

PATIENT OPPORTUNITY PANEL MEETING

MINUTES OF THE MEETING HELD THURSDAY 10 AUGUST 2017
Owen House, Zion Centre, Little Cornbow, Halesowen, B63 3AJ
10.30am – 1.00pm

Present:

Julie Jasper	CCG Lay Member, Dudley CCG
Helen Codd	Engagement Manager, Dudley CCG
Keren Hodgson	Engagement Officer, Dudley CCG
Dr Richard Gee	GP Engagement Lead, Dudley CCG
Jess Perkins	Communications and Engagement Manager, CSU
Jag Singh	Pharmaceutical Adviser – Community Pharmacy and Public Health, Dudley CCG
Rob Dalziel	Healthwatch Dudley

Representatives from the following PPGs:

Stuart Steele	AW PPG
Geoff Lawley	AW PPG
Pat Lamb	Lapal PPG
Keith Attwood	Lapal PPG
Sue Hatton	Moss Grove PPG
Bryan Caldicott	Moss Grove PPG
Rachael Meredith	Quincy Rise PPG
Tony Durrell	St Margaret's Well PPG
Nigel Haydon	Lion Health PPG
Stephen Schwartz	Castle Meadows PPG
Stuart Rudge	The Lanes PPG
Margaret Roberts	Stourside PPG
Irene Arrowsmith	Three Villages PPG

1. Welcome, Introductions & Apologies

Julie Jasper welcomed all to the POPs meeting and thanked all for attending. Introductions took place and Julie advised the group of the apologies for today's meeting.

Apologies were received from:

Maria Prosser	Dudley CCG
Laura Broster	Dudley CCG
Caroline Brunt	Dudley CCG
Lindsey Harding	Dudley CCG
Allan Hughes	Woodsetton PPG
Cicely Thomas	Friends of Ridgeway Surgery PPG
Leila Woolf	Northway PPG
Victoria Evans	Practice Business Manager, Kingswinford Medical Practice
Jean Fieldhouse	
Bob Parker	KMP
Carole Evans	The Limes surgery

2. Draft minutes from last meeting & outstanding actions

Minutes were received. Julie Jasper advised the members the actions were responded to within the minutes. [The Chair and Chief Officer report was received.](#)

3. Pharmacy Update – Jag Sangha (Pharmaceutical Adviser – Community Pharmacy and Public Health)

Jag introduced himself to the group and advised he would be updating information regarding the changes to prescribing in Dudley.

The updated Prescribing Policy was launched on 1st August. The journey began 9-10 months ago. There are a lot of medicines provided on prescriptions at NHS cost with no or limited clinical value. There was a public consultation which was held over 3 months and discussions with Dudley GP's took place. GP's have been very supportive to this process. The policy has now gone live as a result of these conversations. During the consultation, the event at Brierley Hill Civic Hall (Healthcare Forum) received good support from the public and as a result of many of these conversations and surveys three parts to the policy have been developed.

(Please view; <http://www.dudleyccg.nhs.uk/prescribing/> for further information)

As a result of the consultation, three parts have been developed to the policy;

A: medicines with no or low clinical value

B: items which may have clinical value but under certain criteria only (may be exceptions to the rule)

C: medicines appropriate for minor ailment scheme or for self-care

Jag explained that due to the variation of licensing of medicines nationally, many items are no longer categorised as a medicine, rather they are classed as an appliance. For example several eye drops entering the market for a dry eye indication. Thus, this list within the prescribing policy will be constantly reviewed.

The Minor Ailment scheme was launched in June 2015. This was originally commissioned by NHS England West Midlands. This scheme was initially accessible for patients based on their registered GP location within defined areas of deprivation. In 2016/2017, access was expanded to all Dudley CCG registered patients, who were exempt from NHS prescription charge. In January 2017 when NHS England West Midlands (commissioner) viewed the data of service user uptake, it was identified that most of the access to the minor ailment scheme was for under 16's. NHS England West Midlands took decision to decommission access to the scheme to over 16's from 2017-2018.

