

## Patient Opportunity Panel Meeting

### MINUTES OF THE MEETING HELD THURSDAY 11<sup>th</sup> AUGUST 2016 BANK STREET METHODIST CHURCH 10.30am – 12.30pm

#### Present:

Julie Jasper	Dudley CCG
Caroline Brunt	Dudley CCG
Steph Cartwright	Dudley CCG
Keren Hodgson	Dudley CCG
Jayne Emery	DCVS

#### Representatives from the following PPGs:

Geoff Lawley	AW PPG
Stuart Steele	AW PPG
Stephen Schwartz	Castle Meadows PPG
Pat Lamb	Lapal PPG
Nigel Haydon	Lion Health PPG
David Bailey	Clement Rd PPG
Bryan Caldicott	Moss Grove PPG
Paul Benge	Moss Grove PPG
Irene Arrowsmith	3 Villages PPG
Margaret Roberts	Stourside PPG
Tony Durrell	St Margarets Well PPG
Cicely Thomas	Friends of Ridgeway Surgery
Roy A.Doré	Friends of Ridgeway Surgery
David Orme	Kingswinford Medical Practice

#### Apologies were received from:

Helen Codd	Dudley CCG
Laura Broster	Dudley CCG
David Stenson	Moss Grove PPG
Sue Bicknell	Lapal Medical Practice PPG
Roger Harding	The Lanes PPG
Dawn Fazey	Halesowen Medical Practice

## 1. Welcome, Introductions & Apologies

Julie welcomed all to the POPs meeting and thanked all for attending.

## 2. Draft minutes from last meeting and outstanding actions

David Bailey would like the previous minutes to be amended to include Kate Green's presentation and the various handouts which were given out.

**ACTION: Keren to address previous minutes before publishing on website**

- Pharmacy/Urgent Care Centre update (to be a future standing item)  
Julie read out to the group a short update; it has been looked into by the pharmacy team and now the chief pharmacist is looking at how viable it is. The feeling is there isn't enough footfall or space to create one within the hospital building as it stands. However a bid has gone in to have a possible kiosk added into the new UCC. We will provide any further update once we have it.

The group asked for a time frame for the new UCC and asked if Jason would be able to attend a future meeting. A query was raised that there was a lack of consultation with nurses in regards to changes, nurses felt they weren't being listened to. Julie advised the group there had been staff engagement, Caroline Brunt said she would raise this from the CCG to get assurance staff had been consulted appropriately.

**ACTION: updated time frame for the new UCC and request for Jason to attend a future meeting. Caroline to address the engagement of staff with changes within the hospital.**

- Questions raised at June POPs:
  1. When will we get a Dudley CCG Mental Health Strategy?  
Julie read out the following response; "We have begun the drafting process. We intend to now involve a group of service users and follow up during the course of the summer."

Julie advised the group of the Mental Health in primary Care public workshop as part of the public consultation on 6<sup>th</sup> September. Nigel advised in 2014 he attended a number of meetings to develop a mental health strategy, and he is aware Dudley has not had a strategy in place since 2013, so asked where the strategy is. Julie also assured the group there would eventually be a strategy. Roy asked how the organisation could run without a strategy. Julie responded, the organisation who we buy the service from has a strategy, but clarified it was Dudley CCG who does not yet have a strategy of how they buy the services. Issues were raised by the group with there not being a consulted strategy in place to oversee the provider, especially with the upcoming MCP coming in. Geoff advised the group there is a new scheme where individuals can self refer into mental health services. Tony asked for the group to invite Ben Reed within

Dudley and Walsall Mental Health to the meeting, Julie added this might be worth also inviting Mona Mahfouz and Trish Taylor to discuss Mental Health with the group.

