

**NHS Warwickshire North Clinical Commissioning Group**  
**Patient Group Forum**  
**3<sup>rd</sup> November 2014, 6:30- 8:30pm**  
**George Eliot Hospital, GETEC, Seminar Rooms 2/3**

**Final**

**Attendees:**

Lesley Hill (LH) Chair	<b>Bulkington Surgery</b>	Hilda Gledhill (HG)	<b>Pear Tree Surgery</b>
Andrea Green (AG)	<b>Warwickshire North CCG</b>	Barbara McNaught (BM)	<b>Station Road Surgery</b>
Terry Spicer (TS) Deputy Chair	<b>Arbury Medical Centre</b>	Kishor Pala (KP)	<b>Stockingford Medical Centre</b>
Gill Davis (GD)	<b>Atherstone Surgery</b>	Joan Baber (JB) & Husband	<b>The Old Cole House</b>
Jane French (JF)	<b>Chancery Lane Surgery</b>	Diane Kent (DK)	<b>Whitestone Surgery</b>
Adrian Edgington (AE)	<b>Dr Chaudhuri's Surgery</b>	Maurice Charley (MC)	<b>George Eliot Hospital PAF</b>
Stan Orton (SO)	<b>Dordon and Polesworth Surgery</b>	Peter Eltringham (PE)	<b>George Eliot Hospital MAP</b>
Christine Pfeiffer (CF)	<b>Grange Medical Centre</b>	Chris Bain (CB)	<b>Healthwatch Warwickshire</b>
Cllr Bridgette Chandler (BC)	<b>Hazelwood Surgery</b>	Karen Ashby (KA) Patient & Public Involvement	<b>Warwickshire North CCG</b>
Betty Rossi (BR)	<b>Queens Road Surgery (Dr Henderson)</b>	Dan Ibeziako (DI)	<b>Arden CSU</b>
David Frankum (DF)	<b>Bedworth Health Centre( Dr Singh and partners)</b>	Nadine Pearson (NP)	<b>Arden CSU</b>
Bill Nicklin (BN)	<b>Manor Court Surgery</b>	Sarah Monahan (SM)	<b>Alzheimer's Society</b>
Paul Bonner	<b>Manor Court Surgery</b>	Dr N Jawaid (NJ) Consultant Psychiatrist	<b>CWPT</b>
Jeff Higgs (JH)	<b>Old Mill Surgery</b>	Debbie Harvey (DH) Dementia Lead Nurse	<b>CWPT</b>

**Apologies:**

**Sheila Hinds, Chancery Lane Surgery**  
**Sib Mohammed, Dr Chaudhuri's Surgery**  
**Patricia Rhodes, Satis House**  
**Jim Morris, Camp Hill GP Led Health Centre**  
**Jean Lawson, Red Roofs Surgery**  
**Colin Barker, Chaucers Surgery**  
**Ken Pritchard, Rugby Road Surgery**

Len Makin, Healthwatch Warwickshire  
 Alan Nicholls, Dr Reily and Partners (Bedworth Health Centre)  
 Rashida Suleman, Riversley Road Surgery

Not present: Fleur Blakeman (FB)

Item No:	Agenda item & discussion	Action	Lead officer
1.	<p><b>Welcome and apologies</b></p> <p>LH welcomed everyone to the meeting and gave apologies received. She offered a warm welcome to Chris Bain from Healthwatch Warwickshire, Dr Naila Jawaid, Consultant Psychiatrist &amp; Medical Lead for Dementia services and Debbie Harvey Community Dementia Services Lead from Coventry and Warwickshire Partnership Trust. Also Sarah Monahan, Dementia Support Manager from the Alzheimer's Society. Everyone introduced themselves.</p> <p>LH reminded members of the date of the next meeting, Monday 12<sup>th</sup> January 2015 not the 5<sup>th</sup> as shown on some paperwork.</p>		
2.  2.1  2.2  2.3  2.4	<p><b>Minutes of the last meeting</b></p> <p>The minutes were agreed with the following amendment:</p> <ol style="list-style-type: none"> <li>1. Page 1, addition to apologies to include Joan Baber.</li> </ol> <p><b>Matters arising</b></p> <p>KA fed back on the leaflet being developed with Healthwatch on basic standards to be expected at GEH. In Len Makin's absence KA had discussed this with CB. The leaflet had initially been proposed at a time when GEH was in special measures and there was also concern around the number of pressure ulcers being recorded. As GEH had now come out of special measures it was felt that the development of this leaflet may not now receive the same support at the present time so would be put on hold and reviewed when and if the problems arise again.</p> <p>LH reminded those who have still not seen the End of Life presentation from January 2014 forum that it can be found on the members area of the website.</p> <p>Following the circulation of the Healthwatch Health and Social Care Support Directories at the last meeting, JH asked where and if more copies can be obtained. CB advised to contact Healthwatch directly for more copies or view the document on the Healthwatch website.</p>		NP

