Healthier place
Healthier people
Healthier futures

NHS
Black Country and West Birmingham
Clinical Commissioning Group

Patient Participation and Liaison Group (PPLG)

NOTES OF MEETING

25 January 2022
1:30 pm – 3.00 pm (virtual meeting)

Attendees:

Name	Job Title / Position at PPG	GP Practice / Organisation
Dianne Beddows (DB)	Chair	Pinfold Health Centre
Rachel Barber (RB)	Lay member for Patient Engagement	BCWBCCG
Julie Hykin (JH)		Bloxwich Medical Practice
Malcolm Newport (MN)		
Deidre Pedley (DP)		Saddlers Health Centre
Sue Cousins (SC)		Portland Medical Practice
Trevor Hancock (TH)		Bloxwich Medical Practice
Robert Drew (RD)		Pinfold Medical Practice
Geraint Griffiths (GG)	Managing Director – Walsall	BCWBCCG
Emma Thomas (ET)	Public Health Intelligence Manager	Walsall Public Health
Shane Darby (SD)	Customer Services Manager Time2Talk Service	BCWBCCG
Natalie Harding (NH)	Engagement Specialist – Walsall	BCWBCCG
Megan Rhodes (MR)	PA to Head of Engagement	BCWBCCG

		Action
1	**Welcome and apologies** DB started the meeting welcoming everyone and asking if there are any apologies. General housekeeping was updated by asking if everyone could leave questions until the end of the section, or if anything was pressing to put it in the chat function. She then went onto explain that questions would be asked from those on the phone first before moving onto the people on video. It was noted that people are asked to ask only one question at a turn and if there is time, everyone will be circled back around to ask any additional questions. This is to make sure it is fair and everyone's questions get heard. It was also noted that the meeting was being recorded for the purpose of the Notes, and by staying it means you agree to being recorded.	
2	**Managing Director update** Starting with Covid, GG said that it has been very busy during November, December and early January in terms of hospital admissions and access to primary care with the Omicron variant. There's been a lot of people needing support although fewer people are going into intensive care and into beds, so it's been busier around a need for appointments in GP practices more than the critical care.	

	In Walsall, intensive care capacity has been okay and most of the people in ICU have been people who haven't been vaccinated so the message is still very strong to encourage everyone to come forward for their vaccinations and that no has missed their opportunity. There have been more local sessions in clinics as bigger centres are not getting the bookings that they used to get. Figures have dropped from a few thousand to a few hundred in larger centres. This is largely because most of the people who want the vaccines have had it, and there are far more places to have it such as community pharmacies. This means there is a lot more capacity around here than most areas. GG continued that the next challenge will be how do we keep enough capacity to give vaccinations in the future without diverting all of the resources as have been the case over the last 18 months. There has been a start made into looking at working with the pharmacists and GP's more in the way they would normally deliver services rather than having the big vaccination centres. He then went on to explain that vaccination rates remain good and that Walsall have the second highest rates in the Black Country behind Dudley and noted the support from community groups from voluntary sector and that's helped get to populations that may not have traditionally come forward. GG then shifted topic to the ICS. He explained that so this is the replacement organisation in the NHS for the for the CCG. It was due to happen on the 1st April but it was explained that it is now being delayed so CCG's will now continue to the end of June at the earliest and ICS is from the 1st July. It was emphasised that it is still subject to legislation going through parliament. Everyone was reminded that Mark Axcell has been appointed as the interim Accountable Officer for the ICS. The ICS has much more responsibility for working with local authorities and communities. GG explained that although we're moving as a Black Country organisation in the ICS it's still really important to maintain access within Walsall so we still maintain these conversations and discussions. With regard to the ICS teams, at the moment, other than Mark, there's only Jonathan Fellows who has been appointed as the Chair. This was followed up by saying there are roles out to advert for Director of Nursing, Medical Director and the Finance Director. It was noted that people should start coming to post in the next couple of months. He continued saying in the ICS it's really important that the organisation get constituted at the local level and that we don't lose the relationships that have been made.	
3	**Questions and Answers** Q - Is there any idea about the necessity to have a further vaccination or booster in due course? A - The advice is on review at the moment we're not being given any indication of doing more mass boosters. Heading towards winter there might be consideration but at the moment we're starting to focus on the booster for school age children which is where a lot of the COVID numbers are being driven from. We're not taking away all of the infrastructure we've got. We'll always focus particularly on vulnerable groups to look at future boosters and future protection, but there isn't any sort of mass public vaccination campaign plans at the moment.	

