Minutes

Healthwatch Peterborough Public Community Meeting

Held on: Thursday 16 July 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

Attendees and apologies
Directors: David Whiles (Chair), Gordon Lacey,
Apologies: Gill Metcalfe, Louise Ravenscroft
Management Group: Dennis Pinshon, Rosemary Dickens, Suzie Henson-Amphlett, Geoffrey Bovan, Annette Beeton, Gill Bachelor, Ian Arnott, Margaret Robinson, Susan Mahmoud
Apologies: Jean Hobbs, Nicky Hampshaw,

C&P CCG:
Jessica Bawden

PSHFT: Jo Bennis (apologies given – and overview provided)

UnitingCare: Andréa Grosbois (Interim Head of Communications and Engagement0

10:00 Welcome -David Whiles (Chair)

1. Welcome & Introductions;
2. Apologies
3. Declaration of interests
4. Minutes of 24 June 2015 ratified

10:10 Action Plan updates (Chair)

Action by	Area/action	Completed/further comment
AB	Send letter to C&P/SL CCG re: info/Patient Exp. PSHFT	Lynn Rodrigues to present and take Q&As 14/8/15 public meeting
JH	CQC grading/action plan reports Needs mandatory requirement for all inspected sites to display	Escalated to Healthwatch England
AB	Share Healthwatch England's report on Discharge – with all attendees	Sent with meeting papers for August 2015 meeting

HWP activity: handout (Comments/additions (AB asked if there was any update – any feedback – none raised)
Annual Report: distribution (AB) – any requests for hardcopy distribution?

10:15 Sati Ubi – Chief Pharmacist

Pharmacy update

Self care and management of minor ailments, we know it is increasingly difficult to get appointments with GPs and GPs often report seeing people that could have self cared at home or obtained medication over the counter. 15m consultations for minor ailments every year in UK, 90% of appointments in these a prescription is given, 80% could have been obtained over the counter and 70% did not need any medical intervention. The cost for these drugs is around £4m for CAPCCG that could be purchased over the counter. This also affects patients who need medication but due to the drain on funding from unnecessary medication are being refused.

The difference between GPs prescribing medication and GPs providing patients self care information has a significant effect on patients revisiting their practice for further medication; patients are currently being disempowered to care for themselves leading to pressure on resources.

Annette B. We've lost a lot of older GPs who have more of a mentality of not prescribing medication. DNA amounts are constantly increasing, wasting GP appointments. There is now a culture within the public that we go to the GP for medication and it will resolve any ailments. GPs need to be re-educated on self care and empowering their patients to treat themselves.

RS. I have been promoting this for 30years, unfortunately GPs are not trained to teach, and there is also a problem of GPs pressure due to the growing amount of patients they each have to see not allowing them to patient's lifestyles and therefore can't prescribe or provide information in relation to this.

GL. Some GPs struggle to know how to say no, they need to be offered training in doing this correctly where appropriate.

GB. My own practice has taken on Doctor First where phone consultations are provided, number of patients that come in to the surgery has halved.

MR. Falls specialist nurse giving stories of people in hospital falling repeatedly, when she spoke to the pharmacy it was identified that the mix of medication being given was often at fault of the number of falls. Major part of PM Challenge is having pharmacies within practices to alleviate the pressure on GP appointments.

RD. Never had a review from the doctor, I pick up repeat medication and the date for the review is constantly pushed back.

IA. What does the NHS do to cut down medication costs? Pharmaceutical companies are making millions from the NHS.

SU. Third biggest cause of death is medication, much of England is overmedicated, we look at the cost of the medication as well as effects of medication.

GB. After a lady had died she was still being sent medication in the post for at least four months, there was an unbelievable amount of medication left over in her house.

SHA. The key factor here is education, where within the community can we raise this to have the biggest impact.

SU. The first recommendation made to the CCG is raising awareness to the public and professionals about self care including the use of pharmacists. Having a self care prescribing policy which needs to be adopted system wide (A&E, MIIU, GP, pharmacy).

Andrea B. What data have you got around this, are there certain GPs, age groups or demographics that are more likely to be requesting medication repeatedly.

