

Draft minutes

Held on: Friday 20th June 2014

At: the Fleet

Time: 10.00 – 12noon

Attendees and apologies

Directors: David Whiles (DW), Gordon Lacey (GL), Gill Metcafe (GM),

Apologies: Louise Ravensthorpe (LR), Mary Bryce (MB)

Management Group: Annette Beeton (AB), Rosemary Dickens (RD), Margaret Robinson (MR), Ian Arnott (IA), Nicola Hampshaw (NH), Margaret Robinson (MR), Dennis Pinshon (DP), Jean Hobbs (JH)

Apologies : Gill bachelor; Barbara Cork; Geoff Bovan; Susan Mahmoud

CAB HWP

Angela Burrows (AB) COO

Jennifer Hodges (JH) SO

Femi Olasoko (FO) CDO

Other Attendees

Mary Telford (MT), Liz Telford (LT), Peter Skivington (PS), Sue Turner (ST), Patricia Mendes (PM)(Peterborough City Hospital) Martin Lightfoot (ML)

C&P CCG

Jane Coulson (JC) apologies

Jessica Bawden (JB)

Jo Fallon (JF) CCG

PSHFT

Chris Wilkinson (CW)

1. Welcome
 - I. DW welcomed everyone to the meeting
 - II. There were no declaration of interest
 - III. Apologies were noted
2. Previous Minutes
 - I. Minutes ratified from 22nd May 2014
 - II. Refernet page 2: GL's concern about the meaning of refernet explained by AB and DW
 - III. Memory Box: NH said she has a new lead on the memory box and will send a link to AB

3. Action plans/activity – updates from the last meeting AB

- I. Memory Box
- II. Item 3.1 of previous minute done by JH
- III. Annual Review: date has been chosen and confirmed as 11th of July 2014, venue and time to be communicated. AB advised management board members to express their time preference.
- IV. Quality Accounts: AB: these have now all been submitted. Delay with getting feedback for HWP Annual Report. Next year to request prior to submitting QA statements.
- V. Coronary Heart Project: AB invites members with interest in this project to let her know
- VI. MIU/E&V: This has been carried out and the report has been advertised in order to collate further soft intelligence from the public. Much of the response is reinforcing the concerns that we found. Most prominent of these issues are ; confidentiality, size of waiting room (pointed out by G.L right at the start of the commission of this service), notice boards with out of date posters, out of site toilet signage, clinicians shouting patients name from door people couldn't hear them, access to the site from public transport. Chris from Cambridgeshire community services said he had inquired about the ownership of the land and no one wants to take responsibility. Said property manager is aware of the issue. GL urged people to take this to the relevant boards.
JB knows who will know who owns the road. Needs to be addressed as there may be insurance issues; it is a legal requirement for the owner to impose a no parking sign.

4. Action Plans/Activity and Updates AB

- I. **HWP Annual report:** work is going on with the annual report, the template from HW England is very confusing. AB asked all the Management Group members who have not submitted their articles to do so ASAP. Electronic copies will be distributed next week. AB has urged all to look at the electronic copy check all the information about them are correct and make amendments where needed.
- II. **Hydrotherapy Pool:** A local organisation has provisionally agreed to fund the shortfall of cost of hydro pool up to 2yrs up to 150k. This secures the medium-term provision of hydro, during the 2yrs it is vital to be looking at other services for hydro (POSH, Dr Bankart, new gyms throughout the city). Hydro pool steering group need to work with the people who want to commission and provide long term purpose built hydrotherapy pool.
- III. **Cancer Services:** Still looking at getting a few more responses. Interim has been given to Macmillan and Trust cancer team. Final survey available by mid-July. Surveys are being given one to one which takes time
- IV. **Complaints handling:** complaints handling by the PSHFT have been flagged up as a priority item after a number of complaints were considered not to have been handled effectively. Escalation into issues. Dates for meetings with the trust, is a

priority for the trust to address this as there have been issues found by HWP and the CQC inspection audit.

V. **Management group skills audit:** GM and MR have completed the skills audit and this will be discussed at the annual review

VI. Patient Assessor Group (E&V): AB also said this group will be working more closely with PPGs in the city. GM mentioned that the organisation to be used for the DBS checks has not been concluded. AB said Family Voice is not ready to start carrying out the checks because of a few hiccups and she will look at other organisations like the PCVS to use before Family Voice starts to do the DBS checks for HWP. AB said training can be done and is still available for people who are interested in becoming patient assessors.

Enter and View visit to the discharge lounge on 2nd/3rd July - at PCH to look at conditions of discharge from hospital (the report will contribute to Healthwatch England's Special Inquiry).