Dudley CCG were already undertaking the prescribing policy, so took the decision to collaborate with NHS England West Midlands to support all Dudley CCG registered patients continuing to access the service. Jag advised the group since the 10th July 2017, there are two service specifications (for under 16 access and over 16 access), and NHS England West Midlands will still be picking up the cost of the under 16. The over 16 scheme will continue to the end of this financial year as this supports self-care. Jag shared with the group that there are challenges to get community pharmacies engaged with this scheme. Participation with the minor ailment scheme is voluntary and community pharmacies are not contractually obliged to offer it. Jag is often asked by GP's and PPG members to share the list of community pharmacies delivering the minor ailment scheme (entitled Pharmacy First). Dudley LPC (Local Pharmaceutical Committee) maintain a list on their website, but it is difficult to keep up to date due to staff movement and/or accreditation within pharmacies. As

the scheme involved pharmacists signing up to the scheme, pharmacists often move around and when locums or relief pharmacists are put in place, the services normally offered may not be available. This makes it very difficult to put an accurate list together. Jag wanted to mention to the group the LPC website advises the scheme is only available to under 16's which is inaccurate and the LPC has been advised to rectify this.

Jag has looked into the last twelve months of data and identified pharmacists which have delivered the scheme extensively (850 consultation) to others who have only done 1 consultation.

Jag opened it up to questions from members;

Question: If someone has an allergic reaction to a medicine, would people be best to attend their GP or pharmacy?

Answer: Pharmacy is more accessible than the GP, so it would potentially be quicker to access the community pharmacy. The pharmacist would be able to triage the patient and identify if the reaction can be resolved as an expected side effect or whether signposting to the doctor would be needed. For example, an angina spray (called Glyceryl Trinitrate) has an expected side effect of a headache (usually temporary and not a reason to not use again in future), the pharmacist will be professional enough to educate the individual and triage appropriately without a visit to the doctor, however they would also be skilled to support the individual manage such a side effect. Alternatively, reassurance that the situation isn't urgent so to hold out till routine appointment.

Question: Cough medicines can be bought over the counter, and anywhere, but as a diabetic, I would prefer to attend the pharmacy.

Answer: Agree, there would be some cough medicines which are more appropriate for diabetics. However, there are a lot of medicines which are available for coughs and not necessarily needed and there are also medicines that are near enough the same but at a much cheaper price. A prescription is a legal document, the item on the prescription must be adhered to, the pharmacy would buy it in, so would want the cost back. Specifically for diabetic's and coughs, sugar free medicines are available from a pharmacy.

Question: I understand the actual cost to the practice of administering the prescription is £15. And when you think that for example; ear drops that are cheaper over the counter instead of spending that admin fee and the cost of the item to the NHS. How far has the message about the costs been out?

Answer: So far the message has gone out through posters, on screens in the surgery, since 1st August. Promotion of the message of cost has never gone out in this way before. The prescribing policy is to support GPs and they welcome the policy if there is protection for individuals to access medication with low income. We have tried to be as educational as possible. Pharmacy First (Minor Ailments Scheme) will support access to self-care medicines for those with a lower income who may feel disadvantaged by the Prescribing Policy. But as an organisation, Dudley CCG remains committed to developing and enhancing the current Minor Ailments Service going forward beyond this financial year.

Discussion continued around paracetamol and Jag advised that if an individual has a chronic ongoing condition they may need up to 8 paracetamol in 24 hours. This would still be prescribed by their GP. If buying paracetamol from a shop, you are limited to two packs (32) but from a community pharmacy under supervision of the pharmacist not more than three packs (100).

In order to use the Minor Ailment Scheme Jag reminded members to have your NHS number available as this is needed to participate, and this can be requested at reception at your surgery if not known.

Question: As much as an education for GPs who originally would prescribe is it now time to educate patients? With the 2 million savings, is this the cost of the processing including the time saving to GP's?

Answer: No, it doesn't include the time savings, as it will increase the pressure on pharmacists but GPs are now picking up on the need to prevent which in time will have a bigger saving in terms of cost on doctors time.

