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|   | Professional Networks Chairs Forum |
|  | **reference** | PNCF(13)01 |
|  | **date** | 11th July 2013 |
|  | **time** | 10:30 -13:30 |
|  | **venue** **present****apologies** | Council room, CSP, LondonMark Armour - ACPOHESarah Bazin - EPADUJudith Bentley- MLACPJakko Brouwers - ACPINSusan Buttress - ESPTracey Daniels - ACPCFPriya Dasoju (PD) - Alliance Co-ordinatorLesley Dawson - ADAPTSally England - ACPEMLizzie Flude - ACPRCSharon Greensill (SG) - Chair PPSD & PNCFLinda Grootegoed (LG) – Unit Administrator, minutesRalph Hammond (RH) - Research AdviserLaura Hannah - ACPSEMRuth Hawkes - ACPWHSue Hayward-Giles (SHG) - Assistant Director PracticeMartin Hey - PPALucy Holt - BACPARJo Hutchings - MIMDTPAnnie Karim - ACPIHCSandy Lewis – Physio FirstNick Lividas - ACPOMITIngela Jacob - ACPIRTCarole McCarthy - LAMPSChris McCarthy - MACPAileen McCartney - ACPOPCHelen Millward - ACPATSamantha Old - APCPLesley Pattenden - AACPMarousa Pavlou - ACPIVRMarie Rogerson (MR) - Learning & Development OfficerImogen Scott Plummer - Research AdviserAlison Skinner - ATACPToby Smith - PRSElaine Sparkes (ES) – ARC (Item 5 only)Claire Strickland (CS) - Unit Head PracticeJanet Thomas - AGILEJayne Thompson - BABTTAnn Thomson -- CPMaSTTJenny Tinkler - ACPPLDSteve Tolan (ST) - Professional AdviserSarah Turner - BAHTAnnette Woodward - CPPCEmma Woodward (EW) - Unit AdministratorPip White (PW) - Professional AdviserLouise Walker (LW) – ARC (Item 5 only)Michelle Wright - ACPICRNone |

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| 1.2.2.1 3.3.13.23.34.5. 6.7.7.17.27.37.47.57.68.9.10.11.12. | **WELCOME AND APOLOGIES**The PPSD and PNCF Chair, Sharon Greensill(SG) welcomed the Professional Network Chairs and alternates to the meeting and a round of introductions followed.**UNCONFIRMED MINUTES AND MATTERS ARISING**The minutes of the PNCF of 11th July 2012 were approved as a true record. There were no matters arising which were not included elsewhere on the agenda. The matters arising were included within the agenda. **P&D COMMITTEE UPDATE****Committee feedback** Members received an update by SHG on the Practice and Development (P&D) Constitution review and the ensuing changes to the committee structure. CS then clarified which groups outside of the P&D committee structure had PN representatives. Members voted for the current PN representatives to continue until October 2015 to ensure the PN representatives elections would be in line with the CSP election cycle. The current PN representatives who were present agreed to continue. All representatives were requested to report back to PNCF via the feedback form available via iCSP. **Action: LG to contact Lesley Dawson to confirm she would agree to continue as a PN representative on the Education sub-committee until October 2015.** **QAE Group** Members received information from MR about the QAE group including objectives, remit, time required to take part and the ACE scheme. The group had a vacancy for a clinician linked to a PN and an election would take place. Details of the election would follow the meeting via email. It was confirmed that:* PN representatives were required to be part of the executive committee of a PN
* All PN representatives represented all PNs and not one PN in particular
* Representatives for the seats of manager, self employed and outside of the NHS would be directly sought via the relevant PNs such as PhysioFirst, LaMPS and ACPIHC
* Representatives were requested to collate feedback from the PNs to feed into the committees and groups
* iCSP should be used by PN representatives to pick up on key issues and concerns
* All PNs should contact the PN representatives and start a dialogue with them.

**R&D committee PN representative**It was agreed that the current representative should be asked to continue. **Action: LG to contact Annette Bishop to confirm if she would be willing to continue as a PN representative until October 2015.** **FRANCIS REPORT**Members received a paper on the Francis report. The following points were highlighted:* To assist the CSP in identifying priorities and represent members, views on how the Francis report was affecting locally were welcomed
* The CSP had responded to the Cavendish Report. A briefing paper would be circulated and this would contain a synopsis, next steps and activities
* Professionalism issues highlighted in Francis should be included within the scope of the undergrad curriculum by each HEI
* The impact of the current economic position and how this impacts on services, rationing and service delivery
* It was confirmed that lobbying the Clinical Commissioning Groups (CCG) by the CSP would be valuable
* The Francis report contained an entire chapter on continence care and awareness and education was required nationally
* Collaboration with the PNs was required to send out key messages
* It was a real opportunity for PNs to identify key areas within the Francis report and have input into the CSP’s response
* The CSP would like to ensure that physiotherapists had access to appropriate learning and development opportunities.
* AGILE was keeping a close eye on the Francis report as it contained multiple decisions on elderly people
* The view was expressed that the report was targeted to nursing not physiotherapy.

