



Healthwatch Stockport Work Programme Monthly Report February 2014

31st January - 27th February 2014

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.

Section 1: Operational Team

Members: John Leach, David Kirk, Tony Stokes, Mary Foden, Maria Greenwood, Anand Dutta, Jon Burke, June Westley, **Support:** Gavin Owen

Monday 17th February 2014

The Operational Team met and as well as the leads giving their own updates.

At the Directors meeting a date of Thursday 12th June at 5:30 - 7pm was set for Healthwatch Stockport AGM. This will take place at Stockport Masonic Hall. Maria Kildunne, Chief Officer, will be having ten Keeping in Touch days starting mid-February and she will take a lead on arranging and preparing for the AGM. Gavin explained that there are some sub groups leads that he does not see as much as others and so he is arranging weekly phone calls so that the sub group leads and Gavin are kept informed with any development between reports.

Mary Foden, Mental Health lead, reported on the Pennine Care Governor's meeting and that she is still awaiting adequate answers from Pennine Care re bed occupancy and funding.

Subjects brought to the Operational Team were:

- Equipment that is given out by the Foundation Trust is not expected to be returned (e.g walking aids and wheelchairs) Healthwatch Stockport to find out the costs incurred from this, the justification of equipment being wasted and also contact 3rd sector organisations that support people with their occupational health equipment.
- The Foundation Trust is seeking new young governors (16-19). We will contact the Foundation Trust to make contact with the applicants to see whether they would become members of Healthwatch Stockport and/or join the Children and Young People sub-group.
- The Rise to the Challenge roadshows will be an opportunity for Healthwatch Stockport to ask members of the public their thoughts on Health and Social Care.

Gavin Owen

1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

26th February 2014

No meeting this month, next meeting theme of Prevention and Maximising Independence.

Date of next meeting: 12th March 2014



1.2 Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

12th February 2014

Stockport One Service had received excellent feedback but had not been cost effective. The CCG has been able to secure money from the Local Area Team to develop an integrated service model in the Marple and Werneth area. Stockport One will become part of a larger model of integrated care that will include district nurses. In addition a telehealth pilot is planned.

Stockport CCG benchmarks nationally as being high for hospital readmissions.

The community district nurse service continues to give concern. Too many patients are being catheterised for too long because they need to go in to hospital to have the catheters removed. Many of these catheters could be removed in the community if the district nurse service was adequate.

Stockport is recognised as a high prescriber of anti - psychotic drugs.

The Emergency Department targets for December had not been achieved.

Individual access to Psychological Therapies (IAPTs) is a concern.

The incidence of pressure ulcers is a concern and this is a CQIN for Stockport NHS Foundation Trust hospital and community. It was recognised that treating a pressure ulcer in the community was difficult. Pressure ulcers only occur in hospital because of poor nursing.

Monitoring trips and falls as part of a Commissioning for Quality and Innovation (CQUIN) for Stockport NHS Foundation Trust.

We have 118 patients waiting more than 18 weeks for treatment. Last month we had 208.

A letter has been sent to the CCG by Epilepsy Action saying how good the service has become in Stockport. You will recall that we as LINK and now Healthwatch have had a huge input in to improving the epilepsy service.

Date of next meeting: 12th March 2014

1.3 Stockport NHS Foundation Trust

Healthwatch Lead: David Kirk

26th February 2014

Formal meeting arrangements have now been agreed between Healthwatch Stockport and Stockport NHS Foundation Trust executives. Terms of reference have been drafted for bi-monthly meetings of a Consumer Review Meeting (CRM). The first meeting has been arranged for 31st March 2014.

David Kirk intends to call a meeting of the Healthwatch Stockport Foundation Trust sub group to determine agenda items.

A cursory look at this month's Board papers (board meeting 27th Feb) suggests that whilst there are many good things are being done, however issues remain over the Emergency Department 4 hour



waiting time, referral to treatment and serious adverse events. All of these issues having a negative effect on the patient experience.

There seems to be some lack of consistency in the sharing of quality information and this will be followed in our meetings.

7th February 2014

Mini-PLACE Inspection - Fracture Clinic and X-Ray A

On the team: Joanne Morris (logistics), Sharon Potts (Infection Protection), John Hegg (Estates), Karen Sugden (domestics), Paul Newman (Facilities), Simon Lynn (Estates) and myself.

Firstly, we looked at the fracture clinic and I was on the team looking at appearance and maintenance. The appearance was generally good, there were some messy notice boards, which are going to be corrected, and the signage on toilets and door was rather tatty with peeling cello tape which will also be corrected. All bins in the hospital are going to be replaced, including those on these inspections. There was a ceiling light loose and no arms on any chairs. The toilet needs painting and they're removing an old shelf from it. The television had been moved and there holes from where it was. There was a nice children's play area which kept children from playing elsewhere in the clinic. There was a water machine placed in a lot of people's way, but this was moved while we were there to a different position.

