



A Meeting of the Patient Council will be held on Wednesday 30 November 2016 at 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

**AGENDA**

ITEM	SESSION	LEAD	TIME
1.	Welcome and Apologies	Chair	6.00pm 5 mins
<b>WORKSHOP - SUSTAINABILITY AND TRANSFORMATION PLAN (STP)</b>			
2.	Review the recently published STP - to view the STP online visit: <a href="http://www.smybndccgs.nhs.uk/what-we-do/stp">http://www.smybndccgs.nhs.uk/what-we-do/stp</a>  Develop ideas for public engagement of the plan	<b>PC 16/11/02</b> Jade Rose  All, working in groups	6.05pm 55 mins  7.00pm 10 mins
<b>GENERAL</b>			
3.	Minutes of the previous meeting held on 26 October 2016	<b>PC 16/11/03</b> Chair	7.10pm 5 mins
4.	Future topics	Kirsty Waknell	7.15pm 5 mins
5.	Signing of the engagement strategy	All	7.20pm 10 mins
	<b>Date and time of the next meeting:</b> Wednesday 25 January 2017, 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY  <b>Future meeting dates 2017:</b> 22 February 29 March 26 April		7.30pm close

**For enquiries please contact:**

Fran Wickham  
Executive PA to Chief Officer and Chairman / Secretariat Team Leader  
Hillder House  
49-51 Gawber Road  
Barnsley  
S75 2PY

01226 433667 or email [frances.wickham@nhs.net](mailto:frances.wickham@nhs.net)



Health and care in South  
Yorkshire and Bassetlaw

**Sustainability and Transformation  
Plan – a summary**



## Introduction

---

This is the summary version of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

It sets out our vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the partnership, including with patient representative groups and the voluntary sector.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations.

### The ambition

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at the heart – from in the home to hospital care, supported by plans to invest in, reshape and strengthen primary and community services. At the same time, we agree that everyone should have improved access to high quality care in hospitals and

specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

In line with the GP Five Year Forward View priorities, we plan to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible. Mental health will be integral to our ambitions around improving population wellbeing.

We want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this we will develop innovative, integrated and accountable models of care and build on the work of the current partnership between NHS providers (Working Together Partnership Acute Care Vanguard) who have already come together to work collaboratively on common issues and goals.

The plan is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible.

We also focus on other factors affecting health, including education, employment and housing, to not only improve the health, wellbeing and life choices, chances and opportunities of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is also shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. We need to look at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.



We will work better together to get the best value and services for everyone. If we don't work differently now, in five years' time, there would be increasing demand on our services and we would have an estimated financial shortfall of £571 million. Therefore, doing nothing is not an option. The way we are organised is out of date compared to people's needs – we therefore need to rethink and improve how health and care services are delivered.

By working more closely and in new ways, we will also contribute to the region's economic growth. Helping people to get and stay in work, as well as supporting their health and wellbeing, will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

## **The case for change**

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services.

However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people admitted to hospital beds who could be cared for in the community if the right support was in place. There are growing waiting times for many services and access to primary care needs to be improved.

In some areas, there is a national shortage of clinical staff. Indeed, we are already consulting on proposed changes to hyper acute stroke services, where people are treated for up to the first 72 hours after having a stroke, and some children's surgery services in the region because such shortages are already having an impact.

Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region.

There are also significant financial pressures on health and care services – with an estimated gap of £571 million in the next four years.



## Working together

Our plan is built on a history of strong relationships between our local organisations and being able to quickly develop a strong partnership, where we can all see the opportunities and are motivated to deliver significant improvements for our 1.5 million population. It is about working together even better, and in new ways.

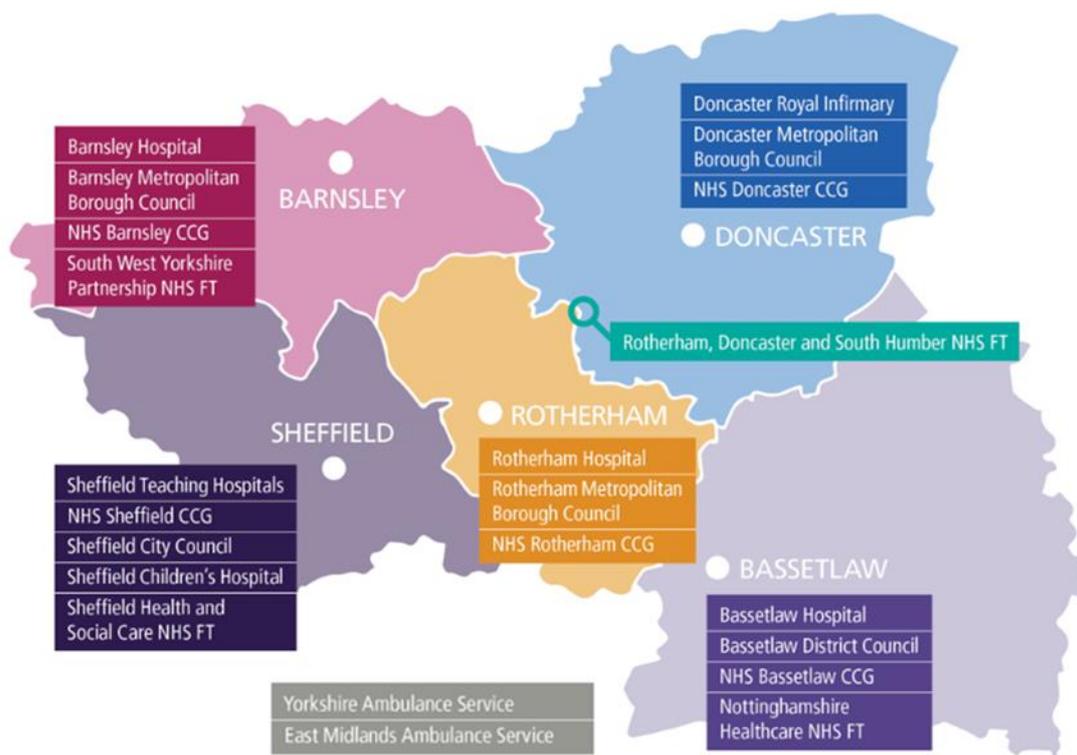
It is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Our 'place' plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. These five 'place' plans focus on investing in primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving

health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on 'place' plans alone won't address the challenges, and so there are also eight priority areas of focus for the whole STP area:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services



## Taking decisions together

To deliver the change that we need in South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to work together under new arrangements to help them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

All these will run in parallel with how partners are structured and help make decisions. This interim arrangement will remain in place until April 2017 during which time a review will take place to establish the right governance.

The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

## Rethinking and reshaping health and care

In rethinking and shaping how we currently work, we want to focus on:

- Putting prevention at the heart of what we do
- Reshaping primary and community based care
- Standardising hospital services

We want to radically upgrade prevention and self-care, to help people to manage their health and look after themselves and each other. This will require improvements in how health and care services connect with people to help them stay well and also in how illness is detected and diagnosed.



Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Primary care services will be improved through the transformation of community based care and support and with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by standardising hospital care and developing a networked approach to services.

We also think that exploring how we can spread best practice and collaboration across our support services, such as our estates, procurement and pharmacy management, will enable us to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting our staff is the only way we will achieve these ambitions. We need the right people, with the right skills in the right place and the right time – whether this is in general practice, the community and neighbourhoods or in hospitals.

We will need to support our workforce, developing ways of working that help people live healthy lives in their homes and communities and supporting GPs to be as effective as possible.

We envisage a flexible workforce that comes together to offer people the best and most appropriate care.

## **Finance**

We currently invest £3.9 billion on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, we estimate that there will be a financial shortfall of £571 million by 2020/21.

If we do nothing to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. If we are to achieve our ambitions, we need the £3.9 billion investment to work differently.

Our high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.



## Early implementation

We are already progressing a number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard. We agree we want to take these forward using the governance we have put in place.

The areas are:

- Spreading best practice and collaborating on support services
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

## Priorities in 2017/18

At the same time, we will focus on the following in the coming year from our priority list:

- Take the thinking further in our priority areas, involving staff and the public in discussions
- Develop primary care, with more care in the community and closer to home
- Improve cancer care, including chemotherapy and pancreatic cancer services and working as part of an alliance across our region and North Derbyshire
- Develop specialised services, such as vascular, children's, orthopaedics, neonatal and mental health services
- Finance, such as how we can be more flexible and accountable with our budget and getting the most out of our spend
- Governance, moving from the interim to longer term arrangements





## **Listening to our staff and communities**

Between December 2016 and March 2017, we will connect and talk with the staff in each of our partner organisations and local communities about the plan. We will also be working with Healthwatch and our voluntary sector partners to ensure we have input and views from a wide range of communities.

We will take account of all views and feed these back into our plans.

