

Seisdon District Patient Group

2 February 2017 10.30am - 12.30pm
Committee Room 2, South Staffordshire Council Offices, Codsall

| Members: | Quoracy | 08.09.16 | 01.12.16 | 02.02.17 | [Date] | [Date] | [Date] |
|---|---------|----------|----------|----------|--------|--------|--------|
| Lin Hingley, Chair, Moss Grove Surgery, Kinver (LH) | | ✓ | ✓ | ✓ | | | |
| Anne Heckels, SES&SP CCG (AH) | | ✓ | ✓ | ✓ | | | |
| Janet Aldridge, Gravel Hill Surgery (JA) | | ✓ | | ✓ | | | |
| Ruth Morris, Russell House Surgery (RM) | | ✓ | ✓ | ✓ | | | |
| Iris Fieldhouse, Bilbrook Medical Centre (IF) | | ✓ | ✓ | ✓ | | | |
| Robert Moseley, Gravel Hill Surgery (RWM) | | | ✓ | ✓ | | | |
| Penny Allen, Tamar Medical Centre, Perton (PA) | | | ✓ | ✓ | | | |
| Sandra Wilks, Russell House Surgery (SW) | | ✓ | ✓ | ✓ | | | |
| David Edwards, Russell House Surgery (DE) | | | | | | | |
| Liz Gilson, Tamar Medical Centre (LG) | | | | | | | |
| | | | | | | | |
| In attendance: | | | | | | | |
| Marie Wright, Practice Manager Lakeside Medical Centre (MW) | | | | ✓ | | | |
| Pat Pitt, Lakeside Medical Centre (PP) | | | | ✓ | | | |
| Elaine King, Lakeside Medical Centre (EK) | | | | ✓ | | | |
| Hannah Charman, Lakeside Medical Centre (HC) | | | | ✓ | | | |

| | | ACTION |
|----|---|--------------|
| 1. | Welcome by the chair/Apologies Apologies: Jenny Robinson | |
| 2. | Declarations of interest The Committee were asked to declare any conflicts of interest that may arise as a result of items on the agenda, none were declared. | |
| 3. | Quoracy The meeting was agreed as Quorate. | |
| 4. | Minutes from the meeting held on 1st December 2016 The minutes from the meeting held on 1 st December were approved as a true and accurate record subject to one amendment – Two members have the same initials, the RM quoted on page 3 was Robert Moseley. Action – to amend the minutes and change Robert Moseley’s initials to RWM for clarity. | AE AE |

| | | |
|--|---|-----------|
| | <p>Ruth Morris requested to receive the papers by post.</p> <p>Some members had not been able to open the attachments – AE to send as PDF in future</p> | AE |
| | <p>Feedback</p> <p>The minutes from the last meeting included an item of concern that was raised under the patient feedback section of the meeting. The issue related to the retirement of a GP from the Lakeside Medical Centre and potential impact on patient waiting times.</p> <p>Lakeside Medical Centre provided the meeting with a detailed response confirming that a GP has retired but that there has not been a detrimental impact on waiting times, which the practice has been monitoring closely. The practice has looked at trying to find a replacement GP, but as with any other practice, this has been difficult due to the national shortage of GPs.</p> <p>The practice has looked at the skill mix of its clinicians and employed an advanced pharmacy practitioner, which is proving to be popular with patients and staff, and a part-time GP.</p> <p>They have also implemented telephone triage, initially on the typically busy days but now five days a week.</p> <p>Lakeside has not received any complaints from patients and feel that they have been responsive to patient needs.</p> <p>There was a concern that comments about the issue had been posted on social media rather than being raised directly with the practice. This led to a discussion on the use of social media and the challenges posed in monitoring or responding to comments.</p> <p>It was generally accepted that while social media is useful in some respects – in terms of having a wider reach – it is impossible to monitor, even if you are aware of any comments being made.</p> <p>There was also a discussion about how patient feedback on local services is managed to ensure that providers are given a fair opportunity to respond. Patient feedback – even anecdotal – plays an important part in helping the CCG to monitor local services and members of the district group are actively encouraged to report any concerns they hear to the group as part of a well-established quality</p> | |

