

Minutes

Healthwatch Peterborough Public Community Meeting

Held on: Friday 12th December 2014

At: Italian Community Association (ICA) The Fleet, Fletton, Peterborough, PE2 8DL

Time:

09:30 - 10:00 welcome/networking (refreshments available)

10:00 - 11:30 Community Meeting/reports/updates

11:30-12:00 CQC Action Plan Update PSHFT (C Wilkinson)

12:00 - light lunch

Attendees and apologies

Directors; David Whiles (DW), Gordon Lacey (GL), Gill Metcalfe (GM)

Apologies: Louise Ravensthorpe (on legal training course for EHC processes) Mary Bryce (MB)

Management Group: Nicola Hampshire (NH), Gill Bachelor (GB), Susan Mahmoud (SM), Annette Beeton (AB), Anne Lockwood-Hall (ALH), Dennis Pinshon (DP); Susan Mahmoud (SM); Margaret Robinson (MR); Ian Arnott (IA); Geoffrey Bovan (GB)

Apologies: Jean Hobbs; Rosemary Dickens;

CAB HWP

Angela Burrows (AB) COO

Jennifer Hodges (JH) SO

Neighbouring Healthwatches

Suzie Henson-Amphlett (HWR/P)

Daphne Murphy (HWR)

C&P CCG

Jane Coulson (JC) apologies given

Jessica Bawden (JB) apologies and update given

PSHFT

Chris Wilkinson (Director of Nursing)

Members of the public/other

Mark Hazell (63 Lincoln Rd PPG)

Rosemary Steele

Welcome -David Whiles

1. Welcome & Introductions;
2. Apologies;
3. Declaration of interests;
4. Minutes of 17 November 2014

Actions		
Action by	Area/action	Completed/further comment
AB	Send letter to C&P/SL CCG re: info/Patient Exp. PSHFT	Completed and Sent Response for additional time due to ongoing work on this area. agreed
AB	To raise issue of apt service (dermatology)	Completed
AB	Forward hydro mtgs to DW	Completed
AB	Share Complaint Questionnaire/report at Nov mtg	Available/sent with mtg papers
AB	MIIU Report on website.	Completed.
JH	Contact NHS England – what are they doing to raise awareness/use popular culture re: misuse of A&E	Completed.
AB/JH	Arrange an OOH E&V to ED	On hold, following 15 Step event. To be Tues/Wed from 5-8pm. Director/Staff E&V at ED as engagement/research event
JH	To invite UCP (& neighbouring HWs) to present next year	Completed. Confirmed as Friday 27th February 10:30-12:00 at The Fleet.
AB	Amended action Original: Contact RNIB to raise awareness of accessible bowel cancer screening kit.	RNIB have been raising this issue for 3yrs + Sent request for info to Prof Richard Logan (lead) for programme (cc'd Ross Little, and Hugh Huddy RNIB) Response in Comms
AB	Request regional data on take up of screening for area	Completed. Data shared with Jan 2015 papers/mtg
AB	Request for PCH menu	completed
AB	Invite newly appointed Chief Nurse to Cmnty mtgs	Completed
AB	Share contact details of Youth Champions with J Coulson	Completed
AB	Request info on sit-down scales in PCH and if so, how many/depts.	Completed
AB	Send MIIU report to CQC	Sent to: Tanya Simpson-Biles HWP Rep Confirmed receipt, looking at issues raised.

Action Plans/Activity - Updates - Angela Burrows

PSHFT - 15 Step Challenge - (12th Nov) - Update/report pending

Report has been delayed but work will resume following lead staff member returning from annual leave.

NHS England GP Surgery Procurement (GL) confirmation/mtg pending with PPG.

Botolph Bridge surgery have a renewable contract which has come to an end and therefore the contract has now being put out to tender. The PPG is quite active and there appeared to have been a breakdown in communication between the PPG and NHS Local Authority Team (LAT of NHS England). LAT have been delayed in some of their communications; GL contacted and has met with both the PPG and LAT.

Recommended that these two groups need to talk with each other. Dialogue seems to have improved and one member of the PPG is now representing the surgery as part of the adjudication team.

However there are still some concerns within the PPG regarding GL role and what the new contract may do to the service they are receiving. GL reinforcing that his role is to facilitate communication and oversee the tender process, not to have a vote and/or be representative as this could lead to a conflict of interest for Healthwatch Peterborough. There is now a new date in the New Year for the contract to go out to tender and Patient First has been confirmed as part of the contract.

