



Dr Mackenzie and Partners
Patient Participation Group

I agreed to read the information from the Patient Partnership Board which was not available at our meeting and summarise. Since then Ronnie Barker has loaded the documents to www.realtld.co.uk on the PPG Locality pages. I have read them, so intend instead of a summary to put down bullet points relevant to us as members of the PPG. Our role in ensuring patients are involved in decisions about range shape and quality of services requires us to know what they are, and of any changes to them. Previously when we shared information with the practice down the road, they asked if we'd just read the papers and let them have briefing points. I think on reflection that we should ask our PPG representatives on the PPB to find a way for all 9 local PPGs to have a 'ladybird' guide to the paperwork emanating from the ELCCG. They come from a variety of sources and whilst interesting in part, tend to be repetitive, full of jargon and of little benefit to patients who are infrequently mentioned.

Our Question to PPG – if PPB discussing on 3/5/2016 – how can we possibly get information so we can actively participate as our next meeting if 9/6/2016?

I griped and got a quick reply:

“Considering PPG week (06 - 11 June 2016) I have been diligently (I hope) planning to support PPGs and PPG networks. I attach the NAPP PP Resource Pack for this year which is quite useful in case you haven't seen it. We will discuss the plans at the Patient Partners Board and I do appreciate your point about the time lag of minutes etc. So I will be writing out to network leads next week to outline the possible support that we can provide”.

- The NAPP - found it - National Association for Patient Participation document is a 'how to' for CCGs and there are some good ideas – too much for PPG week but support some of our ideas. I will bring copies on Thursday.

End of Life ePAC document and Key Worker Card

- My Choices Record – A simple leaflet explaining how our wishes regarding our care preferences can be implemented. Should we wish to avail ourselves of the opportunity to make our wishes known, there is now a facility for this to be recorded in our case notes. Subject to our agreement this can be made available to all professionals involved in our care. A patient held card gives us information to share where appropriate.

Planning guidance – 2016/2017 – 2020/21 (Was to be agreed by Jan 2016 to be in place now)

- Sets out priorities for Sustainable and Transformation Plans (STP) the next five years
- Shared vision ensuring better integration between NHS, Local Authorities including health improvement, ill health prevention and social care and agreed local plans,
- Some good plans may get additional funding across transformation footprints. Anticipate but need to confirm our footprint will be Pennine Lancashire i.e. East Lancashire + Blackburn with Darwen. However seems there will be sub footprints to meet local need. Nine 'must do' this year –
 - Plan for 2016/7 and forward view
 - Aggregate financial balance
 - Sustainability and quality of general practice
 - On track with A&E and Ambulance times



Dr Mackenzie and Partners
Patient Participation Group

- Maintain and improve on – no more than 18 week waiting
- Deliver 62 day cancer waiting standard
- Achieve 2 new mental health access standards and meet 2/3 dementia diagnosis target.
- Local transformation of care for people with learning disabilities – essentially enhanced community provision
- Improved quality and avoidable mortality
- Of interest to us – reinvention of the acute medical model in small district general hospitals.
- The local operational plans must have been signed by April 2016.
- Working together, alignment, all compromised by double jeopardy and financial penalties.
- Many pages of finance requirements and assessment frameworks.
- Submission of our full STP is due 30/6/2016 followed by assessment and review by 31/7/2016.
- Annexe on challenges and gaps and requirement to say how these will be dealt with. Again more stress on finance and efficiency gap.
- Formidable list of 2016/2017 deliverables.

Comment

- We will be interested in having a summary of the Pennine Lancashire Sustainable Transformational Plan (STP) due by 30/6/2016.
- We would be interested to know what the Better Care Fund offers our practice patients
- Whilst the 2015/2016 deficits are mentioned and punitive caveats abound, what about the reason for and remedies for the deficits? Waste, poor management, over use, abuse, things that don't work but there is a reluctance to withdraw?

Place based systems of care – a way forward for the NHS

This is a Kings Fund Study. The thrust of the document is an endeavour to persuade the NHS to change from being what they term a fortress to place based systems. It is quite lengthy and the pros and cons well aired. Simply the document tells us what we already know is not working. It suggests a way in which without a full re-organisation and a meltdown, health and social care could work together. The trials in Greater Manchester and other places will provide an insight into whether it will work in practice. Partnership and joint budgets has been on the agenda a long time. It would be good if it were to come to pass. Obstacles litter the scenario because within the NHS are many fortresses which, preciousness and insularity preclude from sharing. However within the Pennine Lancashire prioritisation process there is evidence of a move to not just place based systems but also an encouraging aspiration to joint working. Provided the NHS and LCC can realise in their Third Sector engagement that the VCFS can do much for less but not for nothing. Pleasingly there are indications of new models and placed based systems which bode well for our community.

PPG Toolkit

This is a How to set up Patient Participation Groups document published by Leeds NHS. Nothing we have not heard before but some templates that we may find useful.

East Lancashire CCG with Blackburn with Darwen – Explaining the CCG prioritisation process

In August 2015 we commented on the process and this document appears to have changed little if at all. However we are being asked to comment again. An accompanying 'draft' letter from David Rogers – Service Partner – Communication and Engagement, explains the delays. A brief 'draft'



Dr Mackenzie and Partners
Patient Participation Group

letter from the Acting Chief Finance Officer ELCCG and the Senior Commissioning Manager BwD CCG which will accompany a questionnaire tells us where to find the easy to read document we are asked to respond to. Finally a Core Script 'draft' which isn't sourced. Time is short and I would not wish to offend by circulating draft documents so here are the links we are to use to get the information necessary for our understanding and response.

www.eastlancscg.nhs.uk/Prioritisation

If you wish to respond via our PPG then please send your views to Jane or to me. I will circulate the final 'statement' when it comes because I think it relevant. Also the questionnaire when it is finalised. Unfortunately closing is in May so we do not have time to further discuss in a meeting.

Dorothy Mitchell
17/4/2016

Abbreviations:

A&E	Accident and Emergency
BwD	Blackburn with Darwen
CCG	Clinical Commissioning Group
ELCCG	East Lancashire Clinical Commissioning Group.
NAPP	National Association for Patient Participation
PPB	Patient Partnership Board
PPG	Patient Participation Group
STP	Sustainable and Transformational Plans
VCFS	Voluntary Community and Faith Sector