Then we looked at X-Ray A. Nearly all chairs did not have arms (only three had arms), including those in the brand new waiting area. This was particularly annoying as LINK had pointed out issues with the chairs during their visit in 2011. At the time, the hospital had responded that they were undergoing renovations and would change the chairs, but this has obviously not happened. Again, there was a messy notice board in their reception. Within the new waiting room, the chairs had already marked the wall, as a board had not been put behind them, but this will be done. Again, the signage on toilets and door was rather tatty with peeling cello tape which will also be corrected. The coat hook at the ladies toilet was above the hand dryer, so both could not be used at the same time. This will also be sorted.

The cleanliness team found dust in the ceiling air vents in both areas. There was uncertainty around the edging around the base of the toilets as it appeared that they could be difficult to clean. After speaking to the cleaner, if this is the case, they will be changed,

I spoke to 16 patients from the two clinics. Issues arose as follows: All people in fracture clinic had a 40 or 50 minute wait, which they felt was a long time sitting in uncomfortable chairs. There was a tannoy where reception staff told them what the time was, however the board that was supposed to display the delay was not updated. Patients reported that they would have liked an updated written message. Two patients said it was cold in the new waiting area, however this could have been due to shock. Compliments were received around the politeness and courteousness of staff.

Trish Fraser



21st February 2014

Mini-PLACE Inspection - Eye Centre

On the team: Lorna Chatterton and Fred Royals (Facilities), Sharon Potts (Infection Control) and myself.

My part of the team looked at the general appearance and wear and tear (myself and Lorna). We looked at the two-bedded section, which is used occasionally during the day where patients have to lie down. It was light and airy, one tile was loose in the ceiling and there was a corner that was very cramped with furniture, this could be a danger, especially as this is an eye centre. The corner of a skirting board was cracked and there was a towel put by an external door, which was because sometimes rain gets through. The reception and the corridor leading from it were of generally good appearance, there was a loose tile in the ceiling and a raised bump in the lion of the floor, which could be a fall hazard. All of these issues will be looked into.

In waiting room one, there had been a portable bedside table left in the middle of the entrance which is a tripping hazard. There was some peeling paint, which needed looking at. Waiting room two as very good with a neat appearance - new chairs, all with arms, which is very good. Two big stains of the ceiling and a chipped corner of the skirting board.

There was a damp mark on the ceiling tile of the toilet. This will be rectified. In the disabled toilet, it was quite small, untidy and cluttered. A small area needed paint retouching where a mirror had been moved and had left marks.

Signage throughout was very good and all notice boards were neat.

The main findings from the other team (cleanliness) were dust under the bed of the two bedded ward, dust on corners of the floor, dust on the top of the curtain rails and dust in the disabled toilets.

This will be the last mini-inspection before the first full PLACE inspection. Following this, they may change these to once a month. After visits, following a request from myself, I have been speaking to patients about their experiences of the service. The hospital have asked that I no longer carry out this activity as PLACE focuses on the care environment and patient experience is a focus of Enter & View.

Trish Fraser

1.4 Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

10th February 2014

Healthwatch Stockport Meeting Re: Home Care Services.

Present: Stella Clare (SMBC), June Westley (Healthwatch Stockport) and Gavin Owen (Healthwatch Stockport).

The meeting was held to discuss issues raised about Home Care Services, predominantly those about



monitoring the quality of Services.

Stella provided information as below, has sent a copy of the Home Care Contract and also has arranged a session to demonstrate CM 2000, the real life monitoring system used. See below.

CM 2000. This is a system whereby home carers should telephone a free phone number from the service user's home on arrival and departure. These calls are recorded automatically and are checked for problems by Quality Assurance Officers in Stella's team.

QA staff are allocated to particular providers and once identified they follow up any problems with providers. 85% compliance with using this system is required from providers commissioned by SMBC.

An officer from SMBC's Information Team also carries out an annual survey of CM2000 records about consistency.

Other quality issues. The team are looking to develop a monitoring tool, which is acceptable to service users and avoids undue intrusion.

However reports from social workers or other concerned people, including the Choosing and Purchasing team are the main source of information. These are followed up by telephone and also questionnaires have been used.

CQC's monitoring is via office visits. There is regular contact between CQC and SMBC (and CQC and HWS)

Payments. Stockport pays more than some other Authorities, though this has been reduced to £12.64/hour. There have been discussions with providers about costings. The number of companies used is limited to ensure a cost effective volume of service for providers.

The contract is that 10% of time purchased should be travelling time E.g. a 30 minute call needs to allow 27minutes at the service users home.

Providers also have responsibility for organising calls efficiently.

Uniforms and gloves are provided for carers but no extra petrol allowance is paid by SMBC.

Training. SMBC Staff Development have made electronic training available free of charge and there is a lot of relevant material available for home carers.

Home Care Providers Forum meets regularly and includes all providers, whether commissioned by SMBC or by individual recipients of direct payments.

The position of responsibility for standards for P.A.

June Westley

1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

17th January 2014



Children & Young People Subgroup

Joint Leadership Role for the C&YP Group.

The draft role and responsibilities of the shared work was outlined and discussed in detail.

Everyone has already received a copy of the draft proposals and outline of the shared role and how it will likely develop. All agreed the shared lead was a good idea and would enable the significant workload needing to become established, to get underway.

