

NHS Warwickshire North Clinical Commissioning Group
Patient Group Forum
3 March 2014, 6:30- 8:30pm
George Eliot Hospital, GETEC, Seminar Rooms 2/3

Agreed Minutes

Attendees:

Lesley Hill (Chair)	Bulkington Surgery	Ken Pritchard	Rugby Road Surgery
Mike Burns	Warwickshire North CCG	Bill Nicklin	Manor Court Surgery
Karen Ashby	Warwickshire North CCG	Christine Pfeiffer	Grange Medical Centre
Dr Kiran Singh	Warwickshire North CCG	Hilda Gledhill	Pear Tree Surgery
Terry Spicer	Arbury Medical Centre	Joan Baber	Old Cole House
Roma Taylor	Bedworth Health Centre	Maurice Charley	George Eliot Hospital Patient Advocate Forum
Sheila Hinds	Chancery Lane Surgery Nuneaton	Len Mackin	HealthWatch
Stan Orton	Dordon and Polesworth Surgery	Cat Ainsworth	Arden CSU
Betty Rossi	Queens Road Surgery (Dr Henderson)		

Apologies:

Andrea Green, WNCCG
Peter Eltringham, GEH Members Advocate Panel
Trevor Allan, Spring Hill Medical Centre
Alan Nicholls, Bedworth Health Centre
Sib Mohamed, Dr Chaudhuri's Surgery

Item No:	Agenda Item & Discussion	Action	Lead officer
1.	Welcome and apologies LH welcomed everyone to the meeting and gave apologies received.		
2.	Minutes of the last meeting		
2.1	The minutes were agreed with the following amendments: <ul style="list-style-type: none"> • On p.1 Sheila Hinds is listed twice • On p.7 GEH buddy support is through UHB not UHCW. 		

<p>2.2</p> <p>2.3</p> <p>2.4</p>	<p>Matters arising</p> <p>A list of contact details for group members was distributed, including phone numbers and email contact details for those that have agreed to share this information. Contact record sheets were distributed to the group so that members can consent to share their details.</p> <p>KA reminded the group that the CCG and Healthwatch are asking for volunteers to help develop a leaflet around the basic standards of care that patients and relatives should expect when going into hospital. Betty Rossi volunteered to work on the project.</p> <p>LM distributed some copies of the Healthwatch Health and Social Care Support Directory 2013-14 directory for Warwickshire North. He advised the group that the directories should be available at all surgeries, as well as in other community locations. If further copies are required, people can phone the publisher Healthcare Publications on 0844 8001214.</p>	<p><i>Those interested in joining the sub-group to contact CA</i></p>	<p>ALL</p>
<p>3.</p> <p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p>	<p>CCG Update</p> <p>MB advised the group that the CCG was fully authorised on 6 February, with the two remaining conditions discharged. The two conditions related to the integration plan and the financial plan. This means that the CCG is fully licenced to operate.</p> <p>MB spoke to the group about the CCG's financial challenges for 2013/14, and the plan in place to ensure that the CCG breaks even this year. An increased allocation for the years 2014/15 and 2015/16 have been confirmed which recognises the particular needs of the north Warwickshire area.</p> <p>He referred to the Better Care Fund, which will help the health and social care economy make more efficient use of resources and provide integrated services across the region.</p> <p>NHS Improving Quality held an event on Friday 28 February to discuss what future services should look like. Representatives from all sectors of the health and social care economy took part in the discussions, including patients, GPs and hospital doctors. KA thanked members of the group that took part.</p> <p>Dementia representatives</p> <p>HG updated the group on the dementia representatives group, who have discussed what improved support could be made available to patients and carers. Those recently diagnosed feel</p>		

