

**Minutes of the Patient Council meeting held on Thursday, 22 June 2017
At The Dower House Hotel, Woodhall Spa, 1.00pm – 4.00pm**

Present:	
Brenda Owen	Lay Member for Patient and Public Involvement (LECCG) Meeting Chair
Dr Stephen Baird	CCG Chair (LECCG)
Sarah Southall	Deputy Chief Nurse (LECCG)
Claire Hornsby	Engagement Manager (LECCG)
Hannah King	Senior Locality Manager (LECCG)
Claire Hornsby	Engagement Manager (LECCG)
Suzanne Nicholson	Neighbourhood Team Liaison Officer (LECCG)
Stephanie King	Engagement Lead, Optum Commissioning Support Service (OCSS)
Mina Jesa	Interim Head of Assurance (OCSS)
Oonagh Quinn	Healthwatch
Colin Mair	Patient Participation Group (PPG) Representative - New Coningsby Surgery
Christina Holmes	PPG Representative - Spilsby PPG
Alan Pickering	PPG Representative - Liquorpond Street PPG
Barbara Bartlett	PPG Representative - Wragby Surgery
Margaret Applewhite	PPG Representative - Wragby Surgery
Penny Bowen	PPG Representative - New Coningsby Surgery
Mr Jaques	PPG Representative - Old Leake
Mr Peter Dorr	PPG Representative - Liquorpond Surgery
Pat Hawkyard	PPG Representative - Merton Lodge Surgery, Alford
Peter Hawkyard	PPG Representative - Merton Lodge Surgery, Alford
Peter Cooke	PPG Representative - Parkside
David Bray	Lincolnshire Partnership NHS Foundation Trust (LPFT) Representative
Ian Atkinson	Practice Manager, Merton Lodge
Tessa Clarke	Practice Manager, Woodhall Spa New Surgery
Apologies:	
Jean Hill	PPG Representative, Tasburgh Lodge, Woodhall Spa
Andrew Neal	PPG Representative, Horncastle
Marigold Chisnall	PPG Representative, Beacon Medical Practice
Mary Read	PPG Representative, Horncastle PPG
Jean Newholm	PPG Representative, Conningsby
1.1	Apologies
	Apologies were noted as above.
1.2	Introduction
	Brenda Owen welcomed those in attendance and thanked everyone for coming. Members introduced themselves.
	Brenda open the meeting with some good news shared by David Bray, Governor LPFT, regarding the "Good" rating that Lincolnshire partnership foundation trust had received on their recent care quality commission inspection.
1.3	Minutes of the last meeting (22 March 2017)
	The minutes of the last meeting were approved as an accurate record.
	Peter Dorr, Liquorpond Street PPG had a query in relation to page 3 of the March Patient Council

	<p>minutes, the item on maternity services referenced in Lincolnshire's Sustainability and Transformation Plan. Peter asked if the national advice was authoritative from the Royal College of Obstetricians; who advise that 6,000 births are required to qualify for a consultant led service model.</p> <p>Dr Baird advised that it wasn't and the CCG and partners are working through the plans at the moment to develop the best solution for Lincolnshire.</p>
1.4	Action log
	<p>Brenda Owen went through the action log of the last meeting held on 22 March 2017, and the appropriate staff updated progress on each action points, shown in blue below:</p> <p>Action Ref: 290916 -01– Virtual Patient Council - At previous meetings, Claire asked all members of the patient council (Staff and patients) to feedback comments on the Virtual Patient Council to her, to ensure it is fit for purpose. Claire updated that this was on the agenda and Claire is going to do a virtual patient council demonstration at the end of the meeting.</p> <p>Action ref: 290916-03 Patient Council feedback process Patient Participation Group Representatives to share the Patient Council feedback process with PPG members for comment and collect feedback from PPG meetings/ members for each Patient Council meeting for patient led section and feedback CCG's responses. This is agenda item 2 for this meeting.</p> <p>Action ref 220317-01 Patient Council feedback process PPG representatives are requested to inform their PPGs of their questions raised in Patient Council meetings, and the CCG's responses, so that people are aware their feedback is being listened to and actioned. Stephanie updated that patient representatives have been asked to feedback the CCG's responses to the questions they raised at the last meeting to their patient groups & other meetings. These were included in the minutes of 22 June in appendix 1. Stephanie asked if these had been communicated back to groups and some members confirmed this action had taken place. Some members said that this will be done at the next meeting. Stephanie reminded PPGs to ensure this is fed back to their groups after each meeting please</p> <p>Action ref 220317-02 Pain Service at ULHT - Hannah King from the CCG will look into the Pain service and feedback to the next meeting. Hannah updated that the representative who raised this query at the last meeting is not present today; however the CCG had tightened up its prior approval policy and so some patients may not be eligible for this treatment, for example: physiotherapy acupuncture is not a commissioned service. Hannah advised that the CCG are currently working on the pain pathway, and it was agreed that Hannah would bring a further update on this to the September meeting</p> <p>Some patient representatives raised concerns that patients don't have a clear picture of the pain service available and that some historical practices they found worthwhile have now ceased i.e. ULHT used to train patients and carers to undertake their own Acupuncture. The CCG advised that where services are no longer provided, this is based on latest clinical evidence and resulting best practice clinical guidelines</p> <p>Action ref 220317-03 STP Patient Feedback Claire Hornsby to feed PPG feedback on the STP to the STP team, in addition to the feedback discussed during the meeting. Claire fed back that this action has taken place. Queries arose of if there was any further feedback</p>

