

\*\* Also new ~~document~~ Hospital paper \*\*

\* Look at PPI paper on PCT website and send comments



to Stuart

by Trusts

West Hertfordshire Primary Care Trust and East and North Hertfordshire Primary Care Trust

West Hertfordshire Hospitals

money will from Govt for internet

**Strictly Patient Involvement  
A New Opportunity to Get Involved and Shape Services**

CPT putting in a proposal for internet support

**A G E N D A**

28<sup>th</sup> January 2008

KS7, Royalty House, King Street, Watford

Transitional LINKS management board

been appointed  
1st meeting feb 13th

LINKS base organisations of social networks which local networks will feed in to

1. Introductions and apologies
  - Stuart Bloom: Chair, West Herts Primary Care Trust (PCT)
  - Ewan Maddock
  - Introduction to the PBC Website
  - Next Steps

Technology sorted out  
New server in Germany

3. Notes of Previous Meeting - matters arising

4. Feedback from West Herts Practice Based Commissioners: PPIF representatives
 

HAAS were - sharing services from Savings A / Patters Bar hub of services for all patients

5. Any other business
 

CN - vacancy rate 18-19%

6. Date of Next Meeting
 

Shortage of staff HR blocks

Detailed PA strategy in Board papers this week

Mon 21st April 10am Royalty House

Go back to Mike with website letters

Needs to be two way communication - closed loop (As with ASR)

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West Hertfordshire Primary Care Trust and  
East and North Hertfordshire Primary Care Trust

WEST HERTS PRIMARY CARE TRUST  
STRICTLY PATIENT INVOLVEMENT

Minutes of a Meeting held on  
8<sup>th</sup> October 2007      Royalty House

**Present:**

Stuart Bloom	Chair West Herts Primary Care Trust (Chair)
Henry Goldberg	Chair West Herts PPIF
Heather Aylward	PPI Lead (note taker)
Gill Balen	WHHT Patients Panel, Red House PPG
David Arrighi	Chair: Attenborough PPG
Katrina Power	Practice Based Commissioning Manager
Christine Walden	Practice Based Commissioning Manager

**Apologies:**

Mary McMinn, Peta Gunson, Peter Bodden, Harry Bhamrah, Peter Williams,  
Norman Tyrwhitt, Ewan Maddock

**Documents tabled:** Agenda, Notes of previous Meeting, LINKs Stakeholder  
Event Invitation

**1. Welcome and Introductions**

Stuart welcomed everyone to the meeting and introductions made.

**2. PBC Patient Website**

The following was discussed:

- This website should not duplicate existing PBC websites
- To actively consult with access to all, an index, an alert system for registered members Comments on proposals to be considered by PCT and PBC.
- To assist in PBC statutory responsibility to involve.
- It would enable links into other websites
- Jargon free documents
- Appropriate website tools can be shared with PBC groups.
- To assist PPI reps on PBC groups to feedback effectively.
- **There was frustration that this website had not been activated despite numerous promises. Ewan Maddock to be contacted to confirm exact timescales and identify capacity issues which can then be discussed with appropriate Director.**

**Action: Heather/Stuart**

### 3. Notes of previous meeting – matters arising

- **No update on review of Service Redesign Groups. Andrew Parker to be approached for update.**

**Action: Heather**

- Draft Specifications for Out of Hours care had been distributed as agreed at previous meeting. New contracts are likely to take another year and to run from May 2009. All PBCs have seen specification and have urgent care leads. Red House are not part of Hertsmere PBC consortia .
- WatCom had written to Anne Walker, PCT CEO, and Strategic Health Authority regarding the lack of specifications for Watford UCC – there are plans to accelerate the UCC for Watford and the plans are to be included.
- Henry has spoken to Peter Williams
- Heather to contact Mike Edwards re letters concerning the website when a timescale for the website has been agreed

### 4. Feedback from PPIF members of PBC groups.

The following points were discussed:

