

PATIENT OPPORTUNITY PANEL MEETING

MINUTES OF THE MEETING HELD THURSDAY 16th August 2018 St James Medical Practice 10.30am – 1pm

Present:

Dr Richard Gee	Chair - GP Engagement Lead, Dudley CCG
Helen Codd	Engagement Manager, Dudley CCG
Chris Barron	Community and Volunteer Engagement Officer, Healthwatch Dudley
Keren Hodgson	Engagement Officer, Dudley CCG
Mark Stanton	Chief Information Officer, Dudley Group Foundation Trust
Mark Curran	Commissioning Manager for Planned Care, Dudley CCG
Joanne Taylor	Primary Care Commissioning Manager, Dudley CCG

Representatives from the following PPGs:

Stephen Schwartz	Castle Meadows PPG
Sue Bicknell	Lapal Medical PPG
Stuart Steele	AWS PPG
Bob Parker	KMP PPG
Margaret Roberts	Stourside PPG
John Mason	Netherton Health Centre PPG
Stuart Rudge	Feldon Lane
Arthur Brown	Quarry Bank PPG

1. Welcome, Introductions & Apologies

Richard welcomed all to the meeting and passed on apologies from Julie Jasper and further apologies from members.

Apologies were received from:

Julie Jasper	Dudley CCG
Laura Broster	Director of Communications and Public Insight, Dudley CCG
David Stenson	Moss Grove PPG
Pat Lamb	Lapal Medical PPG
Cicely Thomas	Ridgeway PPG
Tony Durrell	St Margarets Well PPG
Bryan Caldicott	Moss Grove Surgery PPG
Allan Hughes	Woodsetton PPG
Victoria Evans	KMP
Geoff Lawley	AW surgeries PPG

2. Presentation – Extended access update : Jo Taylor, Primary Care Commissioning Manager

Joanne Taylor provided some background on the extended access process. Went out to 5 localities to collaboratively deliver the access; Monday – Friday 6.30 – 8pm with some Saturday and Sunday provision.

This was the first time the localities had worked collaboratively together.

However some decided to operate a rota basis between the surgeries within the locality (Halesowen & Quarry Bank and Sedgley, Coseley & Gornal) and other localities are operating cover at different times.

All operate a system that any patient at any practice can book into one of those extended access slots allowing an additional 159 hours per week of primary care provision and 636 appointments across whole of Dudley.

Joanne advised they started with pre bookable appointments, but since April 1st pre bookable and same day appointments were in place.

Average take up since September 2017 was 79% utilisation.

Further support had been made towards the winter months to support RHH winter pressure, including opening up more appointments on weekends. NHSE have asked for 365 day service, so Bank Holidays have now been included in provision. One practice commissioned to open Christmas Day (12pm – 4pm) and Boxing Day and New Years' Day (9am – 9pm) equalling 144 appointments.

Since 1st April 2018 two practices have agreed to offer Bank Holiday provision and this has had a 72% utilisation on the two May bank holidays.

The current standing average utilisation of the extended hours service is 67% (weekday and weekend) although further conversation with Urgent Treatment Centre should see an increase in this provision.

Question: Which are the practices opening on Bank Holidays?

Answer: Central clinic and Netherton Health Centre (80 appointments between them on a bank holiday) These can be booked in by the Urgent Treatment Centre, as well as 111 and West Midlands Ambulance Service being on board. And social media is used to promote too.

The group discussed the issue of DNA's and felt more needed to be done about this. Richard clarified, while there is a process to ask a patient to modify their behaviour, (three strikes and you're out) NHSE does not make it as simple to remove patients from lists. Then if a process was introduced to charge patients, this would also involve time and money to put in place.

Joanne Taylor further updated the group on the workforce audit, 43% of Practice Nurses retiring soon and the average age is 54 years old.

To prepare for the changes in workforce, practices have done different things, including employing a paramedic as part of their home service, and pharmacists, physician assistants to diversify the workforce. There is a big increase in advanced nurse practitioners.

Joanne shared from a recent audit, since 2016 there have been a lot of changes. Although there would seem a larger head count of GP's the full time position has decreased, less are working full time, more are working part time.

DPMA (Dudley Practice Managers Association) will be addressed to look at solutions to workforce following this review.

Joanne further advised that frontline reception staff are receiving extra training and support such as active listening and care navigation training – to understand the problem and to sign post to the appropriate appointment.

Question: Does Dudley CCG have guidance on DNA's?

Answer: Richard confirmed this is a regular conversation, but practices need to come up with bespoke solutions as they all have different issues with DNA's.

Question: It's great to see the advanced nurse practitioner as an alternative, however when those appointments are not available until October there still appears to be a workload issue.

Answer: There has become a lot of movement with nurses moving from one practice to another. If the practices work together, those smaller practices who are struggling to recruit a part time practice nurse, can team up with other practices to increase the hours.

Richard thanked Joanne for attending the meeting and congratulated Joanne for bringing in fresh ideas to Primary Care, and getting them on board.

