



Healthwatch Stockport Work Programme Monthly Report March 2014

28th February - 27th March 2014

Healthwatch Stockport is a Company Limited by Guarantee

Registered Company Number: 8442532



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

Friday 14th March, 1pm-2:30pm

New Requests to Healthwatch Stockport Operational Team

- a. NHS Constitution Leaflet - Agreed that it was a positive move. It was proposed that this be escalated to Healthwatch England as other HW may have already written a version and sections can be featured in each e-bulletin
- b. Better Care Fund - a request for a breakdown of funding for 2013/14. Gavin to request this from SMBC
- c. Access Policy - Agreed to be circulated to the Core Group for comment and escalated to HWE
- d. Outpatient Appointments and referrals - Agreed and to be circulated for comment and escalated to HWE
- e. Use of acronyms - Agreed and to be circulated for comment and escalated to HWE

Report from Each Lead

Health and Wellbeing Board

- Adult Social Care - Preventing isolation and maximising independence
- Better Care Fund
- Section 75 agreement

CCG - no report submitted

Stockport NHS Foundation Trust (FT)

- The first FT subgroup meeting will take place on 20th March
- It will be general scene setting
- Look at the annual plan (driven by the Dept. of Health) and the quality accounts
- The Emergency Dept at Stepping Hill is still not hitting national targets and is classed as failing and is under the standards organisation, Monitor
- Some departments are still missing their referral waiting time eg. Ophthalmology



Adult Social Care

The Adult Social Care Subgroup met on 4th March 2014. The main items on the agenda were matters arising from the 1st and 2nd quarter reports on Adult Care Services, Overview reports and Health & Wellbeing reports. Queries were raised about progress being made in planned changes to services and the effects on quality of services resulting from changes. It was agreed to ask for more timely delivery of 3rd quarter reports which will provide some answers to queries and highlight areas which Healthwatch Stockport needs to follow up. Concerns were expressed about continuing problems with people being admitted or discharged from hospital with new pressure sores and the apparent continuing problems with the poor practice in hospital discharges.

Mental Health

- Next subgroup meeting planned for 19th March
- Agreed that HWS will collate MH questionnaire from the providers about the quality of service provided (Pennine Care, Stockport and District Mind, Stockport Progress and Recovery Centre, Peer Review)

Children and Young People

- No report submitted

Public Health

- The question to inform the Joint Strategic Needs Assessment that HWS has and will be asking at events will be general: "What constitutes a good health and social care service for you?"
- HWS will be supported with the engagement by Cat Duncan-Rees from SMBC who will help co-ordinate speaking to particular groups of people eg. Mum and toddler groups, carer groups and cover a good cross section of the geographic areas and demographically

AOB

- David had raised the issue that the Christie hospital is now under Monitor too and this is relevant to HWS. Gavin agreed and it was a wider issue and he would raise with other HW Greater Manchester organisations.

Gavin Owen

Date of next meeting: TBC

1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

12th March 2014

Item 4 - Chapter 5 - Prevention and Maximising Independence

A presentation was made on this subject by Sarah Newsam updating progress on the "We Wills" in the



Health & Wellbeing Strategy, The Board noted the progress

Item 6 Better Care Fund

There was a verbal update on the second submission with particular focus on the work of Health and Social Care professionals and the outcomes secured.

Item 7 Renewal of the Section 75 Agreement

The Service Director (Adult Social Care) outlined the context of the s75 agreement between Stockport Council and Stockport Clinical Commissioning Group for 2014/2015 in advance of finalising the agreement at the Health and Wellbeing Integrated Commissioning Board in March.

Item 8 Clinical Commissioning Group Plans.

A report was presented by the Chief Operating Officer, Stockport CCG. This is a draft of the CCG's five year strategy. It is currently in the form of a Key Lines of Enquiry as required by NHS England. Once this is broadly agreed and following an on-going conversation with the partners and the public it will be revised and published in a more typical plan format.

Item 9 Joint HWBB Strategy Outcome Framework-2013-2014

A report was made by the Director of Public Health. The report presented the health and wellbeing performance indicators previously agreed by the Health and Wellbeing Board.

John Leach

Date of next meeting: 4 June 2014 Health & Wellbeing Strategy themed item will be Inequalities (cross cutting all themes)

1.2 Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

12th March 2014

1. Strategic Priorities.

Priority One - Adult non - elective hospital admissions are up. Emergency hospital admissions are up. A & E attendances are down. Work is underway to reduce hospital care where it would be more appropriate to provide this care in the community.

