**20th June 2013, Islington Patient and Public Participation Group**

 **Minutes and actions**

Minutes agreed and action points picked up.

* How can we be sure a person not entitled to see records does not access them?

There will be a password based on a person’s NHS number which only the patient knows. However, there could clearly be a safeguarding risk – where a vulnerable adult is cohersed into sharing their password. Therefore, with any vulnerable adult there would be a conversation between the GP and the patient to talk through how best to look after their records – in some cases the GP, for instance, may be the keeper of the patient’s number.

* Comment: applaud emphasis on patient participation BUT concerned it is a very self selective group and approach. Therefore, the patient groups are seldom attended by those whose voices are seldom heard.

Yes the PPGs are self-selective and they need to be – the purpose of the groups are that patients can attend from across Islington and give their views.

However, the PPGs are just one element of the engagement work ICCG carries out. We do go out to seldom heard group and service users through a number of targeted projects. ICCG would always welcome suggestions or links to go out to different groups / or links into particular communities.

**Patient Participation Groups presentation**

Dr Katie Coleman presented on the current format and structure of the groups and a proposal for moving forward.

Table workshop discussion followed (please see attached notes).

**NHS 111 presentation**

Jo Sauvage presented on the new NHS 111 system.

The following questions were raised:

* A patient feedback their experience of a friend who is 91 years old and lives in Sheltered accommodation. They collapsed and could not get up. They rang for an ambulance at 10.25 pm and it did not turn up til 11.45pm.

In this situation it was advised 999 was the most appropriate number to call (although if you do ring 111 they will be able to provide you with the correct emergency service).

We also currently monitor ambulance wait times to try to ensure people do not have to wait for an ambulance.

Currently calls are categorised – anyone who has stopped breathing / very very seriously ill is sent an ambulance within 8 minutes.

You can also call the service to let them know if the person is worsening / to stress the severity of the situation.

* NHS Direct was the previous system: we should not reinvent the wheel. It feels as if the public are being marketed to, to accept this NHS 111. We didn’t elect this government (all of us).
	+ - What does three week training mean? It was felt that this training was not sufficient / could be flawed?

As a CCG we are handed responsibility to take on the commissioning of services. As an imperative – we were handed NHS 111 to ensure it was properly set up and ran correctly.

However, if it works properly it should provide right care, right place, right time. It is the development of NHS Direct.

As a CCG we need to scrutinise it to ensure it works properly.

Jo is here today to collect your feedback on the service as it currently stands. There are also other ways you can feedback if you have any concerns about NHS 111.

It is Jo’s responsibility to make sure that the delivery of this service is the best it possibly can be.

* Although NHS 111 is supposed to be a step into OOHs this is often not the case. There was a story of a young mum who had called NHS 111 only to be redirected to OOHs. The process took so long, and was so difficult it would in fact have been easier for the mother to go directly to OOHs.

NHS 111 are working collaboratively with OOHs to ensure people don’t get lost in the system. We are concerned about this and encourage all people who experience a service like this to come forward so we can understand what went wrong.

Commissioning Intentions:

Paul Sinden gave the presentation on commissioning intentions

Table workshop discussion followed (please see attached notes).

Questions:

* Do people understand what self care means?

It was summarised as meaning health education, looking after yourself and your wellbeing.

To close we asked which agenda items would people like to see at the next meeting:

**Agenda items for next meetings:**

* Whittington hospital health.
* And, Looking at care in the community from CCG perspective.
* Care Quality Commission
	+ - Are they in danger of falling apart?
		- Benefits system

There was a very clear request that we have interactive presentations.