Hydrotherapy - update

No further update

MIIU - see report

Have carried out two E&Vs including a follow up E&V. JB and contract manager for Lincolnshire Community Health Services NHS Trust (LCHST) attended the follow up E&V. It Unfortunately, it appeared that very few actions had been carried out. Highlighted several issues again including lack of use of leaflet holders, lack of informative posters (111, Choose Well, etc.) patient confidentiality at the reception desk, payment of prescriptions, etc.

DW this needs to be escalated further, highlighted some issues at the health and wellbeing board. We have been raising a number of these issues over a year ago and no action seems to be taken.

AB Second report has been written which has gone to the CCG and LCHST. Have given them a certain amount of time to respond and following this we will do a press release. MR concerns regarding the negative public perception due to word of mouth that could come from poor experience at the MIIU, potentially leading to people going straight to ED rather than visiting MIIU when appropriate.

SH-A no posters were appropriate for young people, people with LD, vision problems, etc so these groups would not be gaining any information.

DW no dropped curve for moving someone in a wheelchair from car park to MIIU.

GL is anything of this in the contract? CW it is unlikely to be in the service contract but would be captured under the CQC standards.

DW Have we sent a copy of our reports to the CQC? AB will action immediately.

ACTION - Send MIIU report to CQC

DP it is vitally important that there is a timescale in which we revisit all services that we have E&V'd as at the moment we are relevantly young and only have baseline information. AB we revisit where recommendations have been made and therefore we can monitor. created.

Non-clinical Cancer Services Provisionally the Wellbeing Centre project (provisionally to be based at RHMC) is moving forward.

HWP has been asked to be on any project board that is established.

Announcement pending from Macmillan/PSHFT

Complaints handling - continued working. Complaints Review Committee.

This is ongoing and we sit on the PCH complaints review group. Will be providing another report from surveys in Jan/Feb.

Coronary Heart Project proposal - lead Mge/Dir TBC

Waiting for it to be confirmed

Enter & View Programme (update)

The ED visit is pending following the 15 Steps report. Two care homes to be done on Monday (15th). Have one care home lined up in January and currently looking and where else to visit with consideration to soft intelligence and CQC reports.

RS issues observed at The Star Care Home. AB please provide us with some more information about this to be escalated to PCC.

Mental Health (Jennifer)

PRC research project update - staff at PRC to ask staff and students what type of questions they feel would be beneficial to get an insight in to their understanding of mental health and mental health services/support internal and external to the college. HWP to then create survey monkey questionnaire. Will then review this to create further questionnaires looking at carer roles and learning disability. Potential of integrating a research project in 2015/16 health and social care Level 3 courses to look at this more in depth.

Meeting with JD on 17th regarding MH Videoscribe, will report on this at Jan meeting.

DF in the prison, have been invited back to deliver to more staff.

SEND Reforms (L Ravenscroft)

Prisoner Project -

Looking at a 50+ focus group on the female side who are struggling to get an external representative from a relevant organisation to speak to them. HWP and wellbeing rep will work to get some external organisations to go in and speak to them. Male unit rep going extremely well, rep has developed his own feedback sheet and is part of the prisoner's induction process.

HWP to produce feedback sheet based on Wellbeing Rep's draft. **ACTION**

The wellbeing rep has also had his first success story, through his work with an inmate in the health ward the inmate has made substantial progress and has been able to be moved to a wing at a much faster rate than normally seen.

Millfield Patient Info Stand - volunteers to attend - Day/times - **OUTSTANDING**

Community engagements: Sporting Saturday, 24th January - The Cresset, HWP has stand

Soft Intelligence - Management Group/Director

Issues regarding meals at PCH, new lighter meals have removed the vegetables. **ACTION:**

To forward communications to CW.

Issues raised about phone calls from PCH, not allowing the phone to ring for long enough. Some phone calls happening very late at night. RS After being requested to not being called the calls continued.