	<p>from the STP team on the LECCG patient council feedback. It was advised that feedback is being continually reviewed and is considered when developing projects under the STP.</p> <p>Action ref: 220317-04 Hannah King to attend the next patient council meeting to deliver a Neighbourhood Team update. It was advised that an update is on the agenda for today's meeting (Item 3).</p> <p>Action ref:220317- Complete name place cards for the meeting Action complete</p>
2.	<p>Section 1: Patient feedback to shape CCG actions</p> <p>Steph King introduced the first section of the meeting where PPG representatives are asked to provide feedback from their PPG meetings to shape CCG actions. Steph explained that this section of the meeting is essential to ensure feedback into the Patient Council strengthens the patient voice; and that the PPG's views, from their meetings are fed into the CCG.</p> <p>Where possible, the CCG provided responses to questions directly in the meeting and some responses have been added after the meeting. Feedback and responses are listed in Appendix 1. Any outstanding CCG Actions from Appendix 1 are listed in the action log and will be reviewed at the next meeting.</p> <p>Action ref 220317-01 PPG representatives are requested to inform their PPGs of the questions they raised and the CCG responses; so that they are aware their feedback is being listened to and actioned.</p>
3	<p>Section 2: Engagement in CCG Projects</p> <p>Neighbourhood teams – where we are now</p> <p>Suzanne Nicholson provided an update for Neighbourhood team development within East Lincolnshire and explained her operational role as the Neighbourhood Team Liaison Officer for East Lindsey, the key points were:</p> <p>Background: The Lincolnshire Sustainable Review (LSSR) (Now taken over by the Sustainability and Transformation Partnership) identified some key areas of focus to improve the patient journey and to ensure patients received right place care, the first time, closer to home. Suzanne explained that in a Neighbourhood team, wellbeing is maximised through communities, with the voluntary and statutory services working together to ensure that people receive high quality, co-ordinated care. The neighbourhood team development in East Lincolnshire to date is as follows:</p> <p>1. Skegness and Coast Neighbourhood team was the first Neighbourhood team to be developed and serves a population of over 79,000 patients. The practices involved are: Beacon Medical Practice, Hawthorn Medical Practice, Old Leake Medical Centre, Spilsby Surgery, Stickney Surgery, Merton Lodge Surgery and Marisco Medical Practice. Their current model of working is 2 weekly Multi Disciplinary Team meetings to co-ordinate patient care with daily ongoing networking and signposting.</p> <p>2. East Lindsey North Neighbourhood team was the second Neighbourhood team to be developed, and serves a population of 60,000 patients. The practices involved are Binbrook Surgery, Caistor Health Centre, Market Rasen Surgery, The Wragby Surgery, James Street Family Practice, Kidgate Surgery, Marsh Medical Practice, Newmarket Medical Practice and North Thoresby Surgery. Their current model of working is one monthly Multi Disciplinary Team Meeting and daily networking and signposting to Co-ordinate patient care.</p> <p>3. East Lindsey Middle Neighbourhood team was the third to team be set up and covers a population</p>

