

Notes of Annual General Meeting

Date: 25 January 2017
Time: 5.30pm – 8pm
Venue: 336 Brixton Road



Present:

Members from Beckett House, Brixton Hill, Brixton Water Lane, Clapham Family Practice, Clapham Park, Deerbrook, Dr Masterton, Edith Cavell, Herne Hill Group, Hurley, Knights Hill, Minet Green, Paxton Green, Riverside, Springfield, Stockwell, Streatham Common, Streatham Place, The Exchange, Valley Road, Vassall Road and Vauxhall & colleagues from Lambeth Clinical Commissioning Group (CCG), Local Care Network and South London Cares.

Guests:

CLlr Jacqui Dyer	Vice Chair Overview & Scrutiny, Lambeth Council
Andrew Parker	Director of Primary Care, Lambeth CCG
Justin Hayes	GP & Interim Chair SW Local Care Network
Therese Fletcher	Managing Director Lambeth GP Federations

Apologies:

Received from The Accounting Equation, Healthwatch Lambeth, Guy's & St Thomas' Foundation Trust, South East London Vision (SELVis) and Streatham Hill.

Meeting commenced at 5.45pm, chaired by Sandra Jones

1.	Welcome Sandra Jones (SJ) welcomed attendees and guest speakers. She thanked Jenni Rodgers who was standing down as a board member and presented a gift and thanked Elaine Fogg for her ongoing work with producing the LPPGNews newsletter.
2.	Annual Review SJ directed attendees to the 2016 annual review, which includes reports from the three sub groups and invited attendees with any questions to talk to the board or staff during the break. SJ indicated a challenging year ahead in the face of public sector cuts, changes to public health structures, the introduction of the Sustainability and Transformation Plan (STP). The Network wants to ensure patient voice continues to be heard. The Network is developing a members' welcome pack which will include a visual breakdown of NHS structures so members can see where the network and patient participation groups (PPGs) fit in and is also planning future network meetings so asked members for ideas for discussion.

<p>3.</p> <p>4.</p>	<p>SJ pointed out that there are no accounts to agree, as the organisation's year ends 31st March 2017 and will be available later in the year.</p> <p>Election of Board members (chaired by SJ) Two members stood down as board members (Jenni Rodgers and Patrick Nyikavaranda). Board members run on a three- year cycle, with a maximum of 12 members. The three new nominees each gave a short address to the meeting before voting.</p> <p>Voting members unanimously agreed to the appointment of all three nominees to the board - Gareth Julian, Elaine Fogg and Sharon Hudswell.</p> <p>Appointment of auditor Voting members unanimously agreed to retain the services of the existing auditors, The Accounting Equation.</p> <p>On behalf of the board Priscilla Baines thanked SJ as chair of the board in addition to the staff and volunteer.</p> <p>AGM closed at 6.15pm</p>
<p>5.</p>	<p>Meeting reconvened at 6.35pm, chaired by SJ.</p> <p>SJ introduced the theme From local to borough-wide. How do we make the connections real? Guest speakers Cllr Jacqui Dyer (JD), MBE Vice-Chair of Overview & Scrutiny at Lambeth Council; Andrew Parker (AP) Director of Primary Care Development; Justin Hayes (JH) GP and interim Chair of South West Local Care Network (LCN) and Therese Fletcher (TF) Managing Director Lambeth GP Federations.</p> <p>Each gave an address focusing on the state of the nation, the main challenges and how they are addressing them and their vision on how patients can be an effective partner in meeting the challenges.</p> <p>JD shared her lived experiences as a service user and advocate for mental health services. She outlined the importance for members to use their voice and presence as it is an important part of the decision making process and ensuring those decision makers stay focused and patient centred, respond to feedback and recognise that change is difficult for vulnerable residents who are often invisible.</p> <p>AP (presentation) outlined in Lambeth there has always been a tradition of working together and they value its importance. Resources in health are flat (not being cut) and the need to do things differently, providing better services that are more accessible will be a key focus for the near future. Initiatives focusing on self care and supporting individuals to look after their own health amidst resourcing challenges are of huge</p>

importance. Working closely with the local authority and 6 South East London boroughs and ensuring care and services are more integrated is high on the agenda for the coming years. The CCG is keen to hear from patients as they aim to be open and transparent.

JH gave an overview of LCNs made up of a range of care providers working together to address local needs. LCNs will be developed throughout South East London to improve health and wellbeing and address inequalities, whilst offering value for money. The team relationship with patients has brought about a new way of working and dealing with patient concerns.

TF ([presentation](#)) gave an overview of the three GP Federations. Future plans include having one GP Federation in the borough. Currently South West & North Federations will be merging and discussions with South East are ongoing. The focus is ensuring services are people centred, delivered efficiently, provide value for money and there is effective training and leadership. The Federations want patients to understand the standards of care they can expect and want to promote new services and have live information. There are opportunities for patients to get involved in federation work via being mystery shoppers, feeding back their experiences and discuss what is actually needed. There is an opportunity of having conversations with PPGs around data sharing and training.

Reflection

Ali Angus (AA) thanked all speakers and summarised the main points. NHS structures are a complex puzzle which patients do not understand, although there are many opportunities for patients to ensure the focus remains patient centred and to get involved by sharing experiences, mystery shopping, being committee members, working in partnership with key stakeholders to make the differences.

6. **Discussion**

Question: There are known issues with recruiting more GPs. How are your organisations dealing with this?

Response:

- looking at providing resilience support to exiting staff
- developing a GP nurses bank across practices so resources can be shared, some tasks being undertaken by nurses to free up GP time
- developing pharmacies in practices, pharmacists can provide good support, advice and care to patients who do not need to see a GP
- look at other service providers to see if there are other opportunities to pool resource

Question: Where can members go for an overview of services? Kings Fund Institute's [alternative guide to NHS in England](#) diagram is a good starting point but not up to date.

Response: GP federations are discussing the care landscape and are keen to work with patients to develop a local map of services

7.	<p>Question: Will the Access Hubs be open to all comers at weekends?</p> <p>Response: The hubs provide additional appointments via planned appointment access. The hubs provide some solution to people needing to see a GP who might not be registered but further development is required to provide more effective solutions.</p> <p>Question: What is being done to address the prevention agenda? One suggestion is to go into schools to talk about early prevention before illnesses occur.</p> <p>Response: prevention is a priority. Access and coordination of medicalised systems (e.g. health checks, etc) is important and there is still more work to do. LCNs reach into the community so we want to build on existing initiatives.</p> <p>Observation: Information, communication and involvement are key elements for patients to feel empowered. If we are not informed, we cannot communicate effectively. Providers need to think about how to communicate with patients and when. Too often information is received late so engagement with patients is not effective or too late for patients to act on. Training is a vital form of much needed support for both patients and practices.</p> <p>Comment: The patient voice is critical, especially as there is so much needed with too little money. National demonstration on 04/03/17 to vocalise unhappiness with cuts, closures and privatisation of NHS services.</p> <p>Question: The largest cuts being made are in public health. What is the council doing to minimise the impact? The STP is a savings mechanism.</p> <p>Response: All the points raised are valid and we try to be as open and honest as we can about what is happening and would encourage patients to continue to voice and raise their concerns.</p> <p>Summary/Close Meeting closed by Catherine McLoughlin (PPG Member) who thanks the network for the AGM and stakeholder organisations for listening and responding to patient concern.</p>
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Meeting ended 7.55pm