3. IT update from Dudley Group NHS Foundation Trust

Mark Stanton, Chief Information Officer introduced himself. Mark advised members the amount of £22 million which was mentioned at meeting by Diane Wake was actually £32 million. However this money has been assigned to the digital programme for the Trust over a 10 year period and would include everything, staff, equipment, training etc...

This has been implemented as part of the Digital Trust 2021 Vision to be paperless at the point of care. This would mean observations throughout Secondary Care would be taken by an electronic tablet and prescriptions would be digital.

Mark updated that this work has been in planning for two years, and in May 2018, Rusell's Hall Hospital went live with e-observations (ipad tablet at the bedside) effectively getting all nursing staff from paper onto a digital format. So far a positive uptake has been reported with 90% compliance on observations

Next week live with e-Sepsis to make all assessments and between August 2018 and March 2019 RHH will complete the roll out. This would mean all 4,500 staff in RHH providing clinical services through the digital platform called Sunrise.

Mark updated members on another project working with MCP which looks at population health and connects RHH systems into EMIS system. This will save logging in and out of different systems and each system flagging items in the other record for the clinicians' attention.

This has already started in some practices, and by the end of March 2019, Primary and Secondary care should be working together in regards to this IT system. Mark clarified patients would be able to opt out if they don't want their information to be shared to line up with information governance.

Richard felt this was very encouraging, but made members aware the size of the project and agreed EMIS is fit for purpose for the GP, unfortunately this system does not support the hospital need, therefore by linking the two together the best information will be available so in time, more information will be available with immediate access rather than waiting on letters from Secondary care to Primary Care.

Question: Sounds good, but what happens when the computer system goes down or there's a 'blip'?

Answer: At a local level, two years have been spent in planning, building an infrastructure, to make sure it is secure. There are two geographical diverse data centres.

In ED department already, no paper is used, when there has been an issue or a need for the system to go down for updates, paper is used, and this should not affect patient flow/patient care.

There are things in place to protect the day to day running of the network, and everything is in place to protect the data and information appropriately.

Question: More senior citizens in Netherton than any other area, there is concern that doctors are talking to the computer and not the individual, feel less care is being received.

Answer: Richard agreed to take this back as an interesting observation – important getting the right care for patients.

4. Break and Networking

Richard advised members to take the time to network with others.

5. Presentation & discussion – Patient Choice : Mark Curran, Commissioning Manager for Planned Care

Mark Curran introduced himself as the Planned Commissioning for Planned Care at Dudley CCG and provided a brief idea of planned care; short term clinical interventions, surgical procedures, diagnostics, cancer, maternity, wheelchairs, ENT, musculoskeletal, patient choice etc....

Mark advised the session would be looking at patient choice following Guidance from NHSE in August 2016 to support improvement of the patient choice offer to patients.

During a GP appointment, the GP will decide if an outpatient appointment is needed to see a consultant. At this point of conversation, patients should be given the choice of provider, and while initial choice in Dudley is for 85% of patients to go to RHH, there will be patients who may have a reason/preference for another hospital (Preference may include consultant, distance from home/family, waiting times for the appointment etc.)

Duty of the CCG to ensure patients are supported to make decisions to where and how they have their care. This is by making choice meaningful by supporting a meaningful conversation with patients and ensuring providers are contractually obligated.

Action; KH to include the national guidance

<https://www.england.nhs.uk/wp-content/uploads/2017/01/choice-planning-guidance.pdf>

Helen advised PPG's to take these conversations back to individual PPG's to seek the views of others around patient choice.

Question: In an emergency situation, is there a choice? Are there hospitals set up for particular issues? Even in an emergency, I want the nearest hospital for convenience of people visiting.

Answer: In an emergency situation, rules are slightly different, getting to the nearest A&E department in the shortest time.

If emergency as a result of a 999 call – they have to take you to the nearest hospital

If as a result of GP calling – you do have a choice (if already under care at a different hospital - makes sense to attend there)

If pressure at a particular hospital – this may lead to another hospital being used.

Question: To see a particular specialist – you have to pay for it?

Answer: That should only be the case in the private sector.

Richard thanked Mark for his time and presentation. Mark advised he would happily return in few months to advise on how patient choice is working and moving forward.

6. Minutes from last meeting & outstanding items

Richard reviewed the minutes and actions from the last minutes. The group agreed the NHS70 was a very successful event.

Group agreed on no matters arising and the minutes were an accurate reflection of the meeting.

**ACTION – KH chase up Three Villages outcome from previous minutes
Three Villages to feedback at next POP's meeting**

7. Questions to Board – response from previous

John shared his experience with RHH where a patient was in hospital for 5 months in Dudley borough and unable to be moved elsewhere as nowhere would accept her with an NG (Nastrogastric) tube. They were offered somewhere in Smethwick but this would not have been

practical so they put in provision to bring the patient home. Helen agreed to follow this up with the manager of the Continuity of Care for clarification.

