

**Joint Mid Nottinghamshire and Greater Nottingham
Patient and Public Engagement Committee (PPEC)
held virtually on Thursday 9 April 2020 From 2 pm to 3 pm**

Attendees:

Sue Clague, Chair
Chitra Acharya, Patient Leader/Carer
Jim Barrie, Newark Patient Participation Groups
Teresa Burgoyne, Nottingham West
Trevor Clower, Patient Leader/Carer
Cllr. Linda Dales, Newark & Sherwood District Council
Kerry Devine, Improving Lives
Gilly Hagen, Patient Leader, Sherwood Patient Participation Groups
Jane Hildreth, Newark and Sherwood CVS
Pat Kelsey, Sherwood Patient Participation Groups
Ann Mackie, Disability Groups
Paul Midgley, Rushcliffe
Helen Miller, Healthwatch Nottingham & Nottinghamshire
Sarah Taylor, Ashfield Voluntary Action
Lesley Watkins, Mansfield CVS

In Attendance (Integrated Care System and Clinical Commissioning Group's staff):

Julie Andrews, Engagement Manager
Alex Ball, Director of Communications and Engagement
Sasha Bipin, Engagement Officer
Lewis Etoria, Head of Insights and Engagement
Jane Hufton, Engagement Assistant
Tracy Lack, Engagement Officer
Katie Swinburn, Engagement Officer

Apologies were received from;

Jasmin Howell, Vice Chair
Yesmean Khalil, Nottingham City
Deb Morton, Healthwatch Nottingham and Nottinghamshire
Daniel Robertson, Nottingham & Nottinghamshire Refugee Forum
Cllr. David Walters, Ashfield District Council

MNGN/28/20	Welcomes and Introductions
	<p>Sue Clague, Chair, welcomed and thanked everyone for participating in this first virtual PPEC meeting arising from the unprecedented circumstances relating to Covid 19.</p> <p>On behalf of all PPEC members, Sue Clague offered sincere thanks to all CCG staff, healthcare professionals and NHS volunteers for their hard work and dedication during this public health emergency.</p>

MNGN/29/20	Declaration of Interests
	<p>Sue Clague, Chair, reminded PPEC members of their obligation to declare any interest they might have relating to any items on the agenda for the meeting which might conflict with the business of the CCG.</p> <p>No declarations were made.</p>
MNGN/30/20	Minutes of Joint Meeting of Greater Nottingham and Mid Nottinghamshire PPEC Meeting held on 25 February 2020
	<p>With regard to minute MNGN/22/20, Urgent Care, Teresa Burgoyne requested an amendment to reflect her suggestion that Eastwood Primary Care Centre would be a good group to engage with about urgent care.</p> <p>With the above mentioned amendment, the minutes of the last joint meeting held on the 25 February 2020 were agreed as an accurate record of the discussion that took place at that meeting.</p>
MNGN/31/20	Matters Arising/Action Log
	<p>Pat Kelsey referenced minute MNGN/23/20, CVS Patient and Public Engagement Contracts, and asked if the paper submitted by Peter Robinson at the last meeting had been reviewed. Lewis Etoria confirmed it had been reviewed and its contents noted. However, it was reiterated that Peter Robinson did have a conflict of interest in respect of this contract.</p> <p>An updated copy of the action log had been circulated prior to the meeting and was noted.</p> <p>Julie Andrews reported that many historic actions had been followed up and could now be closed. Some outstanding actions had been delayed due to the focus on Covid 19.</p> <p>A number of ongoing actions related to the establishment of a single Patient and Public Engagement Committee for the newly established Nottingham and Nottinghamshire CCG. It was confirmed that these actions would be progressed so that a single PPEC could be established by May 2020.</p> <p>Sue Clague requested that revised timelines be added for all actions deferred in the action log.</p> <p>Action: Julie Andrews to add revised timelines for actions deferred in the Action Log.</p> <p>A response regarding MSK waiting times for pain management</p>