SU. we do have all of this information and know where pharmacists are being better utilised as well as where the problem areas are, we couldn't share information about actual patients.
Group feedback agreed SU provided clear and coherent presentation and answers. Recommendation that she should be involved in the media for this promotion.

10:20 Project/work stream - Updates – Angela Burrows (unless otherwise stated)

Projects:

MIIU – Proposal/consultation pending. Need for HWP agreed approach. Possible actions. Document shared with Mge Gp.
There is a proposal for a consultation that is currently being drafted. General agreement that we would provide consultation support and need to establish own approach to consultation.
How should we consult with the public about this to establish our view on this proposal? Due to factors from ongoing issues including capacity at the current MIIU site from our E&Vs as well as the continuing pressure on A&E, often from people that could have accessed primary care.
JB. MIIU is a very well used facility, GP led service, still having issues of A&E attendances at PCH many of whom have minor injuries, for quite some time PCH have discussed the advantages of having the MIIU co-located at the A&E front door allowing for patient's to be assessed and directed to the appropriate service. We want the views on how best to consult this proposal with the public.
DW. Will the duration of the service be the same or will be in 24hr service like A&E? It would make a lot more sense for this service to be 24/7. Would the contract be kept by current provider?
Concern that if PSHFT did not take the service over there would be "commercial barriers" affecting the service available to patients.
JB. The current contract with SLCH runs until next October, the contract is able to extend up to two years or it can go out to tender. We are also very conscious of the empty rooms in PCH and we are keen to ensure that clinical spaces are used as clinical rooms not as offices.
GB. Car parking issues problems will be exacerbated.
AB. HWP will hold a number of events to engage with the public and collect their views on this proposal before submitted a formal response to the consultation. It is part of the remit of local Healthwatch to develop a strategy to achieve substantial consultation with the public to ensure that we accurately reflect the views and needs of the public.

Non-clinical Cancer Services (Wellbeing Centre/RHMC) GM/JH update

Excellent joint working with PSHFT Kathy Dickenson (project lead) to further engage with local cancer service users/carers to collect their views and needs of what non-clinical cancer services they would like to be able to access in Peterborough.

Complaints Handling

A lot of publicity that three local MPs have raised issues.
AB gave an interview to BBC Cambs.
Currently unable to state whether PSHFT complaints handling satisfaction levels are, as of April 2015 we stopped provided our complaints handling survey as PCH no longer wanted this provided.
Communication to Steven Graves for assurances as to on-going monitoring.

Prisoner Engagement Project – (CQC/HWE) update
Delivered train the trainer to other LHWs in London on Wednesday, paid by HWE. Prisoner engagement manual will be used by some to adapt for their volunteers.

Engagement/involvement:
111/OOH Consultation: update/overview (GL)
Being sent out, completed Royston consultation to use Cambs for their urgent out of hours care, 55% agreed they wanted to do so. On Monday all CCGs received a letter to pause any consultation on 111 as they want all of these services to be integrated, CAPCCG

Hydrotherapy – update
Looking to create an awareness week. It is an excellent example of self care where patients are paying and there are no DNAs.

Enter & View Programme (update) PSHFT Joint LHWs E&V on website. Care Home programme for Sept

Millfield Patient Info Stand – pending
We still require voluntary support to ensure that HWP has a presence in this community.

PSHFT APM: 23rd July at PCH
Focus is on Dementia. JH and SHA will be attended and holding a stall for HWP.

Children/Young People engagement (JH)
Videoscribe programme: MH (complete) Primary care/healthy diet/self harm/HWP/direct pay./Reg GP
PRC survey
Dementia Friends
Self harm Conference (1st October)

Soft Intelligence/activity – Management Group/Director update

Feedback and activity confirmed since previous meeting date
Any areas of discussion/ideas for actions/activity etc (possible follow up meeting)

RD. Meeting addressing primary care issues. Could narrow this down even further.

Get a GP to talk about the PM challenge, to explain how the hub system works, particularly for out of hours.