For more information, and to download the full plan, go to: [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk) or email: [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)



## Who is involved?

---

There are 25 partners involved in the STP; 18 NHS organisations, six local authorities and one children's services trust involved in the STP. The plan has been developed in consultation with them. They are:

NHS Barnsley Clinical Commissioning Group  
Barnsley Hospital NHS Foundation Trust  
Barnsley Metropolitan Borough Council  
NHS Bassetlaw Clinical Commissioning Group  
Bassetlaw District Council  
Chesterfield Royal Hospital NHS Foundation Trust  
Doncaster and Bassetlaw Hospitals NHS Foundation Trust  
Doncaster Children's Services Trust  
NHS Doncaster Clinical Commissioning Group  
Doncaster Metropolitan Borough Council  
East Midlands Ambulance Service NHS Trust  
NHS England  
Nottinghamshire County Council  
Nottinghamshire Healthcare NHS Foundation Trust  
NHS Rotherham Clinical Commissioning Group  
Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust  
Rotherham Metropolitan Borough Council  
Sheffield Children's Hospital NHS Foundation Trust  
Sheffield City Council  
Sheffield Health and Social Care NHS Foundation Trust  
NHS Sheffield Clinical Commissioning Group  
Sheffield Teaching Hospitals NHS Foundation Trust  
South West Yorkshire Partnership NHS Foundation Trust  
Yorkshire Ambulance Service NHS Trust

**It has also been developed in partnership with:**

Healthwatch Barnsley  
Healthwatch Doncaster  
Healthwatch Nottinghamshire  
Healthwatch Rotherham  
Healthwatch Sheffield  
Voluntary Action Barnsley  
Bassetlaw Community and Voluntary Service  
Doncaster Community and Voluntary Service  
Voluntary Action Rotherham  
Voluntary Action Sheffield







**Minutes of the Barnsley Patient Council meeting held on Wednesday 26 October 2016 at 6.00pm in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY**

**PRESENT:**

Chris Millington (Chair)	Barnsley CCG Lay Member
Mike Austin	Chair of Barnsley Practice Managers Group
Ben Cox	The Grove Medical Centre PRG representative
Margaret Dennison	Walderslade PRG
Adrian England	Patient / Healthwatch Barnsley Chairman
Cllr Jeff Ennis	BMBC / Barnsley Healthcare Federation
Garth Heyworth	Patient
Alan Jones	Hollygreen Practice PRG representative
Peter Moody	BIADS
Janet Neville	Rotherham Road Practice PRG
Margaret Riding	Patient
Jade Rose	Head of Commissioning for Partnership & Integration
Mark Smith	Patient
Philip Watson	Patient
Derek Whitworth	Patient

**IN ATTENDANCE:**

Emma Bradshaw	Engagement Manager
Fran Wickham	Executive PA to Chief Officer and Chairman (minutes)

**APOLOGIES:**

Gerald Alllott	Patient
Gloria Alllott	Patient
Pat Durie	Patient
Mel Dyke	Patient
Janine Eldred	The Kakoty Practice PRG
Eileen Hall	Huddersfield Road PRG
Ann Hart	Ashville Medical Centre PRG Representative
Marie Hoyle	Business Manager, The Kakoty Practice
Margaret Sheard	White Rose PRG
Tom Sheard	White Rose PRG
Elaine Staley	Patient
Elaine Weir	Patient

Agenda Item	Note	Action	Deadline
PC 16/10/01	<b>WELCOME AND APOLOGIES</b>		
	<p>The Chair welcomed new members to the meeting from Penistone. The Head of Commissioning for Partnership &amp; Integration who has joined the Patient Council was introduced to the group and is the lead for public and patient engagement amongst her many duties.</p>		
<b>WORKSHOP</b>			
PC 16/10/02	<b>PRACTICE PATIENT GROUP SURVEY RESULTS AND NEXT STEPS</b>		
	<p>In the summer of 2016 the above survey was circulated to practice patient groups in Barnsley to see what was happening in the local groups; these were to be completed by the Practice Manager or forwarded to patient representatives. The Engagement Manager presented the Practice Patient Group Survey results to the members so that a plan of how to go forward can be developed.</p> <p>Fifteen practices responded to the survey which is a 42% return. The Engagement Manager will follow up with the other practices and also circulate the survey results to all practice managers for their information.</p> <p>The survey included questions such as how often do the patient groups meet and what time of day. One member reported that meetings were held once a year, others noted that meetings were previously in evenings but had decided to try afternoon sessions to attract more people.</p> <p>The group agreed that it was difficult to get people together of different ages due to personal commitments and work (members tend to be more mature); the availability of practice staff was also a consideration. Noted that currently the majority of meetings are chaired by the Practice Manager.</p> <p>Other ways of working discussed were virtual groups which work well for some practice groups. However, technology can be a barrier, together with the formality of meetings being intimidating.</p> <p>Members then split into two groups to consider further questions and the results have been compiled in a separate document.</p> <p>It was thought that where patient reference groups (PRGs) distribute newsletters it would be useful to send them to the</p>	<b>EB</b>	

Agenda Item	Note	Action	Deadline
	<p>CCG so that good ways of working and initiatives can be fed into other forums.</p> <p>Accessible information was discussed and having an effective communication strategy that is fully inclusive.</p> <p>Members noted that it is a contractual requirement for practices to have some form of patient participation group. However there are no prescriptive requirements on how to run a patient participation group.</p>		
	<p>A discussion took place on the setting up of a meeting of interested people to help develop a networking event in early 2017 and perhaps look at the possibility of developing dedicated pieces of work on which to focus; such as raising awareness of medicines wastage. Anyone interested in taking part should contact the Engagement Manager or Executive PA to Chief Officer and Chairman.</p> <p>It was noted that there is no funding for patient reference groups to publicise events in their area. It was asked if this could be considered by the CCG.</p>	<p><b>ALL</b></p> <p><b>CM/EB</b></p>	
<b>PC 16/10/03</b>	<b>PATIENT AND PUBLIC ENGAGEMENT STRATEGY</b>		
	<p>The above strategy had been shared with members in advance of the meeting. The CCG would appreciate comments on issues such as clarity or language used in the strategy to the Engagement Manager or Executive PA to Chief Officer and Chairman either by phone, email, letter or person by 9 November 2016 so the updated draft can be included at the next Engagement and Equality Committee.</p>		
	<p>The Chair of the Practice Managers Group considered how the different patient reference groups communicate. This will be looked at outside of the meeting.</p>	<b>MA/FW</b>	
<b>PC 16/10/04</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 28 SEPTEMBER 2016</b>		
	<p>The minutes of the meeting held on 28 September 2016 were verified as a correct record of the proceedings.</p>		
<b>PC 16/10/05</b>	<b>CHAIRMAN'S REPORT</b>		
	<p>The Patient Council noted the contents of the Chairman's report tabled at the meeting, which included updates on the following:</p>		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> <li>• Hyper Acute Stroke and Children's Surgery Consultation</li> <li>• New Initiative For Barnsley CCG &amp; Barnsley Council - SharedLivesPlus</li> <li>• CCG Support for Community Shop In Athersley</li> <li>• Mental Health And Wellbeing Support In Schools</li> </ul>		
<b>PC 16/10/06</b>	<b>FUTURE AGENDA PLANNING</b>		
	<p>It was noted that items for Patient Council should be coming through the patient reference groups and there will be items that the CCG would want to inform members about. However, members were asked to consider what items they would wish come to this meeting in the future.</p> <p>The Chair noted that he does feed information from members back to the CCG Chairman and Chief Officer and meets regularly with other lay members in the Yorkshire &amp; Humber region.</p> <p>Members were asked to bring items to the next meeting in November so that a work-plan can be agreed.</p>	<b>ALL</b>	<b>30/11/16</b>
<b>PC 16/10/07</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the Patient Council will be held on Wednesday 30 November 2016 at 6.00 pm, in the Boardroom Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY		

# Barnsley Patient Council Meeting

26 October – 6pm

## Barnsley Practice Patient Group Survey 2016 Results



**Aim of session:** To provide an overview of the results from the survey carried out by the CCG with GP Practices relating to their Patient Groups and to discuss suggested next steps

**Time allocated for session:** 55 minutes



# Introduction

Following feedback from previous public events that we have held, the CCG compiled a brief online survey aimed at GP Practice Managers and Patient Reference Group Members for us to find out more about their Practice Patient Groups.



**Patient Participation Group**

- The feedback gained will help us as a CCG to identify and share good practice relating to developing Practice Patient Groups across Barnsley and also highlight any support needs that practices may have going forwards that we can assist with.
- The overarching aim is to continue with the good work that has been carried out previously to help to develop Practice Patient Groups within Barnsley and explore how they might become an even more effective resource for both practices and their patient population.