	<p>that they received most help and support from other sufferers and their carers, and so the group propose that a network of dementia patients and carers is developed across practices to offer support for newly diagnosed patients.</p> <p>KA asked the group to discuss the proposal with their PPGs and to see if there are any patients or carers at their surgery that might be interested in offering support to newly diagnosed dementia patients. The group were asked to bring back any information to the July meeting.</p>	<p>PPGs to discuss dementia expert support for July meeting</p>	<p>ALL</p>
4.	<p>Patient Issues Log and update from local PPG groups</p> <p>The updated Issues Log was presented to the group. The aim is to record issues raised by patients and carers through different channels, keep track of actions and monitor emerging themes.</p> <p>All open issues were discussed:</p>		
4.1	<p>Issue 2013.01: Patient records missing at outpatient appointment. MC advised that GEH Patient Advisory Group will be reviewing this issue in May. The issue appears to be due to the clerks not logging notes correctly. He will update the group in July.</p>	<p>GEH PAF to review issue and report to group in July</p>	<p>GEH PAF</p>
4.2	<p>Issue 2013.03: Lack of awareness of support groups. GPs should have a comprehensive list of support groups so that they can direct patients. LM brought some copies of the Healthwatch Health and Social Care Support Directory 2013-14 directory for Warwickshire North and will bring further copies to the May meeting.</p>	<p>Copies of the Healthwatch directory to be provided in May</p>	<p>LM</p>
4.3	<p>Issue 2013.04: Lack of awareness on prostate cancer, resulting in low screening numbers. Warwickshire Public Health briefing on prostate cancer was shared with the group, explaining how NHS England Area Team leads on cancer screening with Public Health providing assurance role, and that there is currently no screening programme for prostate cancer. The group felt that they would like to discuss cancer screening services further and asked that PH are invited to a future meeting.</p>	<p>Invite PH to future meeting to discuss cancer screening provision.</p>	<p>CA</p>
4.4	<p>Issue 2013.010: Concerns raised around patient discharged from hospital without any medication. Further information has not been received from the individual and so the issue cannot be taken further. The group agreed to close the issue.</p>		
4.5	<p>Issue 2013.011: Patients receiving calls from the GEH asking</p>		

	<p>why they hadn't attended appointments when they already had. Callers were very abrupt. The group is still awaiting confirmation from the individual to close issue, and decided to leave the issue open until May to allow time for this to occur.</p>		
4.6	<p>Issue 2013.012: Concerns raised around hospital consultants cancelling appointments without explanation. Further information requested from the patient group to enable the issue to be taken further has not been received and so the group agreed to close the issue.</p>		
4.7	<p>Issue 2013.020: The group raised concerns around the lack of translation services when attending appointments. Details of translation and interpretation services available across Warwickshire and Coventry, via Warwickshire County Council and Coventry City Council, were distributed to the group. The issue was closed.</p>		
4.8	<p>Issue 2013.023: Liverpool Care Pathway was not properly explained to family, so they could not make informed decision. KA advised that she had spoken to the Chair of the end of life working group, who felt that the issue was more far reaching. Therefore, she has arranged to meet the family on 7 March to discuss their experience. KA will update group in May.</p>	<p>Update from Chair of End of life group in May</p>	<p>KA</p>
4.9	<p>Issue 2013.024: Concerns about rural communities accessing breast screening service following removal of mobile screening service at Kingsbury Health Centre. The breast screening service has advised that Kingsbury Health Centre asked them not to return to the site and they are seeking an alternative local venue.</p>	<p>Ask for update from breast screening service/ Area Team</p>	<p>CA</p>
4.10	<p>Issue 2014.01: Difficulties changing appointments for retina screening for diabetics due to little availability. Public Health confirmed that responsibility for screening lies with the Area Team, but that the screening team visit practices on a rotational basis. BR and KP advised that they do not have problems with the service, and find the appointment team helpful. It was decided to close the issue.</p>		
4.11	<p>Issue 2014.02: Concerns that patient and small children refused registration at nearest GP who said they are not registering people at Kings Lodge College. The issue was raised through CQSG meeting with NHS England Area Team who have advised that the patient has now been registered with a practice and they are looking into how they can improve GP registration. The issue was closed.</p>		

