is already incorporated within the Quality Improvement Plan.

#### **4. Special Measures and Future of ESCCG – Dr Elango Vijaykumar, Clinical Chair, ESCCG**

(See Slides)

At the last PRG meeting in June, Dr Vijaykumar informed the group that the CCG has been placed in Special Measures by NHS England. The CCG is listed very highly in terms of the Quality of services it commissions however the finances are going in the wrong direction. Because the CCG is in special measures, permission needs to be sought from NHS England before most decisions can be made.

Elaine Jackson (Chief Officer) and Richard Bates (Chief Finance Officer) left the organisation in July as they felt the time was right for them to step down. NHS England has supported the CCG at this time by drafting in Ian Ayres, Chief Officer at West Kent CCG, to provide Interim Support to the CCG. West Kent CCG are in a very different position to East Surrey as they are 3 times the size which means they have more money to spend on man power. Ray Davey has been appointed, with the support of NHSE, as Interim Chief Finance Officer.

The role of the Governing Body is to ensure that Quality stays at the top of the agenda despite the financial difficulties that the CCG faces

Q – Does West Kent CCG get the same amount of money per head?

A – East Surrey CCG has had an up-lift this year in terms of the amount of money it gets per head but it is still not on a level playing field with other CCG's.



Q – How long will it take the CCG to get past this financial deficit?

A – East Surrey Hospital is a very successful hospital which is commissioned by East Surrey CCG and Crawley, Horsham and Mid-Sussex CCGs. NHS England has agreed to have a shared leadership between the commissioners which will mean that all pathways will be the same for Crawley & East Surrey patients. This is a positive step forward and will make things much easier for everyone.

### **STP and Place Based Plan**

As part of the Governments 5 year forward view, changes to services are required to take place to improve health and service quality whilst delivering financial stability by 2020/21. To achieve this, organisations have been split into footprints and there are 44 STP footprints across England. CCG's will still remain as statutory organisations however they will work on a larger footprint in order to tackle the financial deficit. The footprints will be asked to tackle the following gaps:

- Health and Wellbeing Gap
- Care and Quality Gap
- Finance and Efficiency Gap

Locally, the following areas have been identified as needing improvement:

- cancer (early diagnosis and patient experience)
- stroke outcomes
- mental health detection, access and outcomes
- long term condition management, prevention and support
- support to frail and complex patients
- maternity and children's services

At the moment everyone is working as individual organisations and the plan is to have the CCG's working as one group together.

The Sussex and East Surrey Sustainability Transformation Plan (STP) footprint is made up of 23 partner organisations and is divided into three place based areas, with each area having their own plan. (See map within slides for the three areas)

East Surrey CCG falls within the 'Central Sussex and East Surrey Collaborative' Place Based area. Within the Place Based Plan for this area, local gaps within the system are being addressed. Specific areas can be found within the slides.

The Plan incorporates moving towards an organisational form called a Multispecialty Community Provider (MCP). The MCP model arranges care around the person and integrates out-of-hospital services across primary care and the community, with some integration with acute services.

Q – Where do you see the cost savings?

A – At the moment, the majority of money is spent on Acute Care, where the vast majority of care is delivered out in the Community. The forward plan is to move those services which can safely be delivered in the



Community, out of the hospital. These services will then cost the system a lot less money so over time this will create a huge cost saving.

Q – Will current schemes that are being piloted, such as the Well-being Advisors scheme, be stopped because of the CCG being put in Special Measures?

A – Vijay explained that he hopes those schemes that are already in place will continue. He stressed that the CCG will make the case to NHSE if it's believed a particular scheme will benefit patients and keep them from being admitted to hospital.

## **5. National Diabetes Prevention Programme (NDPP) – Janet Spratt and Claire Thorne, Ingeus**

(See slides)

Janet gave a brief over-view of the work of Ingeus and explained that the company delivers large-scale complex services across health, employment, skills and rehabilitation.

### 'Healthier You' Programme

The 'Healthier You' programme is a national prevention programme led by NHS England, Public Health England and Diabetes UK.

Diabetes is a very expensive condition to treat and evidence has shown that supporting behavioural change early on can prevent people from going on to develop Type 2 Diabetes.

### About the programme

- Eligible to patients with HbA1c of 42-47 mmol/mol (6.0 to 6.4%) who are 18 years and over.
- Runs over a period of 10 months – Daytime and evening sessions available
- Each session is 90 minutes in length. The first 4 sessions are held weekly and after this they are held once a month
- A Diabetes hand-out pack will be issued and this contains a booklet for specific goals to be written in during each session
- Pedometers are issued to monitor the amount of steps per day
- Link to community and voluntary sector organisations to provide further support outside of the sessions

(More information on what the sessions will include can be found within the slides)

The programme is due to go live in Surrey in the new-year and GP practices have been given a template referral form for the service.

Q – People with Mental Health are quite prevalent with Type 2 Diabetes. Is this programme open to these people?

