

## Minutes

### Healthwatch Peterborough Public Community Meeting

Held on: Wednesday 21<sup>st</sup> January 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

12:30-14:00 neighbouring LHWs mtg re: E&V at PSHFT

#### Attendees and apologies

Directors: David Whiles (DW), Gill Metcalfe (GM) Mary Bryce (MB)

Apologies: Louise Ravensthorpe, Gordon Lacey (GL),

Management Group: Nicola Hampshire (NH), Gill Bachelor (GB), Susan Mahmoud (SM), Dennis Pinshon (DP); Ian Arnott (IA); Geoffrey Bovan (GB) Jean Hobbs; Rosemary Dickens;

Apologies: Margaret Robinson (MR); Anne Lockwood-Hall (ALH), Annette Beeton (AB),

#### CAB HWP

Angela Burrows (AB) COO

Jennifer Hodges (JH) SO

#### Neighbouring Healthwatches

Suzie Henson-Amphlett (HWR/P)

#### C&P CCG

Jane Coulson (JC)

Jessica Bawden (JB) apologies and update given

#### PSHFT

Chris Wilkinson (Director of Nursing)

Jo Bennis (new Chief Nurse)

#### Members of the public/other

Rosemary Steel

Sue Harris -Wiltshire Farm Food

Rachel Fox - Harts 111

## Welcome -David Whiles

1. Welcome & Introductions;
2. Apologies;
3. Declaration of interests; none
4. Minutes of 12 December 2014: accepted as correct

Actions		
Action by	Area/action	Completed/further comment
AB	Send letter to C&P/SL CCG re: info/Patient Exp. PSHFT	Completed and Sent <b>Response for additional time due to ongoing work on this area. agreed</b>
AB	Share Complaint Questionnaire/report at Nov mtg	Available/sent with mtg papers Second one has been drafted, waiting for Dir approval and will be sent to PCH next week
AB/JH	Arrange an OOH E&V to ED	On hold, following 15 Step event. To be Tues/Wed from 5-8pm. <b>Director/Staff E&amp;V at ED as engagement/research event</b>
JH	To invite UCP (& neighbouring HWs) to present next year	Completed. <b>Confirmed as Friday 27<sup>th</sup> February 10:30-12:00 at The Fleet.</b>
AB	<b>Amended action</b> 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) <b>Response in Comms</b>
AB	Request regional data on take up of screening for area	Completed. <b>Data shared with Jan 2015 papers/mtg</b> Screening uptake for Peterborough relatively low. Now asking BCUK how they are engaging with Pboro. <b>Where are the Pboro tests coming from?</b>
AB	Send MIIU report to CQC	Sent to: Tanya Simpson-Biles HWP Rep <b>Confirmed receipt, looking at issues raised.</b>

## Action Plans/Activity - Updates - Angela Burrows

**111/OOH Consultation:** update/overview. Communication received (main points shared)

Dir received hard copy, have publicised on Twitter, Facebook, Enews and promotion of Peterborough consultation events. HWP staff member and several members attended first event. Extended to 6<sup>th</sup> March due to delay in starting because of printing hard copy issues. RS. Concerns about expense of being taken to hospital in ambulance due to 111 rather than a GP doing a home visit. JC. The 111 call handler will go through the specific questions to assess the urgency of the caller's condition and will then signpost/refer to the level of service appropriate to their condition (GP out of hours, self care, hospital, etc.). If an ambulance is send it is the paramedics clinical decision whether the patient

should be taken to hospital or not. The more we can bring these services together the better the patient pathway should be. AB. Make all of these comments on the consultation document to ensure that these issues are happening.

GB. Concerns about the different local 111 services signposting to Peterborough services.

MB. Can PCH send away patients that are clearly not an emergency and that could be seen by another service? CW. This can't be done because the hospital has a duty of care. If the waiting area is particularly busy it is said that those with a minor illness or injury may be seen quicker by using alternative services.

**PSHFT - 15 Step Challenge (12.11.14) - Report due w/c 19.01.15 (with QAC papers)**  
Given the over arching themes found by the 15 Steps. The breakdown ward by ward can be made available on request.

**NHS England/GP Surgery Procurement (GL) Update/communication not confirmed, no comment**

### **Hydrotherapy - update**

**MIIU - update- further E&V/press release pending**

We will be doing a further visit, concerning that the provider and commissioners have not responded to the most recent E&V report. CQC have also received the report and have said they will be looking in to some of the findings. CW. Could be beneficial to include an "evidence" column within the action plan to ensure that actions can be proved. DW. We need the MIIU to be working efficiently to relieve the pressure in A&E, if the contractor is not delivering an efficient service then we will take this issue to the media to highlight the importance in this. AB. Issues started back with the original communications when the MIIU was first opened, the communications did not clearly and concisely the new opening hours, location, GP presence times, X-ray service, etc. SHA. 18-35yr old culture of everything immediately.

