

Notes of Annual General Meeting

Date: 16 January 2019
Time: 6pm – 8pm
Venue: 336 Brixton Road

Present:

PPG reps/ patients/ interested parties from Brixton Hill, Clapham Park, Corner Surgery, Deerbrook, Dr Masterton, Edith Cavell, Herne Hill Group, Hurley, Knights Hill, Lambeth CCG Newham CCG, North Wood Practice, Palace Road, Pavillion, Paxton Green, South London & Maudsley Hospital, Springfield, Stockwell, Streatham Common, Streatham Hill, Streatham Place, Valley Road, Vassall & Vauxhall

Guests:

Therese Fletcher, Managing Director Lambeth GP Federations
Una Dalton, NHS Lambeth.

Apologies:

From PPG members/patients of Clapham Family, Corner Surgery & Edith Cavell

Meeting commenced at 6.05pm, chaired by Sandra Jones (SJ)

1.	<p>Welcome & Introduction</p> <p>Sandra Jones (outgoing Chair) welcomed attendees and ran through the running order for the meeting.</p>
2.	<p>Review of 2018</p> <p>Sandra reported that the Network continues to strike a balance between developing and supporting patient participation groups (PPGs) and working at a strategic level to keep the patient voice in evidence. PPG volunteers and Board members have attended a range of meetings and commitments throughout the year to represent patients.</p> <ul style="list-style-type: none"> • The Network is now looking at the development of practices working in clusters and what that might mean for PPGs. With Lambeth Together and Local Care Networks moving to a more neighbourhood work approach, PPGs also need to be involved in those developments. • Another key area of work is to obtain resources to support PPG training and a recent award of Community Education Partnership Network (CEPN) funding will enable the organisation to run sessions on PPG leadership and building a strong PPG team. • The Network has been a key partner in Lambeth Together and a round of training courses on “Changing the Conversation” will soon be available for patients to get more involved. • During 2018, many patients attended focused workshops organised by the Network with a range of organisations including Mind & Body programme, Compassion in Dying and GDPR training. These types of opportunity will continue in 2019.

	<ul style="list-style-type: none"> • A key area of work continues to be ensuring PPGs do represent the patient population and that groups get the support they need to move this forward. • The Network has been approached by a number of partners for patient involvement in a range of consultations during 2018, more recently in the review of the interpreting and translation services and the redesign of communication for the first contact practitioner’s service for physiotherapy. Recent requests for patient experiences weight management and weight services, as well as 111 call testing will be circulated to PPGs for their input. • The organisation continues to work closely with Lambeth GP Federations. <p>Sandra thanked all patient volunteers for their efforts and many hours given to support their PPGs and practices. She also thanked the Network staff and Lambeth Clinical Commissioning Group (CCG) for their ongoing support with a special mention to Una Dalton.</p> <p>The Future</p> <p>Nicola Kingston (Co Vice Chair) shared the opportunities for the future.</p> <ul style="list-style-type: none"> • With practices working in clusters, the Network will need to ensure that the patient voice continues to be heard and has equal standing with providers, commissioners and community organisations as things change and develop. • With the continuing growth of digitisation and the use of technology to support care provision and access to services, patients need to be an integral part of these conversations and developments. • Continuing to build relationships with practices particularly with the anticipated future workforce challenges needs strong patient and PPG support. <p>Nicola thanked PPGs for the great work being done in their practices and communities.</p> <p>Priscilla Baines (Co Vice Chair) thanked Sandra Jones (Chair) on behalf of the board for all of her efforts and hard work.</p>
3.	<p>Financial Review</p> <p>Patricia Ross (Treasurer) provided a breakdown of the charity’s 2017/18 accounts (click here). She confirmed that accounts were filed with the Charity Commission and Companies House in December 2018, appear on their sites, and were circulated by email to PPGs.</p> <p>The charity is required to have a reserve fund and continues to build this fund to ensure it can meet its statutory obligations.</p> <p>Q&A</p> <p><u>Question</u>: Who is the beneficiary of the £9,500 funded by the GP Federations?</p>

