



Healthwatch Stockport Work Programme Monthly Report

1st March 2013 - 28th May 2013



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The Following Report is a summary of the issues raised and/or work undertaken by Healthwatch Stockport and its members with regard health and social care in Stockport.

Healthwatch Stockport Operational Team - Issues which have been highlighted by Healthwatch Stockport Representatives.

Operational Team Meeting

The Operational Team [lead Healthwatch Representatives for the following areas] met for the first time on 21st May 2013. This was an initial planning meeting, whereby the leads will identify terms of reference and will shortly be contacting their support members to arrange a meeting to help them with the areas outlined below.

Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

The first official meeting of the Health & Wellbeing Board will take place on 5th June 2013 at Stockport Town Hall. Members of the public are welcome to attend and observe.

The main agenda item will be one of themes from the Health and Wellbeing Strategy 'Healthy Ageing and Quality of Life' which you can read more by clicking here

<http://www.stockport.gov.uk/2013/2996/41105/chapter6> . If you have anything you would like John to feedback to the Health and Wellbeing Board regarding this theme please email Maria@pebbleenterprises.co.uk by 5pm on Monday 3rd June.

For a full copy of the Strategy please click here

<http://www.stockport.gov.uk/services/socialcarehealth/healthandwellbeing/jointhwbstrat>

Or ask the office for a hard copy by post.

Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

From April 2013 Meeting:

Dementia opportunistic screening:

- Dr Jaweeda Idoos will be writing to us when she has assurances about the manner in which this will be carried out at Stepping Hill.
- The information which was given to me by the core group - which I presented to the board, last month, has made the board uneasy about this screening.
- I suggested that the screening may be carried out by very junior doctors and the validity of the tests could be in question. Dr. Idoos has discovered that this is probably the case. She is therefore asking for assurances that the tests will be carried out by properly trained doctors and that the patients will be followed up correctly.



Stroke Thrombolysis:

- No decision has yet been taken about the Stepping Hill site providing this service. However consultation will take place before a decision is made.

Emergency Department at Stepping Hill

- We did discuss this at some length and several points were made, which will be brought up at a meeting being held at stepping Hill between the Trust, Governors and Healthwatch members.

8th May 2013:

IVF:

- Currently the CCG are funding one cycle, NICE guidelines suggest that up to three cycles should be funded.
- Following consultation the CCG Board decided that it would be prudent to increase the funding to two cycles.
- The decision will be reviewed later in the year when they will have a better idea of the other cost demands which may arise.
- The funding of three cycles will then be considered.

Tertiary stroke treatment centres:

- Currently Greater Manchester has three centre sites; Fairfield in Bury, Salford Royal and Stepping Hill.
- At a meeting yesterday, reducing this to one centre was considered and rejected.
- Thus the service will continue with three centres but this may not be the three that are operating right now.
- A further meeting will take place in July to consider this decision.

NHS 111:

- The situation regarding the GP out of hours service is under review, the return to 111 is not imminent and other options are being reviewed.

Stepping Hill A and E provision:

- The performance rates continues to miss the national targets for patient waiting times.
- Stepping Hill has made plans to achieve this target.
- The CCG Board will be monitoring the manner in which this is achieved but this remains the largest quality risk that the board have to deal with.



Stockport NHS Foundation Trust

Healthwatch Lead: Sheelagh Peel

3rd April 2013: Report from STOCKPORT NHS Trust, Board of Directors Meeting 28th March 2013

1. Francis Report Implementation, further reports to follow.
2. Quality Reports:
 - a) Some concern that the outcomes for Heart Failure measures not good enough, actions to be taken.
 - b) Some questions asked about Palliative Care and death rates- method of recording
 - c) Friends & Family questionnaire, the Piloting & outcomes have received praise, to be extended to other wards.
 - d) Picker Survey, March 2013, still showing communication problems between patients and staff. Work to start early before Quality Accounts in rectifying.
3. **High Profile Reports—Serious incidents, events, inquests, complaints, claims.**
 - Inquests x 2 No criticisms of Trust
 - Inquests x 3 awaiting results
4. **Patient Story** - Highlighting the good care for Liver Failure over the years.
5. **Monitor Report** - The Trust remains in breach of terms in E.D. Dept. Action pathway in place and improvements in building and services in ED/MAU (Medical Assessment Unit) should be ready by Oct 2013.
6. **Stroke Services** - there are very good indicators of continual improvement which should assist our case in continuing to provide these services in Stockport. Clinical Strategy Board decision in April.
7. **Cancer services**- Stockport have been invited to tender for Urological services.