**Action:** PNs were requested to share their experience of the impact of the Francis report by sending comments to the a&pn@csp.org.uk.The comments would be fed back to Sally Gosling who would ensure they were considered within the CSP’s work programme.**Chair’s report**It was noted that: * LG had returned and could be contacted for any A&PN queries via a&pn@csp.org.uk.
* PD would be going on maternity leave and was thanked for her work during the entire change process as she had been instrumental in driving it forward
* Leonie Dawson would be the Alliance Officer during PD’s maternity leave
* CS was thanked for her support and it would be a great loss to the CSP now that she was moving on.

**Annual Representative Conference overview – PN representation/visibility at ARC**Members were informed by the Chair that the uptake of the PN seats had declined in the past years and PNs were encouraged to attend or risk losing the seats to other member groups. Members received information from LW on the benefits for PNs to attend ARC. The process of submitting motions was clarified and members participated in a workshop to gain understanding on writing motions. Members who proposed a motion at ARC could attend a public speaking training day hosted by the CSP. All members could attend as it was not exclusive to PN Executive committee members or those proposing a motion. A member confirmed it was a challenge to gain approval from their employer to take time off to attend if they were not actively taking part. An example was given on how accepted motions could have a huge impact such as injection which was hugely controversial years ago but legalised in the previous year. PNs were not constrained to put forward motions for PNs only but could submit motions of any other interest. ARC 2014 would take place in Cardiff on 6th and 7th March 2014. **Action: SHG to bring to P&D how more feedback could be given on how motions had impacted policy as this would encourage members to participate at ARC.** **WHERE WE ARE NOW/GENERAL UPDATE****Supporting Your Service leaflet** Members noted that the current *Supporting Your Service* leaflet was being updated and would be circulated for comments and suggestions. The new version would be published before the end of 2013. A member fed back that the version prior to the *Supporting Your Service* had been more extensive. PD confirmed that it was on request from the previous CIGCL/PNCF that the leaflet had been made more concise. **PNCF agenda** Members were thanked for contributing to the PNCF agenda and they agreed to continue setting the agenda. **PN recognition process.** Members were notified that all 37 PNs had been recognised and would partake in the re-recognition process every three years. **iCSP network** Members were informed by EW that the A&PN iCSP network had been set up for the purpose of documentation, including the PN handbook, to encourage discussions and network cohesion. The Chair requested that the PN events calendar would be reinstated and added to the iCSP network. This would assist PNs in planning their events and hopefully avoiding simultaneous events. The calendar would be required to contain dates for two years in advance. **Action: LG to reinstate calendar and add to iCSP.** **Alliance feedback** The Alliances were requested to reflect on the Alliance collaboration, including the relationship with the Alliance Officer, in the past year and feedback to the CSP what was and was not working. **Action: Alliances to reflect and feedback to LG via** **a&pn@csp.org.uk****.****PN handbook** Members were notified that the PN handbook would be updated by the end of 2013 and Alliances were requested to suggest updates. **Action: Alliances to feedback suggested updates to** **a&pn@csp.org.uk****.****DEMONSTRATING RE-RECOGNITION TOOL ON PEBBLEPAD**PD confirmed that the re-recognition tool would run alongside the current criteria of the re-recognition process. This would showcase the work the PNs had done. Once the PN had been re-recognised the CSP would seek approval from the PN to share the information on PebblePad with the other PNs. **Action - LG to review the submitted documents of the three PNs who had partaken in the trial and confirm if they have been re-recognised.**Members were notified that the next stage of the pilot would be to invite three occupational groups to trial the tool prior to refining and finalising it. The criteria would be developed and submitted to PPSD in November. The full re-recognition process would start in 2014 and two PNs per month would be selected for re-recognition The PPSD members would review the Pebblepad submissions. PNs were not required to fill out all columns within the re-recognition tool where it would not be applicable. MR presented the Pebblepad tool. The PNs that took part in the first piloting stage fed back that:* The tool did not work well on mobile devices such as Ipads.
* If two PN members were logged on at the same time and amended the document, two documents would be created.
* Sharing the workload was beneficial
* A request was made for the evidence storage tool to be able to be accessed by all members of that particular PN.
* The criteria needed to be known upfront
* Some of the questions were repetitive
* A cut and paste tool needed to be added
* There was a large focus on research rather than outcome
* Uploading documents took a while
* Members would like to receive a copy of what had been submitted
* The possibility to maximise a window was requested
* Adding the option to save and go back where you left.