	<p>of over 29,000 patients, the practices involved are Tasburgh Lodge Surgery, The New Coningsby Surgery, The Old Vicarage Horncastle, The Wolds Practice and Woodhall Spa New Surgery. Their current model of working is one monthly Multi Disciplinary Team Meeting and daily networking and signposting to co-ordinate patient care.</p> <p>4. The Boston Neighbourhood team was the fourth team be set up and is currently being developed. It will cover a population of over 77,000 and will include the following practices: Greyfriars Surgery, Holbeach Medical Centre, Liquorpond Surgery, Parkside Surgery, Westside Surgery, Stuart House Surgery, Kirton Medical Centre and Swine head Surgery.</p> <p>Suzanne explained that the Neighbourhood teams' success relies on effective engagement with staff, our patients and the public and that a large part of her role is also to sign post people outside of the Neighbourhood team MDT and other meetings. Suzanne explained that she looks after the East Lindsey Neighbourhood teams and has two colleagues covering the Boston and Skegness and Coast Localities.</p> <p>Suzanne welcomed any questions of the Patient Council, which were as follows:</p> <p>Question 1: If New Coningsby practice merges with practices in different areas, including Louth how will that work? Answer 1: Work will be planned after decisions have been made on merger proposals after public consultation. Suzanne explained that her Neighbourhood team Liaison Officer post covers both East Lindsay teams and so it would be fairly easy to work through.</p> <p>Question 2: What is the timeframe for implementing a Neighbourhood team in Boston? Answer 2: Progress is Jade Bierley has recently been appointed to the Neighbourhood team Liaison officer role in Boston. As the demographic and patient need is very different in each of the CCG's localities; the implementation of the Boston team may need to be different.</p> <p>Question 3: How will organisations such as the Royal British Legion be involved? Answer 3: All voluntary sector organisations can join the network and Suzanne is developing a directory so that patients can be sign posted to the appropriate service.</p> <p>Question 4: Can patients self refer? Answer 4 No, patients need to be professionally referred in.</p> <p>Question 5: Does the Neighbourhood team link in with Holly Lodge? Answer 4: Yes it will link into all services provided by Lincolnshire Partnership NHS Foundation Trust. Suzanne advised that patient case studies showing how the teams work will be disseminated with the minutes.</p>
4	<p>Equality and Diversity (EDS2)</p>
	<p>Mina Jesa presented a proposal for the CCGS EDS2 submission for 2017 which involves proposals for large scale engagement with the CCG's key stakeholders, patients and the public. The key points were:</p> <ul style="list-style-type: none"> • Background: The main purpose of the EDS2 is to enable NHS organisations, in discussion with their local stakeholders, patients and the public, to review and improve health services for local communities. By using the EDS2, NHS organisations can be helped to deliver on the public sector Equality Duty (PSED) and review and improve their performance for patients and employees with characteristics protected by the Equality Act 2010 (Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race including nationality and ethnic origin, Religion or belief, Sex and Sexual orientation.) EDS2 can help to meet the general duty to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster

good relations.

- The EDS2 was introduced by the Department of Health and a refreshed version formally launched in 2011. Each organisation needs to develop equality objectives from their EDS2.
- It was explained that the EDS2 contains 4 objectives and 18 outcomes, and often organisations choose to focus on all of them - this results in many only achieving an "amber" rating. Instead, Mina suggested that we turn the criteria into statements and engage with our population to help us self assess. Mina explained that this approach had been previously implemented in Luton and suggested that LECCG take the same approach, which has been nationally recognised as best practice.
- In Luton 4,000 patients were engaged and the project had received innovation funding from the Strategic Health Authority at the time, to support the project.
- A local interest group was also set up to consider the results of the engagement and to Red Amber Green (RAG) rate the EDS2; to inform the CCG's rating. From this they were able to develop equality objectives with a SMART (Specific, Measurable, Achievable, Relevant and Time-bound) action plan to improve.

Mina asked the patient council representatives how this could be effectively undertaken in Lincolnshire East, by asking the following three questions. Responses from patient representatives are shown below:

Question 1: How can the PPGs work with the CCG to get this info out to local groups?

Question 2: Do you have any thoughts or advice on how we can do this?

Question 3: Not everyone knows what a CCG is, how to we get around this?

Members of the patient council fed back the following comments and questions:

- Concerns over the definition of "community" sometimes "community leaders" don't properly engage or represent their group. It was agreed that we would need to engage on many different levels to hear the wider patient voice.
- It can be very difficult to engage different groups, particularly where there is a language barrier.
- The CCG need to explain what is in it for patients that take part and what outcomes the engagement can achieve.

Dr Baird advised it will achieve more equitable services because; engaging people in their own health can result in detecting issues early and so benefits everyone. It also allows us to better understand the needs of different groups whose voice may be underrepresented.

