

Peterborough Community Forum Meeting

Thursday 27th February 2020

NOTES FROM MEETING

Attending	
Nik Patten - chair	Lynette Brennan
Margaret Robinson	Belinda Child
Debbie Drew - Minutes	Peter Barry
Caroline Tyrrell- Jones	Rosemary Steele
Miranda Knell	Angie Young
Kari Payne	Leslie Hetherington
Dennis Pinshon	Kelly law
Richard Nicholson	Peter Skivington
Sophia Stanworth	Sue Lloyd
Juliette	Susan Mahmoud
Penny Snowden	Sally Drake
Laura Stent	Louisa Bullivant
Sati Ubhi and colleague	
Apologies	
Jo Bennis	Anna Tuke
Corinne Armstrong	Annette Parker
Michelle King	

Welcome and apologies

Nik welcomed everyone and introductions were done.

Minutes from previous meeting and actions raised

Minutes were approved.

26. PB spoke with Wansford surgery. They had one GP who was working on a Saturday and found the appointments were not being fully used. They have 2 GPs working late on a Weds and have been very busy so for this practice it seems the best use of GP time.

27. The shortage of suction catheters was logged on Healthwatch system. Our information and signposting team made some enquiries to see if any shortages had been noticed anywhere else in the system. Nothing showed up.

Michelle King reported that she had had no further problems reported to her so it seems the shortage has been rectified.

24 & 28 Netty was not present. Will feedback next month.

Meetings and Shared Experiences

The wait for eye appointment has been very long. A letter was sent apologizing for the delay.

There was a merge of two systems and a growing waiting list emerged. People have been asked to call a patient line and then the need has been triaged. People will be offered appointments according to urgency.

Questions were asked about what has led to this back log and why does there seem to be a shortage of staff.

ACTION PS will ask ophthalmology for a report on what happened, why the long waiting list and the progress made so far and will report back next month.

An issue was raised where GPs refer someone to Musculo Skeletal . They had heard nothing so rang orthopedics to see when the appointment would be and was told there was nothing on system. He then contacted the MAT (triage). It appears that a referral goes to them first to decide if it then gets to go to a consultant. They then decide if you need physio/ should take medication or go to consultant. This can take 18 weeks and just seems its away of delaying treatment that needs to be done. If the GP has decided a patient needs to see the consultant surely this should be where they go?

Triaging this way has been being done for many years now as sometimes there are alternatives to surgery.

It is difficult not to feel like things are being put off. Sometimes when several investigations are needed often they will only process one at a time which also slows things down.

Someone reported there had been waiting time of 3 months to go through triaging.

It would be interesting to know how many people go through triage and do get to see a consultant.

ACTION to log and to check at other forums if other people are experiencing the same.

A forum member was told by a registrar that you should give the service 15 working days to respond after a referral and then ring them. If after that time you are not in the system you tell them you will give them 5 more working days for a response. If you have not received a response then you should put in a complaint.

Self-Care and Prescriptions -Sati Ubhi

Sati gave a presentation outlining the priorities around medications for 20/21

£120m is spent on prescriptions from GP practices from this area. The CCG is looking at areas where improvements can be made and have decided to focus on 3 areas.

SAFETY- Looking at high risk meds

Putting in software that alerts GPs to where the use of drugs needs monitoring

The CCG will be able to see which GPs are acting on those alerts

Opioid crisis- there is a problem with the high dependence on these. It is clear GPs do not know who is dependent so these people need to be identified and then they can be referred to another service. A worker can come to the surgery and help these people reduce their dosage and look at alternatives.

SATI We are looking at the drug shortages (there have been 100 in short supply recently). We are getting alerts on our systems as to when a problem is occurring we then are working on a whole system agreement as to which alternatives to use.

We are looking to improve training for GPs.

QUALITY- antibiotics use has been historically bad and we need to reduce usage to the national targets. We are offering GP initiatives to reduce the prescribing and education around appropriate prescribing.

Care homes have been a particularly bad area of prescriptions being added to with no changes. We have noted that there are 200 patients across the patch on 20 medications or more. Thus proper reviews of medicines needs to be done to improve this.

With PCN development there is to be an expansion of the work force which will include pharmacists and pharmacy technicians.

We are improving the drug formulary and will be electronic. We want the same drugs to be available to GPs and consultants. This should help manage advice and guidance.

FINANCES- we need to decrease the deficit

We are looking at which medicines can be stopped and switched to cheaper alternatives.

We need to reduce prescription waste 101 tonnes are wasted which is equivalent to £4/5m

We need to stop prescribing medicines that can be bought over the counter (about half a million spent on paracetamol) and encouraging people to purchase these themselves except in special circumstances.

This again maybe a problem in care homes where people cannot go and get their own meds or do not have family members that can get them for them.

LB Within Octagon we have clinical pharmacists and they have managed to make a reduction in prescribing.

QU is there any chance that the range of meds that can be bought over the counter will increase?

SU This can only be done by licensing.

NWAFT- Penny Snowden/ Laura Stent

PS and LS asked what areas the group felt they wanted feedback on re NWAFT. A discussion took place.

The hospitals are ready for an increase in coronavirus and have plans in place as well single pods ready for isolation treatment.

If anyone has concerns around their own health they should call 111, swabs will be taken and people will be expected to self-isolate until results are in.

CQC report- there has been improvements in maternity services.

An 18 month programme of support has been put in place to make improvements in leadership and management. The outcomes for mothers and babies has always been good.

A call for pianos in hospital was requested on social media and the hospitals have been inundated with offers of pianos.

We continue to have a reduction in vacancies.

The Patient experience groups are asking for more representatives.

WHAT IS WANTED FOR FUTURE MEETING

To find out the numbers for triage outside A/E and evidence of effectiveness- could this be a focus group session?

Would like to see results from complaints received and resolved not just at top level and lessons learnt.

To feedback on any service changes, the quality of services, patient and public involvement and to take back questions raised at the forum for answers.

CPFT- Louisa Bullivant

There have been some successes in getting people into employment through the placement support service.

We are also ready for coronavirus.

Healthwatch Update- Caroline Tyrrell-Jones

We are still awaiting feedback from the Big Conversation. The panel that we used will hopefully be used for other pieces of work too.

Our new website should be up and running next week. Peterborough's site will follow hopefully by end March.

We are still getting calls around dentistry particularly around the Peterborough area. We are taking this to the overview and scrutiny committee to escalate.

QU Are we getting enough NHS dentistry for the population and where do we sit with other areas.

People could write to their local MP to raise their concerns.

It was suggested a group from the forum could go to the MP

Another enter and view has been done- this time within Cambridgeshire.

We now have 4 community forums so we are trying to get them all to run similarly. We are calling them all Health and Care Forums and hope this encourages more feedback from social care too.

Caroline shared the Role and Function document for the forum. A couple of alterations were suggested.

AOB

It was reported that a parent had kept her child off school for 48hrs to a tummy bug as this is the school procedure, however the parent then got a letter saying if the child had any more time off she would be fined.

If the parent had sent child into school, then the school would not have been happy so its difficult for parents to know what they should do in these circumstances.

Maybe the parent did not phone to alert the school that the pupil would be off. This would then be seen as an unauthorized absence.

A discussion took place around this as it seems many schools are questioning children's absences even for health appointments. This does make it difficult for families and people are tempted to send children to school when they are unwell thus spreading germs.

NP This is something that Healthwatch would not be able to be involved with.

NEXT MEETING

26th March