

**NHS Warwickshire North Clinical Commissioning Group
Patient Group Forum
4 July 2016, 6:30pm - 8:30pm
George Eliot Hospital, GETEC, Raveloe Conference Room.**

Draft minutes

Attendees:

Sheila Hinds (SH)	Chancery Lane Surgery	Bill Nicklin (BN)	Manor Court Surgery
David Simkin (DS) Deputy Chair	Coleshill Surgery	Diane Kent (DK)	Whitestone Surgery
Peter Eltringham (PE)	Bulkington Surgery & GEH MAP	Maurice Charley (MC)	GEH Advocate
Jeff Higgs (JH)	Old Mill Surgery	Paul Bonner (PB)	Manor Court Surgery
Terry Spicer (TS)	Arbury Medical Centre	Dan Ibeziako (DI)	NHS Arden & GEM CSU
Gill Davis (GD)	Atherstone Surgery	David Allcock (DA)	NHS Warwickshire North CCG
Hilda Gledhill (HG)	Pear Tree Surgery	Andrea Green (AG)	NHS Warwickshire North CCG
Adrian Edgington	Dr Chaudhry	Jenni Northcote (JN)	NHS Warwickshire North CCG
		Stan Orton (SO)	PGF Chair and Dordon Surgery

Apologies: Len Makin – Healthwatch Warwickshire
 Joan Baber – Old Cole House Surgery
 Sheelagh Charles – Old Cole House Surgery
 Alan Nicholls – Dr Reilly & Partners
 Andrea Green – NHS Warwickshire North CCG
 Chris Pfeifer – Grange Medical Centre

Item No:	Agenda item & discussion	Action	Lead officer
1.	<p>Welcome and apologies</p> <p>SO welcomed everyone to the meeting and gave apologies received.</p>		
2. 2.1	<p>Minutes of the last meeting</p> <p>The minutes of the last meeting were agreed.</p> <p>Matters arising</p> <p>No new matters arising.</p>	<p><i>DI to place a copy on the website</i></p>	<p><i>DI</i></p>
3. 3.1 3.2 3.3	<p>CCG Update</p> <p>Children's services</p> <p>We are working with the County Council and other service commissioners to look at the range of commissioned services around the child. This work is in development but the need is to make it a more cohesive offering for children and their families. This is ongoing. The 0-5 strategy being developed by Public Health has a focus on getting children ready for school. It includes a range of Public Health elements. The link to the work being undertaken can be found here: http://hwb.warwickshire.gov.uk/0-5-webpage/.</p> <p>At the moment it is too early to bring anything back to the group.</p> <p>AE suggested that work could be done in conjunction with social services to save both parties time. JN confirmed that we were fully involved with them.</p> <p>Annual General Meeting</p> <p>A number of the Patient Group Forum (PGF) attended the Annual General Meeting (AGM). Summaries from the day were made available to those that attended and copies of the summary and full report are available from the CCG website: www.warwickshirenorthccg.nhs.uk/About-Us/Key-documents/Annual-Report. The AGM included a number of areas that the CCG commissions services, showcased pieces of work undertaken in the last year and enabled a number of conversations to take place.</p> <p>Transport</p> <p>JH raised the topic of difficulty in getting to UHCW from Kingsbury and the lack of voluntary services. GEH has a</p>		

	<p>volunteer car service, is there not something that available in other areas. Mary Ann Evans Hospice has a system where people volunteer their services but it seems elsewhere no one does this.</p>		
<p>3.4</p>	<p>GD suggested a neighbour car service where drivers get expenses. DA outlined that sometimes the Trust pays for this so it might be worth investigating further, however the cost of funding all travel would be prohibitive. JN asked for evidence on what is happening to be shared and this could be a topic for discussion in the September meeting.</p>		
<p>3.5</p>	<p>DA added that transport is always one of the biggest issues for patients. JN said that transport is always considered and the implications it has for patients when services are commissioned. DA suggested it would be good to see what transport options are available for patients. SO didn't believe that Warwickshire County Council wants to listen to concerns of the problems caused by increased development.</p>	<p><i>To be raised during September meeting</i></p>	<p><i>DI</i></p>
<p>3.6</p>	<p>JN said that these discussions need to be fed into the planning officer at the council. Access / transport considerations to be considered at a future meeting in respect to access to services / rural communities.</p>		
<p>3.7</p>	<p>AE said that it could be six hours before you get home following a hospital appointment. TS outlined that this was not the responsibility of the ambulance service. SO said that the criteria has been reviewed to tighten it up as it was being abused and misused. Suggested that the PTS criteria as added as an agenda item to a future meeting.</p>	<p><i>To be raised during September meeting</i></p>	<p><i>DI</i></p>
<p>3.8</p>	<p>PB put to the group that wasn't it down to people who have friends and family to help them?</p> <p>Dementia The dementia strategy (Link: https://www.warwickshire.gov.uk/dementiastrategy) has five strands to it. The CCG has commented on the overall document, there has been patient engagement and the CCG has asked the county council to reflect on certain areas, such as support for rurality and specific issues with the BME community as those who don't have English as first language may be disadvantaged when it came to the dementia diagnosis tests.</p> <p>AE asked if links had been made with Lauren Hardy from Nuneaton and Bedworth Borough Council. It is clear that work has been undertaken the council but what about the boroughs and is there an equivalent?</p>		