	Q - As we're all kind of being let loose from Thursday, are we expecting a surge in cases? A - Whenever restrictions are eased you always see an increase in the sort of community transmission rate. I think the difference that we saw with the Omicron variant and the mixing that happened around Christmas is we haven't seen the rise in people needing long hospital stays or intensive care support. We wouldn't expect to see a sudden steep rise in hospital admissions. There's still an issue around access to primary care services. The short answer to your question is we would expect probably to see a rise in community transmission but we wouldn't expect to see that impact on hospitals and intensive care. Q- Where is the ambulance based as it is not now at Jubilee House? A – We have got an ambulance center in Dudley which is where a lot of the West Midlands ambulances come from. Most of the ambulances are generally on the road these days and are usually staged in strategic points where they're out and about which is the reason you see less ambulances stationary on the road. We are actually very good at turning the ambulances around and getting back on the road. I would say the ambulance service is probably the most under pressure of the NHS services and I think particularly into the Birmingham catchment we've seen quite a lot of ambulance delays.	
4	**Walsall Joint Strategic Need Assessment (JSNA) by Walsall Public Health – Emma Thomas** ET started by thanking everyone for the invitation and telling everyone about herself saying that she manages the Public Health Intelligence team at Walsall council and that she has been invited to speak to everyone about the updated Walsall Joint Strategic Needs Assessment (JSNA). She explained that there were several slides and links, so she would give an overview and then let people go and digest the rest in their own time. ET shared the slides on the screen and talked over the main points. It was explained the JSNA would have updated in 2020 but it got delayed because of Covid, but it was updated towards the latter end of last year. The one prior to this was produced in 2018. The JSNA is the means by which local leaders work together to understand and agree the local needs of the population of Walsall. It serves as an evidence base for making decisions and informed decisions about local services. It's a statutory duty. It was mentioned that they were looking to refresh the new strategy, so the data from this JSNA will feed into that and help in terms of identifying certain priorities to focus on. This helps to address and improve health and wellbeing and health inequalities. Meeting attendees were urged to look at the Walsall Insight website (walsallintelligence.org.uk) where there is a large amount of data and the JSNA. It was explained that it was broken down into six chapters with a supplementary chapter around COVID, where each section is colour coded. The software was explained and how it gave an interactive experience to the user. ET went to reflect on the last refresh of the JSNA in 2018, mentioning some of the findings including: aging population, childhood obesity getting worse and reduction in smoking rates. ET then moved on to discuss the Walsall Insight Group (WIG) explaining that it is a group of analysts and people that utilise data. It was explained that they come together fairly regularly to look at joint projects and showcase work that we've done to learn from each other and to network. The ambitions of the group were also talked over: building networks, showcase and share the outcomes of work, expand and improve analyst's expertise and knowledge and empowerment. A visual aid was	

