

Sedlescombe & Westfield Surgeries

Notes of PIG Meeting

Tuesday 20 Feb 18 1800- 1940hrs at Westfield Surgery

Attendees:	Kevin Katner (KK)– Chair Monika Betson (MB) Lindt Latreille (LL) Tim Hills (TH) Diana Nichols (DN) Ron Eldridge (RE) Keith Newman (KN)- Practice Manager
1.	Welcome & Apologies Philip Tomlinson (PT) Suzie Millns (SM) RE was welcomed to the meeting and introduced himself to the group, giving details of his background, Building Inspector, Surveyor, knowledgeable on disabled access and Ex-Chair of Sedlescombe Parish Council and Magistrate who wished to give something back to the Surgery.
2.	Previous Notes The previous notes were accepted as a reflection of the meeting and all agreed that the new format was to be continued. Thanks given to Suzi.
3.	Matters Arising Patient Practice Leaflet Matter ongoing – Whole website is being reviewed with other Federation practices and ESCC. ACTION - KN will ensure that the leaflet is completed and passed to SM before the next meeting. Patient Electronic Booking in System Working well – few minor hiccoughs – Software upgrade due imminently to flush out minor known errors. Josh Broadway visit to Surgery (Patient survey) - On hold ACTION - KN, KK, JB (<i>Subsequently JB agreed to attend Surgery Thursday 8 Mar 18 with KK & KN to complete Survey and discuss with patients</i>) PIG Questionnaire Around 200+ completed – very pleasing return,now difficulty finding additional patients to complete it as they are same ones attending!! It was agreed to continue until end of February. ACTION - KN to ensure all surveys were passed to SM for analysis. ACTION – SM Some collation analysis is needed prior to 26 th March for KK/DN meeting with GPS and for detailed discussion on 3 rd April for the next PIG meeting GP Engagement KK expressed the importance of the first PIG meeting with GPs arranged for 19th Mar 18 @ 1300hrs for 1 hour – KK & DN will attend on behalf of the PIG. It was agreed that the PIG would meet with the GP group half yearly with a meeting with Dr Pashley alternating with each GP group meeting. In total four formal meetings a year. ACTION – KN to look at dates for the whole year

4.	<p>CCG Patient Survey</p> <p>KK explained an issue with a new CCG Patient Survey on extending the hours staff are available to see patients. CCG had not informed any of the PPG's at an Area Forum meeting 2 days prior to it going out to Surgeries and many other locations in East Sussex. The Rother practices and PPGs felt the survey was badly worded and designed. It was agreed after contacting other surgeries that the Rother practices would not be involved.</p> <p>ACTION – KK chasing CCG to establish answers about how and why the process was conducted in such a clumsy manner and to establish better communications on similar matters in future.</p>
5.	<p>PIG Policies and Protocols</p> <p>KK went through the policies and structure of the PIG and thanks were given to LL, MB, PT & DN for their input to the draft document. Many suggestions were made for completing the work. The following was also noted:-</p> <p>Current Chair (KK) is willing to continue as Chair until Sep 18 (Not giving up as PIG member!!) New Chair needed to be agreed from this date. KK will continue to support and mentor the new Chair as required to ensure continuity. Other roles were also agreed.</p> <p>ACTION – KK/All will send out the second draft with agreed changes and additions to all. Please read through in advance of the next meeting.</p>
6.	<p>Communications to Patients</p> <p>KK briefed on the Westfield CA magazine article he had written on request which was printed in full over two pages. Also PT & TH had managed to get shorter submissions onto the Westfield internet page and had passed it on to Sedlescombe also.</p> <p>ACTION – PT & TH to continue development of communications about PIG particularly with Sedlescombe.</p>
7.	<p>Progress with other surgeries Federations</p> <p>KK gave a briefing on connecting with the PPGs of Northiam, Rye Medical Centre, and Rye Surgery(Ferry Rd). Fairfield Surgery in Burwash was also to get involved with their Secretary/Chair attending meetings alongside KK.</p> <p>Only Robertsbridge and Battle had not engaged due to current difficulties in recruiting to a PPG for either. KK is happy to assist them and KN will discuss with their Practice Managers.</p> <p>ACTION – KK & KN</p>
8.	<p>Area PPG Forum</p> <p>LL gave a briefing on the local Forum that she attended on the 16 Jan 18, which is now chaired by KK.</p> <p>The following was briefly discussed:-</p> <p>Leaflets that were given to all patients who had been referred to hospital with a possible Cancer diagnosis were apparently to be given by GP's – KN was not aware.</p> <p>KN also felt that many things discussed at previous forums appeared to be aspirations and it was not unusual for practices to be the last to know!</p> <p>Other items from the PPG Forum:-</p> <ul style="list-style-type: none"> Urgent Care & Out of Hours from 1 Apr '19 Urgent Treatment Centres placed in A&E Brief on Winter pressures NICE Guidance (NG12) NHS Constitutional Cancer Waiting Times Targets ESHT – CQC progress due inspection 3 March 2018 End Of Life Care (EOLC)

9.