Priority Two - There has been no change in paediatric hospital admissions.

Priority Three - GP hospital referrals are reducing in line with the plan. Referral co-ordinators are being introduced at GP practice level and peer review of referrals is taking place. These steps will help GPs to refer only those patients to hospital where this is needed and community treatment options are not available which will be much better for patients. More patients are being seen in hospital out patients than was planned. Cancer awareness campaigns are seen as one of the reasons for this.

Priority Four - A and E performance at Stepping Hill continues to be a worry which is difficult to correct. Patients waiting more than the required four hours to meet safe practice standards being the main issue. Patients waiting more than the required 18 weeks for Orthopaedic care



and Ophthalmology is becoming less of a problem thanks to the actions being taken to correct this.

Priority Five - The uptake of Flu vaccination and patients coming for their health checks is continuing to exceed the required numbers. Consequently the emphasis on prevention is being achieved.

2. Strategic Aims

To transform the experience and care of adults with long term conditions.

To transform the care of children with long term conditions and mental health needs.

To increase the clinical cost effectiveness of elective treatment and prescribing.

To improve the quality safety and performance of local services.

To ensure better prevention and early identification of disease.

With the CCG about to enter its second year in April these plans are largely on track.

There is a desire to improve mental health services within the borough.

The speed at which this will happen is to some extent dependent upon how quickly transformation from dependency on expensive hospital treatment can be transformed to less expensive community care.

This will be better for patients who given the choice prefer good community care to good hospital care.

Date of next meeting: 9th April 2014

19th March 2014

Contract Review Meeting between Arriva and Commissioners

I attended the monthly contract review meeting between Arriva and the commissioners at Stepping Hill on 19th March. Their performances against their targets is improving.

In April 2013 they were collecting 55.3% on time. In February 2014 88.4% were collected on time - the commissioned target is 90%.

The arrangements for collecting patients for return home after an outpatient appointment at Stepping Hill is a problem - many patients are waiting in outpatients longer than they need to for collection. One reason for this is that the communication with Arriva is by telephone. The solution is that the outpatient staff will be indicating on line that the patient is "ready" for collection.

The outpatient staff will also book transport for follow up appointments on line rather than by telephone.

When a specific transport problem occurs - a problem that would have been investigated at the next meeting between Arriva and the commissioners - from now on this will be investigated immediately whilst it is current. Thus recurrent problems will be prevented quickly.

Tony Stokes



10th March 2014

Clinical Commissioning Group Angiography Consultation

Mark Chidgey, The Director of Provider Management at Stockport CCG led the consultation. The CCG want to change the non-urgent response to needing an angiography. This would mean decommissioning the stand alone angiography service from Stepping Hill Hospital which currently sees 250 Stockport patients a year. Under the new plans, patients will only need one invasive procedure rather than two.

Currently, Stockport does one invasive procedure, then some patients have to have a second one at a different hospital. The reason behind decommissioning the service, as well as less discomfort for the patient is that all invasive procedures carry some risk, so the fewer of them patients have the better. Stockport NHS Foundation Trust are not accredited to deliver the second service and Central Manchester and South are confident that they can manage the extra patients. Quality tends to be better when clinicians see a greater number of patients.

Q) Where will money go if Stepping Hill are doing less and Wythenshawe more?

A) It will follow the patient, i.e. Stepping Hill will receive less money and Wythenshawe more.

Q) What about the saving from having fewer procedures?

A) Some of this will be spent on more diagnostics and any savings that are left will go towards the overall NHS savings that need to be made as there is less money to spend overall.

Q) If you are removing the urgent service from Stepping Hill Hospital, then how can we be assured in the quality of the decision they are making to refer on to other hospitals?

A) Stockport Foundation Trust are looking to improve the cardiography service in Stockport, by recruiting additional cardiologists who work across both Wythenshawe and Stockport. Members raised concerns that if the angiography service is being taken away, then how can we be assured of the quality of their decision making?

Q) Will this make it difficult for Stockport NHS Foundation Trust to recruit cardiologists?

A) Potentially Yes, but looking to recruit with Wythenshawe.

Q) What timescale are we talking about?

A) From formally notifying Stockport NHS Foundation Trust to decommissioning, around 6 months.

