

## **PUBLIC REFERENCE GROUP (PRG) MINUTES**

**Wednesday 20<sup>th</sup> November 2019 at Town Hall Chambers**

### **Present**

James Campbell (JC)	Co-Chair
Alex Camies (AC)	Member, PRG
Graham Carter (GC)	Member, PRG
Neville Fernandes (NF)	Member, PRG
Husseina Hamza (HH)	Member, PRG
Jude Ibe (JI)	Member, PRG
Adrian Ingram (AI)	Member, PRG
Rosie Jackson (RJ)	Secretary, PRG (Minutes)
Mabel Nwoko (MNw)	Member, PRG
Tony Pilkington (TP)	Member, PRG
Keith Walton (KW)	Member, PRG
Russell Cartwright (RC)	Head of Communications and Engagement
Teresa Rodriguez (TR)	Engagement Officer

### **In attendance**

BSL Interpreters

### **Speakers**

Lorraine Smedmor	Commissioning Manager
Dibya Rai	Pharmacist LIMOS Team

### **Apologies**

Anne Hooper (AH)	Lay Member
Juliet McCollin	Member, PRG
Michelle Nembhard (MNe)	Co-Chair, PRG

1. JC welcomed everyone to the meeting. Apologies noted. No conflict of interest declared.

## **2. Winter Campaign 2019 (RC)**

RC gave an overview of how this year's campaign is working to try to alter behaviours to;

- increase uptake of flu vaccine
- encourage people to use services appropriately
- ease pressure on A&E by reducing unnecessary visits/inappropriate use of the service

Specific focus of campaign is to

- increase vaccinations in over 65's i.e. flu, pneumonia and shingles
- encourage parents to have their children under 11 vaccinated against flu

This year's campaign is using a different approach .i.e. behavioural change. The CCG have

commissioned a leader in behavioural change and are using the nudge theory; which understands behaviour and reason for behaviours, using positive messages to nudge behaviour in the right/desired direction.

Lewisham are working together with Greenwich and Bexley with use of social media; Facebook, Twitter and Apps. A private company are being paid to develop and launch the campaigns.

Results have been good i.e. with the number of people reached and messages received. It is unclear so far whether it has had a positive or negative impact on people's behaviour. Research in Rochester has shown that such campaigns can have the reverse impact.

Two elements of campaign

- evidence based comms and public engagement
- short surveys; testing and gaining insight to further tailor the messages

The agency who have been commissioned to lead this work are running two focus groups to further test the advertising and artwork before it goes live.

RC asked PRG members for comments on the campaign and artwork

- JC asked that the PRG be consulted earlier on in campaign
- JC considers in his experience schools communicate directly to parents on a weekly basis re flu vaccine, (i.e. at the school where he is school Governor)
- Debunk myths e.g. vaccine doesn't contain pork
- When is campaign started? Sept -Oct – needs to be started early
- Educate people on why it is recommended to get flu jab, many worries about minor side effects such as feeling unwell or getting a temperature

Artwork was handed round comments included:

- Positive comments re one of the children's flyers (superman)
- 'Festive' not useful use word 'winter' instead
- State for children under 11 years
- Put GP last when recommending where to get vaccine, promote pharmacy to ease pressure on GP

### **3. SEL CCG Update RC**

The 6 CCGs and Governing Bodies have agreed proposals. Approved by GP members in 6 Boroughs and by NHS London, awaiting final approval by NHSE. To go live April 2020.

CCG staff engagement about restructuring embedded functions in Boroughs has finished and formal staff consultation started November 18<sup>th</sup> will end January 2020. Work is ongoing to decide local functions. Local public engagement discussions endorsed proposal to set up a new group to replace PEEF. This new group may have wider membership and different format.

RC reported positive feedback given on PRG at the last CCG Governing meeting it is likely that a PRG will continue but likely there will be changes. When more is known someone may attend PRG meeting to explain.

### **4. Lewisham Respiratory Services (LS)**

Respiratory is one of the 4 core strategic commissioning priorities for Lewisham CCG.