Patient council suggestions were made as follows:

- Link in with the Boston Borough Council who have already engaged the Boston migrant communities. It was agreed we would use existing data as well and partnership working to ensure previous work is not lost.
- Brenda Owen advised to link in with faith groups; ie the Boston Stump, churches, Mosques and synagogues.
- It was also recognised by the group that targeted engagement may also need to take place with all ethnicities, including white males whose voice is often also under represented.
- Communication - We need to explain the work in different formats, tailored to audience to ensure understanding.

Action ref: 220617-04 Mina to develop a timeframe for the EDS2 programme of work & update at the next patient council.

Action ref: 220617-05 Patients representatives to feedback ideas of how this work can be supported and ask their wider groups. Feedback via the Virtual Patient Council or to Claire please.

5	<p>Engagement Update</p> <p>Lincolnshire Patient, Carer and Public Networking Event on Saturday 15 July 2017. Claire updated about the above event taking place on Saturday 15th July and asked people if they would kindly share the poster for this. Claire explained that the detail of his event had already been sent out via email, and that people can register to attend via Eventbrite, however Claire was happy to help people register onto this.</p> <p>Joint Health and Wellbeing Strategy 2018 - Notification of Engagement Workshops Claire updated about the JNSA events which she had also emailed about, some events have details below: LINCOLN - 21st June 2017, 15:00 – 18:00 at Rustons Marconi, please book on here SLEAFORD - 27th June 2017, 10:00 – 13:00 at the New Life Centre in Sleaford, please book on here Gainsborough – 3rd July 2017, 13:00 – 16:00 at Park Springs Community Centre, please book here PINCHBECK - 6th July 2017, 13:00 – 16:00 at the Pinchbeck Village Hall, please book on here SPILSBY - 12th July 2017, 13:00 – 16:00 at Spilsby Pavilion, please book on here Grantham – 18th July 2017, 13:00 – 16:00 at Jubilee Church Life Centre, please book here Louth – 21st July 2017, 12:00 – 15:00 at Meridian Leisure Centre, please book here</p> <p>Virtual patient council Claire reminded people where this was on the website and gave a brief demonstration of how to navigate the site; she explained that all meeting papers are added here after every Patient Council meeting. Members confirmed that they don't really use it at the moment. Sarah suggested a survey was sent out to the group to better understand why this is and what the CCG can do to improve and encourage its use. The group discussed if other members not able to attend these meetings would be interested in the papers and it was agreed that they would be. Action ref: 220617-06: Virtual Patient Council Effectiveness Survey Action: Steph to develop a Virtual Patient Council Effectiveness Survey.</p> <p>Patient Council members to complete using the following survey link: https://www.surveymonkey.com/r/virtualpatientcouncil</p>
6	<p>Any other business</p> <p>Patient council members mentioned they had seen a King's Fund video cartoon explaining the NHS Landscape, Sarah Southall asked if Claire could publish this onto to the virtual patient council. Action ref: 220617-07 Claire Hornsby to publish Kings Fund video to the VPC</p>
7	<p>Date and Time of the next meeting</p> <p>5 October 2017 at the Dower House, Woodhall Spa LN10 6PY</p>

ACTION LOG - PATIENT COUNCIL

For the Meeting held on 22 June 2017 at 1.00 pm

			Complete	In progress	No Progress
Action No	Meeting date	Action Log	Lead	Progress	
Action ref: 220317 - 01	Ongoing	Patient Council feedback process PPG representatives are requested to inform their PPGs of the questions they raise and the CCG responses (Appendix 1), so that they are aware their feedback is being listened to and actioned. <u>Stephanie reminded PPGs to ensure this is fed back to their groups after each meeting please</u>	PPGs	ongoing	
Action ref: 220317 - 02	Update June 17	Pain Service at ULHT - Hannah King from the CCG will look into the Pain service and feedback to the next meeting. <u>June 17 meeting</u> Hannah advised that the CCG are currently working on the pain pathway, and it was agreed that Hannah would bring a further update on this to the September meeting.	HK	In progress	
Action ref: 220617-01	22 June 17 meeting – Appendix 1 actions	DNA Communications Campaign – Spilsby PPG requested an update on the progress of this campaign. It was explained that this is being completed by the communications lead this financial year. Action ref:220617-01: Simon Hopkinson advise of progress of the project.	SH	In progress	
Action ref: 220617-02		PPG guidelines - Claire to update PPG support booklet	CH	In progress	
Action ref: 220617-03		PPI groups – are the CCG aware of different patient groups ie Diabetes support and do the CCG engage with them? Action ref: 220617-03: CCG to discuss engagement with different groups	CH	In progress	
Action ref: 220617-04	22 June 17 meeting –	EDS2 2017- Mina to develop a timeframe for the EDS2 programme of work for 2017 & update at the next patient council.	MJ	In progress	
Action ref: 220617-05		EDS2 2017 Patients representatives to feedback ideas of how this work can be supported and ask their wider groups. Feedback via the Virtual Patient Council or to Claire.	PPGs	In progress	
Action ref: 220617-06		Virtual Patient Council Effectiveness Survey Steph to develop a Virtual Patient Council Effectiveness Survey and Claire to send out with the minutes. Patient Council members to complete using the following survey link: <u>https://www.surveymonkey.com/r/virtualpatientcouncil</u>	ALL	In progress	
Action ref: 220617-07		Kings Fund video Action: Claire Hornsby to publish Kings Fund video to the VPC to explain the NHS.	CH	In progress	