**Action: The PNs that took part in the pilot were requested to email all feedback to** **a&pn@csp.org.uk** **and** **rogersonm@csp.org.uk**.PNs would be alerted ahead of time when they would need to submit their re-recognition data and this would provide an opportunity to gather the required evidence. A member requested for the system to be able to access at all time so PNs could start collating evidence prior to being selected for the re-recognition process. The Chair thanked the CSP for putting the system together and confirmed the member query was a valid point and especially helpful with committee changes. . **HEALTH INFORMATICS WORKSHOP**Members received a PowerPoint presentation by ST. Due to time constraints the workshop was cancelled. ST explained that health informatics influenced every aspect of the work that physiotherapists did and was relevant to all sectors and countries. Members received a document which described which information they would wish to have and where to get it in the future.Following member’s queries ST confirmed  the following: * There would be coding systems following international standards which would become compulsory in the UK by 2015. These would be applied in particular to electronic patient records and add to the NHS’s aim for a paperless NHS by 2018. This would also mean that abbreviations in medical records would no longer be necessary. Members were encouraged to influence the terminology used and thus ensuring excellent quality care by contacting the person in charge of informatics and getting involved.
* Typically, there is a link between tariff, outcome and pathway. Where a tariff is implemented it defines a pathway (points at which payment are started and stopped). An outcome measure is identified to establish the clinical effectiveness of the pathway which the tariff has defined.

Members could contact ST with any queries at tolans@cp.org.uk **A&PN ENGAGEMENT WITH NICE CONSULTATIONS**RH clarified that the presentation would be relevant to England only. Members were informed that NICE was launching larger, more complex consultations and these provided great opportunities for clinicians to articulate the role of Physiotherapy. Professional Networks (PNs) were encouraged to register as stakeholder as this would allow them the opportunity to feedback directly. When a PN was not accepted as stakeholder feedback could be submitted via the CSP. PNs having different views on the consultation did not need to be an issue as NICE encouraged debate however there was a line between debate and airing arguments in public. It could be strategic to co-operate and have a larger input into a consultation.Helen Whittaker would send out the alerts and reminders about NICE consultations. This would provide RH time to contact and assist PNs individually on how to get involved with NICE by attending a meeting or support via phone or email. As consultations lasted on average four weeks, PNs were advised to identify members prior to the start of a consultation to ensure time for preparing submissions. On the day of a consultation being published to the public, PNs might like to prepare press releases, host implementation events or add information to their websites. The PNs could contact RH directly with any queries and assistance via hammondr@csp.org.uk.The consensus of the PNCF was for the alerts to go to all Chairs as certain consultations might look a certain PN specific but could still be relevant to other PNs. **PN UPDATES**The Chair confirmed the following:* ACPSM would be named ACPSEM to include ‘Exercise’ in their title.
* ACPIE and DUG had merged and their new name was EPADU which stood for ElectroPhysical Agents and Diagnostic Ultrasound.
* ACPET were to submit their final paper for recognition for the PPSD in November.

**Action: LG to inform PNCF about PPSD’s decision on ACPET.****ANY OTHER BUSINESS**No other business was raised. **CLOSE****Summary of actions:**

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| Item | Who | Action |
| 3.1 | LG | To contact Lesley Dawson to confirm she would agree to continue as a PN representative until October 2015.  |
| 3.3 | LG | To contact Annette Bishop to confirm she agrees to continue as a PN representative until October 2015.  |
| 6 | SHG | SHG to bring to P&D how more feedback could be given on how motions had impacted policy as this would encourage members to participate at ARC |
| 7.4 | LG | To reinstate PN events calendar and add to iCSP**.**  |
| 7.5 | Alliance Chairs | Alliances to reflect on Alliance collaboration including the Alliance Liaison Officer and feedback via a&pn@csp.org.uk. |
| 7.6 | Alliance Chairs | Alliances to feedback suggested PN handbook updates to a&pn@csp.org.uk. |
| 8 | LG | To review the submitted documents of the three PNs who had partaken in the trial and confirm if they have been re-recognised. |
| 8 | MACP/ACPOPC/ACPIN Chairs | The PNs that took part in the pilot were requested to email all feedback to a&pn@csp.org.uk and rogersonm@csp.org.uk. |
| 11 | LG | To inform PNCF about PPSD’s decision on ACPET in November 2013. |

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