	<p><u>A:</u> The Network is the beneficiary and the funds are to be used to promote and support patients to use Online Access services, to increase the number of patients using the online services. Tablets have been bought which can be loaned to PPGs so patients can register in practice during events and drops ins.</p> <p>Question: This works out at about £214 per PPG. Practices can promote online access services and registering by using their TV screens, so the money can be used to support other PPG work.</p> <p>Answer: The funds are restricted so can only be used for this specific purpose. If it is not spent in this way, it will be returned to the GP Federations. It can only be used to buy resources and support practices and PPGs promote online access services and actively help patients register and use the services.</p> <p><u>Question:</u> Can you comment on the Forward Plan’s claim of spending of £4.5bn on primary and community care?</p> <p><u>Answer:</u> Although there will be an increase in community based care, the majority of extra funding is still likely to be going into the Trusts for emergency and hospital services. The Network is of the view that more money needs to go into prevention services in communities and primary care. Place based provision and social prescribing are key to this and better joint working between patients, commissioners, pharmacists, GPs and auxiliary health professionals are vital.</p> <p><u>Question:</u> Looking at the official accounts, they are complicated. Can I suggest that a plain English explanation is provided is support of the accounts in future?</p> <p><u>Answer:</u> We have had discussions with our auditor and would agree they need to be in a simpler format. However, it is a standard requirement under the Statement of Recommended Practice (SORPS), which charities have to adhere to when reporting.</p> <p><u>Question:</u> The breakdown of charitable activities are shown under four areas of work, why were those four? There is no explanatory note in the accounts as to those chosen headings, which would have been useful.</p> <p><u>Answer:</u> Those were the priority work areas for the reported year and the expenditure has to be broken down by the percentage across those areas.</p>
4.	<p>Trustee Nominee Elections - Chaired by Catherine McLoughlin.</p> <p>Catherine thanked the board members for maintaining the Network over the last year. There were nominations for trustee from three returning trustees (Sandra Jones, Priscilla Baines & Nicola Kingston); one new trustee (Rashmi Agrawal) and the membership were asked to confirm the appointment of Patricia Ross (co-opted as Treasurer during 2018) for a further year.</p> <p>Attendees had questions for nominees:</p>

Question: PPGs members are all volunteers and need to be motivated. How engaged are the current board member chairs with their own PPGs?

Answer: The Valley Road co-chair (Suzy Lamont) responded with her opinion of Sandra Jones' involvement with their PPG. SJ has been chair of Valley Road PPG for three years, whose diary is always full, with her attending various meetings and activities on behalf of the PPG and Network. She reminded those present that Board members were also volunteers.

Question: How many PPGs are represented tonight and how many can vote?

Answer: Members from 20 PPGs were present, with 17 eligible to vote.

Question: How does the Lambeth PPGs compare with the other five South East London (SEL) boroughs PPG Networks and what are the comparisons with NHSE stats?

Answer: The Network has done some work with Southwark and are joined tonight by colleagues from Newham CCG. Networks are organised differently in the other SEL boroughs. Lambeth CCG is rated highly, with Lambeth GPs also rated among the best in SEL. **ACTION:** The Network will look at comparables with other boroughs and report.

Question: Are all trustees members of their practice PPG?

Answer: Priscilla Baines has been the chair of her PPG for around 10 years. Rashmi Agrawal confirmed following the submission of his nomination to become a Network trustee, he joined his practice PPG. Nicola Kingston is chair of her PPG. Patricia Ross (Treasure) confirmed she is a member of her PPG and attends their meetings. Sandra Jones is chair of her PPG.

Question: First time attendee from North Wood practice is interested in making connections with other practices and PPGs and have opportunities to Network.

Answer: Attending the Network-wide meetings enables networking and meeting other PPGs.

Question: Within the PPG Network's Constitution, a member is too loosely defined and the voting process is not clear. In addition, there is no mention of the maximum term a board member can sit on the Network board and it is good practice to define a term as a trustee can sit for six years, which is too long and does not allow for fresh blood. Directors should also be qualified to be a board member.

Answer: The constitution meets the Charity Commission guidelines and are filed with Companies House too. Trustees agreed to a review the constitution, as they agree there are some areas that could be made clearer and tightened up on.

Question: Why does new nominee Rashmi want to become a trustee?

Response: The Chair rejected nominees being directly questioned. Written statements had been provided by all nominees prior to the meeting.

