

Meeting: Cambridge Area Patient Group
Date: Thursday 21 November 2019
Time: 10.30 – 12.30
Venue: Hobson Room - Cambridge Professional Development Centre (CPDC)
Foster Road, Cambridge CB2 9NL

NOTES

- 1 **Welcome and Introductions**
- 2 **Apologies:**
- 3 **Jo Fallon – Primary Care Network Programme Manager (CCG)**
 - Primary Care Networks

Jo Fallon talked to the group about Primary Care Networks (PCNs) including how individual practices may struggle to provide all the services they need to for their patient population but by joining together with other practices in a PCN they could provide more services jointly. Each PCN should have between 30,000 and 50,000 patients and be led by a Clinical Director (CD). The CD can be a GP from one of the practices within the PCN or another clinician from the PCN. The biggest PCN is Cambridge City 4 – led by Dr Cathy Bennett of Cornford House.

Issues raised:

Q. Are there just 4 PCNs?

- Peterborough has 24 PCNs whereas in the Cambridge area we have 9.

Q. Can you give an example of the specialist services that the PCNs could provide?

- An example would be ultrasounds. NHSE are asking PCNs to look at the needs of their patients therefore not every PCN will be doing the same thing, it will be dependent on the needs of that patient population.

Q. What is the point of putting a lot of rural surgeries together when there is no transport and you can't get from one to another?

- The County Council and other agencies are looking at how they can help with transport issues in rural areas.

Q. Is it money that arrives after it is set up or before so doctors and nurses have the time to do it properly? Are we putting in money so there can be additional doctors and where would we get them from? Where is the money coming from, as £3m cut from commissioning?

Q. Where is the money coming from for the PCNs? Where are we getting the people from?

- Some of the money is to get more staff into PCNs. This would include other healthcare professionals, not just GPs, for example, clinical pharmacists to do the medication reviews

Q. Who is the Clinical Director responsible to?

- The funding for Clinical Directors comes from NHSE.
- (ACTION: **Jo Fallon to find out who the CD is responsible to**):
 - The role of the Clinical Director is to lead the development of the PCN and ensure care is provided in the best way to meet the needs of its patients. In addition, the Clinical Director will represent the PCN and the patients it serves in discussions about how healthcare is provided across each local authority area and Cambridgeshire and Peterborough.
 - Each PCN has signed up to 1 year 'Directed enhanced service (DES) contract' and practices will still remain independent. The first year is very much about helping PCNs with coming together, working together, building on relationships and working with partners including local people and communities.
 - PCN Clinical Directors will provide assurance to the CCG on their PCN's development against a national framework.

Q. How do PPGs influence?

- Are PPG reps talking to their clinical directors? PPG reps should be feeding back to their practices via their practice manager.

Q. Will PCNs have a joint patient forum?

- This is very much a work in progress and this will be up to the PCNs to decide the best way of talking to patients.

Irina Higginson - STP Programme Manager - Northstowe and New Models of Care (System Delivery Unit)

- Integrated Neighbourhoods

Irina talked to the group about Integrated Neighbourhoods. Granta Medical Practices is an Integrated Neighbourhood (IN) and was one of the first accelerator sites. Granta Medical Practices was working at scale before PCNs were formed and have a very clear vision. Granta have really defined what is important for their population by utilising data.

They are actively recruiting into roles at the moment which takes time – building relationships, bringing in new staff members. All Clinical Directors have been appointed. In order to get the funding for this year – the PCN would need to recruit to the new roles.

Q. Integrated Neighbourhoods will do long term good but GP are very overworked. How will we do this without killing them?

Q. Is there a case study for an Integrated Neighbourhood that we can share?

- It is a bit too early to have a case study for our area but we can find an example from elsewhere.

- (ACTION: Irina Higginson – share case study of an Integrated Neighbourhood).

Q. What is the budget? After the four years of funding will it then fall upon the PCN to find the funding?

- **(ACTION: Jo Fallon to confirm the funding allocations to PCNs):**
 - We receive a CCG allocation and a Primary Care delegated commissioning allocation, devolved down to us from NHSE under our delegated commissioning responsibilities. Within the PC delegated commissioning allocation for 2019/20 we are expected to fund PCNs as per the national guidance. The PC delegated commissioning allocation must only be used for Primary Care and undertaking our delegated commissioning responsibilities.
 - Our CCG allocation for 19/20 is £1,118m and our delegated commissioning allocation for 19/20 is £129.7m = £1,248m
 - The Primary Care budget for 19/20 is made up of delegated commissioning of £129.7m and CCG Primary Care of £17.8m = £147.5m
 - Of the £129.7m, £6.2m relates to PMS rebasing which is transferred to the CCG Primary Care budget for reinvestment back into Primary Care, currently via the QEF and LESs. This money is protected and must be reinvested back to GP Practices.
 - Unfortunately, we have found that we do not receive enough allocation to cover all the cost pressures within Primary Care delegated commissioning and the current FOT position at M7 is £1.4m overspent and total Primary Care £0.362m overspent.
 - Therefore decision makers need to ensure PCNs develop and succeed but balanced with the knowledge of our financial position.

Q. What would happen to the extra professionals that are employed?

- We don't know that at the moment.

Q. Who employs them?

- The PCN or the individual practice, or it could be through a third party.

Q. To what extent do we have a sample job description so the PCNs don't have to come up with that themselves? Do we have sample models of PCNs?