David Orme added to remind the group we are able to talk to our own councillors to get items of interest raised. Jayne advised the group that Mark Axcell has recently been appointed as the Chief Executive of Dudley and Walsall Mental Health (previously acting Chief Executive)

**ACTION: Invite Trish, Mona and possibly Ben Reed to POP's to discuss Mental Health further.**

## 2. What's the plan for the future in recruiting GPs in Dudley?

Julie read out the response from Dan King, Director of Membership Development and Primary Care; 'Thank you for the question from the POP. The CCG is not directly responsible for recruiting GPs in to General Practice however, the CCG is responsible for the design and commissioning of a future model of general practice that is sustainable, attractive and rewarding. If we can meet these aims, Dudley practices will be in a competitive position to attract and recruit GPs. The commissioning of the MCP model of care will appeal to GPs in that they will be supported within multi-disciplinary teams, training and education, and access to wider range of support than would be the case outside of an MCP model of care. In addition to the MCP procurement, the CCG has supported recruitment and retention of GPs by providing peer mentoring support, training, education, workforce development and planning, and the introduction of new roles within the General Practice – such as the establishing MDTs in all practices, piloting extended scope pharmacists, and the introduction of GPs with special interests and physicians associates. It is noteworthy that the last three GP practice that have recruited for GP posts in Dudley have been able to recruit and fill those posts within a month – which is unusual compared the National difficulties being experienced with GP recruitment.'

David queried where he may have heard this response before, Julie advised the group these were the answers to the questions to board, so would be released within the board papers.

- Update on DNA question raised at previous POPs

The response provided was that the CCG is supporting practices to manage and reduce their DNA rates through the EPIC programme (Enabling Practices to Improve and Change). As part of the programme, practices that focused their attention on reducing DNAs saw a reduction of 30% across six different clinics in General Practice. These service improvements and changes are being shared and rolled out as part of the programme for 2016/17 – there are savings to the practice in reducing their DNAs (approximately £600 per month) but the benefit in

DNA reduction is the improvement in patient access. Caroline Brunt also added that work was being undertaken to identify DNAs with regards to vulnerable patients.

Geoff shared with the group that AW surgeries had stopped doing online bookings for a short amount of time as the majority of the DNA's were from online bookings. Pat added that Lapal PPG had discussed this with the staff at the practice, and while they are aware of a core of people who regularly DNA, there is also a core who will always call to cancel their appointments.

Julie and Steph advised the group the need for practices to ensure there are a number of ways for people to book appointments.

Keren asked the group to have a look at the DNA posters which Lindsey Harding has produced within the Communications and Public Insight team. Keren advised the group that these had been received very positively by the practice managers and asked for the PPG's support to ensure these are displayed appropriately when they go out to all the practices before the end of the summer. The group received the posters positively.

David is aware the practice are within their own rights to organise their appointment system as they wish, so is the three strikes and you are out allowed to be used? Steph advised the group the practice has to manage this carefully as they have a contract to supply a service. All practices have a requirement for appointments to be online (25% of appointments) The CCG are aware not all practices use the text reminder service. Tony advised the group about Sense:ly being used at Margarets Well and this was supported positively

### **Minutes were agreed by the group.**

Julie asked Jayne if she was happy to update the group about Healthwatch activities.

Jayne tabled their annual report for the group to look at. She advised Healthwatch had their contract confirmed for another 2 years and will be looking at where they can prioritise their time and have the greatest impact. There will be dedicated work around CAMHS working with Dudley and Walsall Mental Health around their crisis support service. Their CQC inspection scored good in 20/25 areas so Healthwatch will be watching the action plan being put in place. DWMH are a Mental Health Vanguard site so there is a spotlight on the work they are doing and Healthwatch are challenging them to ensure they keep up with the changes and continually deliver a good service.

Children and Young people is another area of work as the recent Ofsted raised a lot of issues, so Healthwatch want to embed themselves within the service to keep an eye on the movements following their Ofsted review.

Julie advised the group that Jayne sits on the CCG Board and supports the Board with a patient voice and updates what Healthwatch are doing. Julie raised the amazing work Healthwatch do when they are such a small team of 5 individuals. Jayne added that as part of Healthwatch England, they had their awards in June and won two awards, it put Dudley on the map in regards to work they have been doing with Children and Young people to develop their skills and for the Activate packs.