	<p><u>Comment:</u> When the charity was formed the election process was the same. The issue is that PPGs have no structure, so are ill defined and will not satisfy everyone's need. PPGs need to play a part in the NHS plan over the next 10 years.</p> <p>After some confusion, the 13 eligible voting members (remaining in the room) voted to re-appoint of three nominees, appointment of one new trustee and confirm in post the Treasurer for a further year.</p> <p>Vote outcome - 8 for and 5 against. All nominations were therefore confirmed and agreed.</p> <p>PLEASE NOTE – attached statement from the Board.</p> <p>Interpreting and Translation services review - Members were asked to encourage practices to display the poster and get patients to complete the survey, which will be used to feed into this review of interpreting and translation services used across three SEL boroughs.</p> <p>111 Mass Call Event – A test of the 111 service is being done on Thursday, 24 January and two volunteers are required to participate by calling from a mobile phone network (not Vodafone) and a home landline. If available see Cheryl or Wai Ha.</p>
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Meeting resumed at 8.20pm

Meeting Discussion

5.	<p>Meeting joined by Therese Fletcher, Managing Director of Lambeth GP Federations. Click here for presentation.</p> <p>There are currently two federations in Lambeth. From 1st April there will be one federation with all 42 practices as members.</p> <p>Therese ran through the main points of the recently published NHS Forward plan (click here for plan summary).</p> <ul style="list-style-type: none"> • Focus on out of hospital care and the increase in NHS funding of £4.5 million to primary care and community services. This premise is for practices to cluster together and to expand neighbourhood teams to include social care and voluntary and community groups. All practices have to be part of a cluster by June 2019. • There is to be a redesign of hospital care and the integration of urgent care services. This is an opportunity to improve patient care, which is more joined up and to encourage people to manage their own health and care. <p>Social prescribing will be a big feature to support people and inform people what is available to them. There needs to be greater alignment with the neighbourhoods that are being developed and understanding what assets are in the community already, so</p>
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that people know where to go for support.

- Digitisation is a key component of the plan. An NHS app will focus on empowering people to manage their health and find alternatives to using NHS services. For many people this will work well.
- Importance of prevention and addressing health inequalities, by understanding our population, recognising carers, vulnerable communities and care for children.

Neighbourhood Development

In Lambeth there are 42 practices, and discussions are now taking place to develop Primary Care Networks and clusters of practices. Expressions of interest were received from nine potential clusters, which accounted for 32 practices covering 83% of the practice population. Six of the nine proposed clusters met the criteria and have developed, with the remaining three being supported.

One feature of practices working together is to upscale PPGs so that they might meet collectively and use the data from all cluster practices to understand patient need.

There is currently little consistency amongst the practices around some aspects of their work and cluster working is one way to get them more joined up and to build practice capacity. Each cluster has a work plan.

We now have to accelerate our plans to get all practices into a cluster by June 2019.

Q&A

Question: GP Feds and LCNs already exist so how do they fit in with each other?

Answer: We want to scale up how we work together, to make GPs sustainable. All 42 practices are involved in the GP Feds and LCNs will be moving towards Primary Care Networks, working in smaller geographical areas. There are currently 9 clusters, four in the south west, two in the North and three in the south west. It is likely there will be 10 or 11 neighbourhoods that will be able to determine what is happening locally and what's needed locally. We are asking is there a role for LCNs and how do the different structures all come together?

Question: Is what you've said more aspirational or is there a plan of how to do it?

Answer: We want to use existing assets and the workforce to extend the vision to primary care and involve nurses, practitioners, pharmacists, community connections, etc.

Question: What's the difference between a cluster and a neighbourhood?

Answer: We do need to look at the language we use. Clusters will eventually form into neighbourhoods. A workshop is planned for next week to define what is a neighbourhood.

Primary Care Networks is the NHS England term for the formal groupings that will have to be agreed.

Question: Which practices are in clusters and which are not? Can we have a list?

Answer: I will circulate a list via PPG Network

Question: What alternative digital solutions are being scoped? GP at Hand and phone consultations will eventually lead to only phone consultations being available.

Answer: Patients registering with GP at Hand have to de-register from their local practice and if they want to come back, because they needed ongoing care and support, have to re-register. We want to keep it local.

Question: Will there be a consistent matrix across everything?

Answer: The programme will be consistent within the primary care networks. We benchmark across the other STP CCGS and GP Federations.

Question: Will this way of working turn into a US style system?

Answer: We want to ensure the sustainability of GPs, and for them to retain their lists, have full population coverage and provide the best outcomes.

Question: What do patients think about all this? What consultation will you do?

Answer: Talk of PPGs scaling up and by networking across neighbourhoods we will ensure the patient voice is heard. PPG need to be part of the discussions but we know it takes time and needs to be meaningful.

The Network will circulate Therese's presentation and she is happy to take any additional questions via email.

Meeting closed 8.10pm