Question: If we are asking for Pharmacies to do more to support self care, why has the community pharmacy budget been cut if this is the case?

Answer: This budget cut for community pharmacy is outside of the remit of Dudley CCG. This is a decision made by NHS England.

Question: Does a demographic map of Dudley provide a lot of useful information about health and has that influenced you in how you are setting up this programme?

Answer: The office of public health hold this data and produce annual reports. A quality impact assessment is used to look at the demographics. An interesting point is to maybe look at doing different languages - Helen responded that often there may be different spoken languages but some peoples may not be able to actually read it.

Jag bought the conversation to a close and asked for further questions

Julie thanked Jag for a fantastic presentation and mentioned during the public consultation, the financial conversation definitely helped people understand the importance of this.

4. Networking

Members took time to share ideas and information. Following the networking, Feldon Lane shared the information about their newsletter which can be found on their website; <http://www.feldonpractice.co.uk/patient-panel>

5. Patient Experience – Jess Perkins

Jess Perkins introduced herself as Communications and Engagement Manager within Midlands and Lancashire CSU. She advised the Mi Experience app was launched in 2015 and most marketing has been within the hospitals. The purpose of Mi is as a mobile feedback app alike the friends and family test it allows patients to provide feedback anonymously but this is shared with front line staff. In September the app will be refreshed, Jess shared that a few ideas went to the IT strategy group and a thank you and get involved feature was agreed by the group. A medicine reminder was also discussed but agreed to keep the app just to feedback as there are many other apps on the market which cover this type of feature. The app covers all of primary care and the different hospital features. The further feedback will include compliments as well as complaints to reflect the friends and family test (How likely are you to recommend this service to friends and family) and a specific section to thank specific individuals. Following this there is also a specific section which identifies methods to get involved with Healthcare including Healthcare forums/participation groups or further groups which may be more relevant to individuals.

Question: Is the app android and apple compatible?

Answer: Yes

Question: What does Mi stand for?

Answer: Nothing other than a modern/different way to spell 'me'

Jess advised once the app updates there will be information released into the practice

Rob shared with the group his concern to how information is shared, particularly compliments being shared with frontline staff. Rob shared a situation when a positive and very detailed letter had been written on experience not just of healthcare but the personal attributes of the clinician involved in a colleagues situation but when speaking to this clinician at a later date, the colleague found the letter had never been passed on. There was an agreed concern that positive feedback does not appear to have a system alike the complaints within a service.

Jess advised the group that the database used to capture all this information sits within Dudley Group and is categorised into negative and positive so if there is a particular area which is struggling, they are able to pick up where the issues might be, and would hope that positive information would also be shared with front line staff in the same way.

Question: Who will see the patient comment in each organisation?

Answer: Dudley Group feedback will only be seen by Dudley Group. For Primary care, Jess, Rob Franklin and Quality and Safety Team. All the information will go into singular reports.

Question: What do each service do with it?

Answer: Each service may do something different. The feedback given on the app cannot be responded to. Jess confirmed the reports taken from Mi experience do contain compliments as well as complaints.

Richard advised that the feedback needs to be reported regularly to the different services, particularly where those not functioning very well, this should be addressed immediately.

Question: Are we collecting data for any reason? If it is not being fed back into a service it doesn't make sense and makes you potentially blind in that area.

Answer: Jess advised the group that a graphic overview is made of all the data and shared appropriately.

Other members shared their experience when they have written a positive letter to thank a service and in not receiving any acknowledgement back, how do people know these compliments are being passed on to those who need to hear them?

Group agreed there is a need to recognise excellence more so than the complaints, like what is working well and how this can be used and praise for individuals should be passed on.

6. Questions to Board

Julie asked for any questions to Board and advised members they can send these in prior to the next Board session on Thursday 12th September.

Geoff queried a phone call he received regarding an award. Helen advised the group this was to Dudley CCG for being outstanding; <http://www.dudleyccg.nhs.uk/outstanding-for-3rd-year-running/>

7. Update and Any Other Business

Healthwatch

Rob Dalziel attended to provide an update from Healthwatch.