David Bailey asked what happens to the board questions within the minutes, Keren advised the questions from board would not be released until after board due to further comment often being made. A draft version of response would usually be provided within the next POP's meeting, but before publishing the minutes on the website the responses would be added from Board.

### **3. Public Consultation on Developing a Multi-Specialty Community provider – Stephanie Cartwright, Director of Organisational Development and Human Resources at Dudley CCG**

Steph showed the doodle ad and presented the MCP consultation slides.

**Question:** Procurement and contract worry me, how does this fit in with the NHS?

**Answer:** The word procurement means we will invite expressions of interest from any provider. We are hearing from people, including virgin and a local GP provider. It may not go out of NHS, there are local NHS providers interested in bidding. It has to involve GP's; Primary Care must be at the heart of any expression of interest.

**Question:** With it being 15 years, will there be safeguards?

**Answer:** Yes, of course, we will have clause within the contract. The level of support from the national team is immense. We have learnt lessons from others around us.

**Question:** Is Public Health involved in this?

**Answer:** Yes, they are involved in prevention and self-care, this is integral to the development of the MCP.

The whole principle of the MCP is to get people together and address the issues, working together, create a greater efficiency and greater quality and safety. We will always be talking of financial pressure, but we need to reduce the need by supporting people to care for themselves.

Mulling health have worked really well with us as a CCG, while there are tensions around NHS and an independent provider, but there is positive experience of NHS working with independent provider, it can prove to be a supportive and more effective relationship.

**Question:** It will use practice based Multi-Disciplinary Teams (MDT)?

**Answer:** Every practice has a MDT made up of the GP, District nurse, Assertive case manager, Mental Health worker, Social Worker and a Locality link worker (voluntary sector)

We now have specialist consultants and individuals who are working with these MDT's as they are coming out into the community from the hospital setting. (Steph shared the diagram of the New Care Model)

**Question:** How often would this be happening? We go into the hospital, then a specialist worker will be going out into the community, surely the time and cost of coming out into the community is not worth it? But then the bonus is these people get to talk to you GP, your primary care team, to ensure a more coordinated service for an individual.

**Answer:** Each locality has a specialist in whatever discipline for a session a week, to work preventatively with their patients.

**Question:** In a situation where you have a large practice, that can work, but what about a smaller practice?

**Answer:** Collectively coming together as a group of practices, or alternatively, some practices might purchase the service of a specialist full time.

**Question:** What level of efficiencies would you expect?

**Answer:** Every area across the country is expected to improve efficiency. The coordinated approach does reduce admissions. It is reported that often a lot of damage is done to older people when admitted to hospital, they can become dependent on the hospital, if the care was more coordinated this wouldn't happen as people would be able to stay in their own home.

**Question:** What about the education of the general public, how will this be addressed? The demand is going up so how does this work?

**Answer:** Patients have reduced their demand on GP services by 30-50% with the support of a locality link officer. This supports the reduction in demand on the GP. We know it's important to engage with the public, and asking the public to get this message out to educate people to go to the right place.

**Question:** Are local authority signed up?

**Answer:** Yes they are

**Question:** Give me examples of non MCP services.

**Answer:** A&E, Hospital services, Secondary care, Acute specialist services

**Question:** Is there active participation from the GP's?

**Answer:** All of the GP's have responded very well.

**Question:** I can't doubt the aim, but how are you going to achieve it? Organise it? Get one provider? Lots of sub-contracts?

**Answer:** It is really difficult to predict what the CCG will look like in two years' time. The MCP will facilitate local ownership of care.

**Question:** MCP will shrink in size so what will happen to the staff?

**Answer:** It will be about having adequate staff to ensure the quality and safety of care

**Question:** If this ends up being Virgin who take over, the hospital will lose a big amount of their funding. People need to have a say about who it will be that comes into the running of an MCP.