	AE also suggested that Dementia Friends are invited to a future meeting.	<i>To be added to a future agenda item</i>	
4.	CCG Primary Care Strategy and General Practice Sustainability Plan		
4.1	JN provided a presentation on the CCG primary care strategy in relation to national policy context and the local context. Including Five Year Forward View and General Practice Forward View, the mix of rurality and urban and the diverse socio demographic profile. The full presentation will be added to the PGF area of the website.	<i>DI to share presentation with group</i>	<i>DI</i>
4.2	The CCG has a number of challenges that it must overcome including demographic changes (population increase and more elderly patients; planned housing developments in Nuneaton, Bedworth and North Warwickshire; workforce challenges and the challenges presented by patients themselves).		
4.3	The presentation was followed by Chris Meally from George Eliot Hospital discussing the role of the Physician Associates (PA) and how they impact on primary care. The PAs are looking to get patients involved in a patient panel and their details will be shared with the group.	<i>DI to share presentation with group</i>	<i>DI</i>
4.4	BN explained that there are PAs in his practice and they assist with getting scripts signed and has never experienced an issue.	<i>DI will share the details with the group once received</i>	<i>DI</i>
5.	Issues Log		
5.1	2014.11 – Medication on discharge – MC that there will be an update on the next meeting. DK suggested that we possibly get the team from George Eliot Hospital to speak on the topic at a future meeting as there had not been much movement for some time.	<i>To be picked up with GEH</i>	<i>JN</i>
5.2	New issues AE – the breast screening van has no ramp and this will present a problem for wheelchair users. Are the team responsible aware of the needs of wheelchair users? Should the breast screening letters be updated to include this information?	<i>To be picked up with the breast screening team</i>	<i>JN</i>
6.	Chairperson’s report/GEH Patient Advocacy Forum update		
6.1	MC said there had been a lack of meetings in relation to discharge.		

<p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p>	<p>SO reported that he had attended the Healthwatch conference where Chris Bain gave an overview of the activity carried out by Healthwatch Warwickshire, Len Mackin gave an update on their mental health call for evidence and there were presentations by NHS England and the National Association for Patient Participation. (Link: http://www.healthwatchwarwickshire.co.uk/?page_id=1212)</p> <p>NHS 111 evaluation –both tenders presented well; there were seven that tendered for Out of Hours, one was outstanding the rest were not.</p> <p>JN – the process and focus was very well thought out and slick.</p> <p>The offer to visit the call centre is still open and those that want to take advantage should contact DI. There was question of additional centre in Redditch, DI to check.</p> <p>SO will raise the issue of discharge at the next Governing Body meeting and JN will pick this up with GEH.</p> <p>AE was concerned about the costs of car parking at GEH and where the profits were going.</p>	<p><i>DI to circulate link to slides and presentations</i></p> <p><i>Contact DI to put names forward for NHS 111 call centre visit</i></p>	<p><i>DI</i></p> <p><i>ALL</i></p>
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p>	<p>Any other business</p> <p>SO raised the NHS England Accessible Information Standard and the requirement to draft information for deaf, partially sighted and those with learning disabilities. DI to share information that went to practices.</p> <p>Forward plan for meetings to include: Healthwatch Update on CWPT Dementia Friends Transport and health access PTS</p> <p>AE raised the topic of scans and blood taking done privately and their cost. AE to find out more information for this topic to be looked at.</p> <p>DK asked if there was funding for PPGs via the GPs. At the NAPP conference this was mentioned. JN to investigate.</p> <p>Whitestone practice was awarded the Corkhill award for introducing technology into the practice.</p>	<p><i>DI to email details to group</i></p> <p><i>AE to provide more information.</i></p> <p><i>JN to look at this</i></p>	<p><i>DI</i></p> <p><i>AE</i></p> <p><i>JN</i></p>

	<p>SH raised an issue of Coventry Prescribing and repeat prescriptions not via the chemist. Pilot has caused issues and you can only phone up five days beforehand. At Chancery Lane it is not a great service and the pharmacy previously had done an excellent repeat service. It has created a lot of ill feeling. JN said that we need to hear about these examples and then we can share them. SH has contacted the practice and JN promised to take this back to the project lead.</p> <p>TS advised that he was not going to put himself forward for re-election and the Chair thanked him for his contribution.</p> <p>AE asked for his login details to be provided</p>	<p><i>JN to contact project lead</i></p> <p><i>DI to provide</i></p>	<p><i>JN</i></p> <p><i>DI</i></p>
8.	Close		
9.	<p align="center">Date of next meeting: Monday 5th September – 6:30pm-8:30pm in Raveloe Conference Room, GETEC building at George Eliot Hospital</p>		ALL