

**MINUTES OF NORTH LEEDS MEDICAL PRACTICE VIRTUAL PPG MEETING HELD
ON
TUESDAY 1st JUNE 2021 AT 6.45PM**

ATTENDEES

Deehan Mair	Practice Manager
Beverley Kite	Chair
Philip Elphick	Vice chair
David Harris	
Rosemarie Harris	
Mary Sheridan	
Malachy Doherty	
Yolande Sowerby	
Debbie Beirne	
Nirmala Gallia	

APOLOGIES

Diana Oakes	Vice chair
Peter Kite	
Nigel Leahey	
Mudasar Din	
Bernie Wilson	

Beverley opened the meeting by welcoming our new Practice Manager Deehan Mair and gave her the opportunity to introduce herself and explain her previous background.

She has a great deal of experience in HR, Quality Improvement and has many other facets and although has not been a Practice Manager previously is very keen to work in the Primary Care sector and has ideas that could be implemented in the future once she has obtained more experience in this area.

As this was Deehan's first meeting with us and was still doing her induction we felt it better not to have an Agenda as normal where Beverley would usually send this out a week before so that subjects we raise could be answered but rather have a more general discussion and get to know one another better. Beverley then invited the members to introduce themselves and say a little about their background.

1: Beverley brought up the Integrated Care System which will begin in April 2022 which will change our Clinical Commissioning Group as it is currently run.

Please see below the article in the May's NAPP (National Association of Patient Participation) bulletin which gives further details.

NHS England has proposed that the commissioning functions of Clinical Commissioning Groups (CCGs) need to be absorbed into the newly developing integrated care systems (ICS) by April 2022, as part of its plans to “accelerate collaborative ways of working”.

This comes as part of a package of proposed changes to legislation designed to hand ICSs the direct commissioning power. It will result in a ‘single pot’ of funding which brings together current CCG commissioning budgets and primary care budgets, among other sources of funding.

The paper, published by NHS England and Improvement titled: **Integrating care: Next steps to building strong and effective integrated care systems across England** states that: “Local leaders have repeatedly told us that the commissioning functions currently carried out by CCGs need to become more strategic, with a clearer focus on population-level health outcomes...”

It went on to say that since 2018 ICSs have supported a “bottom-up response to the big health and care challenges... They have improved health, developed better and more seamless services and ensured public resources are used where they can have the greatest impact.”

Despite this, in its **response to the paper**, the BMA announced its “profound reservations”, particularly due to “a serious lack of clarity regarding the practical implications of transferring CCG powers to ICSs...”.

“This lack of clarity means that the potential changes to CCGs are a source of significant concern for GPs and GP partners, who may face significant changes to their working lives as a consequence, and NHS England must provide complete clarity on where and to which bodies CCG powers may be transferred.”

The legislative framework to underpin such changes featured in the recently published Department of Health and Social Care White Paper on **‘Integration and innovation: working together to improve health and social care for all’**. This overall approach also builds on the NHS Long Term Plan: **Breaking down barriers to better health and care** and opens up an opportunity for discussions between the NHS and its partners about how ICSs can be embedded and brought to life as the new legislation is passed.

What are ICSs?

ICSs are partnerships that bring together NHS, local authority, and third sector bodies to take on collective responsibility for the resources and health of an area. They will plan, pay for and deliver health and care services, with the aim to deliver better, more integrated care for patients.

Will there be any direct allocation of CCGs to ICSs?

CCGs are already mapped to ICSs which are mapped here: **NHS England » What are integrated care systems?**

What does this mean for primary care networks?

Integrated care systems (ICSs) are to become statutory bodies. General practice is represented on ICSs by PCNs, making the role of PCNs even more important.

For more information, The King’s Fund has developed a **short explainer** of the changes.

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Beverley has asked Deehan if she would be able to give us more information on the ICS at our next meeting as we believe the CCG are still currently in consultation.

2: In June each year we would normally have had a 'PPG Awareness Week' where we would have distributed leaflets etc but due to Covid this has not been possible. Beverley had intended asking the practice to send out a text to encourage patients to join the PPG instead. Earlier in the year a PPG text was sent out but a patient did complain that this may contravene the law as to what patients can receive from their GP's. The CCG approved our Loneliness Chat Line text but Beverley wasn't sure if the CCG had approved the PPG text. It took a few e-mails before an answer came through that it did contravene the Direct Marketing Act but that it was ultimately the practice's decision. Because of this Beverley passed all e-mails associated to the practice. As this could have potentially caused a problem with this particular patient who complained and possibly others Beverley decided that we would wait until restrictions were easier and we could try and think of ways we could encourage 20-50 year olds to join us to have a more representative section of our patients as part of our PPG.

3: There will be another BIG LEEDS CHAT to gain more public responses to Leeds services etc – more information to follow.

4: One of the members mentioned that as we have a large reception area there didn't seem the need to still have a 'closed door policy'. He was once behind a young lady in late pregnancy who was kept outside in the rain for some time before being allowed in to the surgery.

Deehan said she was already looking into finding a safe way to open both Harrogate Road and Milan Street surgeries.

5: Regarding our future relationship with the practice it was suggested that a two way relationship was essential as it appeared in the past that the PPG have made many suggestions and put into operation many events and set up a registered charity to help patients (Leeds Caring Hands) by running two Activity groups at the surgery.

This encompasses table tennis, card making, board games, IT help to order prescriptions and many other areas of the Internet and also a professional

chair exercise trainer. Money has been obtained from funding for the Loneliness Chat line , IPads and Chair exercise tutoring.

The PPG would really appreciate the practice being more involved in suggesting where we can help them but also to be informed when changes are about to be made that may affect our care at the practice before these changes take place. As a PPG we would like to participate as a consultation and support mechanism to assist the practice where we can. The NHS encourage more public involvement in decision making so this would be appreciated if this could be implemented by the practice in the future.

We were all very grateful that Deehan had attended our PPG meeting and for the time she gave whilst still on her induction and that we look forward to working with her in the future as we appreciated her openness and willingness to work with us as we go forward.

Our next meeting will be Wednesday 21st July at 6.45pm (but open to change if necessary)