- WatCom: enhanced Mental Health (MH) services started 1<sup>st</sup> October. (Performance Topic Group at County Overview and Scrutiny (OSC) are looking at Investing in your Mental Health and the enhanced MH services).
  - MH Link Workers and Graduate Workers, supported by psychiatric consultant (1 day per week). Query as to where patients access consultant.
  - Rolling out to all practices, links with Community Psychiatric Nurses (CPN), referred by primary care.
  - Access to Anxiety Groups and self help tool: Computerised Cognitive Behaviour (CCB) (alternative to counselling).
  - Similar to St Albans model – quicker treatment and can deal with more complex cases.
  - Counselling still provided at majority of practices who have direct access – from 31<sup>st</sup> March 2008 referrals will be triaged and directed to the most appropriate support ie Anxiety Groups, CCB, psychiatrist etc.
- DacCom – proposing an alternative to CAS/CATS.
  - Looking at Information System that can give real time data on primary and acute care activity. Need to go out to tender as contract over £15,000.

**Action: Katrina**

*Mattairs  
surgery for  
St Albans  
? Watcom*

### CATS

The programme for CATS across St. Albans & Harpenden & Hertsmere continues to roll out and most will be up and running by the end of October. WatCom are developing a Dermatology CATS along similar lines to the ones in place in St. A & H and Hertsmere.

- **Concern at lack of attendance at the meeting from PPIF representatives on PBC groups. Henry to contact reps and ask for a report if they are unable to make the meeting.**

Action: Henry

4. AOB

- Primary Care Trust had positive and complementary Accountability Review with the Strategic Health Authority. Good feedback on what has been achieved and progress made. There is recognition with what the Herts PCTs have achieved however there are issues around 18 week wait and hospital acquired infection levels.
- Acute Services Review consultation has now finished, data to be analysed and decision to be made.
- Working towards investment in primary care.

5. Date of next meeting

Monday 28<sup>th</sup> January, 10am  
KS7, Royalty House, King Street, Watford

Big one is direct  
access HFS - bids 8th  
Feb - panel → 1st April

Katrina Most of STA CATS go & meeting  
retention rate achieving or exceeding  
what in contract

MSK started podiatry

Acupuncture agreed - audit after 6/12

V small cost - savings on prescribing

B. Case for colonoscopy group forward next week  
Nat Regulation board - linked to ca network

IVF gatekeeper role switched to CATS

ref guidelines → Hammersmith

Manif forward to Diagnostic access for CATS

still waits frustrating 18/52 in collaboration

to Trusts - bids out - AWP model

turnaround WFS → within a week

Working with Local trusts L&D B&C put  
pathway to booking directly to W&L

negotiating with W&L links needed to sort out

S:\Public & Patient Involvement (PPI)\PPI Meetings & Groups\PBC and Service Redesign Group\Notes of Meetings\8th October 2007 (2).doc

HMH - feasibility study - need money

# Summary of notes of meeting with Lynda Dent

## Patient Involvement in Hertsmere Commissioning Ltd - An "Aunt Sally"

tomorrow → SB

In view of the imminent wind-up the W.Herts Patient Forums, Hertsmere Commissioning will need to develop a structure for Patient & Public Involvement to support its commissioning activity. I believe there are 5 points to address:

- recruiting the right people to the Patient Group (incl. addressing diversity)
- assisting members build a sound knowledge of the local health infrastructure, strategies for delivering health care across the County and emerging national health issues
- supporting a Patient Group infrastructure and widening its democratic catchment
- legitimising the Patient Group with the W.Herts PCT and interested local government fora.
- involving the Patient Group in real decision-making within Hertsmere Commissioning

What follows is an "Aunt Sally" - a starting point for discussion - with the various "stakeholders" who the author feels need to be involved in order to deliver effective PPI for Hertsmere Commissioning.

### Proposal:

1) Create a 'Hertsmere Patient Group' comprising 3-4 patient representatives from each of the practices participating in Hertsmere Commissioning Ltd (to be identified by the practices).

