

<b>REPORT TO:</b>	<b>GOVERNING BODY</b>		
<b>MEETING DATE:</b>	<b>26th September 2018</b>		
<b>REPORT TITLE:</b>	<b>Patient Partners Board Update</b>		
<b>SUMMARY OF REPORT:</b>	This report provides Governing Body members with an update regarding the work of the Patient Partners Board.		
<b>REPORT RECOMMENDATIONS:</b>	Members are recommended to: Note the report and the progress to date; and Offer any suggestions as to further improvements that can be made to our communication and engagement support		
<b>FINANCIAL IMPLICATIONS:</b>	None		
<b>REPORT CATEGORY:</b>	Formally Receipt	<b>Tick</b> x	
	Action the recommendations outlined in the report.		
	Debate the content of the report		
	Receive the report for information	x	
<b>AUTHOR:</b>	David Rogers Head of Communication and Engagement		
	<b>Report supported &amp; approved by your Senior Lead</b>	<b>Y</b>	
<b>PRESENTED BY:</b>	Michelle Pilling Lay Member – Quality & Patient Engagement		
<b>OTHER COMMITTEES/ GROUPS CONSULTED:</b>	The report references the work of the Patient Partners Board, which operates as a sub-committee of the Governing Body.		
<b>PRIVACY IMPACT ASSESSMENT (PIA)</b>	Has a PIA been completed in respect of this report?		
	If yes, please attach	If no, please provide reason below N/A	<b>N</b>
<b>EQUALITY IMPACT ANALYSIS (EIA) :</b>	Has an EIA been completed in respect of this report?		
	If yes, please attach	If no, please provide reason below This is an update of work that in and of itself is EIA'd	<b>N</b>
<b>RISKS:</b>	Have any risks been identified / assessed?		<b>N</b>
<b>CONFLICT OF INTEREST:</b>	Is there a conflict of interest associated with this report?		<b>N</b>
<b>CLINICAL ENGAGEMENT:</b>	Has any clinical engagement/involvement taken place as part of the proposal being presented.		<b>N</b>
<b>PATIENT ENGAGEMENT:</b>	Has there been any patient engagement associated with this report?		<b>Y</b>
<b>PRIVACY STATUS OF THE REPORT:</b>	Can the document be shared?		<b>Y</b>
<b>Which Strategic Objective does the report relate to</b>			<b>Tick</b>
<b>1</b>	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.		<b>X</b>
<b>2</b>	Optimise appropriate use of resources and remove inefficiencies.		
<b>3</b>	Improve access, quality and choice of service provision within Primary Care		
<b>4</b>	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways		

**NHS EL CCG Governing Body**  
**26 September 2018**

**PATIENT PARTNERS BOARD UPDATE**

**1. Introduction**

- 1.1 This report provides an update regarding the work of the Patient Partners Board. The last update was provided in March 2018, therefore this update reflects progress between March and September 2018.

**2. Patient Partners Board Update**

- 2.1 Over the last quarter the Patient Partners Board (PPB) has met three times: in May, July and more recently in September this year.

- 2.2 In May, the PPB considered the findings of Healthwatch Lancashire's engagement, which mainly focused on a survey of community pharmacy. It was noted that in East Lancashire, if the survey was run again, it would show the huge impact on pharmacy as a result of care navigation. It was also noted that the reduction in prescribing of self care orientated medication would also have an impact on community pharmacies. Members also considered the primary care quality framework and strategy. Members were concerned about the pressure on primary care but were reassured that the CCG and GP practices were responding positively to the challenges that GP practices face. The NHS England assessment of PPI was considered. Governing Body Members will recall that the CCG, along with every other CCG in Lancashire and elsewhere achieved a score of "requires improvement" in this assessment. Members were critical of the methodology adopted for this assessment which was ostensibly a web based analysis of PPI on the CCG website. Work is under way to ensure that the CCG website has a focus on engagement in readiness for the next assessment. It is anticipated that this will be in January or February 2019. Member considered a proposal to engage with the public on NHS hearing aids. This is to contribute to the procurement of NHS hearing aid services on a Lancashire and South Cumbria geographical footprint. The procurement is being led by BwD CCG, and the Head of Communication and Engagement is the SRO for communication and engagement for this work across Lancashire and South Cumbria. Members were supportive of the process. Members also discussed the planned PPG awareness week (4<sup>th</sup> to the 9<sup>th</sup> June). A resource pack was circulated and support was offered to PPGs by the CCG to aid promoting PPGs over the week.

- 2.3 In July, the PPB considered the Pan Lancashire Policy Harmonisation work. Members were keen to ensure that the right people were being engaged with on the policies that are being harmonised. Members noted that the policies on cosmetic surgery and IVF had more salience and relevance to the population than other more specialist policies. However they were keen to see more involvement from East Lancashire residents and made suggestions regarding this. David Rogers reported on the engagement work regarding the NHS hearing aid procurement, which was progressing well. Two East Lancashire residents (Mr Stephen Finn and Miss Lesley Jackson) have been invited

onto the procurement steering group to provide the patient perspective. Members were grateful for their involvement. PPB members received presentation from Hayley Sims and David Rogers on the proposed engagement regarding the adult community nursing review that the CCG is undertaking. The engagement was ostensibly through a simple paper and online questionnaire branded as “Your services, your say” with three simple questions to answer: What do you like about the service? What, if anything, could be better? Is there anything else you would like to tell us about the service? The survey has been promoted in PR, on social media and by the service itself. GP practices have also been involved in promoting the survey. The first tranche of engagement focusses on district nursing, tissue viability, domiciliary phlebotomy and INT services. Members were supportive of the approach, particularly as the survey would also include a contact number for people to speak to someone about their views, and the availability of interpretation and literacy support. Members also received an update about the Health Access Centre (HAC) closure from Lisa Cunliffe, Primary Care Development Manager. Members were given information about the Hyndburn extended access programme and advised that to date there has been little negative impact on other services (A&E, MIU, GP out of hours etc) as a result of the HAC closure. Members were reassured by the presentation from Lisa and requested a further update at a later date. Philippa Cross, Programme Manager for Together a Healthier Future gave members an update on the progress of the Pennine Plan and related work. Members were updated about the progress of the engagement for the programme and were supportive of the direction of travel.

- 2.3 The September meeting will take place on the 19<sup>th</sup> September. Members will receive updates on the adult community nursing review, and NHS hearing aids (audiology). Members will consider the development of NHS 70<sup>th</sup> Pledges for their PPG as well as a new member induction pack for PPB members. They will receive a presentation on primary care networks (PCN) from Collette Walsh, Head of Commissioning – Integrated Care, and will learn about the work of the Burnley East PCN on young people’s resilience. In addition members will receive an update on the Pan Lancashire Policy Harmonisation engagement focusing on varicose veins.
- 2.4 At each PPB, a locality manager presents an update on behalf of each of the localities. This is similar to the update that the Governing Body receive and ensures that PPB members are sighted not only on activity in their own locality, but also enables a degree of cross-fertilisation of ideas and achievements.

### **3. Conclusion**

- 3.1 The Patient Partners Board is a thriving and active committee of the CCG, and as such we are particularly grateful for the work of members whose views have helped us to strengthen our engagement activities.
- 3.2 The advice and suggestions of members regarding proposed, ongoing and completed engagement provides the CCG with useful insight and challenge, as well as support.

### **4. Recommendations**

- 4.1 Members are recommended to:
  - Note the report and the progress to date; and
  - Offer any suggestions as to further improvements or developments that can be made to the work of the Patient Partners Board.

**David Rogers**  
**Head of Communication and Engagement**