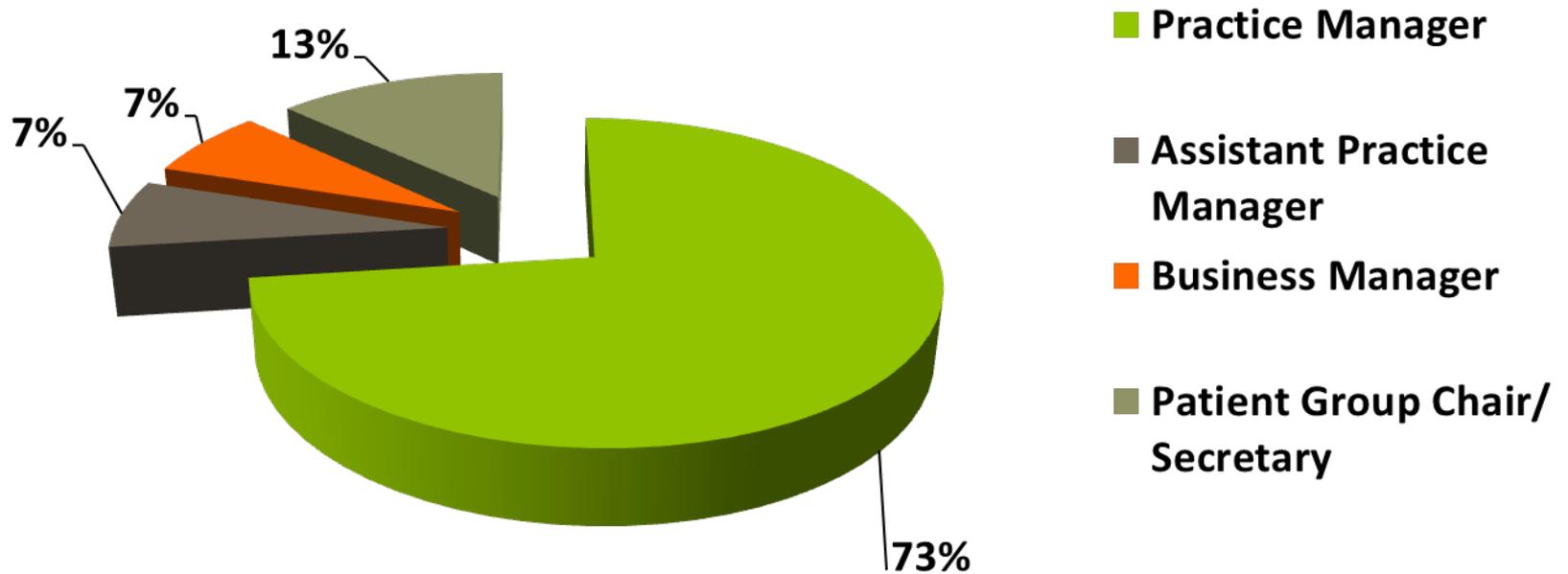
## And the results are in...



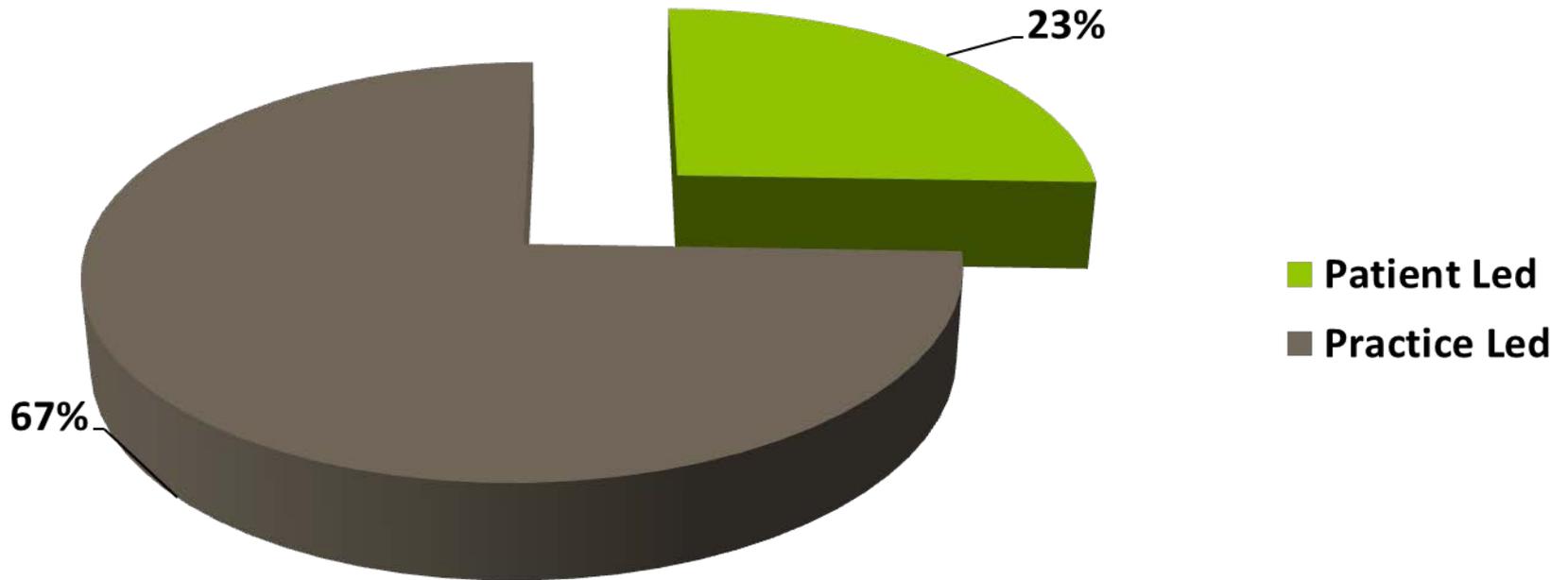
- During August and September, the CCG invited all GP Practice Managers to co-ordinate completion of this survey with their practice patient group/ chair (where feasible) so that ideally we received one response per practice by the closing date of 16th September. Thanks to everyone who took the time to submit a response.
- All the comments received will be shared widely along with the suggested next steps which we would like you to discuss with you all and gain your input.
- Out of the 36 practices, we received responses from 15 practices (42%) with the results as follows...

# Survey Results

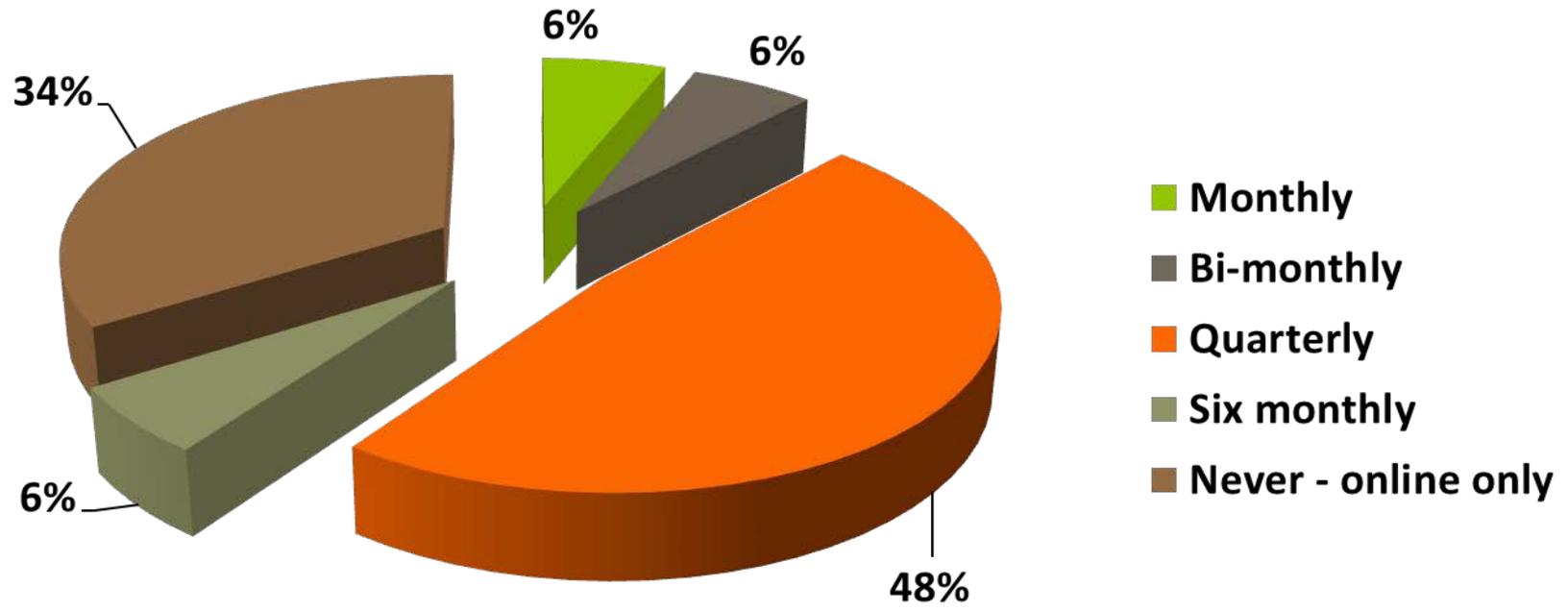
**(Q1) Survey completed by (please state your role and/or relationship to patient group)**