Note for Peggy and Maria - A new discharge leaflet has been developed and a copy sent to Healthwatch, can we check up on this?

[This has been received at the office and sent to the Reading Group for comment].

A response statement has also been sent to the Foundation Trust regarding their Annual Quality Account [28/05/13]



Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

22nd May 2013:

At the First Operational Team meeting June Westley agreed to lead the Adult Social Care Team initially in helping to establish the group and creating a plan of action. A meeting will be arranged soon.

Children, Families & Young people

Healthwatch Lead:

22nd May 2013:

We do not have an identified lead as yet but a number of support members. This might be more realistic to delegate the tasks between the supporting members.

Pennine Care

Healthwatch Lead: Mary Foden

22nd May 2013:

Tony Stokes confirmed that Mary Foden, A Pennine Trust Governor, would be happy to be the Healthwatch Stockport Representative for Pennine Care and will be our liaison between our two organisations. Mary will be invited to the next Operation Team Meeting.

Public Health

Healthwatch Lead:

22nd May 2013:

It was highlighted at the Away Day that perhaps there would be a lead representative for Public Health in Stockport. Andrew Dunleavy, Senior Public Health Specialist met with John Leach and Maria Kildunne on 16th May 2013, he will be responsible for establishing good practice in public health based on NICE (National Institute for Health & Care Excellence) Guidance. Public Health is really keen to work with and involve Healthwatch in their work and we are looking for a Healthwatch member to lead on this. If you are interested please contact the office.



An update on Healthwatch Development and on-going Subgroups

Development Team Meeting

The first Development Meeting will take place on June 4th 2013. The Development Team consists of the Healthwatch Leads identified below.

Healthwatch Stockport Reading Sub-group

Healthwatch Lead: Eve Brown

During April and May 2013 the Reading Group have commented on 4 patient targeted materials:

1. Discharge from Hospital Leaflet
2. Healthwatch Stockport General Leaflet
3. Stockport Joint Health and Wellbeing Strategy Summary
4. Stockport NHS Foundation Trust Way finder Website

Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll/Gerry Wright

28th May 2013:

Enter & View:

A refresh of the Enter and View Training will take place by the end of the Summer 2013 which will include provision for new members wishing to join the Enter and View Team.

PLACE (Patient Led Assessment of the Care Environment):

Healthwatch Stockport has 8 trained PLACE Assessors who can accompany Trust inspections and has participated in assessments carried out at Stepping Hill Hospital and Heathfield House (Pennine Care)

Healthwatch Stockport Publicity and Communications Sub-group

Healthwatch Lead: David Atkinson (filling in for Joyce Drummond)

28th May 2013:

- Positive press articles:
 - M.E.N regarding the meeting held between Stepping Hill and LINK/Healthwatch Stockport to improve future communications (March 2013)
 - Stockport Review & Stockport Mind newsletter (Spring 2013) on the launch of Healthwatch
 - Stockport Express on new Healthwatch Directors (March 2013)
 - Chair quoted in article in Mancunian Matters regarding the Choose & Book system at



Stepping Hill (May 2013).

- Stockport Express promoting the Home Care Questionnaire (May 2013).
- Piece on Pure Radio Facebook, twitter and radio promoting the Quality of Home Care provision questionnaire.
- The first Healthwatch Stockport Newsletter has been sent to Print ready for the beginning of June.
- **Twitter:** 45 new followers, 19 tweets, 9 mentions, 4 favourites, 1 follow Friday recommendation
- **Facebook:** Changed from Stockport LINK to Healthwatch Stockport, gained one 'like'
- Attended the Dementia Awareness Day in Marple, Friday 24th May. Spoke to around 5 people and gave away 20 information leaflets.
- A meeting of the Publicity & Promotions Team will take place following the initial Development Team meeting.

Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

This team meeting will take place following the initial Development Team meeting

Patient Experience and Feedback/Evidence Gathering

Healthwatch Lead: Tony Stokes

This team meeting will take place following the initial Development Team meeting

An update on Healthwatch Representatives on other committees

Equality & Diversity Board - Pennine Care

Healthwatch Representative: Tony Stokes

Nothing to Report

Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

9th April 2013:

1. Gluten Free Products

Fresh bread is now an option on prescriptions for patients who need a gluten free diet

2. Practice Based Medicines Coordinators

A PBMC is a non clinical member of the GP staff. They are the link between the practice,



secondary care, care homes, community pharmacies and the medicines management team. 44 practices now have one. 2012 saw a saving of £90,000.

3. Rebate paper

Concerns have been raised about drug companies giving rebates if the NHS uses their drugs. The commissioning support unit is currently looking at drugs across GM to get better prices.

4. AOB

A grant of £78,000 has been given to secondary care and is being used to fund a project called “shine” which will look at falls and hypotension.

Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta

Nothing to Report

Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

Nothing to Report

Stockport Care Record

Healthwatch Representative: Joyce Drummond

Nothing to Report

Stockport Children’s Trust Board

Healthwatch Representative: to be arranged

Nothing to Report

Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

24th April 2013:

Action Log

Jane Jefferson to be asked to incorporate diabetes prevention campaign in the 13/14 schedule.

The CAMS service should be checked to make sure it is appropriate for need.

We reviewed the terms of reference (TOR). The group will not be quorate if the Healthwatch rep and the lay member from the CCG board are not present.

The role includes the development of clinical and effective use of resources policies, along with dissemination of NICE and other national guidance.

Q528 Hypertention



- a) We must maximize the number of practices offering ambulatory blood pressure monitoring (ABPM)
- b) We should advise practices to check ECG for LVH (organ damage) when investigating hypertension.

IVF (in vitro fertilization)

New NICE guidance has come out extending the age to 42 and reducing the lower age NICE says women can have 3 cycles on the NHS.

The group recommended to CCG board that the document arising from the public consultation should be adopted with the exception of the number of cycles which will need discussion by the board (see CCG Report above).

Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

Nothing to Report

Stockport Dignity in Care

Healthwatch Representative: Gerry Wright

Nothing to Report

Disability Stockport

Healthwatch Representative: Tony Johnson

Nothing to Report

Stockport Electronic Palliative Care Co-ordination System Project Board

Healthwatch Representative: David Moore

Jane Owens - IM&T Project Manager and David Waterman - Consultant in Palliative Medicine, Stockport NHS Foundation Trust came to talk to the Core Group to talk about the project and the possible name change of the group in April 2013. Minutes of this Briefing is available from the Healthwatch office

Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

Nothing to Report

Stockport End of Life Care Programme

Healthwatch Representative: Gerry Wright



Nothing to Report

Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

- The group are currently looking at referral pathways
- They are also looking into exercise opportunities in Care Homes
- Fall Awareness Week is 17-21 June - the Group will be promoting the Top Tips for staying steady leaflet produced by Age UK.
- The Group would like to know if Falls questions are asked when Enter and View Visits are carried out and whether they can visit Healthwatch to talk about Falls Prevention

Stockport Health Scrutiny Committee

Healthwatch Representative: John Leach

Report to follow.

Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

Nothing to Report

Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes

17th May 2013:

An update on the situation with NHS 111:
These are the two questions which you are asking me.

FIRSTLY what is the situation now and why does NHS 111 seem to be working well in parts of the country but not Greater Manchester which includes us.

The department of health are reviewing the failure of the NHS 111 launch.
Why did it work in some places and not in others? When we have the answers we will be able to share best practice and improve the situation for everyone.

Stockport has reverted to the situation prior to the NHS 111 launch.
When you need a GP 'out of hours' your call will be handled by Master Call and an out of hours GP sent.

WE ARE THUS SAFE which I hope is a comfort. This situation is not permanent and at some time in the



future NHS 111 may return.

Master Call will continue to provide the out of hours GPs even if NHS 111 returns it is simply the initial call handling that will change.

