

Minutes

Healthwatch Peterborough Public Community Meeting

Held on: Thursday 16th April 2015

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

Time:

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

10:00 -12:00 Community Meeting/reports/updates

12:30-15:00 HWP Complaints Training

Attendees and apologies

Directors: Gordon Lacey (Chair)

Apologies: David Whiles, Gill Metcalfe, Louise Ravenscroft

Management Group: Ian Arnott, Dennis Pinshon, Gill Bachelor, Jean Hobbs, Rosemary Dickens, Susan Mahmoud, Nicky Hampshaw, Suzie Henson-Amphlett, Annette Beeton

Apologies: Geoffrey Bovan, Margaret Robinson,

Apologies: Jo Bennis (PSHFT)

Other attendees:

Amy Kennedy (Home Instead)

Mark Hazell

Mary Bryce has resigned from the Director role. All wished her well and thanked her for her contribution to Healthwatch Peterborough.

Welcome -Gordon Lacey

1. Welcome & Introductions;
Apologies;
Declaration of interests; none
Minutes of 24 February accepted as correct version

2. Actions		
Action by	Area/action	Completed/further comment
All members	King's Fund Report on Local Healthwatch	All to read and provide discuss at next meeting.
JH	PCC Youth Health Champions to get younger perspective	For involvement in OOH/111 consultation
HWP	undertake action to provide six patient reps from a range of demographics.	For involvement in OOH/111 consultation
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 TO BE FOLLOWED UP POST AGM
AB	PSHFT Complaint Questionnaire/reports	Ongoing – update due May Meeting
AB	Bowel Cancer: Request regional data on take up of screening for area. Figures not at national levels. Ongoing work to be done.	ONGOING
AB	Minor Illness and Injury Unit (MIIU)	ONGOING need to monitor service provision and site

Local HW standards. Draft due in March, pending. New 6 standards will be influential for the LA when re-structuring/evaluating and/or amending contract will also be using the Kinds Fund's evaluation of local healthwatch too. Advised for members to read (has been sent to all) **ACTION**. Unfortunately many of the local authorities and clinical commissioning groups did not respond, therefore not completed. We have identified where we are meeting remit and where there is more that could be done. For example are aware of issues with us of the Enter and View tool, report highlights many LHWs unclear about what to use the E&V for and when one would be appropriate. Other issues regarding the network and HWE is escalation to HWE and were this would be appropriate and confidence that an action or response will come from it. HWE need to be clearer about their role and responsibilities.

- Local voice and influence
- Making a difference locally
- Signposting and Advice
- Strategic context – evidence for projects
- Strategic relationships
- Relationship with Healthwatch England and the CQC

111/OOH the programme has been paused, for various reasons. Since its been put back there have been reinforcement for this decision, Royston GPs want to be involved which means their population need to be consulted. 7 day/ 8-8 working is becoming politically heightened and feedback on the consultation was around the type of wording and conversations that go on with the call centre operatives, very scripted and formulaic, request that they have training to not be so formulaic. Patient involvement was requested

for input to the questions for the Invitation to Tender (ITT) document that will be issued to all bidders as part of the 111 GP Out of Hours procurement. A meeting has been arranged to for patients to have their views on what these questions should be. GL will be kept fully involved in this process as representative for Healthwatch Peterborough in this process. The discussion on the algorithm questions was around local training to ensure that these questions are not asked in a robotic or call centre type manner. These questions are set locally and although we can provide feedback to the national team, the questions are set in line with national patient pathways and we are not able to influence that on a local level. JH to contact PCC Youth Health Champions to get younger perspective. **ACTION**. Also advised there should be someone in a carer role. **ACTION**: HWP to undertake action to provide six patient reps from a range of demographics.

Hydrotherapy Meeting on Mon, ongoing, getting better increasing groups and options for attending. Trying to source a new physio.

MIU Have had a full response and apology that the actions were not shared sooner. Will circulate next month. We will continue to monitor the provision and site. Please share any feedback from your networking.

Non-clinical cancer service Wellbeing Centre (RHMC) approval for wellbeing centre, meeting on 1st May, hopefully will have a better update in May.