#### Profile of Candidates (One or more of the following):

- Willing to devote significant time to health issues
- Capable of working as a "critical friend" across a range of health issues
- To have past experience of PPI activities (Patient Forum or CHC)
- To have links into the PPG activities of practices
- Involvement as a representative in local government.

2) Practices to support the Patient Group by making available facilities for Group meetings and, possibly, some administrative support and funding of travel costs (seek cost sharing with PCT?)

3) Practices to facilitate familiarisation visits by Patient Group members to local health facilities, to help them build a sound understanding of the local health care infrastructure.

4) Where PPGs exist, Practices to assist the Patient Group and Hertsmere Commissioning in arranging consultation sessions about proposed changes to services.

5) W. Herts PCT to support Patient Group(s) by making available key PCT staff for presentations and seminars on specific health issues to develop a good

understanding amongst group members of the strategies for delivering health care in W.Herts, plus familiarity with a wide range of emerging health issues.

5) W.Herts PCT to assist Locality Patient Groups (such as the Hertsmere Patient Group) gain access to NAPP programmes for patient education & training (*via the current PCT sponsored PPG Group co-ordination programme*)

6) W.Herts PCT to assist Locality Patient Groups make contact with other patient groups involved with PBC activities in W.Herts. (*for example by expanding the current PCT sponsored SPI Group*)

7) Hertsmere Strategic Health Overview Group to invite 1-2 representatives of the Patient Group to attend its meetings and give input if desired (*i.e., to provide a follow-on for the existing Locality Patient Forum representation*).

8) Hertsmere Patient Group to become a member of the LINKS organisation as it develops.

## The Role of a Hertsmere Patient Group

### What it would do:

- Provide a Patient Representative(s) to sit on the HCL Management Group to reflect patient views.
- Provide representatives to contribute a patient perspective to HCL working groups set up to address particular topics on health care delivery (*though it would not be the exclusive source of such representatives*).
- Provide a general Patient input to HCL on all relevant aspect of healthcare delivery.
- Provide input to Hertsmere's Strategic Health Overview Group if invited to do so.
- Provide input/support to W.Herts PCT PPI initiatives and consultations, if invited to do so.
- Work to build a wider public forum (possibly via PPGs) for collecting/disseminating information about quality of healthcare in Hertsmere and HCL/PCT proposals for changes to healthcare provision, thus assisting HCL to fulfil its duty to consult the public on commissioning matters.
- Be involved when necessary (together with local political representatives) in ensuring that a distinct "locality patient view" on health care provision is articulated where plans developed in a wider geographical context appear unsuited to the needs of the locality.
- With the intention of building a good understanding of the healthcare infrastructure group members would aim to visit practices and other healthcare locations for familiarisation.

### What it would not do:

- It would not become involved in resolving issues and complaints of individual patients about the quality of their healthcare - though it could ensure that patients understand the options open to them to pursue their individual interests. Being aware of such issues and complaints would be a part of providing a balanced input to HCL on the quality of healthcare delivery.
- It would not be directly involved in monitoring the quality of healthcare delivered (unless invited to do so by HCL).

### How a Hertsmere Patient Group might operate.

The group would meet initially on a 2-monthly basis at rotating locations (preferably facilitated by the Practices) around Hertsmere.

It would develop its own constitution (within an agreed terms of reference) and appoint/propose officers, including representative(s) to the HCL management team.

Communication between members would be primarily by e-mail, though some administrative support to provide a brief record of meetings would be highly desirable.

It would receive regular briefings from HCL officers (probably Nicolas and Andy) on HCL progress and issues.

Patient Group members directly involved in HCL activities would also be required to report to the main group on their individual progress and any emerging issues from their perspective.

The group would (hopefully) also get occasional briefings from PCT experts on important healthcare issues, plus invitations to attend PCT sponsored events/training aimed at a wider cross-county audience.