<p>4.12</p> <p>4.13</p> <p>4.14</p> <p>4.15</p> <p>4.16</p>	<p>Update from PPGs</p> <p>CP, Grange Medical Centre – the PPG have been discussing how to ensure that patients with dementia are diagnosed early enough, and have suggested a campaign along the lines of FAST for stroke. The group agreed to have an agenda item on diagnosing dementia at a future meeting.</p> <p>KP, Rugby Road Surgery – asked how far age and cost are taken into consideration when decisions are made about treatment?</p> <p>KP also reported that their GP is concerned about services being moved out of primary care. KP to find out which services are of concern.</p> <p>KP also reported that there has been some concern that the call centre system to contact district nurses is not effective.</p> <p>HG, Pear Tree Surgery – Is there a standard protocol for GP receptionists when booking appointments, to protect confidentiality? KA suggested that PPGs discuss processes at their surgery.</p> <p>HG also spoke about a patient who visited GEH on nine occasions to remove cyst from head, and asked if visits could be consolidated. KA advised that the Vision for Quality aims to integrate services better and asked if person would like to take issue forward on an individual basis.</p> <p>BR, Queens Road Surgery, said that the Diabetic Association were interested in using the old ambulance centre at the GEH site. KA advised them to contact GEH.</p> <p>LH reported that there have been delays in ambulances attending calls. What are the current KPI response times and how are WMAS addressing any issues?</p>	<p><i>Dementia to be discussed at future meeting</i></p> <p><i>Issue logged for future discussion</i></p> <p><i>KP to confirm services to be centralised</i></p> <p><i>KP to find out more details.</i></p> <p><i>Issue logged for future discussion</i></p>	<p>ALL</p>
<p>5.</p>	<p>End of Life</p> <p>Dr Kiran Singh spoke to the group about end of life services and the CCG’s plans for the future, as outlined in the Vision for Quality framework for action: 4. End of Life. Her presentation included information on mortality figures for the north Warwickshire area, and how many people died in hospital. She outlined how the CCG is aiming to reduce unnecessary admissions to hospital by planning to manage patients end of life care within community settings such as hospice at home, Macmillan services, day and residential hospices.</p>	<p><i>Distribute presentation to group</i></p>	<p>CA</p>

	<p>She introduced the 'Greensleeves' for advance care planning and explained how patients can set out their advance care plan and their wishes regarding resuscitation. Patients can then carry a credit card sized notification and a fridge magnet to display at home.</p> <p>TS asked why it is that people will make a will or arrange their funeral but don't plan for their end of life care. He said that people need to talk openly about death. KS agreed and said that as a society we need to support people to discuss end of life.</p> <p>TS also noted that people should be encouraged to take on enduring power of attorney so that their relative's wishes can be respected.</p>		
6.	<p>Elections – vice chair</p> <p>LH asked the group for nominations for PGF Vice Chair. Candidates should be self-nominated. She thanked Stan Orton for holding the post 2013/14, and acknowledged his nomination to stand for a second term.</p> <p>Nominations should be made to CA by 1 May 2014, and should be accompanied by a personal statement.</p> <p>The group will vote at the next meeting on 12 May 2014. The elected vice-chair position will be held for two years, 2014-2016.</p>	<p><i>Nominations to CA by 1 May</i></p>	<p><i>ALL</i></p>
	<p>Chairpersons Report</p> <p>LH said that she had attended a number of events, including:</p> <ul style="list-style-type: none"> - CCG Vision for Quality patient and carers event - CWPT Carers event to share experiences of health services - Healthwatch board meeting which included a presentation on the Compassionate Communities project - CWPT 'mental health care is changing' event to discuss new care pathways - CCG 'Vision for Quality discussion – the next five years', taking part in a workshop on children's care. - Warwickshire All Age Autism Strategy delivery plan workshop – she noted that adults seeking diagnosis will be screened by their GP and referred for support only if scoring more than 6/10 criteria on a screening tool. 		

	LH asked the group to check with either herself, KA or CA if they would like to invite observers to the meeting, due to limited capacity of the room.	Group to contact LH, KA or CA before inviting observers	ALL
7.	<p>GEH Patient Advocacy Forum update</p> <p>SO reported that the group have met twice since 6 January, and are developing a plan of future audits. The group received a presentation on GEH end of life strategy from Julie Grant.</p> <p>He reported that there are now four car parking machines at GEH, including two internal and two external machines.</p> <p>He also reported that a regular doctors' meeting to discuss correspondence is to be reinstated. The group hopes that these will be more effective in the future.</p>		
8.	<p>Any Other Business</p> <p>LM reported that Healthwatch intends to repeat their survey on GP access and asked the group if any of their practices are considering a similar survey. KA asked the group to discuss with their practices, and to ask if they would be willing to share questions.</p> <p>CA reported to the group that the start of the national patient data project, care.data, has been delayed for six months to allow for additional awareness raising and discussion with public.</p>	PPGs to discuss GP access survey and feed back	ALL
10	Close		
	<p style="text-align: center;">Date of next meeting: Monday 12 May 2014 – 6:30-8:30pm George Eliot Hospital GETEC Seminar Room 2/3</p> <p style="text-align: center;">2014 dates: Monday 7 July Monday 1 September Monday 3 November</p>		