Gavin has indicated that there have been some initial expressions of interest, but the shared role and duties will be going for formal ratification and selection, to the Core Group in the near future.

HM updated that she had decided to withdraw from her initial expression of interest in taking on the shared role, given her new employment commitments. Tony has also said he might be interested. Thanks so far to everyone.

Statement of Purpose for the CYP Leader Group.

The group discussed the importance of having a key statement of purpose, to ensure work stayed focused and kept on track in terms of progressing and dealing with the adopted key priorities. The range and scope of the work is so large, it could easily become unmanageable. The statement of intent and purpose, will help to keep things on track and provide a reference point for all activities to sit within.

The range of items to cover was talked through. There is a lot of items and topics to be selected. The work has to be achievable so some things will need to be placed in second order of priority for actions. Ideas have already been received about the areas for focus. Tony has sent in some topics he feels need attention. All were discussed.

Two adopted priorities emerged, to take forward. These were:

-Reshaping what is already going on for children and young people, using their views and input to a high degree With emphasis on the voice of the child and how the views and feelings of users influence how services are shaped and modelled eg does every parent/young person get asked for their views on their experiences, following discharge from hospital? Could an app be a good way forward to do this?

-Transition points from young people services into adults. How is this played out and what are the views of young people and parents?

Further discussion around the two suggested priorities for adoption was held. Lots of ideas and different ways of how to engage users were raised. Egs include:

Engaging SENCOs in schools; PSE in schools; get a key hospital contact to work on an engagement/customer experience plan -(is there one already we dont know about)? How do we find out what is happening already?

Action: Re voice of child/young people.

MG to liaise with CG, SMBC lead for CYP engagement, to audit what is already there, to build upon and compliment, rather than duplicate work in train.



Action: Re Transitions.

Contact Andy Simpkins from SMBC to check re the transition work underway and what is happening already to build upon. (No identified owner for this action)

Action. MG to draft Statement of Purpose reflecting the two key adopted priorities, for agreement at next leader meeting.

The key thing is to have children, young people and parents informing the work.

Any other Business

Group agreed to meet every 6-8 weeks to touch base on where the work programme is at and ensure everyone allocated tasks is supported and has the opportunity to discuss together and work collectively.

Date of next meeting: Friday 28th February

1.6 Pennine Care

Healthwatch Lead: Mary Foden

No report received

1.7 Public Health

Healthwatch Lead: Roy Oliver

30th January 2014

Present: Roy Oliver, Sheelagh Peel, Mike Lappin, Peggy Hall, David Atkinson, Alan Watt, John Leach, Tony Stokes, Eve Brown, Gavin Owen.

Apologies: Anand Dutta

The majority of the meeting was taken up discussing the report from the last JSNA meeting held on the 23rd of January and the email sent by Sarah Newsam

1. Consolation on focus; what single issue must be addressed, the following was agreed

- Physical domestic abuse
- Pre-birth to 5 years, concentrating 0 to 2 year olds

2. Project plan: Proposed Governance Structure for the 2014/15 JSNA

- Under HealthWatch box 3 should read "HealthWatch Public Health Lead" not board

3. Sarah Newsam email: Although the meeting thought this was a good course of action they felt that we needed to work out a structured way of achieving these goals

- What are the keys questions to ask, main themes to work on
- How do we go about obtaining this information. Two suggestion take 6 smaller groups from HealthWatch's contact list either by meetings or mail.



- Contacting College's and schools with 6th forms.

Review of the Director of Public Health annual report

1. The team agreed that we needed longer to study the report before making any recommendations.

Monitoring Public Health in Stockport:

1. The team agreed that we should list all the main parts of Public Health and find out who the council leads are
2. This would also fit into the work on contacting groups to find out their priorities on Public Health.
3. Members of the group agreed to consider other points of contact and suggestions on all possible ways to work with the people of Stockport and send them to Roy.

Date of next meeting: 27th February 2014, 13.30 to 15.30, Graylaw house

1.8 Equality and Diversity

Healthwatch Lead: Jon Burke

No report received.

An update on Healthwatch Development and on-going Subgroups

Section 2: Development Team

Support: Kirsty Bagnall

No meeting this month.

2.1 Healthwatch Stockport Reading Sub-group

Healthwatch Lead: David Atkinson

25th February 2014

The Reading Group was sent a leaflet on People Powered Health produced by Stockport CCG and Stockport Council.

Michelle Sheridan

2.2 Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll

15th February 2014



'Meeting The Public: Community Champions' programme development meeting

Gerry Wright, Gavin Owen, Kirsty Bagnall & Sue Carroll met to finalise the training programme for Healthwatch Community Champions. Content covers process from initial contact with group, preparation for presentation, presentation skills & follow up after presentation has been made.

The first programme will run on 18 February 2014 with 3 people.

18th February 2014

'Meeting The Public: Community Champions' training programme

The first programme ran with 4 people attending who had volunteered to be Community Champions & undertake presentations about Healthwatch Stockport to external groups with a view to securing their membership.

It was run by Gerry Wright & Sue Carroll with assistance from Gavin Owen.