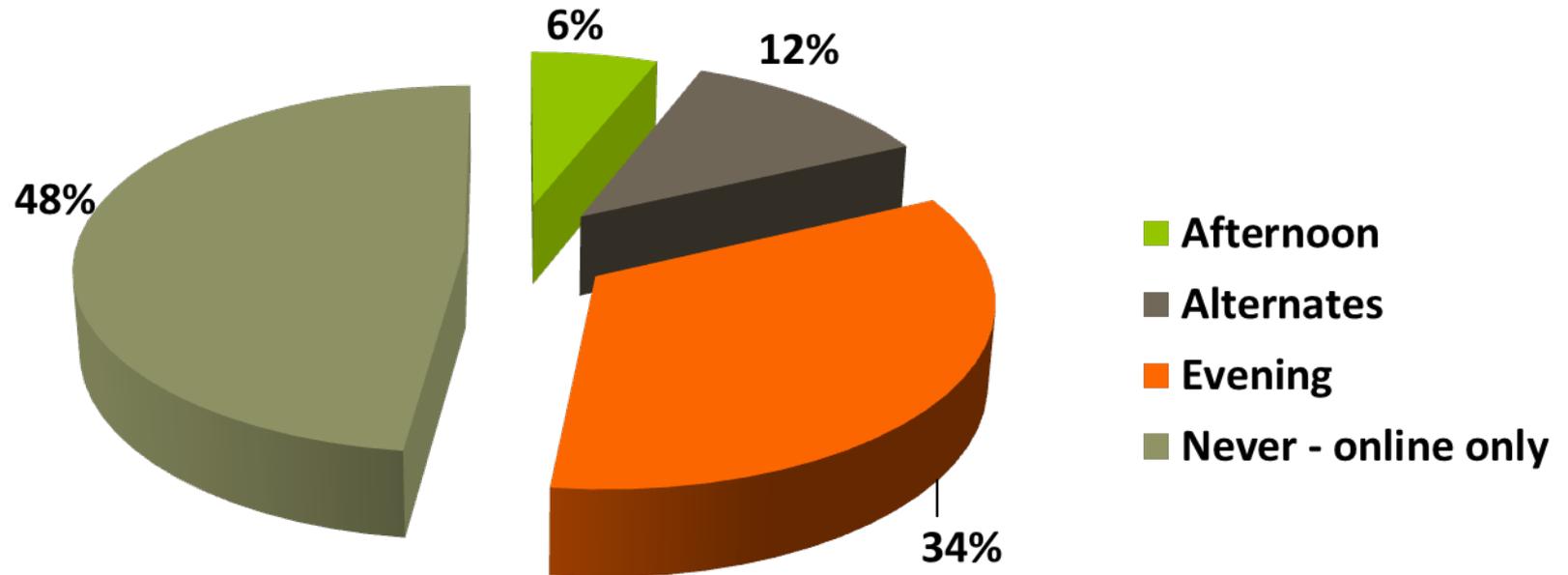
**(Q2) How does your patient group run? Is it patient-led or practice-led?**



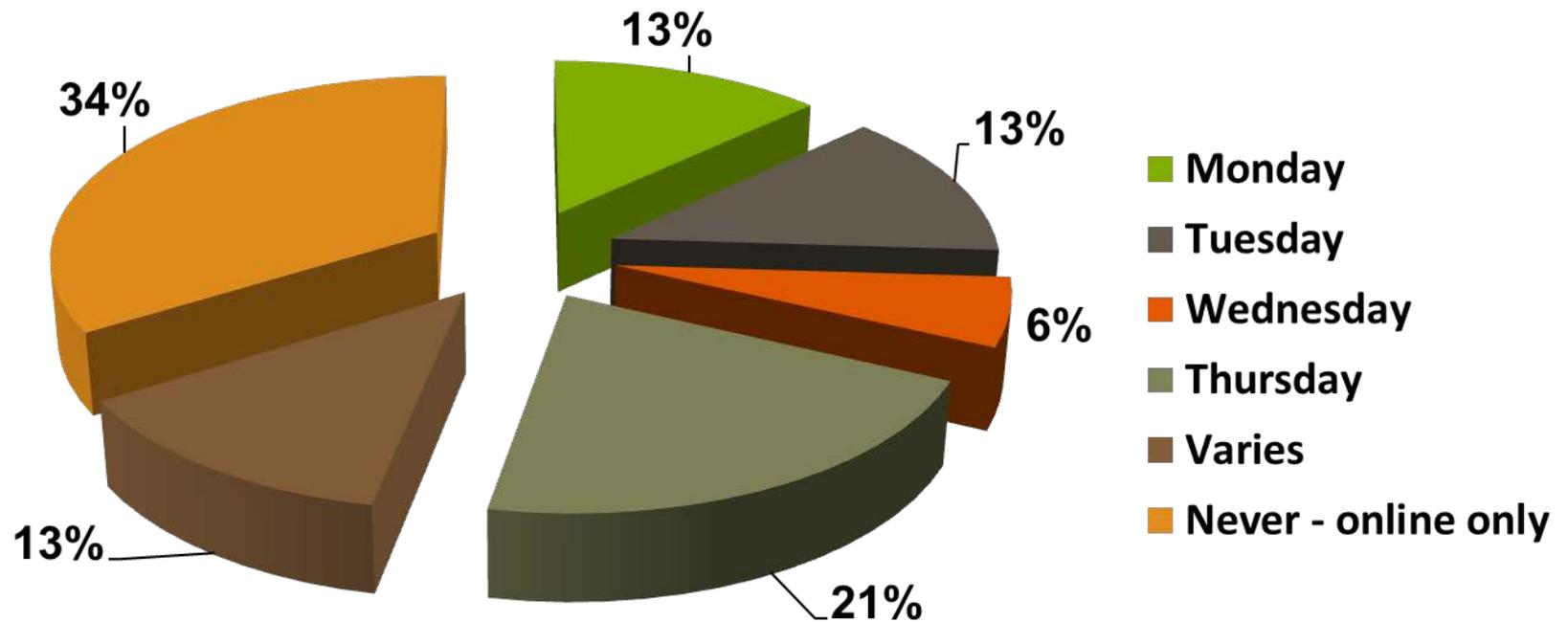
# (Q3) How often does your Practice Patient Group meet? (please choose from the options below)



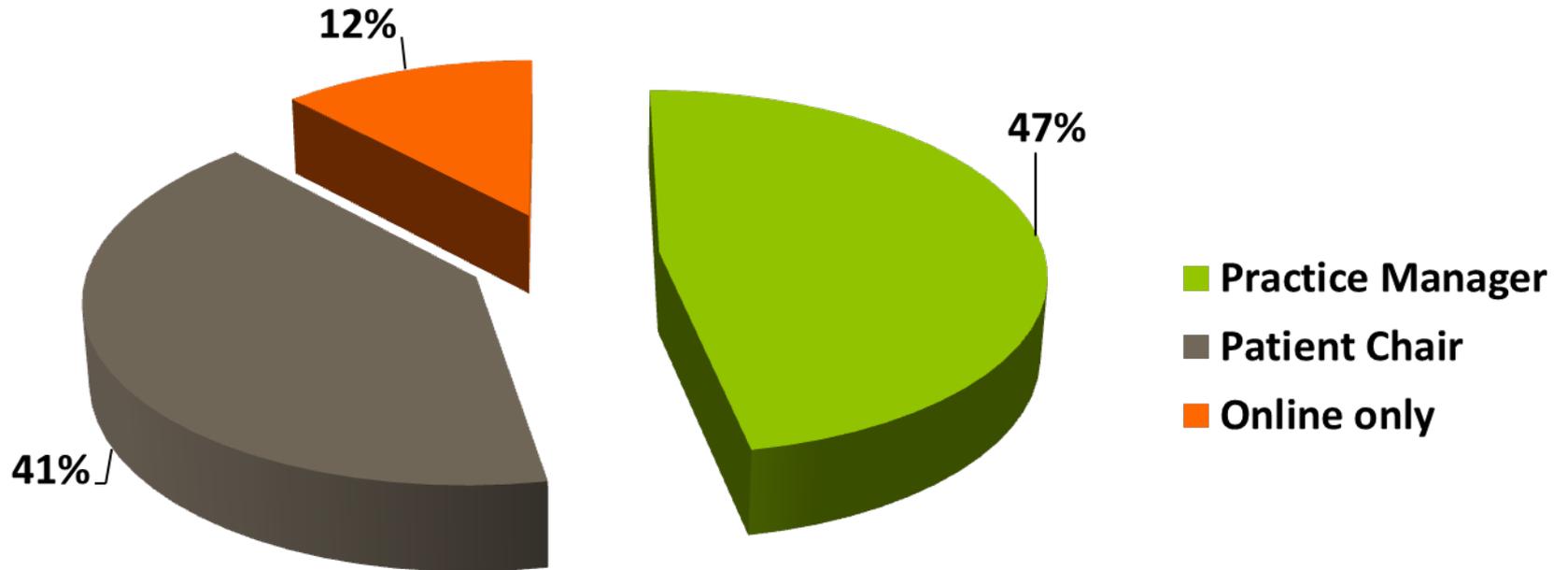
## (Q4) When does your Practice Patient Group tend to meet?