- The CCG was already looking at PCNs ahead of the launch.
- The GP Support Hub is available as a tool for all GPs and includes: Locality Peer Support Groups; Resilience Training; Coaching and Mentoring; and the GP Health Service (focused on mental health and wellbeing) – all of which are free, fully funded by the CCG!
- There is also the PCN-related peer support available for Clinical Directors via the Clinical Director Events and South Alliance meetings – where CDs can raise concerns, feedback into processes and share learning across the South patch and the CCG as a whole.
- <https://cptraininghub.nhs.uk/gp-support-hub/>
- **ACTION: MK to send electronic PCN leaflet to group.**

Q. What is the best way PPGs can support the CCG?

- By going back to their patient groups and talking to them about what has been shared and talking to Practice Managers/CDs for updates.

- **ACTION: Irina Higginson to send insight data pack.**

Q. Is there any way of making sure each PCN has the same resources?

- That is something that the PCN can decide for their practices, their needs will be different from other PCNs.

4 Jo Hobson – Communications & Engagement Manager (CCG)

- **BIG conversation update**

Jo Hobson gave an update on the BIG conversation, how we have been having conversations with our public and how we can improve services in the future. We have had over 3,000 responses to the survey so far but due to restrictions on public services during the pre-election period we have not been able to book any further public meetings although we are continuing with the ones already set up and the survey is running until 20 December. Jo also told the group that members of the CCG have been out to various groups and that the CCG have held meetings across the patch. Feedback from the survey will collated into themes.

Issues raised:

Q. Is it possible to filter the responses by PCN network/practices and can that be sent to the PPGs within the PCNs?

- We will be able to produce reports by postcode by not specifically PCNs/practices as the data is collected is the first part of the participants post code.
- **Winter comms campaign**

Jo also told the group about the Help Us Help You campaign and the fact that a lot of practices still have a lot of old posters/information on display, particularly about NHS Direct which doesn't exist anymore. The Comms team at the CCG have sent practices a toolkit with current information. The CCG sends practices communications toolkits containing posters, images and text they can use for social media and websites on a regular basis and there are also various campaign toolkits produced by Public Health England (PHE) that the practices have access to.

Jo talked about the high A&E usage and explained that the CCG is currently doing some work on translated leaflets, A guide to the NHS, which has been produced in the most common spoken languages in our area which will help practices and A&E talk to patients for whom English isn't their first language. Jo also talked about the targeted campaign work the CCG has been doing on services such as MIUs and how the CCG has been posting to individual FB groups. Jo asked the group to encourage their practices to use the information we send them in the toolkits.

ACTION: Jo Hobson to share links to toolkits with CAPG.

Issues raised:

Q. Swavesey practice is pushing DoctorLink – understood that would be the route into the surgery. How is Doctorlink now providing the data and information? Is DoctorLink being given the up to date information?

- All practices have to offer patient access to online GP consultations by April 2020
- Currently being explored by CCG.

- **Terms of Reference**

The group were asked to read the draft terms of reference and feedback within two weeks.

5 Notes of the last Meeting (attached to email)

6 Patient Reference Group report back

Patient reps feel that they are repeating themselves to the PRG and not getting any feedback. This has been raised with the chair of the PRG.

7 Patient Participation Group updates

Swavesey: Taking up DoctorLink. They are part of North Surgeries PCN. Now have disabled access to the surgeries.

Mill Road: The practice has a new manager. Not had opportunity to meet with them yet but keen to discuss local PCN set up. Surgery is running well. No problems with getting appointments.

Cornford House: Bi-monthly meeting so nothing to report since last CAPG.

Trumpington Street: Dr Lea-Cox is retiring. Most of the PPG communication is via e-link. Have appointed new doctors and things are running ok. Apologies given for next meeting.

Granta: Installed robot for pharmacy. Write 17,000 prescriptions a month. Granta running a project into improving continuing of care in 2020 – led by clinicians. Scoping meeting on 6 December to work out what to do and who to do it. Second project on mental health resources with Granta Medical Practices.

East Barnwell: Trialing DoctorLink – seems to be working quite well. Also have social prescriber on board and a diabetes group as part of the PCN. Concern over provision of medical services to the houses in the new Marleigh development.

Milton: A number of practice members retired and staff changes within the practice. Have now recruited a new GP, new practice manager and nurse. No date for next PPG meeting

Bourn: Meeting lined up with practice manager.

Waterbeach: Had a group meeting on wellbeing and happiness which was very good, and they have produced an information leaflet which includes places to go. About 20 people in attendance. **ACTION: Viv to share information leaflet with group.** The practice had a CQC inspection recently. The practice has been struggling to get enough cover for the number of patients now in the village but are working really hard to provide great service. Going to run a patient survey when things are more settled.

7 Any Other Business

Issues raised:

Northampton General Hospital is stopping non emergency operations due to lack of beds. This was on BBC Look East. There is a real problem getting people out of hospital to free up beds.

Schools are struggling with the mental health issues of their pupils. Schools don't have the resources to employ the nurses.

Arts & Minds does social prescribing.

Jill Crossley feels the group is held in contempt and nothing is fed back to the CCG/Governing Body. Jo Hobson explained how PPG messages are fed back, which should be via the PRG who have a representative on the CCG Governing Body.

Dave Arnold attended a recent meeting where they said the patient is front and centre. The patients voice will be listened to. One of the issues that was raised was that the new services in PCNs need to be sustainable.

Martin Lewis updated the group on Granta setting up a charitable trust and that he is one of the trustees.

8 Dates of Next Meetings:

- 19 December 2019 – Hobson Room (meeting now cancelled)
- 23 January 2020 – Fawcett Room
- 20 February 2020 – Fawcett Room
- 19 March 2020 – Hobson Room
- Further meetings in 2020 to be arranged and advised.