- Rob referred to Jag's presentation and advised the group there is a national debate around schemes offered by the pharmacy and there is an opportunity to get involved in a consultation around a prescribing policy and pharmacy work with NHS England and Healthwatch England. There are legitimate concerns around the prescribing policy, particularly from those who would be directly affected. Healthwatch have been supporting

Dudley Office for Public Health and Dudley CCG with the development of a new pharmaceutical needs assessment. This involves gathering people's views and experiences of accessing and using community pharmacy services.

- Rob mentioned that Psiams had also been given an award for their innovation in development of software to map local work and create a local network of information as part of a joint venture with Dudley CVS and other local organisations.
- A special care dentistry piece of work will be carried out looking at patient related outcome measures. This will be looking into how people find their experience in their service.
- Further work will be following individuals through their healthcare journey in particular assessing how parents and carers of infants and young children get access (or not) to medical advice or help. This may be from contacting NHS 111 services accessing the doctor's surgery, travelling to Russells Hall Hospital and being seen at the Urgent Care Centre or Emergency Department and the Paediatric Assessment Unit.
- Healthwatch will also be looking into how vulnerable groups get access to health and social care services. Vulnerable groups including those who have experience of homelessness, alcohol and drug misuse and mental health problems. Healthwatch will be identifying which services work and which ones could do better.
- Rob finally added that Healthwatch have been involved with the UCC at RHH since the beginning and have made their views known on what is and isn't working and feel they have been listened to throughout the process.

Julie thanked Rob for the update and advised that Jayne is a non voting member of Dudley CCG and has an agenda slot on Dudley CCG Board.

RHH building update

Julie read out the recent press release to the members;

Work on Dudley's £2.6 million Emergency Treatment Centre has started at Russells Hall Hospital, ready to open in November this year.

The brand new purpose built centre, developed in partnership with Dudley CCG, will house urgent care services. It will be right next to our existing Emergency Department, giving patients an improved single point of access and one stop shop for urgent and emergency treatment.

Having the two services side-by-side means patients won't have as far to go for non-emergency care and staff will be able to work even more closely together to provide a seamless service. The new building will house a new urgent care waiting area, eight urgent treatment rooms, as well as a new Emergency Department waiting area.

Paul Bytheway, Chief Operating Officer at The Dudley Group, said, "This new facility is fantastic news for Dudley, as better assessment by appropriate clinicians and less pressure on A&E supports reduced waiting times and a better experience for patients."

While the building work is underway, there will be some temporary changes to the way patients access the Emergency Department. Patients will still receive the same high quality service, but will come via a temporary waiting area to the right hand side of our existing emergency entrance.

A new drop off zone will be created outside the temporary building and visitors will then park in the main visitor car park which has been adapted with a new pedestrian walkway to allow better access.

Images were shown to the members;



Front



Aerial



External



ED waiting 1

ED waiting 2



UC waiting 1

UC waiting 2

Julie thanked Stuart and Geoff and Healthwatch supporting this development. Geoff advised they had been invited for a site visit before the opening, expected in November. Geoff felt they had taken items addressed at POP's and felt these had been listened to and wants the CCG to take credit for this as they have listened and taken this forward.

MCP update

Julie advised the group the breaking news had been released during the meeting so read out the press release from Dudley CCG;

A Step Closer to Dudley Multispecialty Community Provider (MCP)

Following the launch of the procurement process for Dudley's Multispecialty Community Provider (MCP) in June, Dudley CCG has now announced the bidder that has made it through to the next stage.

Following an initial evaluation, the CCG in partnership with Dudley Council, will enter into a dialogue process with a consortium involving four local NHS Trusts and local GPs. The four trusts are - Birmingham Community Healthcare NHS Foundation Trust, The Dudley Group

NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Black Country Partnership NHS Foundation Trust.

