

## Healthwatch Peterborough - Community Meeting

### Minutes

**Held on:** Thursday 15<sup>th</sup> November, 2013

**At:** Cedar Centre, Castor

**Time:** 12:00-2:30

#### **Attendees and apologies:**

Directors: David Whiles (Chair);

Gordon Lace (Vice-Chair); Gill Metcalfe; Mary Bryce;

Apologies: Louise Ravenscroft;

Management Group: Margaret Robinson; Anne Lockwood-Hall; Gill Bachelor; Ian Arnott; Dennis Pinshon; Nicky Hampshaw; Geoff Bovan; Jean Hobbs; Annette Beeton; Rosemary Dickens

Apologies:

Geoff Bovan

CAB HWP:

Angela Burrows, Chief Operating Officer

Jennifer Hodges, Signposting and Information Officer

Cambridgeshire and Peterborough CCG (C&P CCG)

Jane Coulson, Engagement Manager

Cambridgeshire Community Services NHS Trust (CCS)

Wendy Endersby, Head of Patient Experience;

Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)

Chris Wilkinson, Director of Care Quality and Chief Nurse

HWP Members

Public members

1. Welcome
2. Previous Minutes – ratified
3. Action Plans – Activity Updates
  - I. **Local services review** (sleep solutions)
  - II. **Cancer Services Review Group** - Cancer Services survey  
Main concerns with the Robert Horrell Centre as it is predominantly offering clinical services, there are numerous gaps in their timetable, low public and hospital staff awareness resulting in very few referrals from hospital staff. David: signposting for the centre is not clear, only mentions car parking and HWP have visited and taken

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pictures of this issue. Angela: currently in contact with students at Stamford College who are keen to provide holistic therapies at the centre. Will follow up once survey responses are collated and evaluated.

**III. Patient Assessor Group** (15 Step; PLACE; E&V)

Angela: Next day of training is Wednesday 27<sup>th</sup> November which will also include an option for participating in a Dementia Friends session. The 15 steps challenge is being carried out at PCH on Friday 29<sup>th</sup> November for which we are providing the volunteers to act as patient representatives. This is fantastic is point of Patient Assessor Group to ensure the public are involved in auditing local NHS and social care sites. Other trusts and LHW's are also coming to us for volunteers and training. David: Raised question of whether volunteers are being paid for their time when the auditing is happening a significant distance from their residence. If carrying out such activity out of area – travel/expenses should be reimbursed by the trust/s LWHs (unless as a response to feedback from local resident/s using out-of-area provider/s).

**IV. Complaints Handling** - Complaints Handling survey

Angela: Survey to go out before end of the year. Could be targeted to specific types of services or to all. Peter Reading has expressed a desire for this survey to continue to monitor their complaints service.

David: Other trusts have @complaints Champions' posters on each ward – would be useful to have this with HWP as independent contact for issues.

**V. Mental Health**

Jennifer: currently writing a strategy following research to identify where there are gaps in services and knowledge of both services and mental health; we believe this will be an ongoing project. HWP are in contact with P+F Mind who have agreed to co-produce an information/awareness session for mental health with us. Confirmed Jennifer is HWP's fully trained as a Dementia Champion, first session to be given alongside E&V on the 27<sup>th</sup> November and the prison would like it to be provided there.

**VI. SEND Reforms**

Angela: We had a fantastic turn out at the SEND reforms event HWP facilitated, 120 parts turned up. Also holding a professionals event on 21<sup>st</sup> in order to feedback what issues have been raised by the parents. Need to get LCG involved – send to Jane Coulson? Margaret: Would like SEND to be explained. Angela: SEND stands for Special Education Needs and Disabilities, we facilitate parents to be more involved in the design of the new reforms as they are the main people who are going to be affected by any changes made.

**VII. Prisoner Project**

David: Would like to highlight that this project has been mentioned in the House of Lords by Lord Howe. Angela: thrilled at the response and interest in the project. There does not appear to be anything similar happening nationally. We hope to see long term benefits from our meaningful engagement with offenders. For the long term offenders this will give them a purpose within the prison; for short term offenders the training will provide information about services in the community and support continuity of care following their release. Training has already been devised

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by Family Voice covering subjects such as confidentiality, report writing, representation, etc and we are therefore going to commission this programme from Family Voice and information on the HW Hub to contact Family voice to buy the training pack.

**Vote taken** to approve the use of family Voice to design the training modules (Louise Ravenscroft abstained from vote – no pecuniary interest – but is Trustee of family Voice) unanimous agreement from Director and Management Group to approve.

**VIII. PPG engagement**

Angela: This is continuing through a number of methods including the Health Aware which has received good feedback and thanks from several PPG's. One concern being raised is that the public do not know what a PPG is and therefore recruitment is very difficult. Jane: Highlighted that this is a known issue around the country but GPs are receiving financial support and we have seen an increase in the amount of PPG's. Angela: With regards to the NHS Public Consultation Meeting - –could not locate information/minutes online. Some PPGs were not aware of meeting (advised to update contact list). Jane: This has unfortunately been an issue in the past, informed NHS Peterborough frequently sent information about the forum to all practice managers and chairs of PPGs.