Appendix 1

Patient Council, Wednesday 22 June 2017 – PPG representative feedback and CCG response

The first section of the Patient Council meeting receives feedback from the PPGs and enables response from the CCG either during the meeting or afterwards as per the previously agreed model. Additional questions may be raised during discussion and these are addressed below although are not direct PPG feedback.

PPG representatives – please feedback all of this information at your next PPG meeting

PPG	Num	PPG feedback received from their meeting and presented at Patient Council meeting	CCG response / action – <u>please feed this back to your PPG</u>
Merton Lodge, Alford	1	Concern over removal of the over 75's programmes which end in July. Are there any plans to replace it?	Communications that were sent out explained that work will be undertaken to refresh the current service but it won't end in July. The current specification is being refreshed and updated which will then be sent out to all practices. Funding has been committed until the end of March 2018.
	2	Pressure on GPs to delay referrals for routine operations such as hernias, hips, knees etc - waiting lists getting longer. Are there any plans to improve the situation?	There is no new policy for referrals but the existing criteria are being followed more diligently now and some people may receive other assessments and tests before referral to hospital. Also, some waiting lists may be getting longer either because more patients are requiring the procedure or because of a reduction in those able to provide the service.
	3	Are the CCG confident that the handover in July to Thames Ambulance, the new non-emergency transport provider will improve the service?	LWCCG are the lead commissioner for this service. We are hopeful that the service change will be seamless but will keep an eye on this and welcome any comments or experiences. Under the new service specification the department of health Eligibility Criteria for Patient Transport Services (PTS) will be robustly followed by the new provider; providing consistency and fair access in line with national guidelines
	4	a. Concerns over choose and book why is it taking a week for them to phone back and ask the questions again.	a. Choose and book is now called "Electronic Referral Service (e-RS). This query looks to be specific to orthopaedic referrals. The CCG has identified problems with orthopaedic services in so much that patient waiting times at local hospitals are unacceptably long. This is because referral numbers are high and hospital services struggle to keep up with demand. It has also been identified that many orthopaedic problems do not necessarily require hospital service and can be treated or managed in community settings. A new triage process has therefore been introduced so that all orthopaedic referrals are reviewed and a decision on the most appropriate service to treat the condition is made. Part of this process involves a call from the triage provider to discuss the referral with the patient. When the patient is within the GP practice and the decision to refer is made the patient should be given a date and time