AOB

FLU Campaign 2018-19

KN mentioned 'flu purchasing difficulties and change of requirement by PHE after all surgeries orders and contacts had been exchanged. 2018/19 open clinics may not be possible. All practices in England have been affected.

Falsified Medicine Directive (FMD)

New bar codes on medicines, software changes, Patients need to collect before 10/7 due to legislative changes that may be coming in.

CCG Difficulties

KN reported that he had, along with all other Surgeries in Hastings & Rother, received the following email from the Heads of the CCG.

Message from CCG to all practices – 20 Feb 18

Further to our updates at your locality meetings and our staff briefings over the last few months, you will be aware that after four years of delivering surplus control totals in both our CCGs, we are in a very difficult financial position in 2017/18. We are therefore working very hard, with the valued support of NHS England and other partners, to develop and implement a recovery plan that will help us address the CCGs' financial deficits, and make sure we build on the many successes we have achieved through East Sussex Better Together (ESBT) so far.

Whilst the financial position across our system is profoundly concerning – you will have seen the financial deficit of East Sussex Healthcare NHS Trust (ESHT) also reported widely recently, as well as major budget challenges for East Sussex County Council - it does reflect the affordability challenge of increasing demand and rising costs felt across the wider Sussex and East Surrey STP, and indeed much of the NHS nationally.

With our ESBT partners, we have made significant in-roads into addressing inequalities and improving access, quality and safety for local people. We are, for example, in the top quartile in England for A&E 4 hour waits over winter, and our marked progress in reducing Delayed Transfers of Care is reflected in a very positive CQC Local Area review. However, this has not translated quickly enough into reducing either the level of activity or the unit cost, and so we must now redouble our efforts to demonstrate that we are making these improvements in services for the people of East Sussex in a way that makes the very best use of available resources.

We know that our deficit financial position will also have an impact on our formal assurance assessment by NHS England and expect shortly to have confirmation of what this will mean for our CCGs in practice. As soon as we have further information about this we will share it with you.

Your hard work and commitment to improving services has already made a real difference to local people in terms of reducing health inequalities and improving patients' experiences and outcomes – and clearly we still have so much more to do to meet the challenges we face in our health and care system.

If any of you would like to discuss these issues further, we will of course seek to make time in locality meetings and MELEs and staff briefings, or otherwise please do contact any of us directly.

Kind regards,

Amanda Philpott, Chief Officer, EHS and HR CCGs
Dr David Warden, Chair, HR CCG
Dr Martin Writer, Chair, EHS CCG

General Practice Forward View (GPFV)

KN briefed all that the promised monies have still not been received. Financial implications with CCG may affect this moving forward passed 1 Apr 18 BMA/GPC making representations to NHSE.

Accountable Care Organisations (ACO's)

Now to be called **Integrated Care Systems (ICS)** All currently on hold due to Professor Stephen Hawking obtaining a Judicial Review. KN explained the rationale regarding Health Services being free at the point of delivery but that Social Care is not the same and Care Services may be means tested/chargable.

Sustainable Transformation Program (STP)

Currently moving on very slowly due to its complexities. New CE Bob Hodges, appointed, but who has yet to meet with Primary Care representatives.

Extended Access / Extended Hours

KN gave a quick brief on the differences, stating that the 'Extended Hours' (8am-8pm(24/7) was due to commence by 1 Oct 18 and is a requirement by NHSE and must cover 100% of the population. Expectations that some of the funding will be found by ceasing the 'Extended Hours' scheme in which our Surgery participates. If that does materialise then the Surgery would have look at the possibility of reducing its late evening surgeries.

The meeting closed at 1945hrs

9.

Next Meeting

Next meeting was agreed to be the **Tuesday 3 Apr 18 at 1800hrs at Westfield Surgery.**