SECONDLY what is the future arrangement and will NHS 111 return?

I will be attending a meeting on 6th June with NHS Direct which is the service providing the NHS 111 service in Greater Manchester. We will be able to question a senior NHS Direct officer to discover how robust their assurances are that NHS 111 will work in Stockport. The assurances we receive will help in the decisions regarding future arrangements.

Healthwatch has already written to Dr Gill asking what our GP commissioning group intends to do regarding the 111 service. More importantly we have asked what his vision is regarding the GP out of hours cover. Currently in Stockport if NHS 111 returns and it is decided that you need to see an out of hours doctor there are only two options.

Option 1 is an out of hours GP from Master Call.

Option 2 is to attend hospital.

Are these options adequate to meet our needs?

Thoughts to Tony Stokes via Maria@pebbleenterprises.co.uk

Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

9th April 2013:

Sheelagh Peel updated the committee on the frail elderly consultation being carried out at Stepping Hill Hospital.

Stockport One Service

Healthwatch Representative: Tony Stokes/Mike Lappin

22nd April 2013:

Part One:

- Last week Mike Lappin and I attended a planning and mapping exercise for the future direction of the Stockport One programme.
- Currently the programme is running as a pilot in Marple and Werneth.
- Mike and I were both disappointed that none of the GPs involved were at this planning meeting which we think reduced the validity of the exercise. Dr. Jaweeda Idoos is the lead GP for the CCG regarding Stockport One and was unable to attend due to a broken leg. I will be meeting separately with Dr. Idoos to discuss the Stockport One programme before I raise the issue on your behalf at the CCG board meeting in May.
- Mike and I will be attending future meetings to make sure that issues raised by you are aired as the programme grows and develops.
- The intention is that patients in the Stockport One programme; patients with multiple complex issues will be treated in a joined up fashion by a multidisciplinary team.
- To achieve this, district nurses, podiatrists and mental health workers will be taken away



from their normal working environments and be put in to specialist Stockport One teams.

- Patients will receive better treatment and it is expected that a cost saving will be seen.
- Mike and I both think that the plans are complex and we will have due regard to this as the programme develops.
- For the scheme to achieve its full potential officers need to work on what is there already.
- There needs to be more concentration on integration at a functional level and less at an organisational level.
- I will be stressing this aspect when I raise this at the CCG board on your behalf in May.

On a slightly different but related matter:

- Neil Jones the head of older people's services for Pennine Care was at this meeting. I was able to talk with him about the "opportunistic screening" of patients for signs of dementia when being admitted to Stepping Hill. Neil had no knowledge of this proposed scheme. Neil was surprised that he was not aware of this plan. He was more surprised because the CCG board have made money available so that he is able to provide some specialist nurses to help GPs diagnose dementia amongst their patients and develop treatment programmes.
- Why was this approach not taken at Stepping Hill is his question? Neil pointed out that there is good evidence that opportunistic screening carried out in this way does lead to incorrect diagnosis. He is arranging for me to talk with Dr. Kate Hayden, a psychiatrist at Stepping Hill for advice on how I should approach this issue on your behalf. Dr. Sheelagh Peel asked me some time ago to look in to this with members of the CCG board. I did and was given assurance that this screening will be undertaken professionally. I will be raising this again at the CCG board meeting in May because I now know that the professionals, the psychiatrists have not been involved. Consequently misdiagnosis is probable.
- John Leach and Tony Johnson asked me some time ago to speak with the CCG board about the relationships between Pennine Care and the Stepping Hill trust.
- I was asked to question the board about this because there is evidence that the relationship is not working. I did raise this with the board and was assured that this aspect would be kept under review. Having now discovered that this opportunistic dementia screening is to be carried out without reference to the experts, the psychiatrists of Pennine Care, I will be bringing this up once more on your behalf at the May CCG board meeting. This is a good example of how the relationship is not working.