# (Q5) What day does your Practice Patient Group tend to meet on?



## (Q6) Who chairs the meeting?



**(Q7) Please tell us briefly about the relationship between your Practice and Practice Patient Group e.g. what works well and what types of challenges you have experienced**

<b>Successes</b>	<b>Challenges</b>
Supportive relationships built on mutual trust and respect	Sometimes difficult to solve all problems highlighted
Good two way communication – joint agenda setting	Setting up a physical group – getting people to attend – now trying virtual group
PRG led events – Baby First Aid with St John’s Ambulance	Recruitment generally but especially younger people, people whose first language is not English etc.
Informal meetings open to all to attend	Meeting at a time to suit everyone
Standard PRG item on Practice Meeting agenda	General apathy – tried to arrange meetings and no takers
Patient group suggestions implemented wherever possible	Participation at meetings from all attendees
Practice always supportive and open to PRG ideas and suggestions	
Virtual group (not first choice but works well)	

**(Q8) What would help or support you to develop your Practice Patient Group? This could be anything from growing the group to developing skills within the group to making links with other networks in your community.**

## **Suggestions**

**A) Nothing (x3)**

**B) Recruitment of new members especially younger members (x4)**

**C) Improving links with the local community (area councils etc. x3 )**

**D) Improving links and networking with other patient groups (x5)**

**E) Helping with topics/ speakers for meetings**

**F) 'Concerted theme for all PRG's to pursue within their own area with support and direction from the CCG might be the way forwards'**

# **Table Discussion (10 minutes)**

- **Thinking collectively as a member of your Patient Group – does this feedback mirror your experience?**
- **Is there anything missing from the list?**
- **In your group – please can you prioritise the list of suggestions that were highlighted in response to Question 8**

**(Q9) What skills, experience, ideas does your patient group have to share with others?**

## **Suggestions**

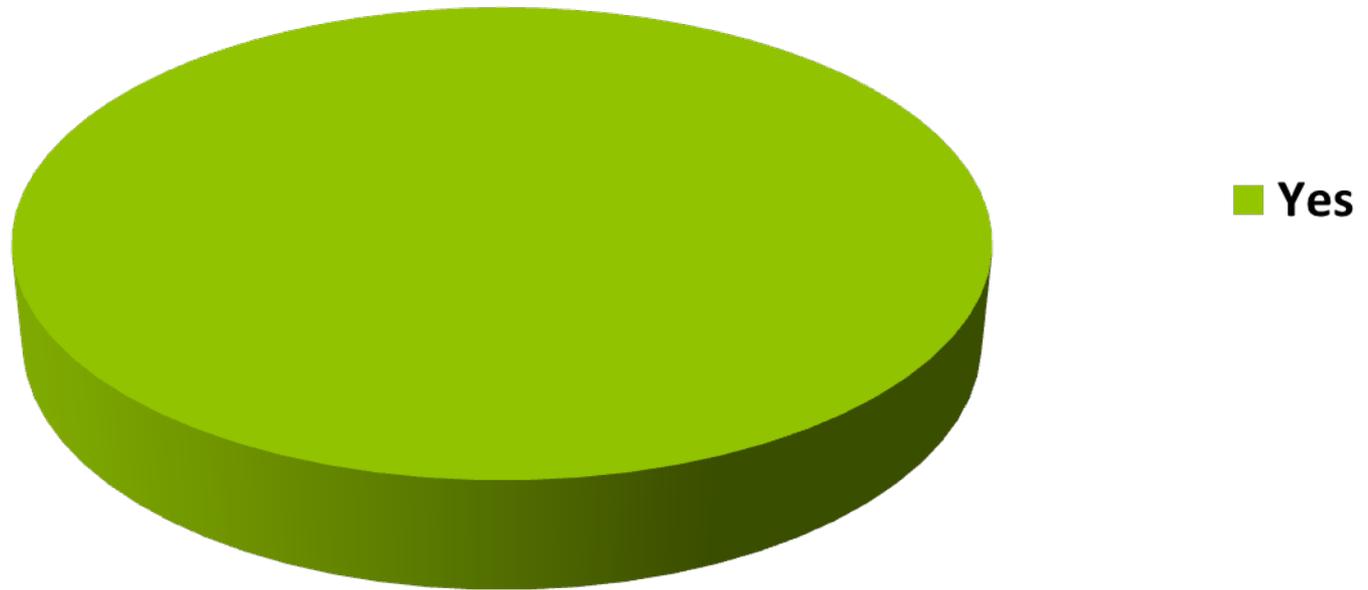
**Arranging Patient Participation Group (PPG) specific event - Baby First Aid with St John's Ambulance**

**Developing patient friendly literature**

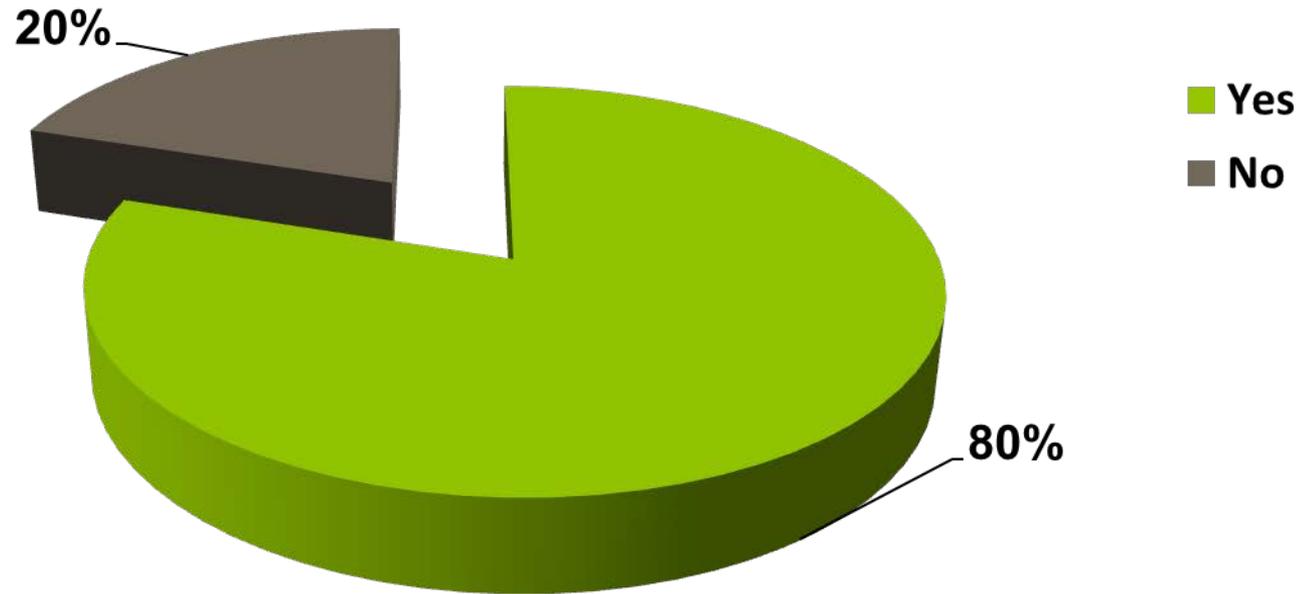
**Developing PPG newsletter – currently discussing sharing newsletter with other patient groups to share information and best practice**

