Barking and Dagenham Clinical Commissioning Group
Patient Engagement Forum (PEF)
Thursday, 26 January 2017 5pm-7pm

B&D CCG office, Maritime House, Barking, Boardroom

Present:
Nicholas Hurst  PEF (Chair)
Ron Wright  PEF Vice-Chair
Dorothy Stokes  PEF member
Dave Elliott  PEF member
Christine Brand  PEF member
Ken Humphries  PEF member
Peter Hopper  PEF member
Murat Ali  PEF member
Mary Parish  PEF member
Miriam Greenwood  PEF member
Sahdia Warraich  Lay member B&D CCG
Boba Rangelov  PPE Advisor BHR CCGs
Manisha Modhvadia  B&D Healthwatch
Dr Ravali Goriparthy  Clinical Director, B&D CCG
Sharon Morrow  Chief Operating Officer B&D CCG

In Attendance:
Jason Seez  Director of Strategy and Planning, BHRUT
Duncan Jenner  Communications, BHRUT

Apologies
Wendy Garton  PEF member
Val Shaw  PEF member
Gemma Hughes  Deputy Chief Operating Officer, B&D CCG
Youth Forum representatives  B&D Youth Forum

Absent:
Elizabeth Peel  PEF member
Tina Robinson  PEF member
Mike Davies  PEF member
Olivia Mukasa  PEF member

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
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<tbody>
<tr>
<td>1</td>
<td>Welcome and apologies</td>
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<tr>
<td>1.1</td>
<td>The Chair welcomed everyone and apologies were accepted. New PEF members were welcomed to the PEF, Tina Robinson and Renay Taylor.</td>
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<tr>
<td>2</td>
<td>Minutes of the 17 November 2016 meeting and matters arising</td>
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<tr>
<td>2.1</td>
<td>The Minutes were accepted as a correct record of the meeting.</td>
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<tr>
<td>2.2</td>
<td>Matters arising-actions taken</td>
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<tr>
<td>2.2.1</td>
<td>All actions were completed. MG asked which specialities are most affected by RTT. Some of the specialities most affected are Orthopaedics, gastroenterology, ENT and general surgery.</td>
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<tr>
<td>3</td>
<td>BHRUT Improvement plan-update</td>
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### 3.1
The Chair welcomed JS to the meeting. JS gave a presentation about the latest update on the Trust developments and improvements made. JS confirmed that the Trust has received a draft report from the CQC following their recent visit.
MG asked what the Trust is doing to retain staff (Doctors and nurses) and to carry on this philosophy. JS replied that it is important to try to stop people leaving the Trust (Junior Doctors i.e.), making sure that they want to come and work for the Trust.
Dr RG stated that it takes time to recruit Doctors and that what Victoria Mason hospital is proposing is not realistic. Dr G asked should we take different strategy to achieve what we want. JS stated that it is difficult to say to stakeholders what they will not be doing.

### 3.2
5-6 people are waiting behind the screen and they get frustrated.

### 3.3
Deaf awareness: The Trust has been working on accessibility. BHRUT Head of Patient Experience attends regularly Deaf Awareness Action Forum in Havering. They gave established Patient Access group. Some of patients are deaf. The main purpose of this group is to raise awareness of issues related to people with hearing impairments and deaf people. They also have Deaf Awareness training for staff and they can book an interpreter to be available on call.

### 3.4
The Chair thanked JS and DJ for their presentation.

### 4
#### Governing Body papers
Sharon Morrow, COO and Sahdia Warraich, Lay member

#### 4.1
SM and SW went through three Governing body reports (BHRUT Performance Risk, Urgent and Emergency Care programme and Patient Experience report).
DE asked how the problems with cancer waiting times arise. **ACTION:** DE to meet with JS to discuss this further.

#### 4.2
DS if the A&E trial redirecting the patients is still happening. JS replied that both Queen’s and KGH A&E performed well over Xmas time. MG asked if people diverted somewhere else are happy with services they were diverted to. JS replied that they are doing analysis at present.

### 5
#### Healthwatch B&D-update
Manisha Modhvadia

#### 5.1
MM said that the Workshops organised by the Healthwatch are going really well and they had a positive feedback. More workshops are planned and MM will send flyer to BR with future dates. The Healthwatch is also preparing to host STP public events in near future. **ACTION:** MM to send details of both to BR for further distribution

#### 5.2
MG asked about diverting referrals to different clinics and hospitals. Dr G stated that the CCG is setting up community based clinics. If the patient is going to hospital, the choice should be there.

### 6.0
#### PEF members’ report back

#### 6.1
There was no feedback from the PEF members.
7.0 Forward planner

7.1 BR asked PEF to keep March meeting topic for the CCG item. Antibiotics resistance, suggested by MP has been added to the Forward Planner. MG suggested adding Pain management, Gastroenterology and Orthopaedics to the planner.

**ACTION: BR**

8.0 AOB

8.1 There was no other business.

9.0 Close and date of the next meeting

9.1 Next meeting is on **Thursday, 23 March 2017, 5pm-7pm. Venue: B&D CCG offices, Ground floor, Maritime House, 1 Linton Road, Barking, IG11 8HG.**

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**Action log summary**

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<thead>
<tr>
<th>Point</th>
<th>Action</th>
<th>Who</th>
<th>Status</th>
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<tbody>
<tr>
<td>4.1</td>
<td>Cancer waiting times at BHRUT</td>
<td>DE and JS</td>
<td>By March 17</td>
</tr>
<tr>
<td>5.1</td>
<td>The Healthwatch workshops and STP events’ dates to be sent to BR</td>
<td>MM</td>
<td>Immediate</td>
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<tr>
<td>7.1</td>
<td>To add specific topics related to RTT specialities to the Forward Planner</td>
<td>BR</td>
<td>Immediate</td>
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