	<p>BR feedback that the directory was extremely useful and easy to use.</p> <p>DK asked when the directories were updated as Whitestone Surgery details are incorrect. LH advised to contact Healthwatch directly to correct on the next print run. Please find the link <a href="#">here</a> to view the directory online.</p>		
2.5	<p>A response to concerns raised by the PGF at the July meeting from Public Health Warwickshire on behalf of NHS England has now been received following the presentation on Cancer Screening. Hard copies were circulated at the meeting. A copy of the response is available on the members section of the website.</p>	<p><i>Response on members area of the website</i></p>	<p><i>DI/NP</i></p>
2.6	<p>Prior to the meeting, following feedback from the group Dan Ibeziako, Communications and Engagement Lead invited members to refresh themselves on how to log into the Patient Group Forum members area and gave quick overview of the website members' area. Any member still having problems please contact Dan by email <a href="mailto:dan.ibeziako@ardencsu.nhs.uk">dan.ibeziako@ardencsu.nhs.uk</a> or call on 01926 353810.</p>		
2.7	<p>LH reported that five/six volunteers came forward for the Diabetes Super Six project. The first meeting of this group will take place at the end of November/early December.</p>		
2.8	<p>Terms of Reference (TOR) – After this meeting it was agreed by the group that the TOR will be distributed electronically and any feedback should be fed back to NP <a href="mailto:nadine.pearson@ardencsu.nhs.uk">nadine.pearson@ardencsu.nhs.uk</a>. This feedback will then be discussed most likely at the March meeting of the forum.</p>	<p><i>To be sent to group electronically</i></p>	<p><i>DI/NP</i></p>
2.9	<p>Copies of the Summary NHS Warwickshire North CCG Annual report have been sent out.</p>		
2.10	<p>MC reported that applicants for the post of George Eliot CEO were unsuitable, and that there is a national shortage of CEO's for Acute Trusts. Kath Kelly is the Acting CEO. The NHS trust are investigating a new switchboard. It was noted that there remain problems with telephoning the Physiotherapy department and difficulties remain with blood tests.</p>		
2.11	<p>SO reported that certain groups of patients and visitors are able to receive reduced car parking charges. The George Eliot Board have agreed to place information plates on the payment machines to this effect. Groups benefitting are: Oncology patients; patients having courses of treatment in Haematology; patients visiting the Sexual &amp; Rape Centre; visitors to ITU, Neonatal Unit &amp; patients on the End of Life</p>		

	Pathway; and patients/family visiting for complaints.		
<b>3.</b>	<b>CCG Update</b>		
<b>3.1</b>	<p>AG covered three areas:</p> <ul style="list-style-type: none"> <li>AG gave an update on their Commissioning Intentions. After gathering views from members of the PGF and practice staff on Health Care Services in September. All views from the qualitative feedback have now been collated with the feedback which looked at reshaping the delivery of community services. This information will be used to indicate to providers what needs changing. The CCG is working on how they shape the future.</li> <li>Age related surgery - following an issue raised at a previous PGF meeting around concerns on older people's surgery. The WNCCG looked at seven areas comparing procedures. Data obtained came out with a rate for each CCG. The data compared other commissioning groups across the country with similar needs to WNCCG population. This shows there is one area which is of concern, hip surgery for both 65 and 75 year olds, further works need to be done.</li> </ul> <p>The analysis was from year 2011/12. The CCG is hoping to get later data to see if this is a real issue or not. AG will bring back to group at a later meeting.</p> <ul style="list-style-type: none"> <li>Work on stroke services using pathways and focus groups. The CCG is carrying out a review with Coventry and Rugby CCG and South Warwickshire CCG. They will be working with providers to see how to get the best services locally by asking stroke survivors and local stroke groups about how they would like to see services improve. This will form and develop a business case by the end of May 2015. Once information is gathered the proposal will probably need to go to a public consultation.</li> </ul> <p>AG thanked the group for all their hard work over what seems a very long time.</p>	<p><i>AG to update in the March 2015 meeting</i></p> <p><i>AG to update in the March 2015 meeting</i></p>	

