**SOLIHULL PATIENT PARTICIPATION GROUPS NETWORK**

**Minutes of Meeting on Thursday 24th November 2016**

**West Warwickshire Sports Club**

**SUPPORT** provided by NHS Arden & GEM Commissioning Support Unit

**CHAIR:** Tony Green, (Monkspath) SG

**ATTENDEES:**

Tony Green Monkspath PPG SG

Bernie Aucott Hall Green Medical Centre PPG

Davd Cuthbert Yew Tree Surgery

Geoff Baker Village Surgery

John O’Donnell Swanswell Medical Centre PPG

Keith Boad Richmond Medical Centre PPG SG

Kevin Rudge Hospital Patients Group

Liz Tout Yew Tree Surgery

Martin Wright The Jacey Practice PPG

Reginald Patrick Stratford Road Medical Centre PPG

Ted Richards Castle Practice PPG

Susan Gomm Grove Surgery

Val Tabb Dorridge PPG

Walter Smart Shirley Medical Centre PPG SG

Gerald Noone The Jacey Practice PPG

Linda Elston Yew Tree Surgery

Michael Notman

Megan Comlay The Jacey Practice PPG

John Price Richmond Road Surgery

Ann Perkins Castle Practice

**SUPPORT** provided by Sabina Esat and Janet Haley of NHS Arden & GEM Commissioning Support Unit

**APOLOGIES:**

Barry L Austin Northbrook PPG

Florence Walsh Grove PPG

Richard Birkin Arden PPG

Joyce MacNichol Hobs Moat PPG

Dee Salmons GPS Knowle PPG

Paul Botting Parkfield PPG

Ian Black Dorridge PPG

* **ITEM 1 – Administration**

Apologies were listed.

The draft minutes of the previous meeting on Thursday 29th September 2016 were discussed.

Amendments required

* Page 3 - Item 3 – Care Navigators. Martin Wright said that he would like to do a follow up talk at the next meeting.

**Actions:** Minutes to be amended, and Martin to liaise with Chair to discuss presenting at the meeting on 26.01.17.

* **ITEM 2 – Chair’s announcements**

**The Birmingham & Solihull Sustainability and Transformation Plan (STP).**

The STP has been published and is accessible via the Council's website. It has 80 pages and comprises an optimistic summary overview report with many attached plans and initiatives, most of which have involved public or patient involvement. It doesn't contain any obvious shocks. The CCG's Accountable Officer has confirmed there are no proposals to close hospitals or A&E.

**Recording of future meetings.**

From the beginning of the meeting on Thursday 26 January 2017, all the Network meetings will be audio recorded, purely to assist accurate minute taking. Once the minutes have been prepared, the recording will be deleted.

All agreed that they were happy for the meetings to be recorded for this purpose. Martin Wright – Proposer. Keith Boad – Seconder.

**NOTE *'Q' means 'question'; 'A' means 'answer'; and 'C' means 'comment'***

* **ITEM 3** – Anxiety presentation by Ameenah Sheikhmamode, Acting Team Manager Improved Access to Psychological Therapy (IAPT), Andrea Hughes, Psychological Therapist, and Emily Loy, Psychological Wellbeing Practitioner.

Q. Where does autism fit in with therapy?

A. Cognitive based therapy (CBT) is offered to those with Autism who are 16 or over. We do not offer services to under 16’s. We aim to treat the behaviours but can't treat Autism itself as it's a developmental condition.

Q. Who does the diagnosis of the condition?

A. There is firstly a telephone triage, where we try to understand the problem. Then there is an initial assessment. Then we find out what the problem is and focus on working on that and decide what level the therapy is needed. If the service can’t help, the patient is signposted.

Q. Is the service accessible by GP referral only or can people self-refer?

A. Both. People can self-refer. If you call the service number and have the initial telephone assessment, you are then added to the waiting list or signposted.

Q. Is there any guidance available?

A. Yes. It is available online. Check on the NHS choices website and NICE guidelines website.

Q. What’s the practicality of accessing your services?

A. We are commissioned by NHS Coventry and Warwickshire NHS Trust. Some of us work in the Solihull area and are based here so people do not need to travel far to access services.

Q. How long are the waiting times for treatment?

A. Step 2 – 4-8 weeks, Step 3- 6-12 weeks

Q. Who decided where a patient is on step 2 or step 3 stages?

A. We look at the condition based on the assessment and information provided by the patient and then decide where the patient is best placed. Group sessions are available. We will give them a package of what we think the best course of treatment is. The doctor can accept or decline.

*NOTE: It is sometimes necessary for the chair to limit question time so that other agenda items can be covered as well. This doesn’t mean extra questions cannot be asked, just that they need to be asked in a different way, namely by emailing them to the chair, who will forward the question to the speakers and ask them to email a reply to both the questioner and the chair. Then the question and answer will both be set out in the draft minutes.*

Action: Any further questions on this subject to be emailed to Tony Green who will send them to the team for a response.

* **ITEM 4 –AGM Part 1**

The 2016 Steering Group report was presented, with a proposal to adopt the constitution that had been sent out in May for comments.