The Vision for Neighbourhood Development Workshop

Part two- Service Mapping 10am-4pm Tuesday 30th April 2013

This is the start of integrating Health & Social care in Stockport particularly for all adults, older people and carers. We looked at existing services and put them under the headings :

- Prevention/supporting the community
- Primary and community care
- Integrated care
- Specialist services



- Hospital care
- Self-care

25th April 2013:

The Evidence Base for the Model of Care (Stockport one)

We split into 2 groups, one to consider prioritization and next steps, the other for development of anticipatory care plans.

Unfortunately I had to leave at 4.30 so I can't report on the results.

There will be further meetings on this development work and the results will have to be considered by Healthwatch as it is intended to either expand urgently, continue as it is without change, identify gaps or consider decommissioning.

The purpose of this integration is to prevent people going to A&E.

Stockport Prescribing Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

Anand has recently been appointed to this role and will report any significant points to the Healthwatch core Group

Stockport Quality Board - NHS

Healthwatch Representative: Tony Stokes

Tony has attended his first meeting of this board on May 15th 2013 and will be reporting back each month. This group will be looking at quality improvement of providers, patient safety and risk factors.

Stockport Safeguarding Vulnerable Adults

Healthwatch Representative: Sheelagh Peel

John Leach, Sheelagh Peel and Maria Kildunne have a meeting planned for June with the Safeguarding Board Manager and Chair.

Stockport Shared Health Record Board now Stockport Information Integration Committee

Healthwatch Representative: David Moore

5th May 2013: Meeting Report

- 1) Sarah Harris joined the meeting from the CSU - Commissioning Support Unit.
- 2) Roger Dent - service Delivery Manager has replaced Laura Foster from the DOMINIC system.
- 3) There was discussion about the new "Gateway 2" (G2) version of the SHR. This is a much improved version of the software and this has resolved a number of issues that had been encountered when using the record. One problem that was highlighted, was the ability to "flash up" alerts that had been logged on the system. One such alert was if a patient has or had C-Diff. When someone at say: A & E accessed the shared record, the alert would be



flashed up for all to see when opening the record. There is no option to avoid this. This may apply also, to other alerts, which the patient may not want people knowing. An action was left with Vincent Shuttleworth, Project Manager, to discuss this with the Trust to see whether, staff accessing the shared record could be made aware of this sensitive information being shown in a visible manner and to avoid accessing records in open or public departments.

- 4) There has been on-going discussion about the way that if a GP inadvertently 'ticked' the diabetes box (for example) for a patient and then some time later realised they have made a mistake, they could 'untick' it later. This would mean that on the GP record, the patient would no longer be diabetic, and this would no longer flag up on systems within the practice. As the GP record is shared with the SHR, another clinician may use this information and act on it. When the GP records are next uploaded, the "read code" advising that the patient is diabetic will be updated and removed. However, it was stated that there will still exist the history of the record so that the decision making of the clinician could be validated against the information on the record at a particular moment in time. Graphnet (software systems provider for the SHR) will review this and clarify.
- 5) There was a discussion following on from above regarding the ability to add contextual text by the GP, which can then be shared with the record. Two points were raised: one, the ability to read GP's notes would be very useful to other clinicians, such as Master Call, and two, whether these notes could be changed (as tick boxes (read codes) can be after the event!). GP's can add notes but whether these can be shared with the SHR has to be referred to IG (Information Governance). It was agreed that if the notes can be viewed by the patient, they should be able to be viewed by the SHR. If a patient does not want their notes being shared, then it has to be asked, do they want their record sharing? Basically, if a patient does not want their record to be shared with the SHR, they have an option to opt out. With regard to point two, it was advised that once a record of contextual text is saved, this can only be changed by "striking through" notes already there and/or by adding further notes. In other words, a GP cannot change notes made which may have affected clinical diagnosis.
- 6) An issue was raised previously about the medication screen as seen by people accessing the SHR. There was some confusion about whether they should access the meds issues screen or the meds summary screen. The meds summary is a history of meds rather than current meds. The meds issues screen was confused with 'issues around meds' rather than meds that had been issued! This was clarified, and it was raised as a training matter. The new G2 software has removed the options to that the meds screen is clear. VS will advise all users about this change.
- 7) Data Accuracy. An issue was raised that the Heaton Norris practice had only uploaded 30% of its data. It has been identified that 1 rogue record is causing the problem. This will be fixed by EMIS Web, the practice software provider.
- 8) It was reported that G2 is working well at the hospital.
- 9) Continuing Health Care are using a system that has been developed from G2. This means that CHC will be able to share information with the SHR due to the compatibility of the systems. Care First, the Adult Social Care system, can update the CHC record. This is two way. Therefore the SHR will be in a position to receive information from both CHC and ASC. Stockport 1 uses a risk stratification tool and the shared record data that allows them to identify patients who need support from the project.