VII. **Send reforms;** Louise was not at the meeting to give an update. Report pending.

VIII. **Prisoner project:** 16 organisations including other Healthwatch attending the Pilot Prisoner Engagement Project overview on the 15th of July. There will be a train the trainer event on the 23rd of September after the monthly meeting. There has been a good effect of the training on the participating prisoners with one of the well being reps manning a stand at the recent staff well being day.

IX. **Mental Health:** GM has invited JH to the World Mental Health Day Steering Group meeting at PCC on the 25th of June. JH will be holding dementia training after the monthly meeting today.

X. **Community Engagement:** FO has been attending events around Peterborough and asked all to invite her along to any relevant events they hear about. The Charity event attended had LR representing both Family Voice and HWP. There was a good turn out and we had some sign ups to the enews. Frog life Peterborough will be attending the HWP Monthly meeting in August, they have done a memory box project in the past and are willing to work with HWP to develop this.

5. **Reports:** Taken as read

- I. Transforming Cancer Care Steering Group
- II. Mental health stakeholder group
- III. Older people's programme board
- IV. Stakeholder Workshop; Primary Prevention Of Ill Health In Older People (JSNA)
- V. CCG EOL Care Programme Board
- VI. Peterborough LCG
- VII. Social care Quality Group
- VIII. Cancer Srvices User;s Group
- IX. Transforming Community care pilot

6. **PSHFT update CW:** Meeting with Trust management board to look at the action plans for the CQC report. Want to review how they communicate the findings for the report and how we are responding to the report so will be in contact about that. New committee in process to review the scrutiny of how complaints are handled

called the Complaints Review Group, there are still places available for HWP members that want to be part of that.

Pressures around the urgent care pathway, challenging day again last week.

Requirement that they took quality review for all patients that came through the system in a 32hr period. Done with CCG v. busy Mon and Tues. ACTION: Report pending. Appalling experience for patients waiting a substantial time, however, care given deemed good. Looking at discharge process and making sure people are effectively discharged. Concentrate on simple discharges which form the majority, if we can keep those down will see a large amount of discharges freeing up beds. HWP will share the national HWE Special Inquiry.

7. **C&P CCG Update: JB** MIIU: raised objections to city council around access, waiting for response. When we send MIIU E&V findings to send to City Council and H&WBB as well to put some added pressure to get an action, now. Notice has gone out to staff telling them to stop parking down the access road. Photo of car on double yellow in front of dropped curve went out in Enews.

ENT future specification and potential tendering of the service. If HWP want someone to come and talk specifically that can be arranged.

Older peoples consultation closed on Monday, large response towards end of process. Response to consultation will be worked on week after next, available online 4th July. One bidder dropped out, down to 3. Collective responses from all LHW are on HWP and HWC websites. Thanks to Gordon for this work and reply. Northampton came up with additional feedback that wasn't agreed with all LHW, this has resulted in HWN sending separate response as well. Unsure of what work was done by Northampton with Oundle, etc to gather intelligence. Risks around documentation, staff pressure, concerns around access and transport (rural areas), anti-privatisation. Four main concerns were found. Tues 8th July in the afternoon public meeting in Ely to discuss findings.

D.P raised concern over "choose one of four" section makes it seem like you're not bothered by the other options, not representative, better to do 1-4 in preference/importance. J.B it was discussed a lot in the development of the questionnaire, it has been requested that the market research didn't see the vote for as a vote against everything else. Tele pole to 150 people, ensured that all options were explained, not voting that all other services go. M.R when you looked at the four options, one couldn't happen without the others happening, slightly ambiguous. Statements were not discreet. J.B done something never been done before in consultation, got the bidders to release a short statement about what they aim to do but very difficult as couldn't identify who said what.

Personality disorders, life work service, CPFT looking at closing it to use the money across Cambridgeshire and Peterborough in a different way. Has been highlighted in a past two Enews, David and Gordon facilitating Peterborough event. HW Cambridgeshire doing 2 and SUN Network doing one.

Otters retreat respite service looking at alternatives, still a long way to go and more work needs to be done, currently 11 children accessing this service.

P.S car parking on pavement stickers to stick on any car in the way. To give leaflet to City Council when addressed. DeafblindUK. Issue for people who are not very

mobile, pavement uneven, runs out, narrow. Liability issue needs to be raised with owners of the land, once this is done we should see things moving quite quickly. DP said services know what the pathway is to access treatments but the general public does not know this.