Complaints. Received a detailed and comprehensive response from COE at PSHFT that covers the issues and concerns we have raised. We are continue until the end of April and then will discuss with the Trust what they wish to do e.g. take it in house, carry on and fund it, go to another organisation e.g Patient Voice. If we carry on we will charge (at cost). Next complaint review meeting also 1st May and a further update will be provided next month.

E&V. Current E&V activity in care homes (ASC) parked at this point, as we do not have the resources. We would like to indentify a lead volunteer. Joint e&v at PCH with 5 other LHWs, only of its type. Draft report nearly completed which will go out to our volunteers and then to the provider and then published.

Youth engagement. MH video over 200 hits on YouTube, continuing to be shared and promoted. Other videos in draft including healthy plate and access to primary care services. Will be sharing this work with the Health and Wellbeing Board in July to show what work we are doing with local schools. Response from local secondary schools has been fantastic will be going in to 6 schools to present, key focus to have an “*informed generation*”. PRC survey ongoing - update at May meeting.

Prison project. Approached HWE to purchase programme and to provide to the whole network. CQC are looking for additional methods of collecting intelligence prior to going in to inspect prison healthcare. NICE also requested information on any data/reports we have re; physical health of prisoners.

Soft intelligence

I.A. PCC MH stakeholder group have forgotten about HWP, JH will chase. Report will be shared next month.

I.A. CQC inspections, CPFT are having their inspections in May, they did not mention communication with HWP about this. We have been raising awareness of this. If/when dates of the listening events released, we will publicise and promote.

G.B. Poster at PCH about the Robert Horrell Macmillan Centre (possibly in main atrium) unsure of content, may be worth seeing what it is promoting.

G.L. Patient access to records, comes up in the 111 consultation, Patient Reference Group and older peoples, there is a clear issues that when people are accessing the NHS via a different route, than their GP there is a problem regarding access to their records at the service they access. It needs to be addressed nationally. Fortunately, there are a very small amount of services that aren't on SystemOne. Hospital does not have it but can read it. With more and more people not going initially to their GP the issue is increasing.

Concern if this information gets contracted out that it will be sold on. Don't have issue with people in the health service seeing this.

PSHFT - no feedback

Cambridgeshire and Peterborough CCG - no feedback

11:10 Communications to/from HWP

PSHFT complaints handling response, this will be monitored to ensure that changes are reinforced and sustained.

Marco Cereste, parking at PCH was raised on Facebook. Car park over full capacity but the barriers are still letting people in then leading to confusion regarding the parking tickets needing validation (having to go in to the hospital). Also creates issues when cars are parked on the side of the main lanes where others are blocked in or cannot see. The Trust are looking to bid for another bit of land and to trial barriers not allowing any more cars in when it is at full capacity until cars leave. How many appointments are being missed due to this?

Monitors announcement of a formal investigation of CPFT regarding their finances. Because of all the changes they need to ensure that CPFT are financially sustainable, they have always have a green rating for finances which has temporarily been downgraded to amber during the investigation. It is not alarming, I.A are not happy with the negative, emotive language used in press release from Monitor and have made a complaint regarding this.

11:50 AOB

R.D. GP surgery still showing NHS Direct information.

Anne Lockwood-Hall has stepped down from her position in the Healthwatch Peterborough Management Group. We have informed her that if there is anything we can do to support her to attend the monthly meetings that we are more than happy to do so. Flowers and thanks have been sent on behalf of all of the Healthwatch Peterborough team.

UnitingCare concerns over the UnitingCare communications to service users, the leaflet gave inappropriate examples as well as conflicting and confusing information. It did not give any option for the leaflet in another format (language, easy read, large font, etc). We are meeting with UnitingCare and will be raising all of these issues.

Have provided some ideas in regards to engagement with care homes including re-starting the managers Forum for Peterborough. also to run the memory box project locally.

Annual report, The deadline is 30th June, we are aiming for it to be completed by Friday 26th June and potentially an electronic version to be available for the June Community Meeting. First draft will be 8th June for any amendments to be sent to HWP staff.

12:00 FINISH (followed by light lunch and Complaints training)

NEXT MEETING:

Thursday 21st May 2015 (9:30 for a 10am start)

Followed by Enter and View and adult safeguarding training (including update/The Care Act).