	shown representing data in sorted, arranged, visually presented and explained with a story format, using Lego to represent the data. Referring back to the six key chapters, it was explained that the JSNA follows the Marmot life course approach. ET skipped forward to the qualitative data and mentioned that included in the JSNA is: police crime surveys, adult social care user surveys, Sport England surveys but recognised there's room for more. Following this ET wanted to highlight some of the data that's coming out and how they've tried to present it recognising that not everything has improved in Walsall and wanting to try and get the balance right, while celebrating what has improved. A brief overview was given on each of the chapter. Chapter 1, health and wellbeing, it was noted that there were an older population where older people tend to reside towards the east of the borough, emphasising the understanding of the different populations in different areas. What needs to be addressed is the inequality gap, and that they need to look at how they can make more informed decisions. Chapter 2, healthy start, there are high infant mortality rates, low healthy weight children and a decrease in immunisation uptake. Covid was noted to have had an impact. The decrease in childhood immunisations is something that has been recognized by the Health Protection team and it's one of the priorities also in the Health Protection strategies. Chapter 3, adult wellbeing, inactivity and unhealthy weight from childhood was noted to continue into the adult so they want to try and break that cycle. Diabetes rates have been going up but there have been more connections made in the Walsall model which was initially set up to support older populations that would be isolated or lonely. This was continued throughout Covid helping support food package handout. Chapter 4, aging well, there have been higher rates for some premature deaths like cancer or cardiovascular, dementia worsening, increase hospital falls and high mental health disorders. There is an emphasis put on encouraging people to get their health checks and changing their lifestyle to something healthier. Chapter 5, place, noted the low air quality due to the significant investment in junction 10. The Woodlands and allotments that Walsall has got to offer was mentioned alongside the rich and diverse trade, the arts and heritage and the cultural sort of history that are in the borough. Chapter 6, economy, noted that Covid had an impact on this especially amongst the young people between 18 to 24 and low-income economy. The shift is to look at some leisure and cultural attractions and how the town centre can be utilised in a community or learning space way. There are number of national companies that have got their headquarters within the borough, which could present some opportunities. In the supplementary chapter around COVID-19, it was mentioned that it's still with us and we're still managing with it. There was an emphasis in terms of from the boosters and moving towards the younger age groups where cases are at higher now. There is a Covid dashboard that is available on the Walsall council websites that's updated every Tuesday which gives a little overview of Covid. ET then proceeded to talk through the current figures on the site.	
5	Questions and Answers Q - What was the link for the Walsall Insight website?	

A – walsallintelligence.org.uk

C - I went through the documents that were sent to me, the multitude of pages, my chapter 6 is a summary and I found that very useful.

Q - Just a quick comment I just got a bit confused sometimes with high and higher being used in the PowerPoint. When you said something was higher does that mean that it's higher compared with last year or it's high compared with other areas?
A - I meant higher in terms of when we did the update last time, so when we updated the data back in 2018. So you know whether things have gone up from a bad perspective or gone up from a good perspective.

Q – I'm impressed with the level of data capture that you've got there. I didn't realise that the things were being monitored in in such comprehensive data. It's very encouraging to see that. I just wanted to ask you specifically on something you mentioned about the dementia cases rising, is this a significant rise or is Covid being a factor in this?
A - I think with dementia cases rising it's not necessarily a bad thing. I think it's also a fact that we've been able to identify where those cases are across the borough and in doing that, we're able to target certain services and encourage those to come forward.

Q - Is there a program for identifying the dementia?
A - The dementia data that we have comes through our GP practices so there are several indicators that they must log that we capture. We'll have a proportion or prevalence of patients that have got dementia but then we'll add all of the other data together including: where that person lives, what age they are, what ethnicity they are. It paints a fuller picture so we can understand somebody's circumstances.

ET - I might be the one presenting this data but it was really a big team effort. There's a big team of people physically behind me and they all contributed to these, so I'm the one sharing it but it was a big team effort that put it all together. I don't want it just to be used for the JSNA and feeding into the strategy, I want you to use it for all manner of things. If you just want to read into a particular theme that you've got an interest in, if you want to use it for reports or whatever, use it regularly. We want you to dip in and out if you got an interest in a particular topic. If you think that the same any sort of glaring gaps that we haven't included something that should be in there and please do let me know and we'll look to work with the appropriate officers to plug those gaps. If there's anything you want to discuss after digesting it, please come back to me.

Q – Are you finding it more difficult because of remote working? Do you think when people can meet face to face it will speed things up or get down to the nitty-gritty?
A - We've made the best of a situation where we have to because of Covid we're adapted really well and not just in the council. Our relationships and building our networks have and I'm sure that's the case for others but we're just trying to make the best of the situation that we're in.

GG - I think what would be helpful would be for members to look at the what the data is telling us about the communities that they engage with and say do you think it reflects what you know about your local community? As Emma said, the information that we're working on is only as good as the data we've got. I think what would be really helpful would be for communities to come back and say "actually we're surprised this didn't appear" or "the data telling us this and that's not our experience" because I think that a real-life triangulation of the data is just as helpful as the numbers themselves.