ACTION – HC to speak to Jenny Cale and provide John Mansell with an update

Please email Helen Codd with any questions to Board; h.codd@nhs.net

8. Updates and any other Business

MCP update

Richard advised members there is currently a standstill period, required by law, following some decisions being made by the CCG and LA last week. Once the standstill period is over, an announcement will take place.

Healthwatch Update

Chris provided an update on work being carried out by Healthwatch;

Review of care pathway for 0-5year olds

9th – 15th July based in Emergency department, Urgent Treatment Centre and Paediatric assessment Unit to talk to 0-5year olds, their families and the staff that work with them regarding their care pathway within the hospital and what services, if any, they had accessed prior to getting there. 8 sessions took place covering the 24 hour clock and equated to 96 hours of work, which recorded 45-50 conversations, this will be collated and analysed and shared shortly.

Community Information Training

Available for anyone in an information giving role (go to <http://healthwatchdudley.co.uk/infopoints/> for more information) as well as a condensed version for surgery staff also in place, through the CCG.

Community Information Directory

Conversation to merge this with Family Information Services and Local Offer directories. Healthwatch are interested in people's views about this being combined into one larger directory of services and if this would be beneficial.

Deaf Awareness cards

Working with CCG, Dudley Group and Dudley Council Deaf Support Service, a card has been developed, credit card size, which can be used in venues wider to health to support individuals to the right support. In RHH changes have already been made, where vibrating pagers are used so if someone goes into the department and advises of hearing difficulties, they will be given a pager to support the appointment process within the hospital.

Chris updated the group there has been positive feedback so far about the cards and the work was completed in three months and cost just over £240 in total which was a low cost project and will make a big difference. Helen confirmed the flyers have already gone out to the practices, and the information is on the GP screen. Chris also shared it had been shortlisted for a national award which will be announced on 9th November for this piece of work.

Free Winter community information event

17th October at DY1

10am – 3pm

Lots of stands from local services/groups talking about keeping well and keeping safe as well as an opportunity to meet others and get more information.

Chris asked for members to promote with PPG's

New Chief Officer has been in post for three months and is settling in well.

To feedback or for more information about anything Chris spoke about at POP's or if you would like Healthwatch to talk to your PPG meeting, please contact; Chris@healthwatchdudley.co.uk or ring 03000 111 001

- Dudley Group NHS Foundation Trust – IT information received earlier on in meeting
- Primary Care Updates
 - Helen advised Crestfield Surgery in Halesowen is closing due to retirement of Doctor from 28th September. All patients have been contacted and advised of other surgery information to register locally.
 - There is currently a Public Consultation happening from Three Villages Medical Practice. They are proposing to close their branch surgery at Wollaston and house all services under one roof at Stourbridge Health and Social Care Centre. Helen advised the practice had held public meetings and there was an opportunity to share feedback through paper/online surveys. A decision will be made at Primary Care Commissioning Committee on 19th October 2018.
 - Dudley CCG has put in their application into NHSE for merger to go ahead, understand there has not been an application received from South and East Staffordshire. Currently awaiting guidance to understand what happens next.

Personalised Care workshop

Helen invited anyone with a long term condition or staff involved with the goal planning within the practice to get involved with an upcoming design workshop around personalised care.

25th September 12pm – 4pm

Lunch provided

Venue to be confirmed

Acronyms

Query on acronyms within the Chair and Chief Officer briefing, [which can be found here](#).

IAF	- Integrated Assurance framework
AO	- Accountable Officer
CFO	- Chief Finance Officer
DGFT	- Dudley group Foundation Trust
ED	- Emergency Department
STP	- Sustainability Transformation plans

Richard thanked all for attending.

**ACTION – KH to circulate acronym list
(included at the end of minutes)**

9. Date, Time & Venue of next POPs meeting

Thursday 4th October 2018

10.30am – 1pm

Brierley Hill Methodist Church, Bank Street, Brierley Hill, DY5 3DA

Please advise Keren if you intend to come by emailing keren.hodgson@nhs.net

Glossary of Terms

CAO	-	Chief Accountable Officer
CCG	-	Clinical Commissioning Group
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
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
RHH	-	Russells Hall Hospital
SCG	-	Sedgley, Coseley and Gornal
SPP	-	Single Patient Portal
STP	-	Sustainability and Transformation Plan
SWL	-	Stourbridge, Woolescote & 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'
FEET on the STREET	-	Set a question or topic we visit local areas and ask people on the street. We record it and it gets played at Board and on our website.
Healthcare Forum	-	Every 3 months we hold a public meeting, chaired by a local GP and is an opportunity to find out more about what the CCG are up to and to share views, opinions and experiences on what it's like to be a patient, carer or part of the community in Dudley borough.
Patient Participation Group	-	A group of patients registered at a particular practice to support staff to make improvements as needed and provide a patient perspective on how it works.
Patient Opportunity Panel	-	One or two representatives from each PPG to attend bi monthly to discuss wider Dudley issues. Meetings rotate across the borough and often have an agreed speaker in attendance. The meetings encourage the PPG's to support each other and discuss issues affecting their local practice or area.