<b>4.</b>	<b>Issues Log and update from local PPG groups and Healthwatch</b>		
4.1	2013.001- MC reported back that clerks are being retrained on tracking to ensure they are correct. Also patient referral letters still not being received by the hospital. Issue to be left open to be reviewed at March 2015 meeting. Issue left open.	<i>MC will feed back at March 2015 mtg</i>	<i>MC</i>
4.2	2014.04 and 2014.05 – At a previous meeting FB reported back to group on behalf of the CCG on both issues. July 2014 was the busiest month on record and as a result WMAS did struggle to filter these calls. Previously FB said there was no specific reason for this other than there were some really poorly patients bought in during this period. The CCG is meeting with WMAS next Tuesday to clarify any problems and help to understand the issues in the area. The CCG will be looking at alternatives to transport to hospital for patients which could see patients going elsewhere for treatment or be treated at the scene. FB suggested as WMAS will be invited to the PGF meeting in January 2015, members should collate their questions with specific examples ready for this meeting and send to DI by the end of November. Previously FB suggested it might be useful for her to also attend the meeting in January when WMAS were invited to attend so she could give an update on her findings to the issues and alternatives. Both issues left open.	<i>WMAS are invited to January 2015 mtg</i>  <i>Specific examples still needed. Send to NP/DI</i>	<i>DI</i>  <i>ALL</i>
4.3	2014.07- Prescription service at GEH. Previously FB reported the CCG had asked the pharmacy for a response to this issue however no response has been received. Previously FB asked members for more detailed information on the actual incident. MC will bring any findings by the PAF to the next meeting. Issue left open.	<i>Awaiting information from PAF</i>	<i>MC</i>
4.4	2014.09 - End of Life strategy at George Eliot Hospital (GEH). The Hospice at Home provision (HaH) is overloaded. There have been instances where patients are persuaded to go home at this stage with no (HaH) availability and no back-up system.  AG feedback that the CCG is meeting with Julia Grant, a consultant at GEH who also works at the Mary Ann Evans Hospice to discuss this issue and will bring outcomes of review in March 2015 back to group. Issue left open.	<i>AG to feedback to group at March 2015 meeting</i>  <i>AG to feedback to group at March 2015 meeting</i>	<i>AG</i>  <i>AG</i>
4.5	2014.1 – X-Rays at GEH -over the time it takes for results getting to GPs. At Grange Medical Centre it is taking four weeks. KA advised an issue on this subject was placed on the issue log some months ago and despite assurances from GEH that it had been resolved problems were obviously still occurring. FB advised the results should not take four weeks	<i>AG to feedback to group at March 2015 meeting</i>	<i>AG</i>

and agreed to confirm working times. AG feedback that the CCG is still working jointly with the Trust to get their reporting and testing improved. Issue left open.

**LH asked representatives for any new Issues:**

**New issues**

- Patients discharged from the wards have to wait 3 - 4 hours for their medication. MC reported a new PFIT group is looking into all the problems with discharge.
- Transport links - Transport that was available to dementia patients and carers, they are now no longer able to use the transport.
- Funding for the Phoenix Group. AG reported there was supposed to be an appropriate exit strategy. The CCG had asked CAVA if they could help build their resilience to continue. No update received from 31<sup>st</sup> Oct. AG said this should have been sorted. AG to bring update to next meeting.

**Representatives feedback:**

JF reported that following an audit on their practice appointments system, the problems have now been resolved and it is far easier to get appointment at the surgery.

HG updated they have had no answers to the issue of breast screening in Kingsbury. Warwickshire Council not interested and there has been no offer of a new venue. HG also reported still no update on the HS2 railway arrangements from Warwick Council re medical support to the workers.

DF – Completed two weeks work on patients questionnaires, usually get a very good feedback. KA asked for him to share on member area.

TS – Action plans completed from the last questionnaires and will share on the member's area.

CF- MC arranged for Warwickshire Age UK to do presentation on the services they provide which included a free service to patients going home from hospital. They offer a service where they call in and shop on the way home when taking the patients home.