Content was covered & those who attended left with a pack that they could use for their presentations.

To date, we have received feedback from one course member which was positive.

Learning point: programme needs to be extended to allow practice presentations to be made.

31st January 2014

PLACE Inspection Training

Just to let you know that on the 31st Jan 2014 I attended PLACE refresher course at Stepping Hill where we did a mock assessment of the CHEST CLINIC this course lasted about 2 hours. Ron Catlow was on the same course and team.

I have also been notified today (20th) that I have been ask to take part in Trust Patient Lead Assessment of the Care Environment (PLACE).

Monday 3rd March Food Assessment(11-30am start)

Thursday 6th March Ward / Department Assessment (9-30am start last all day)

David Atkinson

20th February 2014

Safeguarding Adults Alerter Training

I attended a refresher course on Safeguarding Vulnerable Adults which was held at Fred Perry House though as I now know the term "vulnerable adults" is no longer to be used and instead Adults at Risk replaces it. This is because the term vulnerable adult may wrongly imply that some of the fault for the abuse lies with the adult abused. The training was very interesting and will be beneficial to me as I have had phone calls into the office that I was sometimes unsure how to deal with. Another



member of Healthwatch also attended the training which was nice as although I have seen her name many times I had never previously met her. Following this training there is an e-learning course on mental capacity that I am going to complete.

Michelle Sheridan

19th February 2014

Media and Communications Training - Copywriting

I attended this training provided free by Anchorpoint Stockport. It was useful in that I met several people from other local organisations. I also learned more about mailchimp, a service to support sending out e-bulletins. This appears to have the advantage over the way we currently send out information as it allows for discovering how many people open the e-bulletin. It also allows for individually addressing each email. I will be looking into this.

Kirsty Bagnall

2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

30th January - 24th February 2014

Twitter: 903 Tweets, 1,491 Followers, 10 mentions and 19 retweets. We used the twitter this month to tweet about discussions at our Core Group on Patient Data. Following these tweets, we were contacted by the Director of Communications, NHS England, offering to send us more information about Patient Data. This showed NHS England that we were concerned about how the information that had been provided and what it would mean to the wider public. Following work carried out by Healthwatch England and other local Healthwatch, the rollout of this project has now been delayed.

Facebook: 538 Total Page Likes, 5 posts and monthly total post reach of 142. We also received 8 'likes' and 3 'shares'. We had particular interest from our fans in a photograph of our Community Champions.

Recommendation: If you have a facebook account or twitter account and would like updates from us on your feed, please visit the page and 'like' us.

Website:



- Overall, the website received 473 visits, 354 of these were unique visitors with 63.21% of visitors were visiting the website for the first time.
- There were 1,323 page views with people visiting 2.8 pages per visit. The average time spent on the website was 2m 49s.



- After the home page, the most visited page was the *newsletters* page, with 110. This was followed by the *news item on Patient transport* (with 86 views) followed by *events* (59), *about* (58) and *meet the board and news* (55).
- The majority of visitors arrived on the website via an organic search (such as google) with 214 visitors (45.24%) arriving this way. The second highest way of accessing the site was directly (www.healthwatchstockport.co.uk) with 147 (31.08%) visitors. 80 (16.91%) visitors got to the site via referral (following a link) and 32 (6.77%) via a social means (twitter, facebook etc).
- We received a second piece of feedback confusing the *Patient Opinion* 'widget' on the front page with feedback gained by Healthwatch Stockport. To avoid this confusion happening again, I have added a disclaimer above and below the 'widget'.
- Just a fun fact - nearly all our visitors were from the UK (93%), but some visitors also came from Brazil, Mexico, United States, Argentina, Spain, Peru and other countries.

Positive Press Articles:

- Article in *Stockport Express*, 5th February 2014 about Arriva Patient Transport Service
- Article in *Walthew House News*, Winter 2013 about home care survey
- Featured on *Pure Radio* Tuesday 4th February about Arriva Patient Transport Service
- Featured on *Pure Radio* w/c 10th February
- Quoted in *Salford Online* about Arriva Patient Transport Service

Groups visited

- Fellowship of Marriage, Thursday 13th February 2014

Healthwatch had been contacted by this group's leader after receiving a presentation from FLAG who recommended that they ask us to go in to speak to them.

Gerry Wright & Sue Carroll spoke to approx 15 people with very little previous knowledge of Healthwatch other than being mentioned by FLAG. They were interested in the work we were doing in a number of areas, in particular the patient transport consultation members had/are using it. They hadn't heard of Healthier Together so we gave them a brief overview of it and answered individual questions with details of Personal Budgets etc.

Their response was very positive with some people taking away individual membership forms. Sue Carroll will follow up regroup membership.

Kirsty Bagnall

2.4 Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

14th February 2014

Gerry, Gavin and Kirsty met to discuss the planning of the first Enter & View visits. It was agreed to write to all Enter & View representatives keeping them updated on the work. It was noted that some still need to have DBS checks and we will work with Anchorpoint Stockport (who are able to support voluntary organisations carry out DBS checks) to carry these out.