	RB - I think I'm making a similar point but perhaps an additional point to Geraint. Our roles here are to represent patient views and work with our practices and know how practices meet needs. I think we should perhaps to start the conversation in an informed way with your practices and I think that's the encouragement I would pass on and I'm happy to hear views with regards to that prompt. DB - We have had one actual live meeting and we are supposed to be having another, we haven't got the dates back from the practice. I suppose now it will depend on what happens after this week, but I think it would be quite good. I know before we stopped meeting, we were all about the situation so being able to sort of have slides like this at our PPG meetings and I know it was supposed to be every practice was supposed to be able to access good Wi-Fi. We did very briefly mention it at our last meeting but apparently, it's still not that good so I don't know whether other PPG's would like to try this to see if they could log on and get onto this website because it's certainly better than just talking about it. Maybe we could put that on our next meeting or for us to feed back to Natalie what we felt so we're not coming to the next meeting blind, but we've got something to discuss on the JSNA slides	Group to feed back to Natalie on PPG reaction to JSNA website/slides
6	**Any other business:** • **Future Agenda items** DB started AOB by reminding everybody about future agenda items and that if you do want us to find out anything please let either me or Natalie know so that we can find out who be the best person to talk on that. • **NHS App reminder** Then for the app reminder so it was just to remind everyone about the NHS app. Q – I've got a problem with it which is that it doesn't actually link in properly with my GP practice so I need to contact them but of course at the moment it's a little bit of an issue as they're trying to discourage people from wandering into to sort things like this out but I'm sure it's got really good potential and I've had you know issues with previous things I'm sure it could be sorted. A - If you've got one of these smartphones and you can get apps you can download it onto your mobile phone and it gives you access. If you go to a like a big meeting venue and they ask for information about your Covid status so you've had your vaccinations you can just open your app and show it to them that you've had your vaccinations. It also allows you to order prescriptions online and depend on your GP you can actually book appointments using this app. That was just a reminder to everybody to pass on to your PPG members the usefulness of the NHS app that how help people. Q - I've used patient access. One of the reasons why I haven't pursued then NHS app because I've obviously got the other access I need by patient access. A – I think every practice is different, but I can investigate it for you. They are pushing out the NHS app so it's all about digitalisation and helping patients, especially to book appointments through the app so again I can find out and come back to it if this replaces the individual GP system and I'll let you know. • **Chair / Vice Chair Re-election** DB moved the topic onto the chair and vice chair elections stating that the group hasn't got a vice chair and that the elections should have happened last June but because nobody was meeting it was carried on. There is now the choice we can do it in April or wait until June. There was a backwards and forwards discussion among	Natalie to look into GP Patient Access vs NHS app **Answer**: Patients are given choice whether to use GP practice on-line system or NHS App