**IX. Management Group** – workshop day (roles; responsibilities; training; membership; representation) dates to be circulated –Angela to action

Margaret: Taken on responsibility to lead for communicating with the management group around this topic.

**X. Communications:** Website; Twitter; Health Aware; Enews; events; (Jennifer Hodges) highlight use of social media – regular increases in all mediums.

**4. Additional Items**

**I. Minor Illness and Injury Unit (MIIU)**

Angela: A number of issues had been identified concerning promotion of the new MIIU. On the leaflet there were 7 mentions of Lincolnshire NHS FT whereas Peterborough was largely overlooked, opening times not highlighted (major change as Walk in Centre used to be 7am-10pm now MIIU 8-8) no map, info on parking, pictures etc. David: No consideration of Peterborough's demographics (languages used on back were not reflective of Peterborough). GPs have reported back that no leaflets have been made available in other languages (and many will not use leaflet due to issues). Signage at the site is also unacceptable; the language used is too technical and even confuses staff. Ian: What is being done about this by the CCG?

Jane: New signs on the road approaching the City Care Centre from all directions are in the process of being put in place; however this requires planning permission from Peterborough City Council. Signage on the building is in the process of being renewed.

Dennis: It is not acceptable that any promotional items are sent out before the agreement of all involved as well as members of the public. This poor standard of work is appalling to come from who we believe to be professionals.

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Angela: requests to make amendments/changes in short timescales frustrating – as not HWP’s job – but that of CCG and/or commissioned provider.

Annette: Highlighted that changes to the building can take time and unfortunately there are procedures that slow them down, agreed on by Chris and Jane.

Angela: agreed that it is acceptable to have minor issues and/or a few flaws in the commencement of new services – but this was totally unacceptable.

Geoff: Blood taken 2 days before appointment for treatment with Papworth – use of City Care Centre for this pre-treatment service unclear. Should not have to travel to have this service. Meeting re: A14 – they did not know that patients from Peterborough were using services in Addenbrookes etc.

POST MEETING UPDATE:

II. 111 Services

Dennis: Why has there not been any media coverage on the new 111 service for Peterborough? Jane: First doing a “soft launch” to avoid the service being inundated at first, this is then followed by a public launch.

Angela: Has there been patient involvement in the marketing for 111?

Jane: There is a patient representative involved in the group.

III. Giving Blood

Services seem to be unaware of the issue of people unnecessarily travelling out of their cities to give blood for assessments. Jane: You can have your blood taken at the city care centre which will then send the sample to the appropriate service for testing; all you need is the form from your GP.

5. Additional updates

I. Margaret: Leadership alliance giving a workshop

Focus on end of care planning (who, how, when?) and the transition over from the LPC . Many professionals shared their disappointment that the LCP has been abandoned due to bad press. Stating it did work extremely well for most patients and gave families support. Several terms were agreed to not be used in the name of the new programme e.g, “end of life”. There was a main concern about how all discussions and work on the programme will be brought together in a cohesive, affordable process avoiding any gaps. Could HWP put together an information pack? Action: HWP will research what information is already available. FAQ’s with agreed answers from professionals will be looked in to, provided there isn’t already a service providing this. Chris: Highlighted that a lot of people simply do not want the initial conversation about end of life care and therefore do not use any system. Angela: Must remember that not everyone on a programme is elderly. Jeff: Also the issue that many elderly people may be isolated and alone. Chris: Acknowledging all comments, adding that although not all people may want to be placed on a system of care it is not then acceptable to not offer a system to everyone as it can be extremely beneficial and offer fantastic support.

Chris: formal guidance is that it will be phased out – not that it is no longer in use at all. Fundamentally the system worked – however there were instances of taking LCP to extremes. Until replaced taking advice on guidance. Chris offered to share information on this – Action: Chris will send to Angela to share.

6. CCG Update – Jane Coulson

- I. Finance – predicted deficit of £6-£10mil due to:
  - i. Specialist commissioning resulting in a transfer of £5mil. This is not an isolated issue but rather is happening around the country.
  - ii. Prescriptions forecasted change now to cost an estimated £2mil more. Currently reviewing and putting in place saving plans and looking in to high cost areas.

Ian: What affect does all the subcontracting have due to extra admin costs, etc.

Jane: For the Older People’s Service procurement it is proposed to have an umbrella service whose responsibility it is and who are held accountable for what they spend the money on. Outcome tools still have an emphasis on the quality of care and innovation that the service is providing.

7. Next meetings

- I. E&V, Safeguarding and Dementia Friends session, 27<sup>th</sup> November 10:00-2:30 at The Fleet, Fleet Way, High Street, Fletton, PE2 8DL
- II. Community Meeting, 11<sup>th</sup> December 10:30-12:30 (followed by a light lunch for voluntary Management Group/Directors) at the Quality Hotels, Thorpe Meadows, PE3 6GA

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**Acronyms**

**MIIU** Minor Injuries and Illness Unit

**LHW** Local Healthwatch

**HWP** Healthwatch Peterborough

**HWE** Healthwatch England

**CCG** Clinical Commissioning Group

**LCG** Local Commissioning Group

**OPPB** Older Peoples Programme Board

**PCC** Peterborough City Council

**CQC** Care Quality Commission

**PCH** Peterborough City Hospital

**LCP** Liverpool Care Pathway