Gavin will also contact Stella Clare to ask for their red traffic light assessments (areas of concern) in the last 6-12 months. A piece of individual feedback from the Patient Experience Team was discussed. More information on a particular home will be requested from other organisations prior to



deciding to carry out an Enter & View.

Kirsty Bagnall

2.5 Patient Experience and Feedback/Evidence Gathering

Healthwatch Lead: Tony Stokes

13th February 2014

1. Minutes of previous meeting - agree

The minutes of the previous meeting were agreed.

2. Do You Have A Comment, Compliment or Complaint Leaflet - Update

Kirsty will be arranging a reprint with some modifications

3. Feedback gained since last meeting

Reports on feedback from providers and commissioners

- Letters have gone out to Stockport CCG, Stockport NHS Foundation Trust, Stockport Pennine Care Foundation Trust, Stockport Council and North West Ambulance Service requesting frequent reports for the patient experience team. We will also send a request to The Christie.

Reports from partners

- Stockport FLAG have received a lot of requests around Care Data. This has been taken up by Healthwatch England and will be discussed at the next Core Group. Kirsty will circulate details about Care Data to the group.

Reports in the press - Stockport Express from the previous month were circulated.

- ‘Hospitals could shut without consultation’ - Tony will be taking this on as the Lead on the CCG. Alan said he would look at the legislation around challenging government decisions.
- “Hazel Grove centre used by hundreds of disabled children faces axe” - Michelle will give this newspaper article about children’s services to Maria Greenwood

Healthwatch Stockport Feedback

- Alan will be sending us the expectations policy around access to Stepping Hill. We will then send him our views before the policy is presented at the next Core Group meeting for approval.
- Feedback has come in around a care home. Gerry will take this feedback on as Enter & View Lead.
- Feedback has come in around intermediate care. This will be passed onto June Westley.



4. Any other Business

38 Degrees Petition - There is a 38 degree petition from Graham Tricky concerning NHS privatisation which is to be presented to the CCG board. Tony will be asking how this will benefit patients. Tony will also ask about clause 118.

End of Life Care - Gerry will be drafting questions concerning members' end of life care experiences. Kirsty will be sending these questions to our members that have indicated that they are willing to answer such questions.

Arriva non emergency transport services expectations - Alan will be sending Tony a list of questions around his expectations of the Arriva non emergency transport service. Tony can use these to feed into our recommendations following completion of the survey. We will be asking care homes about their experience of the Arriva service via the Care Home Forum.

Cancer Patient Survey - David will be writing to Quality at Stepping Hill Hospital to obtain the Cancer Patient Survey.

Reconfiguration of cancer services - Tony will be writing to Alison Tongue of NHS England to ask about the plans to reconfigure cancer services. John will sign the letter.

Date of next meeting: 13th March 10.15 - 12.15

Section 3: An update on Healthwatch Representatives on other committees

3.1 Equality & Diversity Board - Pennine Care

Healthwatch Representative: Tony Stokes

No report received

3.2 Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

11th February 2014

Matters Arising

DVT = Deep vein thrombosis

DVT pathway

10% of the 65 patients go on RIVEROXABAN, the rest go on WARFARIN.

Current Performance

Our monthly spend has come down, cost per item up slightly.



QIPP Prescribing Comparator Table (CCG's)

Stockport is at the top of the table.

Activity Progress

Hypnosis use has gone up and is now amber. We will not reach the national average by the end of the year.

Dementia is now being dealt with by Mental Health. Nicole will report to STAMP, we must keep an eye on the reduction of antipsychotics in Dementia.

5.3.1 We will not accept 3rd party prescriptions for Continence and Storma products.

5.3.2 Generic Prescribing Guidelines

Anti epilepsy has been divided into 3 categories :

1. Patient maintained on a specific manufacturers product
2. Maintenance of specific manufacturers product to be based on clinical judgement and consultation with patient.
3. Patients can be put on generic products unless there are specific concerns such as patient anxiety.

5.5.1 Shared Care Guidelines for Antipsychotics in Behavioural and Psychological symptoms of dementia (BPSD)

NICE clinical guidance CG42 (Dementia) recommends that non pharmacological interventions are used in the first instance for BPSD. Antipsychotics should only be prescribed for BPSD in primary care under a shared care protocol with secondary care service.

Risperidone is the only antipsychotic drug licensed for use in (Alzheimer's) dementia.

Mike Lappin

Date of next meeting: 11th March 2014

3.3 Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta

No report received

3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

No report received



3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

No report received

3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged

3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

22nd January 2014

Matters Arising - Epilepsy

Vicky and Mark met with commissioners of Epilepsy services and found confusion about the pathway. Further talks will take place to clear up the pathway (CCG pay Stockport FT who pay Salford)

The Master class for GP's will take place next week.

4.1 PHG45 Tobacco (Harm reduction)

There is no system in place in the community - meetings will take place.

4.3 Quality Standards Process

A flow chart was presented showing how NICE Quality Standards will be processed in the CCG - agreed with small alteration.

5 Quality Standards

QS40 Psoriasis - a few gaps found which are being addressed.

QS41 Familial Hypercholesterolemia - improvements required in documentation.