**Links to CCG meetings and feedback – e.g. attendance at Governing Body and Patient Council meetings**

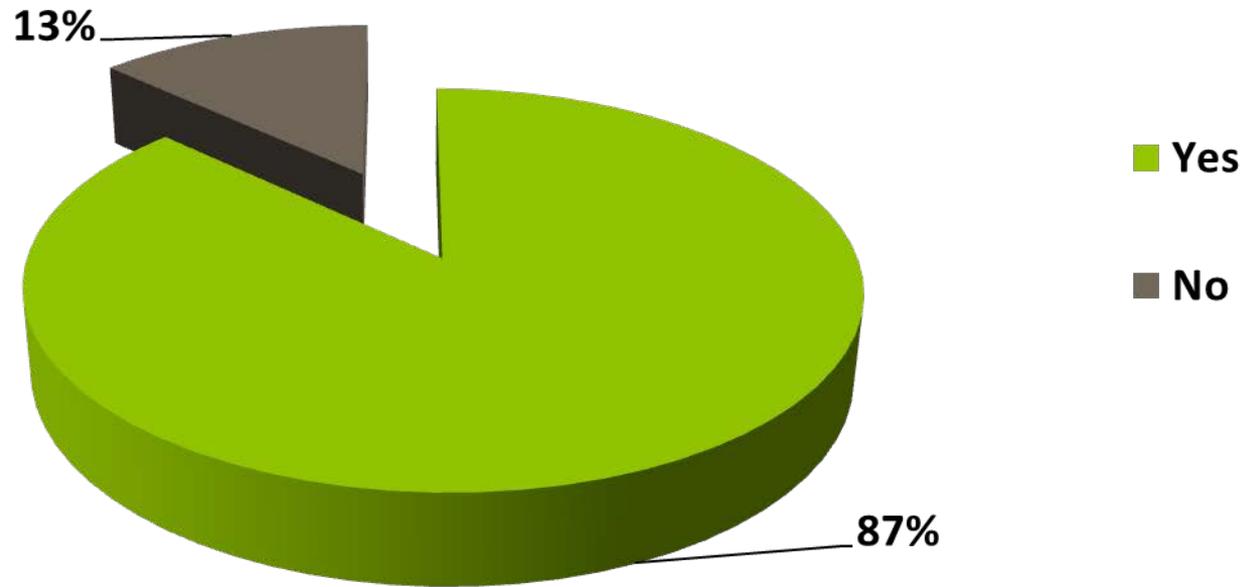
**(Q10) Are you aware of the role of the CCG  
Patient Council?**



**(Q11) Do you currently receive notification of the Patient Council meeting dates and copies of the agendas and notes from the meeting?**



**(Q12) Do you routinely discuss feedback from the CCG Patient Council meetings at your Practice Patient Group meetings or share with your virtual group and encourage representation at CCG meetings/ events?**



## **(Q12b) If no, please state why?**

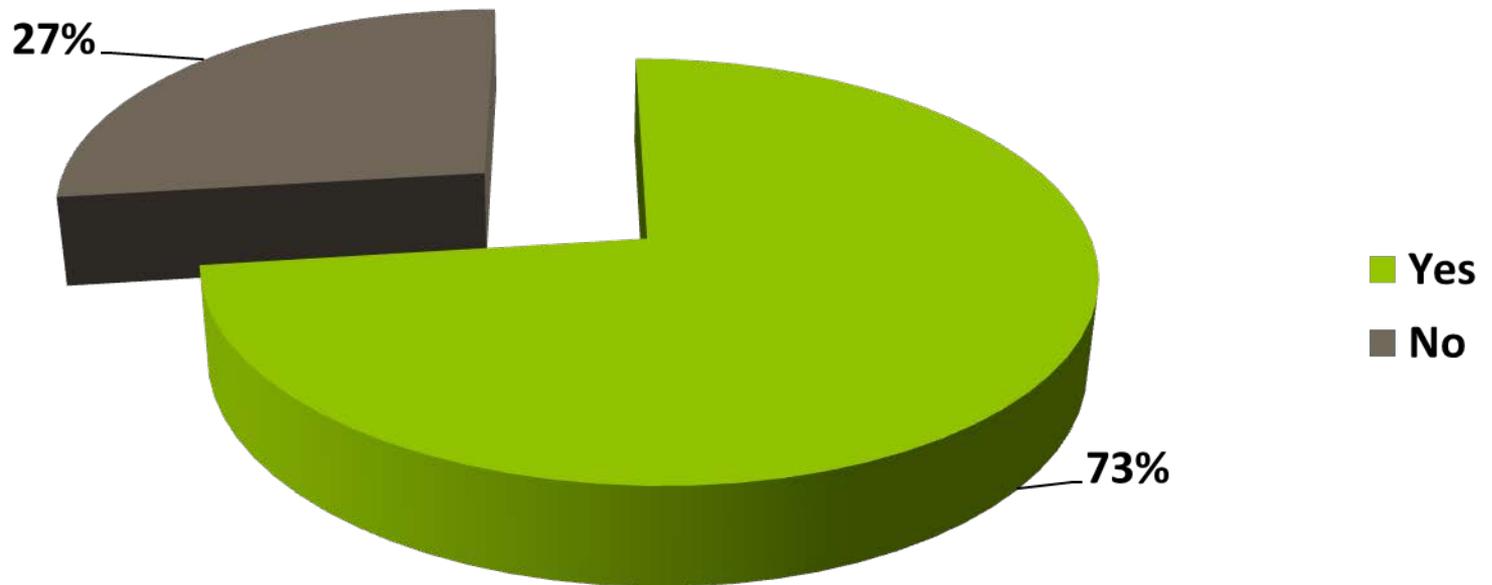
### **Comments provided**

**Yes, but only on subjects that we feel are of interest to our patient group and practice**

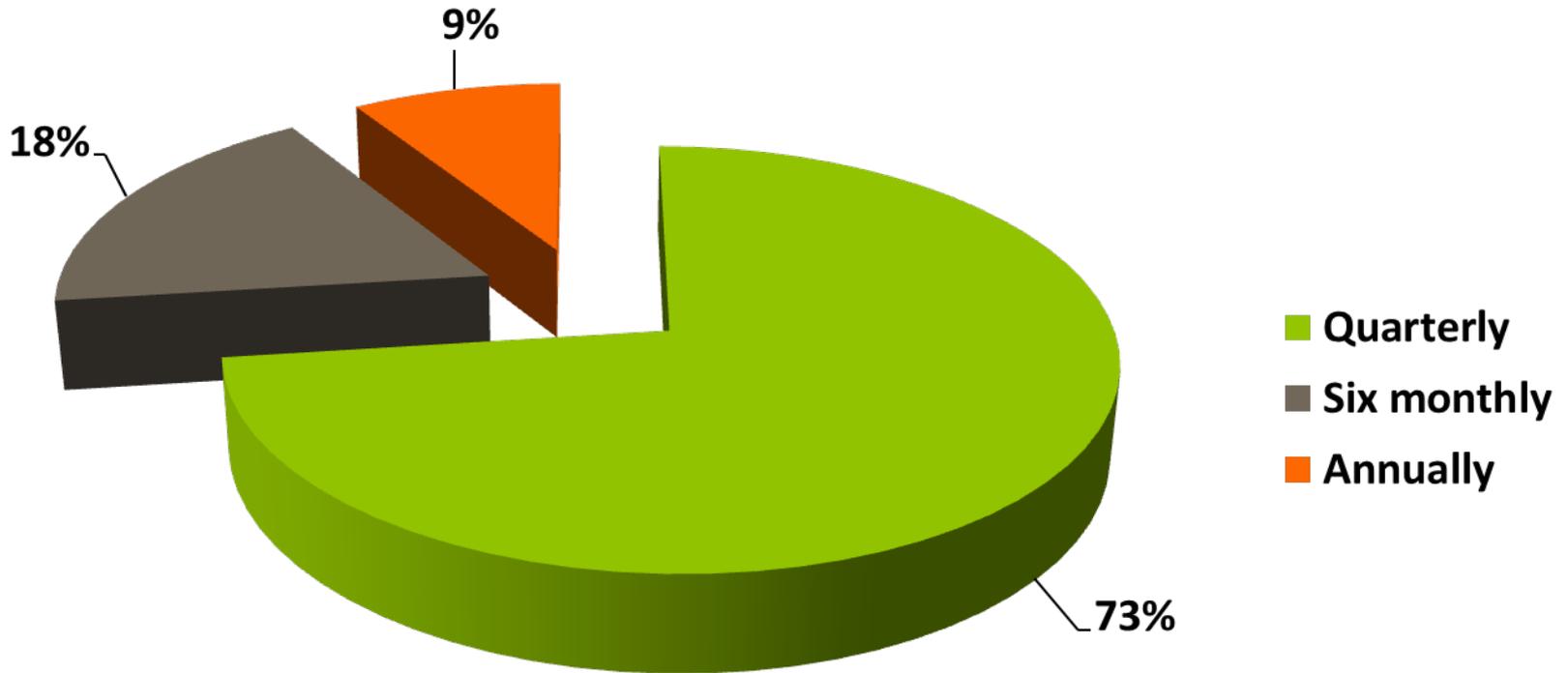
**Yes, one of our patients attends regularly, the only way we know what is going on**

**No, we have a patient who attends the patient council meetings when they can, but we very rarely get feedback**

**(Q13) Do you think it would be useful for the CCG to hold regular networking events for GP Practice Patient Groups from across Barnsley to come together to share best practice and discuss common issues as a wider group?**