**Answer:** We agree this is a fair request. We would expect patient involvement in the procurement process. But we want the best healthcare for Dudley patients. There will be specific issues around finances, we don't believe there to be high risk.

David Orme asked if he could finish on a positive note, as he attended a CQC event last month. Dudley was mentioned more than once as Vanguard, and they are delighted with what is going on so far.

#### 4. Networking and Questions to Board

David Bailey advised he had two questions:

- Where can we find information that will tell us how many patient hours have to be provided at any one practice within any time period, i.e. by the day/by the week/other? And what they are for; doctor consultations/nurse appointments/other?

*'All Dudley practices are contracted to provide general medical services during core hours. "Core hours" means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays. There are no set surgery hours within the GP contract and It is at the discretion of the contract holder to structure surgery appointments and clinics by using a variety of skill mix so that the reasonable needs of its patients are met. Practices take a different approach dependent on their circumstances. Dudley CCG is trying to increase patient access and has developed the Dudley Quality Outcomes for Health (DQOfH). DQOfH sets out a series of access targets which ensures that practices can no longer close during core hours, they provide face to face appointments each morning and afternoon, provide a minimum of 75 contacts per week per 1000 population and same day access for children under 5yrs. 40 out of the 46 Dudley practices have signed up to this pilot scheme for 2016/17.'*

- Are practices required to have staffing policies and who will provide what services? Who determines what this is?

*'As independent contractors GP practices have to comply with all relevant employment law and are required to have a series of staff policies that underpin the legislation. As part of the Care Quality Commission Inspection process and contractual compliance practices are required to demonstrate that they are complying with all legislation.*

*Practice can use their employed staff in the most appropriate way to deliver the medical services they are contracted to provide in order to meet the reasonable needs of its patients, as above.'*

Julie apologised for a lack of time for networking, but advised if anyone would like to ask question to board they could get in touch.

Questions can be sent to [helen.codd@dudleyccg.nhs.uk](mailto:helen.codd@dudleyccg.nhs.uk) in advance of Board meetings.

## **5. Any Other Business**

Julie closed the meeting

### **Attachments provided:**

- [FORGOTTEN SOMETHING A3 posters x4.pdf](#)
- [Healthwatch Dudley Quarterly Report Final April to June 2016.pdf](#)
- [Chairman and Chief Officer briefing](#)
- [MCP Consultation Document Final.pdf](#)
- [MCP Consultation slidepack.pdf](#)
- [New Care Model](#) diagram

**Date of Next POPs Meeting**

Thursday 6<sup>th</sup> October 2016  
4.30pm – 6.30pm  
Stourbridge Rugby Club, DY7 6QZ

**Dudley Borough Healthcare Forum**

Thursday 1<sup>st</sup> December 2016  
12.30pm – 2.30pm  
Brierley Hill Civic Hall

**Date of Next Board Meeting**

Thursday 8<sup>th</sup> September  
1pm – 3pm  
Brierley Hill Health and Social Care Centre

**Glossary of Terms**

CQC	–	Care Quality Commission
DAGB	–	Dudley Association of Governing Bodies (DAGB)
DG NHS FT	–	Dudley Group NHS Foundation Trust
DIRD	–	Do It Right Dudley!
DNA	–	Did Not Attend
DPMA	–	Dudley Practice Managers Alliance
ED	–	Emergency Department
EPS	–	Electronic Prescription Service
GP	–	General Practitioner
H&WBB	–	Health & Wellbeing Board
MCP	–	Multi-speciality Community Provider
MDT	–	Multi-Disciplinary Team
NHSE	–	NHS England
POP	–	Patient Opportunity Panel
PPG	–	Patient Participation Group
RHH	–	Russells Hall Hospital
SPP	–	Single Patient Portal
UCC	–	Urgent Care Centre
WiC	–	Walk in Centre
WMAS	–	West Midlands Ambulance Service