Reports from Mge Gp/Directors/Staff

All reports sent to Mge Gp and Directors. Taken as read. All noted in minutes. Available on request

Communications to/from HWP

- Patient/carer feedback: Dental Access Centre/Ambucare ambulances/PCH ED

C&P CGG Update – Jessica Bawden

System transformation currently in the engagement process, £300m funding shortfall over the next 5years. In the autumn we will be asking what solutions. We've held a series of drop in sessions on Saturdays, Peterborough least well attended possibly due to the location, 12 people attended. We will be raising awareness of forthcoming engagement events and liaising with HWP to further promote these. GL. Could a phone in be done following this morning's response? JB. A really good idea which we will definitely look in to. 30th July public involvement assembly. Raising awareness, finding out peoples thought and gathering recommendations. Aiming to launch proposal in January following review of public feedback.
Patient transport, reviewing non urgent patient transport services. Varying feedback from patients, GP surgeries as well as the hospital. This will be reviewed from Autumn onwards. AB. We had patient feedback regarding Ambucare, this was shared with Ambucare and we were impressed with their response and immediate offer of face to face meeting to discuss issues raised.
JB. It may not be that one end up with one service across the board but the aim is that they are better integrated within the community.

PSHFT – Update – Jo Bennis

Update sent due to apologies. Angela Burrows to share

Update from PSHFT

- Following CQC revisit in May, to look at Urgent & Emergency Care, Medicine (including older people), Complaints, EOL and Adolescent Care in Children's Services, we are awaiting the draft report for factual accuracy checking.
- Annual account now published. Thank you to HWP for their contribution to the quality account as a key external stakeholder.
- Looking at the addition of extra bed capacity within PCH to assist with potential winter pressure challenges.
- Latest cohort of EU nurse recruits have started in the clinical areas. Successful recruitment of 47 new nurses in the Philippines. Due to the new process for registering with the NMC for these nurses outside of the EU, their start dates as registered nurses will not be until early 2016.
- ED performance has been variable over the last 10 days. We have seen a marked increase in attendances to ED despite most GP admissions now going through the Medical Assessment Unit.
- Positive presentation by the volunteers at the Public Board Meeting in June.
- Workforce and OD Strategy was approved at the Board.

UnitingCare – Update – Jane Fallon

Joint emergency team service, 2hr community response service, this is now 24/7, was preventing 4 people a day from having to access A&E before this became 24/7 so we hope for this figure to increase. This will also be rolled out to care and nursing homes in the next phase, as well as domiciliary care. It will be a targeted approach initially targeting those homes most often admitting residents to hospital.
The number of people being admitted to A&E is forecast to increase by a third over the next 5years, to cater for this a new hospital would need to be built. This is much of the drive for the joint emergency team service as well as ensuring that people over 65 stay in the community.

Staff consultation with 2,000 staff to create neighbourhood teams made up of community and mental health staff working together. Consultation ends in three weeks, teams should be running by the end of October.
Single view of patient record, all different organisations have separate patient record systems that don't talk to each other. We're introducing One View that sits above all other systems and can summarise relevant information about a patient from all of these. We need to get agreement from all 108 GP practices that we can access their system. Next stage is asking patient's for their consent. Hoping to launch first phase in the Autumn (GP, community and mental health) and then move on to the hospital patient systems. Launching a new campaign next Thursday with all providers, Home's Best, if people don't need to be in hospital how can the whole system support them to remain at home in the community. A very large campaign that needs support and involvement across the system. Also looking at how we can improve the discharge process, this can often involve two organisations as well as family/carers and lack of communication can result in unnecessary readmission.
SHA. Have you got anything in the education package for the public? There is a mentality in the public that if an elderly person is ill or injured they must go to A&E as they are vulnerable.

CPFT/CCS – Update – Wendy Endersby

AOB/Questions raised -

AB. Jane Coulson put Annette B forward for the Orthopaedic surgeons as a patient representative, will provide updates when necessary.

Meeting papers/invite being sent the night before, raised by SM and AB, JB to look in to.

MR. Subgroup of older people's partnership board specifically looking at falls. Scoping stage now trying to look not just at hospital falls but also community falls which there is very little information about. If there are any groups that anyone knows about that would be collecting information about this please let me know.
AB HWE have completed a long term project collating data from around the country. Report and recommendations due for publishing in July. Angela to forward.

12:00 FINISH

NEXT MEETING: Friday 14th August 2015