**(Q13b) If you answered yes to Q13, please state below how often you think these joint meetings should take place?**



## **(Q13c) If no, please state why?**

### **Comments provided**

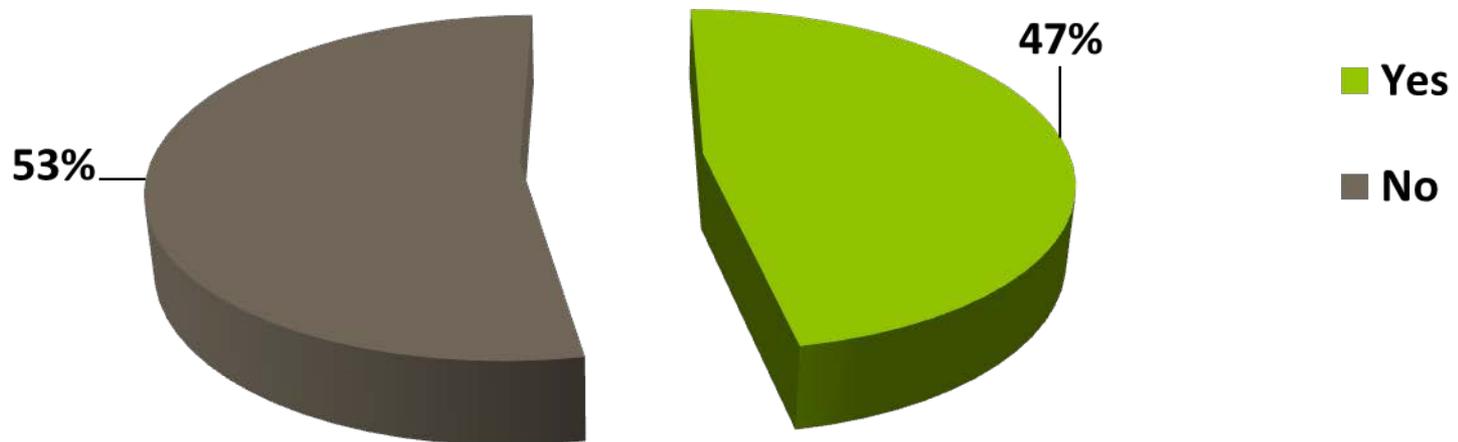
**‘Our experience is that patient groups want to focus on local practice issues’**

**‘Our groups would not be interested in attending’**

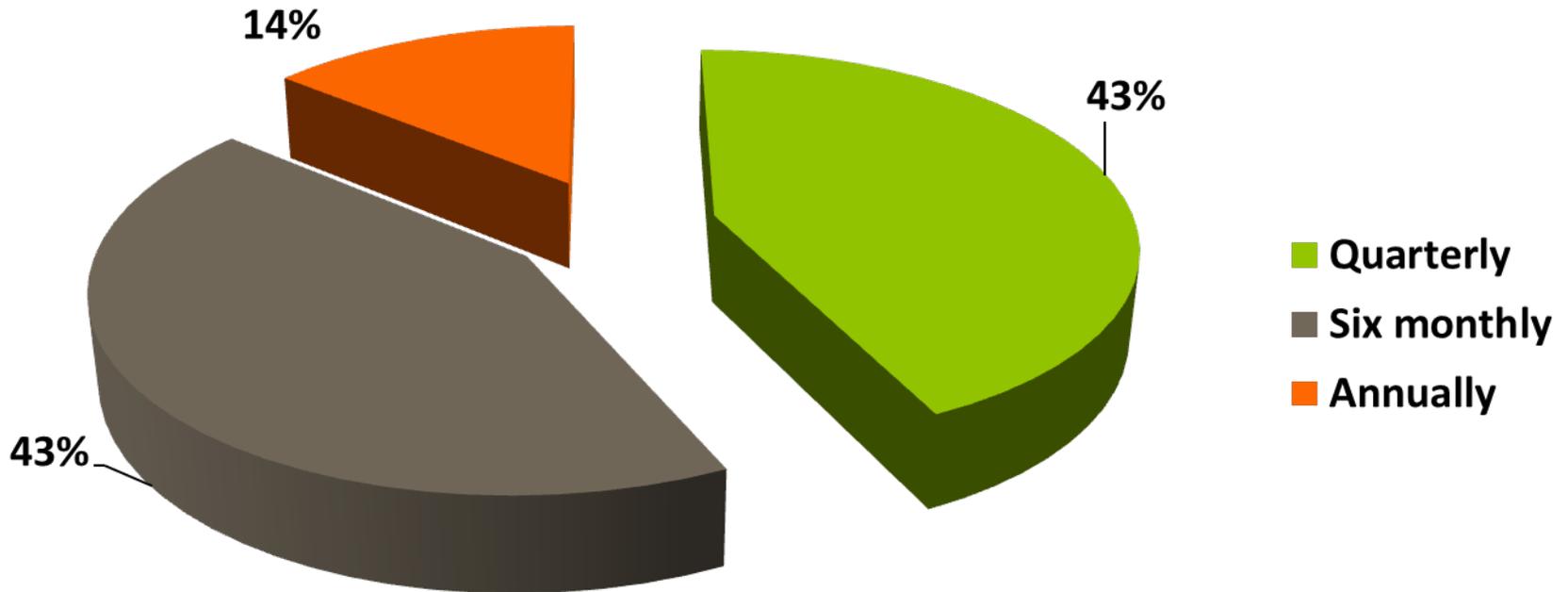
**‘Unsure of what amount of interest there would be’**

**‘Very much feel like the CCG is very ‘distant’ from PRG’s locally – our presence seems very low on the CCG agenda’**

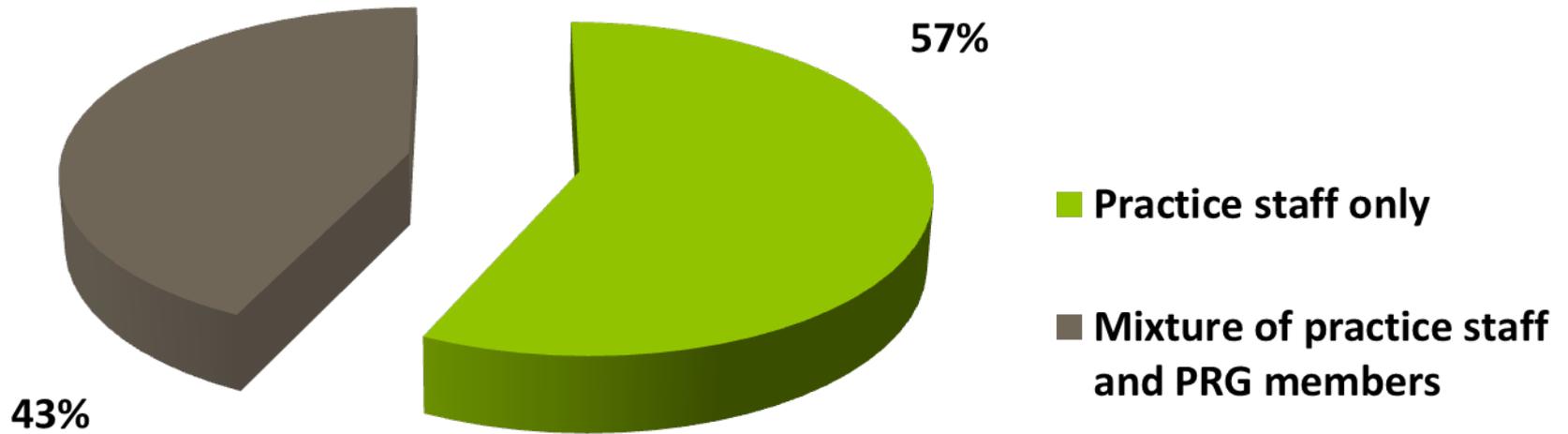
**(Q14) Do you think it would be useful for the CCG to hold separate workshops/development events for practice staff who support their Practice Patient Groups?**