LS gave an update on the development of an enhanced integrated respiratory service in Lewisham.

### 1. Development of Integrated Respiratory hubs to provide:

- Point of care testing
- Diagnosis
- Treatment
- Support to primary care
- Home oxygen assessment, support and review
- Increased spirometry provision

There will be four Integrated Respiratory Hubs across Lewisham, two of these hubs commenced in May 2019 at Downham and Waldron. A third will commence in January 2020 at Sydenham Green and it anticipated a fourth will be in the Lee area. GPs can refer to hubs for initial diagnosis but complex patients can also be referred to the Hubs for review by the Respiratory Nurse Specialists. Other patients referred to hub will be stabilised, support put in place and transferred back to GP for ongoing care and management.

Four specialist respiratory Clinical Nurse Specialists (CNS) will be based in the hubs and manage patients on home oxygen, providing risk assessment, support and annual review as well as reviewing housebound patients and patients in nursing homes.

Recruitment to CNS posts is currently underway.

Spirometry is a specialist skill; practitioners must complete an accredited programme which is reaccredited every 2 years which is why two Spirometry Technicians will support the Integrated Respiratory Hubs.

### 2. Roll out of My COPD app

This app has been used in Bexley; Lewisham are buying 100 licences and will offer to patients identified against criteria. The app can also be purchased by patients.

AI suggested that British Lung Foundation may be able to help with financial support for patients to buy app. App is not designed to replace clinical care or services but to provide education and 24-hour support.

KW voiced concern with cost and value for money.

### 3. Pulmonary rehab (optimised LEEP service)

Work to improve uptake and completion rates, currently the completion rates are extremely low.

Out of 375 patients who accepted referral to LEEP, only 55 completed the programme. Slight improvement this year but completion rates remain low. Also figures show many patients decline offer of referral although these figures may not show the full picture.

Healthwatch have reviewed LEEP, with focus on GP practices with high rates of declining and low rates of completion of programme.

LEEP will now accept earlier referrals.

LEEP team are part of national clinical audit and are reviewed annually.

**Action. Update on HW report to be included on PRG meeting agenda early next year.**

4. Asthma and COPD action plans

The COPD Action Plan has been updated with LEEP information as well as Stop Smoking contact details and the Clean Air app. The Action Plans will be circulated to all practices but it is anticipated these will be issued upon initial review at the Integrated Respiratory Hubs.

5. Virtual clinics

Kings and Guys have virtual clinics working well across Lambeth and Southwark and will provide support to Lewisham at establishing Virtual Clinics. It is anticipated that the Virtual Clinics will be run across each PCN with input from the Respiratory Consultants at Lewisham Hospital.

6. Smoking Cessation

The smoking cessation team have indicated that they may be able to base themselves within the Integrated Respiratory Hubs. They have new online tools to support patients who may not be able to attend the support groups.

NF suggested vaping cessation required and LS updated that National Guidance would continue to be monitored in relation to vaping cessation.

7. Prescribing

Ensure and improve adherence to SEL guidelines

8. Education and training

Education to include involvement and education of families, so they can support the patient LS agreed it was important to consider providing an educational event. PRG members suggested these could be regular e.g. annual, or 6 monthly events.

Breathe easy group supply good practical training.

AI asked re asbestos related lung disease, LS said she will find out more to answer this query.

JC asked re air pollution and whether affected people are told how they can reduce effects of air pollution. LS responded that the CleanAir app should support this. Lewisham Air gives you the chance to check the air quality in the borough and plan low-pollution walking and cycling routes using a specially-designed map.

9. IAPT support to patients via community respiratory hubs

Planned outcomes:

- Rapid access to lung rehab services and specialist advice in the community
- Improved quality of life through correct and early diagnosis
- Patients empowered through supported self-management
- Access to advice, skilled staff locally when needed

**5. Lewisham Integrated Medicines Optimisation Service - LIMOS (DR)**

DR outlined the aims of LIMOS, referral pathway, range of service and how it works.