QS42 Smoking Cessation - Patients who have stopped smoking are assessed for Carbon Monoxide levels after 4 weeks. These monitors can be obtained from Christies.

QS50 Mental Wellbeing of Older People in Care Homes

6 recommendations:

- Opportunities during their day to participate in meaningful activity
- Are enabled to maintain and develop their personal identities
- Have the symptoms and signs of mental health conditions recognised and recorded as part of their care plan.
- Specific needs arising from sensory impairment be recognised and recorded in their care plan.
- Symptoms and signs of physical problems be recognised and recorded in care plan.



- People in care homes have access to the full range of Healthcare services when they need it.

Lifestyle Service Audit

The lifestyle service audit was presented containing the implementation of an innovative hospital based lifestyle service for smoking, alcohol and obesity.

Effective Use of Resources Treatment List

This has been updated.

Mike Lappin

3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

No report received

3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

No report received

3.10 Stockport EPAC (End of Life Portal for Anticipatory Care) [*previously Stockport Electronic Palliative Care Co-ordination System Project Board*]

Healthwatch Representative: David Moore

Tuesday 11th February 2014, 2.45pm to 4.45pm

- 1) Intro's
- 2) Went through minutes and agree actions arising from last meeting.
- 3) Jane Owens (JO) confirmed that once you access EPaCCS you can now access the Prognostic Indicator Guidance facility.
- 4) The Local Medical Council (LMC) have looked at EPaCCS and given their approval. Also EPaCCS has been through locality hubs. Feedback has been very good.
- 5) JO stated that a number of users wanted quick access to EPaCCS record. Graphnet have looked at this and come up with a one click access from the Shared Record screen, for Advantis users only. It would normally take a few clicks!
- 6) JO and Anthony Jackson (AJ) have been working on the build so far to look for errors. They are creating a list of RFC's - problems that fail on the system. The errors are recorded on 3 levels, show stoppers, medium level, need fixing at some point and low level, things would be nice to sort but can be done at next update. There are no "show stoppers" so far!



- 7) Promatica, an IT Company are doing some work to check that the electronic data record is clinically safe to use. They check we are compliant with clinical safety. Cost of £7,500 to sort this out. Promatica take liability of clinical safety of system. They work with us and Graphnet. Work needs to be done and will take 4 weeks. 10 days for us and 10 days for Graphnet. This will hold up system slightly.
- 8) Promatica will start before final model is agreed, at user acceptance testing.
- 9) We will get the system on 17th February. It's in the cloud at present, so we can access it and check for errors, but won't be fully delivered until UAT is complete and consent model is finished.
- 10) There is currently a list of faults and they have "time fenced" this list. They can fix a number in time but not sure yet what that number is?? Also, we haven't prioritized the list!
- 11) We will be having a "soft" launch to test the system and start to use it. 3 testing sessions will start next Monday where there will be scripts, conditions, etc. to fully test each area of the system. They will keep a fault log of show stoppers, sort now and sort later.
- 12) We (board) will make the go live decision based on seeing all RFC's and knowing what needs to be done.
- 13) There will be a "Train the trainer" session in the morning with Graphnet and then play on clinical side of system in the afternoon. The attendees have been agreed from all relevant depts.
- 14) A number of e learning sets have been set up. 30 minutes then up to an hour for specific consent model training.
- 15) It was stated that everyone has to complete training at a level to be signed off to access the system. There is sufficient e learning, training and support for everyone to be trained fully prior to accessing the system.
- 16) JO asked that all organisations nominate an IT Admin lead to manage access to system and starters and leavers. This is critical.
- 17) Dr Waterman said we will have a fantastic system but people need access to it and know about it!
- Date of next meeting:** Monday 24th March at 9.00am to 11.00am at St Ann's Hospice
- Contact david.moore@homeinstead.co.uk for more information.

3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

23rd January 2014

1. Healthwatch will receive more information on the possible problem when the GP changes the script electronically and the paper copy that the Pharmacist produces having the change put on the right hand side of the script. Also there is no way a GP knows when the patient does not pick up the script.
2. Bramhall Park has withdrawn from EPS release 2 as it will distract from AOF duties. Dracondale surgery is also considering withdrawing due to restricted resources.



Mike Lappin

3.12 Stockport End of Life Care Programme Board

Healthwatch Representative: Gerry Wright

No report received

3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

No report received

3.14 Stockport Health & Wellbeing Scrutiny Committee

Healthwatch Representative: John Leach

25th February 2014

This meeting clashes with another meeting so I am unable to attend.

3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

No report received

3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

28th November 2013

Screening - Greater Manchester KPI's

The group reviewed the report 'Key Performance Indicators

- It was highlighted that there had been an issue with wrong NHS numbers being used on neonatal bloodspot requests, It was raised that this could be related to the use of pre-printed labels and that training around this issue had been provided.
- Neonatal hearing screening was the only area for concern - referral to assessment in 4 weeks was below the threshold, however it was noted this is an issue across Greater Manchester
- Noted that parents change appointments, therefore falling outside of the 4 week target.
- Suggested patient information is reviewed to establish if the importance of these timescales is highlighted to parents.
- Agreed to raise the issue with GM and report back to the board



MSCL Update

Copy of the Maternity Services Liaison Committee (MSLC) minutes dated 13.11.2013 had been circulated with the papers. The following points from the minutes were highlighted:

- The CCG has given the MSLC a budget of £200 pa for promotional literature e.g. leaflets, flyers and banner.
- Baby loss - a report had been received which included positive feedback around staff handling and suggestions for improvement.
- Postpartum psychosis and the charity Action on Postpartum Psychosis - Emma Odell had presented an information session to the group and provided leaflets for staff.

