

Sunderland Clinical Commissioning Group

Planning meeting: Washington Locality Patient Group (LPG)

In attendance

Dr. Henry Choi; June Pace; Linda Reiling; Aileen Sullivan; Julie Whitehouse

Introduction

The meeting was held to discuss experiences to date with Washington LPG and to consider options for a productive way forward.

The group have expressed concern about lack of clarity of their role with the CCG. Some members have already stopped attending and it is considered others will follow, if there continues to be a lack of focus and achievement.

The meeting focussed on the original stated objectives of the LPG's, reasons why these objectives are not being achieved and as a consequence, where to go next.

Main themes identified

- In the broadest sense of patient and public involvement Practice Patient Groups (PPG's) and Locality Patient Groups (LPG's) can be extremely useful, but can never be representative of the whole population. Hence we must recognise they are one part of a much bigger picture.
- It has been difficult to maintain enthusiasm as the purpose of the group is not clear.
- Members (& staff) have difficulty understanding the difference between LPG's and the Local Engagement Board (LEB)
- We revisited the purpose of LPG's and the LEB. The purpose of LPG's is to speak to their local communities to feedback on public / patient opinion on the ground, ultimately to influence CCG decision making. The LEB is more about feeding in city wide developments and receiving stakeholder views upon these.
- Whilst the theory of the purpose of LPG's is fine, in practical terms it is not considered possible that a small group of volunteers can successfully access and represent their community. Group members do not see themselves in this role, as they come along as interested individuals.
- The numbers to draw on will remain quite limited, especially as not all practices have a PPG.

Conclusions

- The PPG's are useful, run well as they are and everyone is clear on their purpose.

- Whilst practices can be encouraged to have PPG's, each will make their own decision. Some choose not to for a variety of reasons.
- The locality group should be re-focussed to concentrate upon health topics and issues emerging from any of the following: PPG's; members interests; CCG Locality Plan and the CCG 'Plan on a Page' developments.
- Meetings will be scheduled when there is a topic to discuss and all patients, for all locality practices, will be invited to contribute.
- As people will self-select on topics which interest them, it is hoped this will assist with motivation to contribute
- Run on this basis, the group could act rather like a 'task and finish' group. When all relevant feedback has been offered to the CCG, the group can move on.
- All pieces of work undertaken by the LPG should offer a facility for people to contribute their views online or by post.

Next Steps

- The above people, in consultation with current group membership, need to decide on possible health topics / services with respect to the above points for selection.
- If a number are selected, a prioritised list can be drawn up.
- Publicity to be designed for locality practices to make it clear to patients / public what is being offered and asked of them.
- Arrange meeting, agree objectives & priorities, agree action