The new Multispecialty Community Provider (MCP) will bring together services in an integrated manner and will:

- *hold a contract of up to 15 years' duration;*
- *manage a single, whole-population budget;*
- *transform the access to and delivery of community health and care services with Primary Care at the centre, and*
- *meet a defined set of outcome and performance measures.*

The consortium has been notified of their successful completion of the first part of the process and the dialogue phase will start in early September.

Last year the CCG held a public consultation into the development of Dudley MCP and local people have helped to shape the scope of services, outcomes and the key characteristics of this new organisation.

Paul Maubach, Chief Executive Officer, Dudley CCG said, *"We are delighted to have a viable bidder to start the dialogue process with. This process will test out their ideas and see how well they match our vision for an organisation that will be able to deliver better integrated services designed to improve the lives of Dudley people".*

It is expected that the contract, with the total annual potential value of £363m, will be in place by Spring 2018 with service delivery commencing during the financial year 2018/19.

The group agreed they were pleased to hear that NHS groups had made it through stage one.

Nigel raised there has been no mental health strategy in place since the PCT went, and when this has been questioned it was advised there was no mental health needs assessment. This has recently taken place but there seems to still be a delay. The question was raised if there will still be a Dudley Mental Health strategy or a wider strategy on the update of the groups involved in the MCP.

Nigel asked the following question to be raised at Board;

What will the impact be on the mental health strategy, which we still haven't got in Dudley (since the PCT) with the news of the MCP bidder? Will we have an isolated strategy for Dudley or will it be a more general one?

Response provided by: Neill Bucktin for Board on Thursday 12th September 2017

A mental health needs assessment has been conducted by the Office of Public Health and this will be used to shape a mental health strategy.

This needs assessment will be shared with the successful bidder, if possible during the dialogue process. In addition, the successful bidder will be a consultee in terms the strategy that will be developed and will be involved in the associated implementation programme.

Nigel raised a concern of the Mental Health Strategic Partnership Board being cancelled a number of times.

8. Date, Time & Venue of next POPs meeting

Thursday 5th October 2017

4.30pm – 7.00pm

Lion Health, lecture theatre, Lowndes Road, DY8 3SS

(please report to reception on arrival and they will support access to the room)

Glossary of Terms

CAO	-	Chief Accountable Officer
CCG	-	Clinical Commissioning Group
CQC	-	Care Quality Commission
CQC	-	Care Quality Commission
CSU	-	Commissioning Support Unit
DCVS	-	Dudley Community Voluntary Service
D&N	-	Dudley and Netherton
DMBC	-	Dudley Metropolitan Borough Council
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
EMIS	-	A computer system for general practice
EPIC	-	Enabling practices to improve and change
EPS	-	Electronic Prescription Service
GP	-	General Practitioner
GP	-	General Practitioner
GPFV	-	General Practice Forward View
HCF	-	Healthcare Forum
H&WBB	-	Health & Wellbeing Board
HQB	-	Halesowen & Quarry Bank
KAB	-	Kingswinford, Amblecote and Brierley Hill
LA	-	Local Authority
MCP	-	Multi-speciality Community Provider
MDT	-	Multi-Disciplinary Team
NAPP	-	National Association for Patient Participation
NHSE	-	NHS England
OSC	-	Overview and scrutiny committee
PCCC	-	Primary Care Commissioning Committee
PALS	-	Patient Advice and Liaison Service
POD	-	Patient Ordering Direct
POP	-	Patient Opportunities Panel
PPG	-	Patient Participation Group
POP	-	Patient Opportunity Panel
PPG	-	Patient Participation Group
RHH	-	Russells Hall Hospital
SCG	-	Sedgley, Coseley and Gornal
SPP	-	Single Patient Portal
STP	-	Sustainability and Transformation Plan
SWL	-	Stourbridge, Woolecote & Lye
UCC	-	Urgent Care Centre
WiC	-	Walk in Centre
WMAS	-	West Midlands Ambulance Service
LAY MEMBER	-	A member of an official committee who has responsibility to represent the views of the population affected by the committee's work
FRIENDS & FAMILY TEST	-	A test of patient satisfaction based on asking 'how likely are you to recommend our services to your friends or family if they needed treatment'