Screening Update

- Confirmed that practice development sessions had been held with midwives, the process had been changed to make it error proof and a standard operating procedure was now in place.

PBR Update

- The group was that the Maternity Service payment had changed and the tariff was now split into standard, intermediate and intensive categories (predicted national figures are : 66% will fall into standard, 27% into intermediate and 7% into intensive).
- Group advised that the system was provided by Euroking and it was not accurate; coding issues had been identified e.g. varicose veins allocated to the cardiovascular diseases and past UTIs labelled as renal disease - both in the intensive group. Mental health has an affect and can be easily miscoded. Jest reported the unadjusted figures for qtrs. 1&2 as:
- Standard 48%, Intermediate 42-3% and Intensive 9-10%, showing many more in the intermediate and intensive bracket than nationally predicted. Jest advised that work is underway to correct the coding.

Foundation Trust Update

- The group agreed that the FT would continue to focus on the issues to ensure that data is correct and coding is appropriate FT Update

Diverts

- The FT reported one further divert on 23.11.2013. Jest advised that NWAS are now requesting hourly updates which the FT feel is unsustainable due to the impact it has on capacity; the FT are raising this issue with NWAS.

Assurance Scorecard Clinical Information

- Score cards handed to the board and asked to review/comment.
- *Questions - is the scorecard locally determined? Jest -how can community services be incorporated?*
- *Suggested an average column be added?*



- The group noted there had been a lot of progress on 3rd and 4th degree tear's the FT advised they would continue to monitor with the aim of maintaining this improvement.

Integration work

- Confirmed that the consultation for phase 1 ended on 28.11.2013; events are being held for directly affected staff and wider stakeholders, Healthwatch have also been invited.
- The new management model is scheduled to be in place from April 2014.

Review of Neonatal service

- Reported that the neonatal care unit is currently underutilised; some issues have been identified around the tariff and staffing model.
- Confirmed a further update will be provided when the review is complete.

Med equip for Kids

- Med equip for Kids are funding raising for the children's outpatient area.

Picker Report - Maternity Survey 2013

The Maternity Survey had been circulated with the papers. Jest highlighted the following areas:

- Cleanliness - disappointing results which have recently improved.
- Breast feeding - mothers are receiving additional support from peer supporters and the issues raised have been taken to the breast feeding strategy group.

An action plan has been produced from the report

Influenza in pregnant women

- SJ requested the FT flag issues with how GP practices are sent data on the names of pregnant women.
- It had previously been agreed that Maternity would email lists of pregnant women to practice managers.
- Agreed to speak to Marie Dooley to find out how data is sent to GPs.

Paediatric Admissions

- Finally, it was reported that 70% of patients are attendances (discharged in less than 4 hours) rather than admissions to the POAU.

Loretta Alao

Date of next meeting: March ? To be decided

3.17 Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes

No report received



3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

No report received

3.19 Integrated Care Clinical Reference Group [Previously Stockport One]

Healthwatch Representative: Tony Stokes/Mike Lappin

No report received

3.20 Stockport Pharmacy Application Requests

No requests received.

3.21 Stockport Prescribing Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

No report received

3.22 Stockport Quality & Provider Management Board - [Sub-group of the NHS CCG]

Healthwatch Representative: Tony Stokes

No report received

3.23 Stockport Safeguarding Vulnerable Adults

Healthwatch Representative: Sheelagh Peel

No report received

3.24 Stockport Scheduled (Elective) Care Programme Board

Healthwatch Representative: Mike Lappin

4th February 2014

Elective Capacity

18 weeks back on track in January. The back log should be removed by March. A meeting was held with Care Uk about knee surgery. Triage are sending 600 more patients to tier 2, some being bounced back to the FT due to lack of capacity.

A problem with Choose and Book at present is that it shows the next available is say 1 week but it will be a cancellation, the actual waiting time could be many weeks.

Dermatology



An agreement with Salford has been reached to provide our dermatology services with one consultant being at Kingsgate.

Ophthalmology

2 consultants have been recruited Glycoma patients will be seen by Mr Khan. The department is now fully staffed so we should not be sending patients to Bridgewater Private Hospital.

Cardiology

There is a backlog of 500 patients for follow ups. 7 weeks being the longest wait. Extra sessions plus a locum have been introduced.

Nurse Practitioner and X-rays

A pathway review is required for patients with dementia as at the moment gp's cannot get CT scans direct.

A patient's story was introduced that highlighted a problem with appointments and holidays etc. It was decided that the Foundation Trust access policy should be reviewed.