	the group discussing if it would be a viable option to do it in April. After a long discussion, the group felt it may seem rushed trying to get someone in place before April, with having to put out an expression of interest via post when some PPG's aren't meeting. There was also a discussion among the group about if people would even register interest to be chairs as there aren't many people who attend regularly, and some people have come once and never returned. This developed into a conversation about changing the meeting slightly to help regain the interest of other people to attend the meeting. It was also mentioned about the meetings going live or being in person again. Q - With the notes that we get, is it possible to put the attendees next to what practice they representing or is there a reason why we don't do that? A – NH advised that the reason is that we don't know what practices people are from. I've got a list of just email addresses without any practice names next to the names. I could probably do with emailing round to everybody on the list saying "please can you identify which practice your representing?". Q - Who do these notes go to? Is it just those who attend the meeting? A – NH advised that the Notes are sent to all members on the PPLG distribution list which includes everyone who attends, PPLG members and Practice Managers and some GPs. The Notes also goes to the Walsall Local Commissioning Board as part of the Engagement Assurance Report for information. • **Time2Talk** SD started by introducing himself stating that he works for the Black Country Commissioning Group as a Customer Service Manager and that he is responsible for the Time2Talk team. He continued how he wanted the opportunity today just to quickly explain what the service does. They monitor and respond to complaints or concerns on behalf of members of the public or on behalf of their representatives, depending on whether they choose to go for an advocacy service or through their local MP. They share patient experience data within the commissioning group so that they can continually improve services that are commissioned. They operate Monday to Friday, 9 till 5 and will have Natalie circulate the contact information alongside the notes of the meeting. SD reiterated that he wanted to raise the profile and share that they are here to listen to any healthcare experiences that you might want to share, good and bad. He noted that everything gets logged centrally and shared to private committees and the people can really make change happen. Q - Something that occurred to me is at the moment I'm hearing sort of little grumbles about GP services. I'm just wondering, is there any point in me sharing some of that with you? Not naming individuals, not necessarily even naming the practice but I do wonder sometimes is this something that's happening in every single practice. Are we a bit different to others because that might be something that you might want to pick up on in terms of sort of recommendations across the borough? We're finding that our practice a little bit hit and miss sometimes about if you've done e-consult or whatever you may not get a message to say you've got a telephone consultation. I had my GP phoning me and I didn't know it was happening in advance. A - We do have the option to log information only so just general feedback. In order for us to present it at the right committees we would need the GP practice just so we can collate any themes or trends, but we can certainly have anonymous feedback. We'd certainly love to capture it. It's really valuable and people might not want to go through a process to share their feedback and so that's why we do offer a more	Natalie to circulate Time2Talk contact information with Notes.

	informal conversation so people can share details with us all they can remain anonymous but still gets captured within the same reporting mechanism. I would urge you if you could, to promote people to us so if they do want to come directly to us to say “well actually this happened to me one too many times I feel like I need to report back to somebody” and it can be just a very a one way communication for them to provide us with their feedback and we can report it with our systems and share it and cascade it to relevant committees. GG picked up that point about primary care access. There is a national direction of travel for primary care to move away from face to face into the video consultation. It was noted that we've had that discussion at this group, and it is to be believed that there's also variation in the way that each GP practice then implements those and how they use it. That feedback is actually really helpful and if people will name the practice it's helpful as well not because we're looking to scapegoat practices but we are looking to pick up themes. If the same practice is seen several times, then that issue is able to be changed in the practice, rather than launching a widespread change. GG has his quality lead Shelly linking to all of the various teams that are picking up information so that she can look at it from a clinical quality perspective. Q - How well known is Time2Talk? Is it advertised on GP practice notice boards? A - It’s not currently. It's something that I'm working on. We live in a very digital world so we're accessible through Healthwatch website, Instagram and Facebook. GP surgeries do have that information; however, I'll put my hands up I'm not sure if it's on the noticeboard but that's really integral to getting our name out there. Q - Are people going to be worried about that if they do raise an issue that it may impact them at their surgery? A - I can't say that people will be concerned about using it, but absolutely people do feel as if they might be discriminated against for raising feedback. We really do embed a culture that all feedback good or bad is to get to the end goal of improving service. It's a very collaborative approach to say “this is feedback we're getting, someone had a poor experience” and that's what we need to concentrate on. Unfortunately, people do avoid coming and raising concerns due to that but all I can do is just promote to come to us. It's a very fair service that that we do and there are certainly no questions for raising feedback. We want to be very welcoming so we can improve services. C - I was just going to mention one thing which was that there was also a shared care records meeting this morning which I attended and that was really interesting system is put together by Graphnet which is an international company and Janet Clark from Graphnet took us through how it looked from the clinician's point of view and I thought that was very interesting and it might be useful to also let the patient see the patient view. C - I went to the same meeting this morning actually but somebody there suggested that leaflet could be much better off being dropped at supermarkets rather than the GP practices. People are not going into the GP practices at the moment and when they do they don't really read the notes because as a PPG we try putting things up they don't necessarily look at them so it's been a wasted effort.	
7	**Close and date of next meeting** DB tied up the meeting thanking everyone for attending and clarifying that the next meeting was Tuesday 12 April 2022 1.30 – 3.00 pm.	

Proposed dates of future 2022 meetings:

Tuesday 12 July 2022	1.30 – 3.00 pm
Tuesday 11 October 2022	1.30 – 3.00 pm