A – The programme is open to all, however there will be specific sessions available and Mental Health assessments will be carried out



Q – Will the Desmond Course still be available? (An education course to help people self-manage Type 2 Diabetes)

A – The 'Healthier You' programme compliments the Desmond Course. Currently this programme is only for people aged 18 years and over. If the course were to be opened up to children it would need to be run very differently.

Q – Who has commissioned this programme?

A – NHS England has funded this programme and if it successful it will reduce the burden on the NHS and incur cost savings.

Q – Do you think that people will be willing to attend a 10 month programme?

A – It is proven that intense, long-term intervention is more successful and the hope is that enough encouragement will be given that people will want to attend a make a change in their lives.

There are shorter courses available but this one can help people achieve their long term goals.

Q – How do you plan to pick up people with early Diabetes?

A – As a starting point, most people will be picked up via GP's referring patients into the scheme however Patients can also be identified through NHS Health checks.

Q – Will there be on-going support once the programme has ended?

A – During the programme, patients will be introduced to relevant local voluntary organisations which will continue following the 10 months.

## **6. Technology Integrated Health Management for Dementia Trial – Francesca Markland, Alzheimer's Society**

The Alzheimer's Society have been working with NHSE and Innovate to develop the Technology Integrated Health Management for Dementia Trial. The trial is around using technology to improve the quality of life for people living with Dementia and the objective is to keep people in their own homes and out of hospital for as long as possible.

The Two-year clinical trial involves installing devices such as sensors, apps and trackers in the homes of people living with dementia. An app will be used to build a picture of what is 'normal' for a person and the devices will monitor the persons' wellbeing by sending data to a monitoring centre which will be manned 24/7. Any change in wellbeing will be flagged to clinical staff and action will be taken accordingly.

The trial will run alongside any existing health and social care support participants are already receiving. At the end of the trial, proposals will be made on how technology can be more widely applied to benefit other long term physical and mental health conditions.



Currently the trial is in phase 2 and is recruiting participants and volunteers who will support the participants. The Carer of the participant will be required to sign up to the trial as well, as the impact the trial has on the carer will also be monitored. The Carer does not have to be living with the participant.

The participant will be signed up to the trial for 6 months and will be given the results at the end of the trial.

Q – The average age of someone living with Dementia is between 65/70years. I am concerned that this cohort of patient will not be confident in using the technology that is provided.

A – It will be agreed with the participant which of the devices are most suitable for them and they will be supported throughout the whole process. Some of the devices are sensors so they won't require the patient to do anything, they will just be present in their home. The carer of the participant may be able to help with some of the elements as well, for example the blood pressure monitoring.

Q – How do you plan to manage effectiveness?

A – The trial will be looking at the overall well-being of the participant and their carer. Early diagnosis is key and the aim is for the devices to pick up problems before they become worse. It will also be looking into whether there is a reduction in hospital admissions.

Q – What happens at the end of the trial?

A – At the end of the trial the participant will be given the results but unfortunately it won't be able to be replicated following this. However, if the trial is proven to be successful, it will be a model of how healthcare will work in the future.

Q – Is this the same as telehealth?

A – It is similar to telehealth but this trial gathers data and monitors behaviours and the persons' well-being

Q – I am confused as to how this trial will actually help the patient. If the patient is confused, will all these devices being installed cause more anxiety to the patient?

A – The trial will be carefully managed at all times to ensure that it is not being intrusive and causing any anxiety to the participant. After the initial set-up period there won't be lots of people entering the participant's home. During the consenting stage, a cognitive test will be carried out on the participant and it will be agreed together what technology is best suited. The Alzheimer's Society will also help support the participant throughout the trial.

## **7. Around the PPG's – Nici Jupp, Lay Member Patient and Public Involvement ESCCG**

This part of the meeting was to hear from PPG members about what has happened in their Practice PPG since the last meeting.

### **Oxted Health Centre**

- One of the younger PPG members has now gone to University to train to be a GP



- The PPG now has two 16/17 year olds
- Had two patient talks recently which were sponsored by anaesthetists. They paid for the hall costs and provided a good speaker. One of the GP's at the Oxted Health Centre did a talk on the Stomach and the Digestive system which was attended by 50/60 people

### **Whyteleafe Surgery**

- The practice has an effective PPG which meets every 3-4 months
- The PPG has 12 members
- The PPG has a 5 year action plan which covers a number of areas on how it will support the practice

### **Birchwood Medical Practice**

- Has recently produced another newsletter
- Had a talk on Stroke and Emergency Services
- New housing in the Horley area is a real problem as all GP lists within the area are now closed which is quite a concern. The Practice has also become aware that new flats are going to be built on a car park nearby and although these concerns have been raised with the Council it is proving difficult to do anything about it.
- Have heard a new Practice is being built in the Horley area but the CCG confirmed that there has been no news of this.

### **Hawthorns**

- It was questioned why the Practice does not have a Well-being advisor like other Practices? *Dr Vijaykumar said that he would take this up with the CCG but explained that there is no plan to extend the pilot further this year*
- Currently only the Practice Manager attends the PPG; no GP attends.