JB – Practice website now up and running. It will be monitored

*AG to feed back at Jan 2015 meeting*

AG

*DI to add Age UK contact details to website member's area*

DI

	<p>to see what the uptake is for booking appointments on line.</p> <p>AE – The surgery is finding very difficult to recruit to their patient group.</p> <p>KA encouraged all members to put all suggestions on the members section of the website to share with each other.</p> <p>SO - reported slight problems in recruiting a new GP, there seems to be a shortage of suitable candidates. Also discussed the outcome of the Warwick 16 year plan outcome in their particular area could see a surge of 800 new properties seeing an increase of 1500 patients which could have a serious effect on performance core strategy in place and every one should be aware of this</p> <p>GD -reported the same problem with core strategy as above. New pharmacy attached to the surgery doing very well and no problems as thought with parking.</p> <p>PB – reported the practice having a lot of DNAs. KA advised there is already a strand going on the members’ forum to refer to and add to.</p>		
<p><b>5</b></p> <p><b>5.1</b></p> <p><b>5.2</b></p>	<p><b>Dementia</b></p> <p>Sarah Monahan, Dementia Support Manager from the Alzheimer’s Society presented on the different types of Dementia and what services and information is available from the Alzheimer’s Society in the Warwickshire area. Including how Dementia Cafes work.</p> <p>The Alzheimer’s Society main office is based in Leamington Spa, however covers the whole of Warwickshire.</p> <p>Sarah reported that the Society finds it very difficult to arrange to meet with GPs to discuss what help is available for dementia patients and especially their carers. PB suggested that she contacts each individual PPG, as GPs and some practice managers do attend these meetings and this would help get the information to GPs and patients. It was agreed by the group this was an extremely good idea.</p> <p>For further questions and information please contact Sarah directly on 01926 888899.</p> <p>Dr Naila Jawaid, Consultant Psychiatrist &amp; Medical Lead for Dementia services and Debbie Harvey Community Dementia Services Lead from Coventry and Warwickshire Partnership NHS Trust presented on the Dementia Pathway which</p>	<p><i>Presentations will available on the website members’ area and circulated with the draft minutes</i></p> <p><i>Presentations will available on the website members’ area and</i></p>	<p><i>DI/NP</i></p> <p><i>DI/NP</i></p>

	<p>highlighted the National Dementia strategy, Living well with Dementia.</p> <p>The strategy aims to ensure that significant improvements are made to dementia services across three key areas:</p> <ul style="list-style-type: none"> <li>• Improved awareness</li> <li>• Earlier diagnosis and intervention</li> <li>• Higher quality of care</li> </ul> <p>The presentation covered the current pathways and how they have changed, outcomes from scoping groups and staff, and also covered the Memory Service Pathway.</p> <p>Both Debbie and Dr Jawaid were quite happy to take further questions as time was limited. If anyone would like to raise any questions please email DI or NP and they can forward these on.</p> <p>KA reminded members that they had been asked to share at this meeting any tips they had around setting up expert carer support groups within practices as had been suggested at a previous meeting of the forum.</p> <p>DK shared the work that was underway at the Whitestone Practice in that they were preparing to survy Carers of Dementia patients.</p> <p>SM confirmed that the Alzheimer's Society would be happy to also offer support in trying to set up groups.</p>	<p><i>circulated with the draft minutes</i></p> <p><i>Questions for CWPT to be emailed to DI/NP</i></p>	<p><i>ALL</i></p>
<p><b>6.</b></p> <p><b>6.1</b></p>	<p><b>Healthwatch Warwickshire</b></p> <p>Healthwatch Warwickshire, Chris Bain updated the group on what Healthwatch is and what they do.</p> <p>Healthwatch Warwickshire is the new independent consumer champion created to gather and represent the views of the Warwickshire public on health and social care issues. They play a key role in ensuring that the views of the public and people who use local services are taken into account.</p> <p>Healthwatch Warwickshire have continued the work developed by the Local Involvement Networks (LINKs) and exist to represent the views of service users, patients, carers and the general public on health and social care issues.</p> <p>They sit on the Health and Wellbeing board and report concerns about the quality of health care to the Overview and Scrutiny committee or Healthwatch England where appropriate, which can then recommend that the Care Quality Commission (CQC) take action.</p>		

Their Core Functions are:

- Gather views and experiences
- Make these views known, both locally and nationally as appropriate
- Promote and support involvement in commissioning of health services and provision of care services
- Where appropriate, recommend investigation or special review of services via Healthwatch England to the CQC
- Provide or signpost to advice and information re access to services
- Enable access to NHS Complaints Advocacy Services

They currently have six members of staff of which four are part time. They have recruited 16 champions (13 are from the North of Warwickshire).