Healthwatch understanding of choice was introduced and discussed. Mark Chidgey to have a look at it and see if there is any agreement.

Mike Lappin

Next Meeting :Tuesday 1st April

3.25 Stockport CCG Urgent Care Working Group (Formerly Stockport Unscheduled Care Programme Board)

Healthwatch Representative: David Kirk

12th February 2014

The group reviewed the unscheduled care programme plan and the NHS winter funded schemes.

The IV therapy scheme is providing excellent patient satisfaction (100% satisfied or very satisfied with the service).

The NWAS pathfinder scheme to divert A&E attendances continues to underperform. In December 106 referrals against a benchmark of 300. This scheme has received £350K of funding.

CCG to procure a Stockport Integrated Community Falls Service. A similar service was decommissioned a few years ago.

The aim is to commission an evidence based, patient-centred, high quality value for money service for the prompt rehabilitation and treatment of patients who have fallen or are at risk of falling within a community setting, to prevent falls and to reduce morbidity and mortality associated with them.

The Group received, for information a Project Initiation Document (PID) "Stockport Health and Social



Care Unscheduled care strategy”.

The document referenced Stockport Foundation Trust currently sitting 46 out of 46 acute Trusts within the North of England in terms of year to date 4 hour A&E target performance.

This project will build upon the work that has already been done and will achieve a number of core objectives including:

Agreeing a system wide definition of urgent care.

Describing a series of options to the urgent care system which will result in lower costs to the Stockport economy.

Review of best practice

Developing a high level plan.

North West Ambulance Service (NWAS) performance was also reported and the evidence suggests that improvements are needed.

Date of next meeting: April 2014

3.26 Greater Manchester Chair and Chief Officer Meeting

Healthwatch Representative: John Leach and Gavin Owen

No report received

3.27 Stockport CCG Locality Meetings

Healthwatch Representative: Gerry Wright

No report received

3.28 Health & Social Care Informatics (HSCI) Group

Healthwatch Representative: David Moore

No report received



Section 4: Reports from Healthwatch Stockport Task & Finish Groups.

4.1 Complaints Task & Finish group

Healthwatch Lead: Gerry Wright/Tony Stokes

24th February 2014

The *Do You Have a Comment Compliment or Complaint* Leaflet is currently being redesigned to include updated information. This will then be reprinted.

Healthwatch Trafford are producing a similar leaflet, giving thanks to Healthwatch Stockport within the leaflet. They have received very positive comments on the document.

Kirsty Bagnall

4.2 Diabetes & Podiatry Task & Finish Group

Healthwatch Lead: David Moore

No report received

4.3 Discharge from Hospital back to nursing/residential homes

Healthwatch Lead: John Leach

No report received

4.4 District Nurse Service User Group

Healthwatch Lead: Tony Stokes/Carol Stokes

No report received

4.5 Healthier Together

Healthwatch Lead: Mike Lappin

26th February 2014

Healthier Together Subgroup meeting

The group met to discuss the Healthier Together standards on In-Hospital Standards of Care and Community Based Standards of care. They have written a response to the online consultations.

Recommendation: That the Core Group agree the response to the consultation.

Mike Lappin



13th February 2014

Healthier Together External Reference Group

- We need a representative for the Transport Access Working Group. I will take this to the Healthier Together task & finish group
- Our independent chair has had to resign as she has taken up a position at one of the Trusts, Philip Watson (chair of the committee in common) was mentioned. Meanwhile Ken Griffith took the chair.
- The last committee in concern was the first public one. The National Clinical Advisory Team (NCAT) formal review was presented. It concluded that the Healthier Together programme can proceed to Public Consultation. It is the panel's opinion the programme offers an approach and modelling that is an example for the NHS and its partners as they grapple with improving safety, value and sustainability in financially austere times.
- We must make sure that during the CCG's conversation events that secondary care, primary care and social care are discussed, not just primary and social.
- The support pack for CCG's and councils was presented; this is to support them with their public conversations in early 2014. It was also mentioned that Healthier Together is about cooperation and collaboration which is not the same as Monitors mandate for competition. Good practice should be paramount i.e. good outcomes.

Mike Lappin

Date of next meeting: 27th March 2014

4.6 It's in the Drawer

Healthwatch Lead: Clem Beaumont

3rd February 2014

I have been corresponding with Nazie Gerami, the Patient Experience Officer at Stockport CCG about an issue affecting ex-David Ormerods NHS patients.

As regards to the residual contract with David Ormerods, previously Nazie said that she had been informed that as long as the patient has not been discharged back to their GP, Ormerods will still see patients who obtained hearing aids from them, up to 2015. Nazie clarified that she's been informed that the 3 years with David Ormerods ends 3 years after the patient's first assessment with them.

I have asked Kirsty to include this information in the e-bulletin and in our newsletter.

The *It's in the Drawer* report recommendations have now been written.

Recommendation: That the Core Group agree the recommendations within the *It's in the Drawer* report.

Clem Beaumont



4.7 Redevelopment of A&E

Healthwatch Representative: Mike Lappin

No meeting held.

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. If there is nothing to report please let us know so we do not report 'no report received'

27th February 2014

[Ends]