| | | |
|----|--|----|
| | <p>assurance process.</p> <p>The information is not directly acted upon, unless there is concern about patient safety, but collated alongside other information such as complaints to enable the Quality team to triangulate the feedback and identify any potential themes or trends.</p> <p>AH commented that some patients, especially if they are still receiving treatment or care, are reluctant to use the more formal complaints process because there is a perception that they may be treated differently. One of ways we work to get round that is to gather soft intelligence, which includes anonymous comments on CCG websites, via Healthwatch etc. The CCG is very aware of the problems related to soft intelligence, which is why it is always triangulated with other sources i.e. CQC, friends and family. But would not want patients being discouraged in any way from reporting soft intelligence as there are many examples where soft intelligence has raised a problem with the quality of an organisation and has changed the way we commission services.</p> <p>What the issue has highlighted for the district group, however, is that when concerns are raised at the meeting relating to a specific provider – the provider in question should be given an opportunity to respond before the minutes are circulated. AE confirmed that this would happen in the future.</p> <p>AH thanked the practice for their detailed response and commented that it was very assuring to see how the practice has responded to the matter.</p> | |
| 5. | <p>Action sheet from the meeting held on 1 December 2016</p> <p>JA requested the action sheet be formatted in portrait rather than landscape to make it easier to read</p> <p>Lloyds pharmacy issue – RM commented that there had been problems with prescriptions but had recently received excellent service from there. It was felt that the matter was resolved but will continue to be monitored.</p> <p>PA updated the group on the Deprivation of Liberty issue (in Leicestershire) she raised at the previous meeting, which she is now taking forward as a formal complaint, and highlighted the time and resources wasted on writing a 56 page report. Some cases had also gone to court of protection to defend comments made in the report. Deprivation of liberty for those not allowed out of care home without company – but family members and care staff are not being invited to attend the meetings, which shape the report. Although a Leicestershire issue PA was seeking assurance from our Safeguarding Team that this wasn't happening</p> | AE |

| | | |
|-----------|---|------------------|
| | <p>here.</p> <p>Action – AH to check with quality team</p> <p>Defibrillators – Paid phone boxes are being taken out by BT but have offered to put a defibrillator in the phone box in Perton. BT has offered three year electricity and free use of boxes. Another is being sited outside civic centre – Lloyd’s Codsall.</p> | <p>AH</p> |
| <p>6.</p> | <p>Feedback from PPG’s and patient stories</p> <p>Russell House – Ruth Morris</p> <ul style="list-style-type: none"> • Flu jabs – 1874 given but the practice has no vaccines left now • Still got a GP vacancy – there has been one expression of interest but they are not available until June and the healthcare assistant is now off for 6 weeks • Planning a new surgery out in Codsall as space is limited within the existing surgery and it cannot be a teaching practice as it has no consulting rooms – plans not yet finalised • Problems with parking – limit to parking at Coop now • Looking to develop a community hub – involving lots of different agencies • Reviewed the action plan and set priorities for group over next 12 months • Thought all pharmacies were doing pharmacy first – found one that didn’t. Pharmacist said anyone could prescribe – but only prescribing pharmacists can prescribe. <p>Tamar Medical Centre, Perton - Penny Allen</p> <ul style="list-style-type: none"> • The PPG has conducted a patient survey asking about telephones etc, which has been carried out at different times. One of the questions asked about on-line appointments and many people did not know it was available. PA to share results at next meeting. <p>Lakeside Medical Practice –</p> <ul style="list-style-type: none"> • The practice has now identified a patient representative to attend the group on behalf of the PPG. <p>Gravel Hill – Robert Moseley</p> <ul style="list-style-type: none"> • The Friends and family test is now available on the practice website. The practice has a newsletter, which has been shared out in the community. • Lots of requests for background music in clinic – the practice is doing a survey about what type of music people would like <p>Bilbrook Medical Centre – Iris Fieldhouse</p> <ul style="list-style-type: none"> • IF reported the positive experience of a patient who made a request for an appointment at 9am and was seen by the practice at 11am. They were referred to the hospital the same day and by 3pm had received a phone call offering them the choice of two appointments at Newcross Hospital in a | <p>PA</p> |

