

Patient Network Meeting Minutes 08.02.18

Douglas Mill, 6pm-8pm

Welcome and Introductions

Emma opened the Patient Network meeting.

Louise Keighley (Senior Commissioning Manager Bradford CCGs) and Dr Himat Thandi (GP at Horton Bank Top & Director Bradford Care Alliance) attended the Patient Network (PN) and did a short presentation on the new model of Primary Care Homes.

After the presentation the participants on their tables were asked to discuss between themselves what questions to ask Louise and Dr Thandi regarding the Primary Care Home.

Questions from tables.

Q) How do we build resilient communities?

- A) That's where work with the Local Authority and the VCS comes in. We've had to work around the constraints out there. It has to be a slow gradual change so that we can try something different when something doesn't work out. This is a model to work around bit by bit, developing different parts of the service. Different areas have different needs.

Q) How are we going to educate people about the new system? Are we going to have money to give VCS to signpost individuals?

- A) It is about creating efficiency. The VCS are very involved in this model.

Q) How are we going to educate the 86 year old patient not to ring the surgery, but instead look at other services/internet. They won't understand the new system.

- A) A lot of people will contact the GP at first. Some GP staff have already received training on care navigation. That is why it is a gradual change-it will be a slow drip drip through. There needs to be a lot of education and communication through the community.

Q) How is the new model being measured? What outcome measures are being used? What are the indicators of success?

- A) This is a new 'world' we're going into- it is up to people monitoring services to decide what metric outcomes are best to use-some of this is for local determination- we need the community to tell us.

Q) Should programme boards be setting up outcomes?

- A) Yes, such as admissions, care delivered closer to home etc.

Comment from audience - All this description is top down.

Comment from audience - We don't think there's a voice from the public, it's mainly GPs deciding that this is the system.

Comment from audience - You need good publicity. We've put our ideas forward and we don't get communication back.

ACTION: Louise Keighley to send out a review of questions raised from both the evening and day network.

ACTION: Louise to share set of outcomes

Ideal PPG

Jessica Drinkwater introduced the – Ideal PPGs agenda item. Jessica did a brief presentation and then asked participants on their tables to individually draw what they think their 'ideal PPG' would look like and then on their tables discuss their pictures and draw a joint picture of what an ideal PPG should look like, then feedback to the group.

Below are some of the suggestions/features:

- Diverse-representative of the community it serves.
- PPGs should have a patient chair
- Agenda should be set by patients not practice staff
- Should be able to influence at a practice level
- Needs administrative support
- Openly sharing data- data is provided by the practice, e.g. No. of calls practice receives
- Terms of reference
- Clearly defined roles
- Practice Manager attendance
- PPG should have a degree of flexibility- there should be other ways to be involved in the PPG
- Not necessarily having a formal meeting but maybe hold a workshop type meeting.
- Patient centric
- Visiting speakers
- Effective patient surveys
- Good two-way communication and feedback
- Attended by a GP partner
- Coffee mornings
- Community centre sessions
- Fun afternoons in the park
- Walking groups
- More money to enable practice engagement

Comment from audience - PPGs can be funded separately.

Comment from audience - Different members of staff in attendance to meetings can bring different perspectives.