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			of when this call will take place. The patient should leave the GP practice knowing when this call will be received. These calls are usually booked to take place at least 3 days after the patient visited the GP in order to allow time for the referral letter/information to be typed and placed onto the e-Referral system ready for the triage to take place. So the date and time of the call should be determined by the patient themselves, rather than simply having to wait for it to happen
		b. Choose' aspect removed as can't choose between surgeons and sites.	b. Following on from the description of the triage process above, if the outcome of the triage is that the patient does need to go to a hospital service then the patient will be contacted and informed of the hospitals available. Patients can choose any hospital for consultant led treatment providing the hospital holds a standard NHS contract. This process should in fact ensure that patients are offered an informed choice of hospital site and also the most appropriate date and time of the appointment.
		c. Are the staff at Choose and book medically qualified to decide which grade of consultant should be seen?	c. If this question is relating to the people who conduct the orthopaedic triage, then yes they are clinical staff who do this and decide on the most appropriate service for the patient to be referred to.
Coningsby	5	Their PPGs focus has been on their proposed merger with Newmarket and the Wolds practice and so further discussion of other topics was limited	The CCG continue to support the consultation process and look forward to the outcomes.
	6	Choose and Book – the appointment date on the form is small and difficult to read. Heard experiences of chasing appointments and delays in cardiology.	Unfortunately, the appointment letters are provided by NHS Digital and the local Choose and Book team cannot amend them although this feedback has been passed on. Additionally, the hospitals themselves will have to provide further information on the patients having to chase appointments and delays in any service. We've noted the feedback and if we will look into it further if we find it becoming an issue
Spilsby	7	GP Forward View – what is seen as the role of Care Navigator in primary and secondary care and what improvements can patients expect? <i>other PPG feedback – some patients will feel sensitive about talking to others and only want to speak to GP- all need to be aware of confidentiality)</i>	<ul style="list-style-type: none"> • This role can be called lots of different things – a Care Navigator is more in secondary and specialist care who signposts to the most appropriate service for patients. • In Primary care this role is more often a receptionist. • In complicated secondary care conditions, this will be a first point of contact to guide them through the complicated system.
	8	GP Forward View and the model of 7 day working –	Some existing GPs are reluctant to work at the weekends, but a number of sites will

PPG	Num	PPG feedback received from their meeting and presented at Patient Council meeting	CCG response / action – <u>please feed this back to your PPG</u>
		where will staff come from? Will appointments during week be reduced to accommodate the weekend appointments?	provide emergency care and in time booked appointments. Locations will be throughout the area but not necessarily with their own GP / surgery.
	9	Update on DNAs – how is the communications progressing? (Spilsby PPG have undertaken a number of key activities to try and reduce DNAs such as local press and magazines, their own newsletter, PPG Awareness Weeks etc) <i>(feedback from other PPG is that patients want to be able text back to cancel appointments but this is resource intensive)</i>	This is being completed by the Communications Lead this financial year. Posters are ready, and we are just collating local information on the rate of DNAs and then will be ready to be sent out. Action ref:220617-01: Simon Hopkinson to advise of progress of the project.
Wragby	10	This is their first meeting and so no feedback received as unaware of the process.	
Liquorpond	11	National Association for Patient and Participation (NAPP) – what are the pros and cons of joining?	NAPP are really good and provide lots of support for PPGs and provide resource support pack for PPG awareness week and documents such as template agendas, terms of reference that all PPGs could use.
	12	Please email posters and information on events for the practices to disseminate to PPG members	These will continue to be emailed via Claire and also included on the Virtual Patient Council pages which we can all start to use more efficiently.
New Conningsby	13	NAPP – what should a PPG be doing? Need to start by training ourselves and formalise it and give a pack for new trainers	We had a support pack originally and lots of useful information is on the NAPP website. Action ref: 220617-02: Claire will update these support documents and circulate to all PPGs.
Parkside	14	DNAs – the system requires improvement.	A communications campaign is being completed by the Communications Lead this financial year. Posters are ready, and we are just collating local information on the rate of DNAs and then will be ready to be sent out.
	15	PPI groups – are we aware of them and do the CCG engage with them?	Yes the CCG are aware of different groups that we can engage with and the CCG holds a stakeholder database to ensure that we communicate and engage with our key stakeholders, including the third sector. We are also aware that these lists quickly become out of date and we would welcome any suggestions on how we can do this better. We will also discuss this in the CCG to understand how we can engage with groups more effectively. Action ref: 220617-03: CCG to discuss

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	16	<p>NHS staff not able to access medical records – in general.</p> <p><i>(PPG additional feedback - Consideration needs to be given to which provider you go to on choose and book as some can share information and records easier than others).</i> Also, patients can request copies of their records from all consultations from secondary care.</p>	<p>There are various ways different providers hold your medical records and there is not one health record that everyone can see and so staff won't be able to access these right away; as they currently use different systems. Hospital records are also largely still paper records. Work is being carried out to address this nationally and locally via the Care Portal which will be able to link IT system via a read access view.</p>
	17	<p>Where is the £30million budget side lined for the GP practices?</p>	<ul style="list-style-type: none"> • There is a large amount of money from NHSE that the practices could bid for but this is not held by CCGs. Not all practices who applied for the schemes have been accepted. • Various funding schemes associated with GP Forward View but unsure where £30 million come from as may have included capital. CCG can encourage practices to apply for additional funding but success is not guaranteed.

PPG representatives – please feedback all of this information at your next PPG meeting