Reports from Mge Gp/Directors/Staff (all distributed to Dir/Mge Gp) taken as read

No.	Date	Committee/meeting	Attended/report by
1	291014	Peterborough Pharmaceutical Needs Assessment (PNA) working group	Margaret R
2	241114	Quality Assurance Committee	Angela B
3	261114	Clinical Priorities Group	Gill M
4	111114	PCC Health Scrutiny	Gill M
5	071114	Pboro LCG	Gordon L
6	271114	Care Quality Review (PSHFT)	Gill M
7	271114	Social Care Quality Group	Mary B
8	181114	East of England BME event	Jennifer H
9	041114	Patient Reference Group	Gordon L
10	051214	LCG	Gordon L

Communications to/from HWP

Date	From - to	Details (overview)
211114	NHS England -HWP	Re: letter from Mr Catlin (vice chair BBHC PPG)
271114	HWP -NHS England	Issue/ independence (Gordon L)
031214	HWP - CCG/SLCCG/PCC/ contractors	Follow up E&V - reviewing action plan implementation.
051214	C&P CCG-HWP	Request for additional time - ongoing work
091214	SLCCG - HWP	Response detailing joint working
111214	HWP -UCP	Invite to share action plans/project update (inc. LWs)
111214	HWP - CW (PSHFT)	Dementia Nurses

C&P CCG - Jessica Bawden - apologies

Submission made in absence (read out)

The C&P CCG will be launching the OOH/111 consultation for 8/9 weeks next week. There will be public meetings in Peterborough and Borderline in Jan/Feb. The consultation is simply on the core integrated OOH/111 model and after the front of house pilots this winter, if they work, we will do a longer consultation on that over the summer.

Jessica also thanked HWP for comments on the document and they will be working on integrating the changes today (11/12/14).

All communications to be directed to Jessica for approx. next 5 weeks.

AB responded for dates/info on public meetings to be shared asap for greater attendance.

11:30-12:00 PSHFT - Chris Wilkinson - CQC Action Plan Update PSHFT

ED, still struggling. Press statement stating that PCH now has an Improvement Officer (Monitor) spending a day with PCH, a bridge between PCH and Monitor to ensure that PSHFT working safely and efficiently.

Looking at a number of factors including how efficiently PCH discharge their patients safely on to their next stage of care.

10 point plan, making sure they get the right patients coming through ED and that they get the flow right. If the resus room is busy this normally slows down experience in ED as staff have to be relocated at resus. 49 bedded area (emergency short stay ward) trying to make four areas within this section work smoothly and is fit for purpose for the different needs of patients. Eg. Frail/elderly unit (not a popular title, will be looking at alternative title) for patients who need to come in to hospital but they don't need to go on to a ward where they will have a long period of hospital care.

Emphasis on rapid assessment and progression on to appropriate care or back home as quickly as possible. Surgical assessment unit, patients who are likely to have a surgical problem being sent from GP to be assessed and get them on to the right management of care quickly.

SM seems as though PCH have gone back to having a ward where GPs can send patients to a ward to then wait in a bed and not be seen for a substantial amount of time and increasing pressure of Drs.

A Beeton: concerned with the vast amount of houses now being built and the increased pressure this will put on PCH, particularly ED. CW this is part of Project Orange to look at how many beds we realistically need. A Beeton: seven care homes, have been shut down. RS hospital discharge magazine is not clear on the types of care that people are going on to.

Ambulatory emergency care, large no. of patients who end up in a hospital bed could go through ambulatory care; patients that do not need to "undress and go in to a bed". They may need blood or iron transfusion or some investigations. There is a growing number of patient pathways that could go through this route.

SM issue with not enough parking spaces, people having to park at Sainsbury's which a considerable issue is for vulnerable patients who really need to be accompanied.

CQC action plan: CQC did not find any areas that PSHFT were non-compliant with standards. Action report from hospital focuses on the five key questions used by CWC to inspect services. CW TO SEND ELECTRONIC NOTES

Geoff B if a young carer comes in to hospital ill what is done for the person needing care.

AB: has been addressed before re. Gentleman who's next of kin had Dementia but this was not noted on the records and the husband was concerned that she would be left alone without care (especially at an emergency admission if someone is unconscious).

DP if you contact PCC (Hedda Lilley) and you can get a card that you keep in your wallet/purse that identifies you as a carer and gives details of the person being cared for. Joint working with Carer Orgs to review issue/make recommendation.

Open to questions/feedback from attendees/ AOB

MR Pharmaceutical Needs Assessment process now complete and draft 5 has gone out to consultation. Research and statistics have been very thorough. If anyone is interested to let MR know and she can put you in direct contact.

TELEHEALTH: community alarm/Lifeline service to be free from those eligible. Currently service run by cross keys there is a small weekly cost. (information to be confirmed)

DP needs to be continuity between factors being rated important (e.g. hygiene) but the means to carry them out are not available. Also a digression between importance of some factors between the hospital and care homes. Mental health does not come very high in the agenda.

Will send copy of submission to HWP to be included in next month's papers. **ACTION DP submit report**

12:00 FINISH (followed by light lunch)

NEXT MEETING; Wednesday 21st January 2015