CB identified their 5 priority areas:

1. Mental Health services including Dementia – difficult area, CAHMS – transition from children to adults
2. Dental services – series of issues with the homeless, travellers & acute hospital, how they access services.
3. GP practices – Out of hours, voices seldom heard, young people services under 24's trying to access services and what difficulties they face. They have received 170 responses to date.
4. Carers – financial exclusion, their physical and mental health, isolations, young carers struggling with these, not having sufficient funds.
5. End of Life care – CB has met with Julia Grant and James Avery following reports of people concerns. CB reported there are difficulties as there is only one part-time palliative care consultant at present available in the area to deal with the whole of Warwickshire due to sickness.

CB said Healthwatch would like to hear from the group and work closely with the group on their priorities. If these need to be escalated, Healthwatch will do this on the groups behalf.

CB reported Healthwatch is very disappointed with national coverage and reported they are still not reaching people well. However they do have a youth worker working in colleges across the patch raising awareness of what Healthwatch does.

CF asked how people get to know about Healthwatch. CB said they do talks to community groups and have literature in all libraries and town halls in the area.

**7. Chairperson's report**



	or call 0121 612 3941.		
<b>8.</b>	<b>GEH Patient Advocacy Forum update</b>		
<b>8.1</b>	<p>SO reported on points from the last PAF meeting.</p> <ul style="list-style-type: none"> <li>• Presentation given by the Director of Governance on the outcomes of the CQC Report. Work is ongoing to meet the requirements of the report.</li> <li>• PAF Member Groups to oversee how the George Eliot Hospital is performing.</li> <li>• PAF meeting attended by 2 Non-Executive Directors.</li> <li>• SO attended a meeting with Kath Kelly, acting Chief Executive at George Eliot Hospital to understand where the hospital trust is going and how the PAF and WNPGF could get involved. Further meetings to be scheduled at 3 monthly periods.</li> <li>• Announced at the George Eliot Hospital Board Meeting, two new scanners are to be installed by November 2014. SO raised a question, 'Why had the cost exceeded the original budget of £1million, now being £1.111million.' He was assured that the cost overrun had been referred to the Finance Committee, twice for reconsideration. The Committee felt that the extra cost was justified.</li> <li>• A proposed "half-way house" for recovering patients is under discussion.</li> <li>• All future George Eliot Hospital board meetings are to be held at the hospital trust, reducing costs associated with time and travel and will start at 1.30p.m.</li> <li>• Walk in services at Camp Hill are under review, may be returning to George Eliot Hospital</li> </ul>		
<b>9.</b>	<p><b>Any other business</b></p> <ul style="list-style-type: none"> <li>• TS asked why the group receives draft minutes twice. It was agreed these only go out once two weeks after the meeting. The agenda with all other related papers will be sent out two weeks before the meetings.</li> <li>• DI read a notice from the West Midlands Quality Review Service. They are looking to recruit a patient representative from the Coventry and Warwickshire area to join the board which meets 4 times a year. For further information look on the members section of the website.</li> <li>• DK raised the presentations on Dementia this evening were very rushed and so valuable. She asked if the chair could relook at the agenda as so full. KA said the speakers did say that if there were any other questions to raise, please send to <a href="mailto:Communications@ardencsu.nhs.uk">Communications@ardencsu.nhs.uk</a> and these can be forwarded on your behalf. KA apologised for the amount of content on the agenda however, there is so much the group asked to be covered it is difficult</li> </ul>	<p><i>DI to put onto the members forum</i></p>	<p><b>NP</b></p> <p><b>DI</b></p>

	<p>to fit everything in as PGF meetings are every two months.</p> <ul style="list-style-type: none"> <li>KA reminded everyone that questions for WMAS needed to be submitted to DI by end of November, so that they could be forwarded on to the trust in readiness for the January 2015 forum meeting. This would ensure that the most value was gained from having representatives of the trust present.</li> </ul>	<p><i>All PPG's to submit questions by end November</i></p>	<p><b>ALL</b></p>
10.	<p><b>Close</b></p>		
11.	<p><b>Date of next meeting: Monday 12<sup>th</sup> January 2015 – 6:30-8:30pm In Raveloe Conference Room, GETEC building at George Eliot Hospital</b></p> <p><b>2015 dates: Monday 2<sup>nd</sup> March Monday 11<sup>th</sup> May Monday 6<sup>th</sup> July Monday 7<sup>th</sup> September Monday 2<sup>nd</sup> November</b></p>	<p><i><u>Please note revised location for this meeting in red</u></i></p>	<p><b>ALL</b></p>