LIMOS aim to help patients with any difficulty to get the most from their medicines and to support the patient to remain independent in their own home. The service is not limited to a

single visit to a patient, the patient is visited at home and supported, until a comprehensive plan is formulated and sent to the GP. The referrer is written to with an outline of action taken. Families and carers are involved and included in visits and plans.

LIMOS team is working on a leaflet to increase awareness and explain the service to patients and carers. A leaflet is now being developed, with information lifted from their patient fact sheet in current use.

NF suggested that the leaflet could be made available in pdf format and a link provided. The information leaflet will be made available to the public via the CCG website in the future.

In response to questions DR explained consent to referral. Patient consents to referral and then must consent to LIMOS access to medical records.

DR asked PRG members for comments on the draft leaflet to be sent via TR in the next 2 weeks.

Comments and suggestions given at meeting were:

- text needed to be reduced significantly
- text to be larger font and clearer (Font: minimum 14)
- test with patient group
- QR code to be included, giving information on how to access support for deaf community
- Pharmacies could have ipad to use for online interpretation
- Availability of leaflet in other languages was asked, DR will check
- Large print format
- Use 1 page (one side or double sided)
- Use bullet points
- No need for description of the team
- Be in the place of reader
- Use print to stand out
- Font: minimum 14
- Simplify words
- Consider larger prints and other languages

**Action. PRG members to send any further comments to TR in next 2 weeks**

Following referral contact is usually made within 2 weeks and consultation/visit within 4 weeks. Referrals are read daily and prioritised according to urgency and need.

If urgent a telephone call or contact with GP is made at once, and visit to patient made as soon as possible.

The LIMOS team is small, it was asked whether there was capacity within the team to see more patients if awareness of the service was increased as this new leaflet is planned to be distributed widely.

**Action. DR to share new patient information leaflet with the group when available.**

**6. Progress of actions from previous minutes 'You said, we did' – update**

TR reminded PRG members to try to log in to their nhs email.

December PRG communications will be by personal and nhs email, next year communication will be by nhs net.

Pharmacy First leaflet, continues as work in progress

Subgroup minutes to TR, ongoing

TR requested PRG members to send in feedback on activities undertaken for PRG report. TR will send a form to aid completion, a brief overview/summary is needed.

**Action: TR to send feedback form to PRG members**

**Action: PRG members to provide feedback to support PRG report to PEEF (Public Engagement and Equalities Forum)**

It was noted that some of the subgroups (CYP, frailty) have not been active despite PRG members proactive approach.

## 7. Any other business

TR has dates for meetings next year in January (31<sup>st</sup>) and March (18<sup>th</sup>). RC suggested Dates are set for all meetings next year. TR agreed to do so.

TR gave dates for next PEEF meetings, Co-Chairs invited to attend.

The posters for HIV testing in GP practice have been completed and feedback was that PRG member's input was appreciated.

TR handed round Travel vaccinations and pharmacies in Lewisham leaflet, PRG feedback was that postcodes for pharmacies would be helpful and are necessary. HH spoke of malaria prophylaxis which used to be free and on prescription, but now must be bought.

AC has an amendment to October minutes will send to TR and RJ

RJ asked that agreement of minutes is put on agenda to ensure members have an opportunity to comment on minutes if they have not had a chance to send in before the meeting.

This is not to go through the minutes as they are sent out in advance and comments invited before the meeting, but just a brief point to formally agree or give chance for comment.

Date of next meeting **18<sup>th</sup> December 09.30**

REF	ACTION	LEAD	DUE DATE	COMMENT
1	Update on HW report to be included on PRG meeting agenda early next year	LS/MZ	January 20	To be included on agenda next PRG meeting
2	PRG members to send further comments (LIMOS leaflet) to TR	All	Complete	
3	LIMOS new patient information leaflet to be shared with PRG when available	DR	Ongoing	ONGOING
4	Send feedback template to PRG members	TR	Complete	

5	Provide feedback to support PRG report to PEEF (Public Engagement and Equalities Forum)	All	Complete	
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