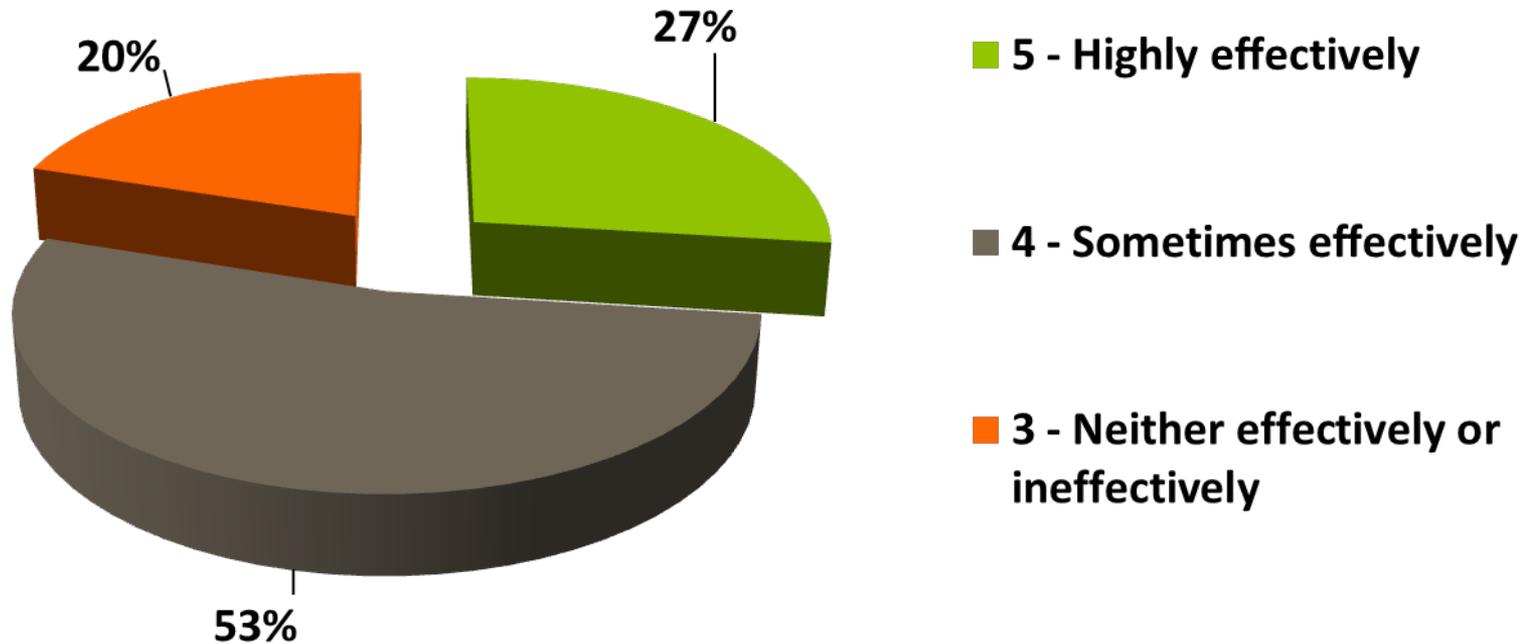
**(Q14b) If you answered yes to Q14, please state below how often you think these should take place?**



**(Q14c) Please state below who these should be aimed at?**



# (Q15) How effectively would you rate your Practice Patient Group to be operating currently?



## **(Q15b) Please state the reason for your answer below**

### **Suggestions**

**‘When the group is passionate about an issue, they can be very effective’**

**‘We concentrate on issues that directly affect our practice’**

**‘We are building at the moment and ‘testing’ the virtual waters...’**

**‘Poor attendance and it’s the same few who attend regularly’**

**‘Highly effective but low on numbers’**

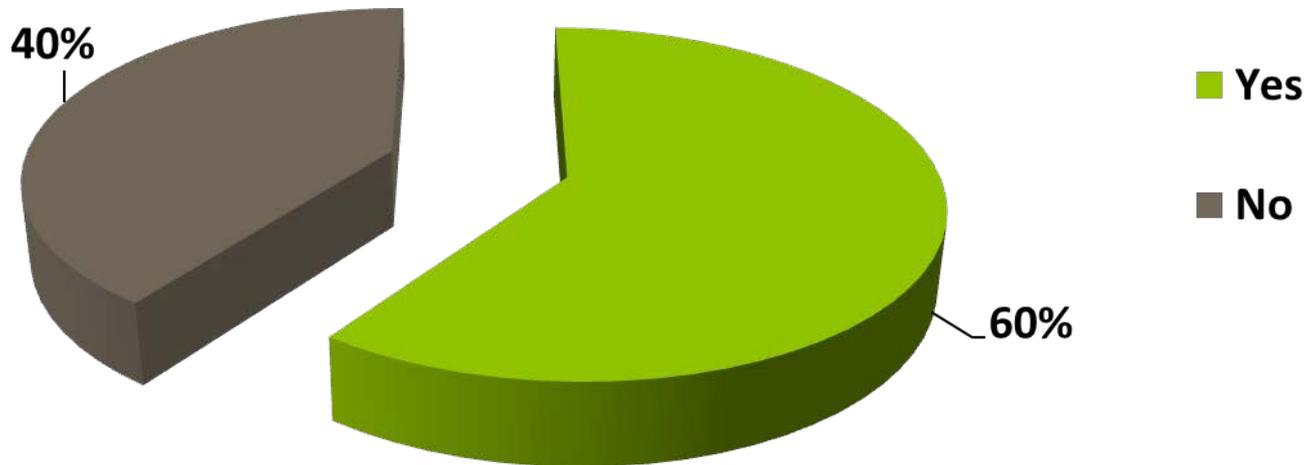
**‘Opportunities to express their ongoing concerns and expectations also to listen to the practice side as to why procedures are adopted for the surgery or not’**

**‘Not always possible to meet expectations – group frustrated by slow pace of change’**

# **Table Discussion (10 minutes)**

- **Were you surprised by any of the feedback?**
- **What do you see as your role in future PRG network events?**
- **How do we spotlight the activities of the different GP Patient Groups and the good work they are doing on a regular basis? Patient Council newsletter? OPEN? Blogs?**

**(Q16) Some patient groups across the country work with their local voluntary action centre to advertise for volunteers to join their patient groups - what are your thoughts on this approach for your practice?**



# **Suggested next steps**

- **Discuss tonight with Patient Council and circulate survey results to all practices**
- **Form virtual working group of interested parties (Practice Staff and Patient Group Members) to help develop next networking event in early 2017?**
- **Discuss the development of a dedicated borough wide work plan for 2017/18 with Practices/ Patient Groups on agreed theme/s with support from CCG ?**

**Your thoughts/ views on the above?**

THANK  
YOU





## **PATIENT COUNCIL WORKSHOP SESSION TO DISCUSS THE RESULTS FROM THE BARN斯LEY PATIENT REFERENCE GROUP SURVEY 2016**

**26 OCTOBER 2016**

### **INTRODUCTION**

Following feedback from previous public events that we have held, the CCG compiled a brief online survey aimed at GP Practice Managers and Patient Reference Group Members for us to find out more about their Practice Patient Groups.

During August and September, the CCG invited all GP Practice Managers to coordinate completion of this survey with their practice patient group/chair (where feasible) so that ideally we received one response per practice by the closing date of 16 September 2016. Thanks to everyone who took the time to submit a response.

All the comments received will be shared widely along with the suggested next steps.

Out of the 36 practices, we received responses from 15 practices (42%) with the results as highlighted within the supporting presentation to aid this session.

### **AIM OF THE SESSION**

To provide an overview of the results from the survey carried out by the CCG with GP Practices relating to their Patient Groups and to discuss suggested next steps in small groups.

Time allocated for session: 55 minutes

### **DISCUSSION QUESTIONS**

1. Thinking collectively as a member of your Patient Group – does this feedback mirror your experience particularly in relation to the successes and challenges highlighted (Q7)?

***‘Yes – reluctance of people to get involved particularly’***

***‘Difficult to get people involved especially from all demographics – like most groups problems with being representative of local communities’***

***'Good to see virtual groups as lots of people don't feel comfortable attending meetings and speaking in front of others'***

2. Is there anything missing from the list?

***'It would have been good to see more responses (58% not responded) – need to get their feedback and experiences'***

***'Ownership'***

***'Importance of effective communication'***

3. In your group – please can you prioritise the list of suggestions that were highlighted in response to Question 8

- **Recruitment of new members especially younger members**
- **Improving links and networking with other patient groups and with the local community**
- **'Concerted theme for all PRG's to pursue within their own area with support and direction from the CCG might be the way forwards'**

4. Were you surprised by any of the feedback overall?

***'Nothing surprising on the list – seems to cover most areas we would expect to see included'***

5. What do you see as your role in future PRG network events?

***'We don't have a role'***

***'GP Federation could be involved'***

***'Locality events rather than always borough wide'***

***'Would be good to see a universal agenda linking all'***

6. How do we spotlight the activities of the different GP Patient Groups and the good work they are doing on a regular basis? Patient Council newsletter? OPEN? Blogs?

***'Lack of awareness regarding OPEN within Patient Groups'***

***'Newsletters good way of sharing information and raising awareness – spotlight within newsletter re Patient Groups and their work – different each time'***

***'Don't always rely too heavily on technology as some people don't use it and this puts them off being involved'***

***'Use different methods to engage to be accessible and open to all'***

## **SUGGESTED NEXT STEPS**

- Discuss tonight with Patient Council and circulate survey results to all practices
- Form working group of interested parties (Practice Staff and Patient Group Members) to help develop next networking event in early 2017?
- Discuss the development of a dedicated borough wide work plan for 2017/18 with Practices/Patient Groups on agreed theme/s with support from CCG?

It was felt that the above provided a good way forward and members were requested to register their interest with Emma or Fran to be involved in the working group discussions.

DRAFT