### **Warlingham Green**

- Would like to see examples of other PPG newsletters to help develop our own (**Action - Rhianna Hills to co-ordinate**)

### **Wall House Surgery**

- The practice had their CQC inspection in August which members of the PPG took part in. The Practice was given an overall rating of 'good'.
- The Practice is re-building their premises and will be moving into Porto cabins very shortly

### **Don Illman – Representing Mental Health**

- Crisis House is being well used and people from Crawley and Croydon are now using it too.



- Redhill based in-patient services have still not been put in place even though this was promised a long time ago. The closest is Langley Green which is Sussex based.

## **8. Adult Social Care Information and Advice Strategy – Natalie Gordon, Surrey County Council**

(See slides)

It can be overwhelming with all the information and Advice that is available to the public, so part of Natalie's role is to co-ordinate all the information that is out there into one place.

As part of the Care Act, Surrey County Council is required to produce a universal information and advice service to all.

Natalie is keen to work with the PRG to identify barriers and improve what is already available.

Surrey Information Point <https://www.surreyinformationpoint.org.uk/> is a way of accessing 400 providers via one website and is the go to place to identify what services are available. Natalie and the Surrey County Council Team are working on making this more accessible as feedback has shown that the website is not very well known. There was an initial campaign which included radio adverts and posters. **Action** - Natalie agreed to find out specifically where these posters were displayed. Surrey Information Point is currently going through a re-launch and Natalie agreed to share with the group how this will be advertised.

Currently SCC are working with North West Surrey CCG to Develop an area-based local action plan which will improve information and advice in health settings, and greater access to community support. Work will be done with East Surrey soon to develop a local action plan and patient involvement will be sought.

It is recognized that a lot of information on local services are online based and so SCC are working on building peoples skills to access information online. During 'get online week' the Council will be working with al libraries across Surrey.

**Q – Is the information in an accessible format for all?**

**A – The NHS Accessible Information Standard affects all health and social care providers. The Standard requires all providers to communicate in a way that the patient will understand and that additional support is provided when needed.**

To help advertise the support and resources that are available, Natalie volunteered to write an article for the PPG newsletters – **Action Natalie**

## **9. Healthwatch Surrey – Jacquie Pond, Engagement Officer, Healthwatch Surrey**

(See slides)

Jacquie presented to the group Healthwatch Surrey's Q2 highlights.



In September Healthwatch Surrey held their first 'Let's Celebrate' event for the Community Cash Fund 15/16. The Community Cash Fund is available for small organisations to apply for a grant to help get themselves up and running. The 'Let's Celebrate' event was held to congratulate those organisations who have been awarded the grant. In July the 16/17 Community Cash Fund was launched and winning schemes include 'come knit with me' which is a knitting session for carers of people with Dementia and a film on understanding Autism and caring for children with Autism.

**Q – Where does the Community Cash Fund money come from?**

**A –The Community Cash Fund is funded jointly by the Government and Surrey County Council.**

During the Summer, a Listening Tour was carried out across the County. The purpose of the tour was to gather information from people on their experiences on accessing healthcare services. All this information has been collated and will help to inform future priorities for Healthwatch Surrey.

This quarter, Healthwatch Surrey has worked closely with BSL Healthy Minds to try and get a view of how easy it is to access healthcare and BSL services.

In the last year, 2068 individual experiences were reported to Healthwatch Surrey. The services with the highest proportion of negative experiences are:

- Ophthalmology
- Mental Health (child & adolescent)
- Nursing/Care Homes

These experiences are shared with local decision makers, for example the CCG, Adult Social Care and CQC.

Healthwatch Surrey is embarking on a new planned programme for 16/17 which involves carrying out 'enter and view' visits within 52 Care Homes. These visits are being held to talk to residents of the Care Homes to understand their experience of being in the home. Families will also be included where possible. So far 10 Care Homes have been visited and this has already resulted in an issue being escalated, prompting a visit by CQC and regulatory action against the provider. A full report on the findings will be available in early 2017.

**Q – Are Enter and View visits carried out on Mental Health sights?**

**A –If a consistent large number of negative experiences are received on a particular Provider, Healthwatch Surrey do have the power to carry out an 'enter and view' visit. Once the Care Home visits have taken place, using the feedback received throughout the year and at the Summer Listening Tour, Healthwatch will evaluate what area will be concentrated on next year.**

There are many opportunities to become a volunteer for Healthwatch. To find out more please contact:

Tel: 0303 303 0023

Email: [enquiries@healthwatchsurrey.co.uk](mailto:enquiries@healthwatchsurrey.co.uk)

Text: 07592 787533



**10. Patient Reference Group Terms of Reference**

The PRG approved the TOR for 2016/17 and it will be re-visited next in October 2017.

**11. Date of the next Meeting**

Thursday 23<sup>rd</sup> February 2017, 19.00-21.30pm, Nutfield Lodge Redhill.