| | | |
|----|---|--|
| | <p>couple of days' time. They were seen five minutes early for appointment and by 10.30am had had all the necessary tests done etc</p> <p>Moss Street Surgery – Lin Hingley</p> <ul style="list-style-type: none"> The surgery is planning an open morning for women over 35 with stalls from different organisations | |
| 7. | <p>Feedback from Patient Council Meeting</p> <ul style="list-style-type: none"> AE gave an update on the meeting held on 1 February as below: Quality will be piloting a joint Quality Committee in February across the four south Staffordshire CCGs A yearly report showed no major concerns regarding adult safeguarding The Quality team supported residents during the recent closure of a nursing home in Stafford, which had been closed following a CQC inspection. The CCG had declared a major incident. The main discussion item was the face to face model of engagement, which is covered in the next item on the agenda | |
| 8. | <p>Developing Face to Face Engagement</p> <ul style="list-style-type: none"> AE provided a brief background as to why a new model of face to face engagement was needed; each CCG currently has a slightly different model and the CCGs want to align the models, building on examples of best practice within each. For example, SESSP CCG had a Patient Council offering a strategic approach, which SaS and CC CCGs did not. In November patients were invited to a workshop to discuss what else worked well and what areas needed improvement. A second workshop, which took place in January, allowed discussions to develop. Feedback from these workshops included; a clear pathway of engagement from PPG level, to district level and strategic level and vice versa, that the Patient Council had a key link to the Governing Body (see diagram in engagement model paper), well-resourced meetings, consistent messages from the CCG – and to include the wider CCG such as Quality – informed participants and that the network groups were a priority of the CCG. AE presented the proposed new model to the group, highlighting that the model only captures face to face engagement - other channels would still be utilised, such as social media, website and community and voluntary groups The new model aligns engagement across all three CCGs to ensure a consistent approach. The proposal approved so far only outlines the framework and more detail is yet to be done on the terms of reference for each group – this will be | |

| | | |
|----|---|----|
| | done in partnership with the existing groups. | |
| 9. | <p>Breast Screening</p> <p>AE provided the meeting with an update from NHS England regarding the reconfiguration of breast screening services (attached).</p> <p>SW explained the background to why the item was on the group’s agenda and the efforts that have been made so far by the group and the local council’s scrutiny committee to meet with NHS E to discuss the issue.</p> <p>A particular concern for the group is around the positioning of the mobile breast screening units, which they feel is preventing some women from accessing the service. They have asked for the unit to spend six months at Wombourne and six months at Kinver rather than just being in one place.</p> <p>SW commented on information she has collated through Freedom of Information requests regarding the statistics of women being breast screened in the area. She said that 2180 women had not screened and that 3 out of 9 surgeries are below the national uptake of 70%. The only practice that has seen an increase in uptake is Gravel Hill but that maybe because it’s easier to access from there – for others in can take four buses to get to the screening unit, due to the geography of the area.</p> <p>There is a mobile van at Lowergreen in Tettenall (for 12 months), which would mean only one bus for many but the concern is that it is not widely known as an option – as it is not included on the letter.</p> <p>Another concern is that they feel that no-one is willing to take accountability for the contract. They feel that they are being deliberately blocked in trying to engage, with either NHS E or Public, to discuss their concerns after a decision was taken that there would be no public consultation and that information was not being communicated until the contracts were signed.</p> <p>They are concerned that once the contracts are signed there would be no opportunity to have any influence on the outcomes.</p> <p>Action – AE to share concerns with NHS England</p> | AE |
| 9. | <p>Date, Time and venue of next meeting</p> <p>6 April 2017 from 10:30 – 12.30pm, Bill Brownhill, Codsall.</p> | |