Conclusion

The SHR is fast becoming an integrated care record, containing data from all of Stockport's key health and social care agencies.

For more details please contact David Moore at david.moore@homeinstead.co.uk

Next meeting: 6th June 2013



Stockport Scheduled Care Programme Board

Healthwatch Representative: Mike Lappin

1st May 2013:

A reply to the CCG's. Letter to the FT regarding concerns with :

- a) Ophthalmology
- b) ANTI VEGE injection service (wet macular)
- c) Maternity
- d) Business Continuity
- e) Safeguarding Training
- f) Colonoscopies, had not been received to date

Vicki will meet with the FT Glaucoma team to ascertain if enough improvements to the department have been made to allow the PERFORMANCE NOTICE to be lifted.

Vicki highlighted that injection must be not be given if they are not overseen by a consultant who is fully accredited.

(WET MACULAR DEGENERATION INJECTIONS ETC)

18 weeks update and threshold

It was agreed that if more than 200 patients per week are waiting more than 18 weeks then action will be taken to reduce it, i.e. using other hospitals.

Replacement of Charter Medical Services (Gastroscopy)

This service ceased to exist from 31st March 2013. GHSM have agreed to provide the service for 6 months to give time for NHS organisations or private to tender for this work.

Stockport Unscheduled Care Programme Board

Healthwatch Representative: Alan Watt



Reports from Healthwatch Stockport Task & Finish Groups.

Complaints Task & Finish group

The where to complain, make comments etc... about health and social care services leaflet is near completion and will be circulated mid-summer. This group can then be closed as work completed.

Diabetes & Podiatry Task & Finish Group

Meetings of this group will resume in June and actions picked up.

Discharge from Hospital back to nursing/residential homes

Report still out with the Quality Board. Meetings of this group will resume in June and actions from the report picked up.

Frail Elderly Unit

Frail Elderly Unit Consultation

8th March 2013:

An initial Meeting held at Stepping Hill Hospital presentations were received from Dr. Krishnamoorthy and colleagues, outlining the proposals for a future model for vulnerable older people who have additional complex health needs. Plans for these are currently on hold as there is not consistent agreement with plans.

Healthier Together

25th April 2013:

A Question and Answer Session took place on 25/04/13 hosted by Nicola Onley (minutes available from the Healthwatch office)

A meeting of interested members will be taking place in June.

It's in the Drawer

25th April 2013:

The following actions were agreed:

- Tracey Glover (Stockport NHS Foundation Trust) will contact the volunteer co-ordinator at Stockport NHS Foundation Trust to arrange for a Healthwatch volunteer to use the hospital's database to find out the number of people who have not attended a follow-up appointment to identify those who are not using their hearing aids. Questionnaires will be sent to these people.
- Questionnaires to be circulated to Action for Hearing Loss, Walthew House, Age UK Stockport + Signpost Stockport for Carers.



- A possible promotional launch will be held. If not, then just press release.

For more information contact the Healthwatch Office

Quality of Home Care Task & Finish Group

Meetings of this team will resume in June, however, the Healthwatch survey (started as LINK) is still in circulation for people to respond.

17th April 2013:

A Greater Manchester Domiciliary Checklist Development Meeting (COMFY) at Stepping Hill Education Centre

The COMFY checklist has been replaced by KNOWME and is titled “This is Me”.

K = Kindness

N = Nutrition

O = Observe

W = Wellbeing

M = Mobility

E = Environment

The group filled in the checklist and all came up with useful responses. The checklist is to be tried out on patient groups.

It was felt it would be a useful contributor to the STOCKPORT ONE project.

It was reported that the Healthwatch Stockport Quality in Homecare Provision survey is currently in circulation.