	<p>would be provided as soon as possible.</p> <p>Gilly Hagen highlighted issues faced by patients who had had their appointments for pain management injections cancelled due to Covid 19. Gilly Hagen explained that no advice had been provided to patients about how they could effectively manage their pain via medication or who to contact for further advice.</p> <p>Alex Ball confirmed that the CCG were aware of this issue and this was being investigated. Further information would be shared with affected patients directly at the earliest opportunity. An update will be provided to PPEC members at the next meeting.</p> <p>Action: Engagement Team to liaise with CCG colleagues to clarify the position regarding the pain management pathway and expedite provision of information to this patient group. Feedback will be provided to PPEC members at their next meeting.</p>
<p>MNGN/32/20</p>	<p>Covid 19 Briefing</p>
	<p>Briefings outlining the CCG's response to Covid 19 had been shared with PPEC members prior to the meeting and were noted.</p> <p>Alex Ball presented an update on the CCG's and partners' response to Covid 19 as follows;</p> <ul style="list-style-type: none"> <p>• CCG response to Covid 19</p> <p>The response is being co-ordinated through the Local Resilience Forum which includes Police, Fire, NHS, Local Authorities – all organisations who should be part of a civil emergency response. The CCG has established an Incident Control Centre (ICC) to manage its response to Covid-19 that is open from 8 am to 8 pm seven days per week. The ICC is handling approximately 150 enquiries per day. Across the system commissioners and providers have initiated their own business continuity plans.</p> <p>• Supporting the most vulnerable</p> <p>Nottingham City Council and Nottinghamshire County Council are leading plans to provide enhanced support to vulnerable and older people. Plans include measures to increase social resilience through action at a neighbourhood level by the voluntary and community and the public sector.</p> <p>• General Practice</p> <p>Overall General Practice is coping well. OPEL reporting is now being undertaken on a daily basis whereby practices confirm their status using a scoring system of 1 to 4. Consultations are being</p>

done over the telephone wherever possible and face to face consultations undertaken where required following triage but also for vaccinations, immunisations and smear tests. It was interesting to note that most appointments could be delivered over the telephone or by video call and this may be something to build on following the Covid 19 emergency.

There have been issues with availability of Personal Protective Equipment (PPE) and the CCG has been working hard to co-ordinate this to ensure primary care have access to the right equipment.

Plans for Clinical Management Centres (CMCs) are in place to enable General Practices to work together if they need to. Four CMCs are live presently, three in Nottingham City and one in Balderton. Newark Hospital Urgent Care Centre was closed overnight due to problems maintaining safe staffing levels.

Daily communication updates are being issued to General Practice.

- **Workforce**

There has been a good response to requests for recently retired or newly qualified clinical staff to work on the frontline and this is being co-ordinated by Health Education England.

- **Supporting our Staff**

The majority of CCG staff are now working remotely. Only a very small number of staff are working at Standard Court in the ICC. All other CCG offices will be closed. To date daily staff communications have been issued although the frequency has now been reduced to three times per week.

Alex Ball provided reassurance that the health and care system has prepared really well over the last 3 to 4 weeks for any surge in Covid 19 patients with a peak expected between 19 and 22 April 2020. Hospital discharges can be achieved within 3 hours of a decision to discharge releasing beds and the number of intensive care beds has been increased almost five-fold. Presently only one-third of available intensive care beds are being used.

Trevor Clower asked if football stadiums had been approached to provide additional space should it be needed. Alex Ball explained that Nottingham and Nottinghamshire may not need a Nightingale facility but if it was required he confirmed that this could be achieved very quickly.

A number of questions were raised about access to services and support for vulnerable people in the community. Alex Ball

confirmed that this was being co-ordinated through the Humanitarian Assistance Group who are identifying vulnerable patients using national and local data generated via the population health management project to ensure they receive the help required. Lewis Etoria confirmed that information had been issued to GPs explaining how to add patients to the vulnerable patient list. Feedback from PPEC members suggested there continued to be much confusion regarding support to vulnerable people. It was agreed the Engagement Team would circulate further clarification regarding this.

PPEC members were asked to report any instances of vulnerable people being unable to access help and support.

Action: Engagement Team to circulate further clarification regarding registration process for vulnerable patients to access help and support.

Action: PPEC members to report any instances of vulnerable people being unable to register for help and support.

In response to a comment that information issued regarding visiting arrangements at local hospitals was ambiguous, Alex Ball agreed to feedback this information to the relevant NHS Trusts.

Action: Alex Ball to feedback to NHS Trust about ambiguity of public facing information regarding visiting arrangements at local hospitals.

Discussion ensued regarding the different ways of working that the response to Covid 19 had generated and how this could potentially accelerate some of the changes outlined in the NHS Long Term Plan. Particular examples related to virtual meetings, delivery of patient consultations both in general practice and hospital out-patient settings. However, it was agreed that any changes needed to be inclusive.