C. There is no date and signatures on the draft that was sent out.

The chair said on the new copy the ‘DRAFT’ watermark has been removed and a date of approval added in the footnote, but as yet it hasn’t been signed.

**Action**: Tony will sign and date the constitution in behalf of the group now that the constitution has been agreed with the date of 24.11.16 .

Objections - None

All agreed that they are happy with the constitution.

Susan Gomm – Proposer

Val Tabb – Seconder.

* **ITEM 5 – ‘Talk with a stranger’ break** for inter-PPG learning
* **ITEM 6 -** The chair asked table groups to discuss and feed back their conclusions on which is better, and why, of a network run and led by the CCG or a network run and led by patients?

All said there's no need to discuss it, as they want the Network to remain patient led.

**Why?**

Bottom up is better than top down.

They provide services for us – the patients – so we are better placed to judge quality.

Customer response to a monopoly

We are enthusiastic as we are not paid.

We can learn better from each other.

Q. What clout do we have as a group to make a difference?

A. I’ll answer this in general, then in particular.

In general, the Network has nominated several patients to serve on CCG working groups. For example two Network nominees and two other Network members nominated by other groups all serve on the Patient Voice Panel (PVP). At the beginning the PVP was only given the opportunity to comment on decisions already made, but I asked that once mutual trust had been achieved between the CCG and the patients I said I hoped the PVP would shift to decision-shaping. The CCG acted quickly on this, and ever since, we have been able to ensure that patient inputs are woven into decisions from the outset.

In particular, by the end of this meeting we aim to have a strong steering group and a new, relevant constitution, and when the new steering group meets soon after this meeting it will elect one of its members as the new chair. That, and the knowledge and enthusiasm of other Network members, makes the Network as marketable as possible. We have already briefed the communications team about the Network, and one of them has asked to attend. The general plan has three main steps. The first is to identify the key decision-makers in the (probably) combining CCGS and the others who may influence the decision This is the hardest step, as the decision probably hasn’t been scheduled yet, and it may not be formally made before June, when it is hoped that all staff who will work in the combined CCG will be in their “shadow posts”, so some current decision-makers may no longer be employed after that. The second step is to tell them that the patient-led Network is efficient and effective, then the third step is to invite them to attend one or more of our meetings and see for themselves.

The chair promised to do all he can to get the combining CCGs to use a genuinely patient-led Network, but warned that there is no guarantee of succeeding. It could be a messy marketing process because of the difficulty of finding out who would make the decision and when, and who else might influence them.

Q. Why will there be a new chair?

A. The chair explained that under both the original terms of reference and the new constitution there is a two-year maximum term of office for chairs, and as he had served throughout 2015 and 2016 he is ineligible to serve in 2017. Technically he will cease being chair as soon as the new steering group elects another of its members as the new chair, probably in December.

Members thanked the chair and applauded him.

Q. We don’t have representation of all the surgeries on our group. Do other networks in Birmingham?

A. No, because some surgeries in Solihull and in Birmingham don't have a patient participation group, or only a very small one that meets rarely, or have just an email-only patient reference group. The other possibility is that a PPG exists and would like to send one or more delegates, but has none that can attend at our traditional daytime meeting. And there seem to be PPGs that don't want to learn from expert speakers or from other PPGs.

Q. Do the CCG’s have a sanction to have a patient group?

A. They are required to involve the public and patients but they are not told how to do it.

* **ITEM 7 – AGM Part 2 – election of steering group members**

Under the new constitution there can be up to 7 substantive members, and in this uncertain time it is advisable to fill all the places. Three remaining members of the 2016 steering group, Walter Smart, Keith Boad and Tony Green, offered to stand again, and were re-elected. Three more delegates, Val Tabb, Gerald Noone and Martin Wright, offered to stand and were elected. The Network agreed that those six could arrange for another delegate to join them to fill the seventh place, subject to telling the Network at its next meeting in January.

Once all the steering group members are decided they will then be able to elect a chair between them at the next meeting.

Action: To set a date for the steering group to meet and elect a chair

Action: make members aware of the 7th member on 26.01.17.

In the special circumstances of the planned CCG merger that will probably result in a single system of liaising with PPGs throughout Solihull and Birmingham the Network also agreed that the new steering group can co-opt Bernie Aucott and John O'Donnell who are delegates from Birmingham PPGs.

* **ITEM 8 – AGM Part 2 – Any other business**

Q. What does Patrick Brook think of the Network model?

A. He is happy with the Network and supports it. He trusts the Network. He will probably be the main invited speaker at our January meeting.

Q. Can we have a presentation on the new urgent care centre and its services?

A. Yes will organise this.

**Action**: To organise a presentation about the new urgent care centre.

The next Network meeting will be on **Thursday 26 January 2017 from 11 am to 1 pm**.

The chair said copies of the Anxiety presentation slides will be sent out with the draft minutes. He thanked delegates for attending and for raising such interesting issues and closed the meeting at 12.50 pm.