8. AOB: New attendees -, from consultation forum. Mary Telford and Elizabeth Telford works at PCVS met Angela Burrows at a Parkinson's Event. Patricia Mendez Cancer services at the Hospital, working to transform cancer services in the community, only started 4 months ago and initial contract is for 2yr. Sponsors of project Macmillan. Have shared our ongoing project work with Patricia. Cancer services review. Annette.B need to work with Thorpe Hall, Sue Ryder to provide co-ordinated services and support.

P.S Deafblind lady had phone call from hospital about appointment, can carer tell hospital to put 1082. Hospital won't do it. No point sending tel message to someone who cannot access it, will be raised with PCH about why they would not use number for deafblind. Has already been logged as a concern. ACTION

Prescriptions not being delivered within the agreed 48hrs period. Already complained once last year. Service not being delivered on time - ACTION

Minor Illness and Injury Unit (old Walk in Centre) people complaining about staff being dismissive of service user (91) saying they should go to GP, very rude, challenged as to why they were there had they tried their GP? Action: ADD TO MIU E&V. Understand that they are trying to reduce the footfall/pressure but people are going there to avoid A&E. Issue with staff attitude. Lack of empathy/caring, need additional training? Staff need to be more supportive, "ok you're here now, but do you know how to access your GP?"

D.P fundamental issue of fragmentation of services mean the public don't know where to go because they are not joined up, very confusing for the public but also seems to confuse some professionals. Annette.B people do less for themselves, need to be re-educated about self-care and to know where is relevant and appropriate to go in certain situations.

P.S subject to funding, guide for deafblind. Leaflets, we will share on social media and Enews.

Patient reference group meeting 1st July to look at response from consultation, G.L cannot attend, can anyone else make this? J.B for people who cannot make this date a staff member will be coming with documents.

MIU Minor Injuries and Illness Unit

LHW Local Healthwatch

HWP Healthwatch Peterborough

HWE Healthwatch England

HWC Healthwatch Cambridgeshire
HWNH Healthwatch Northamptonshire
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
EHC Education, Health and Care

Care.Data visit report

Presented by: Moreea Aasiya and Jason Pickman

- Strap line being used to promote Care.Data is 'Better information means better Care'
- What Care.Data will do: extract group data that is coded using four identifiers which are; NHS No., date of birth, post code, gender
- Once the data is joined up, to protect identity the end of the post code will be removed and both the NHS no. and the gender will not be shown.
- Analysis of the data is then made to improve services, health outcomes and to improve decisions on where services are located.
- Third party organisations or partners can also subscribe to the data for research purposes. E.g. of third party organisations are university, these organisations have to go through an application process
- Data Lab being developed at the moment entering a secure place to access information. This data lab will form part of the social health care service.
- Opting out: this can be done at GP services. This can be two options which are; for the data to be used only within the NHS or secondly to be shared with partners.
- First extraction of data will be in November
- Test run for Care.Data will be in October with 500 GPs which are yet to be chosen.
- Reason why Care.Data is being done.
 - I. To improve cancer services especially the early diagnosis of cancer in the GP practice rather than the prevalent emergency services
 - II. Because most bowel cancer diagnosis are being done in emergency services
 - III. More than 50% people have a higher rate of survival when they are diagnosed in GP practice than the emergency services.
- Leaflet campaign to promote Care.Data went out in January; feedback has shown that the campaign was unsuccessful. The leaflet is in the process of being re-written to accommodate all the feedback from the public.
- Consultation ends in September.
- Questions asked

- I. Dennis: How can the NHS ensure the data are kept secure? Answer; Maria mentioned that this is one of the most asked questions since the consultation began and that the NHS condition of control for access to data should include what the data will be used for. Holders of data cannot sell it on
Margaret: suggests coding all data
- II. Dennis; who owns the research report that comes from the use of the data?
Maria; condition of data control should include information of what it will be used for.
Angela; said the NHS should include a condition in the contract that mandates all the data users, and research companies to publish the findings from research.
- III. Suggestions on leaflet and promotion materials;
 - a. Dennis; leaflets to be taken into the community
 - b. Angela; Easy read versions to made
 - c. Angela; Taken to all PPGs
 - d. Angela; effectiveness of translations should be ensured by getting people that speak that language to proof read it.
- IV. Will there be a charge to the third party users for the use of data? Maria; yes there will be a charge to any third party use.
- V. If the public feedback is that they do not want the data shared what will happen? Maria assured that nothing is decided yet until the pilot test run is done. Outcome of consultation will be published.
- VI. Will legitimate use of the data be decided for the third party? Maria; the Care Act covers the legislation for the use of the Care.Data