Other queries were raised regarding end of life care and provision of guidance on palliative care and availability of generic anticipatory medicines to nursing homes.

Alex Ball concluded discussion by thanking PPEC members for their valuable feedback, noting that some of the issues raised were in progress and others were more difficult and sensitive to address and required the CCG to follow national guidance. Alex Ball asked PPEC members to please stay at home and encourage everyone else to do the same to protect the NHS and save lives.

MNGN/33/20	PPEC Terms of Reference and Forward Programme
	<p>Julie Andrews reported that an updated copy of the PPEC Terms of Reference had been prepared to reflect discussion at the last meeting with a request for amendments/comments by 25 March 2020. As no further amendments had been received the PPEC Terms of Reference had been submitted to the Governing Body for approval on 8 April 2020 and are included in the CCG's Governance Handbook.</p> <p>A draft copy of the PPEC Work Programme 2020/21 had been circulated prior to the meeting. The forward programme took into account discussions at previous PPEC meetings particularly discussions regarding the CCG's Commissioning Intentions. PPEC members were asked to review the draft PPEC Forward Programme and forward any comments to Julie Andrews.</p> <p>Action: PPEC Members to review draft PPEC Forward Programme and forward any comments to Julie Andrews by Monday 4 May 2020.</p>
MNGN/34/20	CVS Patient and Public Engagement (PPE) Contract
	<p>Further to discussion at the last meeting, Julie Andrews confirmed that a contract for the Mid Notts CVS Alliance to deliver the PPE contract had been issued.</p> <p>Key performance indicators have been agreed and a process initiated to set priorities for each Integrated Care Partnership (ICP) involving colleagues in the ICPs, Primary Care Networks and voluntary and community sector organisations. PPEC members have also been invited to contribute to this conversation. Thanks were offered to those PPEC members who had already contributed to the priority setting process and a reminder to others of the opportunity to do so.</p> <p>Paul Midgely commented that all Primary Care Networks should have developed a plan on a page defining their priorities and this could be used to inform this process. This information was noted.</p> <p>Once collated the information will be used to develop a workplan for the CVS organisations that can be shared with PPEC at its next meeting.</p> <p>Action: Include CVS PPE Work Plan on agenda for next PPEC meeting.</p> <p>Action: Include update and review of CVS PPE contract against key performance indicators on future PPEC agenda.</p>

MNGN/35/20	Any Other Business
	<p>Sue Clague referenced the regular updates on Covid 19 circulated to PPEC members by the Engagement Team. Whilst this is helpful information, it was agreed that a co-ordinated approach issuing an update either weekly or two weekly would be more helpful.</p> <p>Action: Engagement Team to develop a weekly or two weekly briefing for PPEC members on Covid 19.</p> <p>In recognition of this being the last joint meeting of the Mid Nottinghamshire and Greater Nottinghamshire PPECs, Sue Clague thanked the membership for their valued contribution to the work of the CCGs and offered members her best wishes for wherever their paths took them in respect of patient and public engagement in the future.</p>
MNGN/36/20	Dates of Future Meetings
	<p>A schedule of future meeting dates had been shared with PPEC members prior to the meeting and was noted.</p> <p>The date of the next meeting would be Tuesday 19 May 2020 at 2 p m.</p>

Acronym Glossary for Reference

CBT	Cognitive Behaviour Therapy
CD	Clinical Director
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CVS	Community and Voluntary Service
DNA	Did Not Attend
EMAS	East Midlands Ambulance Service
EMAHSN	East Midlands Academic Health Science Network
EMLA	East Midlands Leadership Academy
EQIA	Equality Impact Assessment
FOI	Freedom of Information
GDPR	General Data Protection Regulation
GNCCP	Greater Nottingham Collaborative Commissioning Partnership
HEE – EM	Health Education England – East Midlands
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Providers/Partnership
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
LTC	Long Term Conditions
NAPP	National Association of Patient Participation
NHCT	Nottinghamshire Healthcare Trust
NHSE/I	NHS England/Improvement
NICE	National Institute for Health and Care Excellence
NUH	Nottingham University Hospitals
OPEL	Operational Pressures Escalation Levels
OOH	Out of Hours
OTC	Over The Counter
PCN	Primary Care Networks
PET	Patient Experience Team
PHE	Public Health England
PPGs	Patient Participation Groups
PPI/E	Patient and Public Involvement/Engagement
SFHT	Sherwood Forest Hospitals Trust
UCC	Urgent Care Centre
UTC	Urgent Treatment Centre