**Non-clinical Cancer Services (Wellbeing Centre/RHMC) awaiting Macmillan/PSHFT announcement**

Waiting for confirmation from MacMillan/ PSHFT.

**Complaints handling-Complaints Review Cmmttee (Jan mtg cancelled) Report to be sent by week end.**

Next quarter report from HWP to be send to PCH. Government information about good complaint management, will be in Enews

**Coronary Heart Project parked until April 2015**

**Enter & View Programme (update) ED (Dir/staff) Care homes Tues 27<sup>th</sup> Jan. E&V at PCH**

Two care homes before end of March. Write-up of existing has been done in draft format at the moment and will be published after shared with authorised reps and the homes.

**Mental Health (Jennifer)**

Engagement with Secondary schools, development of self-harm video. PRC research.

Looking at delivering Dementia Friends sessions within schools and promotion of the AS Dementia pack for schools.

**SEND Reforms (L Ravenscroft) report on wheelchair services next month**

## Prisoner Project - update

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

Second most disadvantaged area within Pboro so to have a stand there to raise awareness of HWP for these communities would be excellent. Staff struggling to find the time so we need voluntary help to fulfil this.

**Community engagements:** Sporting Saturday, 24<sup>th</sup> January - The Cresset, HWP has stand

**Soft Intelligence - Management Group/Director**

DP. Quality Care now at stage 3, means there needs to be an agreement before the final report is written. One of the difficulties is going to be that the rankings are very close which may polarise the findings. Some concerns about “one can’t exist without the other” options e.g. having experienced theatre staff being highly rated but the training of these staffs being rated low.

GB. Still have some concerns regarding the set up and pathways of the 111 service.

RS. Pboro resident in Oundle died on the way to PCH, PCH refused the body and sent to Northampton as this was the area catchment for Oundle. Issues that this is highly inappropriate and costs more for transport.

SM. Issues around the Oxford scoring during triage, different thresholds between hospitals. Oxford scoring not allowing enough information to be considered and patient felt that. Oxford score is an evidence based assessment that allows for the assessment to assess the risk and validity of performing surgery at that point, it is not based on finance or age

GM. Watched the TV debate, concerns that HWP should be aware of is that the media are looking for scapegoats for causing the problems in the NHS rather than looking at policy and government procedures.

MB. Debate about bed blocking and the argument that there is not enough social care to support people after discharge. The money has to be spent by the end of March and will not be carried forward, not allowing enough time for the recruitment of social care staff.

NOTE: Do not link HWP to any political party/purdah

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

No.	Date	Committee/meeting	Attended/report by
1	011214	Solutions for public health	Dennis P
2	070115	Health and Wellbeing Board	David W
3	080115	YMCA	David W

**Communications to/from HWP**

Date	From - to	Details (overview)
130115	Bowel Cancer UK-HWP	Bowel cancer screening uptake
181214	CPFT -HWP	Letter from Aidan Thomas (re:CCC services)
151214	A Reed - HWP	Re: response letter acting vice chair PPG (BBHCH)
080115	NHS England - HWP	Response to request for Info re: Flu jab (housebound)
161215	HWP - Professor Richard Logan	Bowel Cancer Screening Programme request for information
	Prof. R Logan	Response - confirmed difficult - any ideas/work together.
161214	HWP- PSHFT C Wilkinson	Sit down scales; menu; apt comms

**C&P CCG - Jane Coulson**

Circle pulling out of Hinchingsbrooke. Service will continue there and quality is the key factor. Unfortunately there is a lot of politically driven media surrounding the current status of Hinchingsbrooke. Happy to take any questions about Hinchingsbrooke and will feedback answers through AB.

GB. Diabetic screening at Hinchingsbrooke, assuming this will be continued. JC. All services will continue to run in to the foreseeable future. If there was a service change it would have to be reviewed and a consultation to be carried out as with any service changes.

AB. There needs to be a level of staff reassurance going in to the future as well as patients.

**PSHFT - Chris Wilkinson**

Urgent care continues to be very busy, weekends increasing in pressure. More people coming through the doors but also due to discharge being lower at weekends. Consultants in at the weekend have been increased but there is still a high pressure. Concern of medical patients having to be placed in other non-medical wards as there is such a big pressure on this. Very strong trend during the week and the aim is to break the cycle. Wants to make sure that while these pressures are being dealt with that the quality of care is still obtained. Key indicators are used to assess the quality of care, for example the rate of pressure sores, etc. It needs to be identified whether this is due to the pressure on the service or that the Stop the Pressure programme has had a decline in enthusiasm(?). Quality account currently putting together the ninth month report to ensure that the end of year report isn't such a big project. Want the final draft available at the end of April. Stakeholder event in May to ensure the language of the accounts is suitable as well as the priorities agreed for next year are appropriate. Introduction of the new Chief of Nursing, Jo Bennis.

SYSTEM TRANSFORMATION

**12:00 FINISH** (followed by light lunch)

NEXT MEETING; Tuesday 24<sup>th</sup> February 2015

DRAFT