Redevelopment of A&E

Healthwatch Lead: Mike Lappin

22nd April 2013:

A&E User Group

1. Patient leaflets have been formulated and are at the printers
2. The waiting area has been freshened up with new bins with blue straps around the edges.
3. The 3 chairs with arms have been moved to the middle.
4. The PAS computer system went down on Sunday
5. Jane Drummond the new head of nursing joined the meeting. She was told that there was no bariatric wheelchair or bed that can have x-ray plates under
6. The interview room is unlikely to be attended within the next year as all the effort is going into attaining the four hour target.
7. Jane informed the meeting that the trust was reviewing flow of patients through ED (emergency department) and will make the necessary changes to the way the Trust manage the Frail and Elderly unit. The team will go to the patient to do the assessment and then find



the best ward for the patient rather than having a separate unit.

8. Equality Impact Assessment

The group went through the assessment for ED. Much of the actions had been covered in the meeting

10th May 2013:

D Block Extension User Group Meeting - Ground Floor - Medical Beds

The surgical assessment unit will be moved to D4 (existing ground floor). The extensions will be a L shape around the present building.

One side of the L will have 29 beds, 4x6 bed bays and 5 single bed rooms. The bottom part of the L has 30 beds, 4x 6 bed bays and 6 single bed rooms. The users decided it would be better to operate it as one medical assessment unit but could be used for some short stay beds.

It should have 3 ward clarks, there will be much admitting and discharging, short stay is for 72 hours. The showers are to stay with auto flushing).

1st Floor Endoscopy and decontamination

There are 3 endoscopy rooms but could be 4. There are facilities for the nurses to change out of their uniforms at the end of their shift. It is the policy of the FT that in general staff can go home in their uniforms. It would need discussion with the director of nursing to have this changed.

There are no fire escapes as are moved steadily away from the fire closing one hour fire door on the way. Photocopiers are to be in their own room as there are problems with carcinogens.

2nd Floor Inpatient and short stay

There will be 23 beds, 3x6 bed bays and 5 single rooms in the inpatient section. The short stay section will have 28 beds, 7x4 bed bays. There will also be a 2x6 bed trolley bays that will be attached to D5 which is the day unit. This will be of the same standard as the inpatient ones but the patients will have to be educated to the fact that it is a short stay ward and will be discharged very soon. It was noted that D5 is used as a pre-admission area for other parts of the hospital.

Specialist Stroke Service

Thrombolysis Specialist Unit at Stepping Hill Hospital

8th March 2013:

Several LINK Members met with Stoke Survivors who had experience of using the specialist Thrombolysis Stroke Service at Stockport NHS Foundation Trust following news that it could be at risk of being decommissioned. It was reported that a decision could be imminent as close as the end of March. *[This decision did not happen]*

14th March 2013:

Letter Sent to Dr. Gill (Stockport Clinical Commissioning Group) with copies to:

- Stockport NHS Foundation Trust
- Health Scrutiny
- NHS Greater Manchester



- Healthier Together Programme Lead
- National Commissioning Board

Requesting that any current discussions and negotiations are paused and time is given for the LINK to consider any clinical evidence and how it relates to the GM Healthier Together Programme and its consultation.

Winterbourne View – Programme of Action Stockport Task & Finish Group led by NHS Stockport

Healthwatch Representative: Mike Lappin

This was the second of three meetings. At the first meeting a Stockport Action Plan was produced. The action plan was discussed but most items are work in progress. Evidence as to check if policies are being adhered to was discussed in Mental Health establishments. I reminded the group that Healthwatch has Enter & View rights and help to do checks.

Stockport Winterbourne Event

This will be held in mid-June with David Mellor - Chair of Safeguarding Board and Shirley Williams (Chair)

Next Steps

The final meeting will be planned.



If you are a representative on any of the above boards/committees please ensure you submit your reports back to the Healthwatch Office to be included in the Core monthly reports.

We are in the process of approaching our third sector Healthwatch members to put forward a proposal to engage with them more often and more fully by exchanging information and data regarding health and social care. A fuller report will be available in July.

28th May 2013
[Ends]