Q) When North West Ambulance Service (NWAS) picks you up patients where should they take them?

A) The CCG will have to work with NWAS to ensure they have updated pathways to take patients to the best place for them. If somebody needs an urgent angiography, NWAS already know to bring the patient to the relevant hospital.

Q) Does the CCG need to procure the new service?

A) NHS Procurement rules and European rules are not straightforward to apply. However in this case we don't believe that we need to go to procurement for this as we are not buying a new - we are changing how many patients are treated in existing services. There are already enough accredited



providers to deliver this service (Central Manchester University Hospital, Wythenshawe Hospital, Pennine Acute Hospitals) to give the choice needed within the rules.

Q) Are all the procedures a separate visit to the hospital? There is a big difference between travelling to Stockport compared to travelling to Manchester.

A) All procedures are separate.

Q) Will you be consulting further?

A) With patients and stakeholders via an online survey

Following the consultation, members discussed their next steps. It was agreed to ask Stockport NHS Foundation Trust for their opinion on what the consequential affect on cardiology at Stepping Hill Hospital would be. The main points discussed by those in attendance were:

- The clinical evidence appears to show that it is in the people's interest, what would be the consequences for the people of Stockport?
- Timescale must be exactly the same.
- The quality of clinical decisions made are important.

Those in attendance will be proposing a response to the consultation, which will be circulated around the Core Group for agreement prior to sending off. **Recommendation: Core group to agree response to consultation (response will be circulated when drafted)**

Kirsty Bagnall

1.3 Stockport NHS Foundation Trust

Healthwatch Lead: David Kirk

20th March 2014

Stockport NHS Foundation Trust Subgroup Meeting

The Stockport NHS Foundation Trust subgroup held its first meeting on 20th March attended by 8 members with apologies from a further 7. David Kirk set out the focus of the group in respect of the Foundation Trust, principally to:

- a) Hear views on how services provided by Stepping Hill Hospital could or ought to be improved. (including recommendations to Commissioners)
- b) Obtain the views of members regarding their needs and experiences of services provided by the FT (Stepping Hill Hospital).
- c) Promote and support the involvement of local people in the provision and scrutiny of this local service

David Kirk gave an overview of the legal status of Foundation Trust's, how they are regulated and held to account.

Current issues were discussed and illustrations given how the Trust's performance is reported through



Board papers and performance reporting on the Trust's website.

The focus of the next meeting will be to develop a comment for the 2013/2014 Quality Account. Once the draft copy is received a meeting of the team will be arranged to with the Director of Nursing will be invited to explain the document.

Members were encouraged to attend the Board and Council of Governors meetings which are held in public. The Board meetings will be held 27th March 2014, 22nd May 2014, 26th June 2014, 24th July 2014, 25th September 2014 and 27th November 2014. The Council of Governors meetings will be held on 2nd April 2014 at 6pm, 8th July 2014 at 6pm, 29th September 2014 at 2pm, Annual Members' meeting on 2nd October 2014 at 6pm and 11th December 2014 at 2pm.

Date of next meeting: To Be arranged following receipt of draft Quality Account

Patient Representative Group, Division of Medicine

19th March 2014

A very good meeting with members of Deloittes staff to observe and then consult privately with the group on Governance, as they prepare a further independent review of the Trusts Governance

Two major points were raised by the members :-

The Rheumatology representative has serious concerns about the usage of dedicated rheumatology beds resulting in long delays beyond recommended time for routine admissions.

The Cardiology representative is closely watching the anticipated changes in angiography services.

Sheelagh Peel

Date of next meeting: 30th April 2014

1.4 Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

4th March 2014

Adult Social Care Subgroup Meeting

The Adult Social Care Subgroup met on 4th March 2014. The main items on the agenda were matters arising from the 1st and 2nd quarter reports on Adult Care Services, Overview reports and Health & Wellbeing reports. Queries were raised about progress being made in planned changes to services and the effects on quality of services resulting from changes. It was agreed to ask for more timely delivery of 3rd quarter reports which will provide some answers to queries and highlight areas which Healthwatch Stockport needs to follow up. Concerns were expressed about continuing problems with people being admitted or discharged from hospital with new pressure sores and the apparent continuing problems with the poor practice in hospital discharges.

June Westley



10th March 2014

Community Hub Communications, engagement and co production meeting

The Integrated Locality Hubs are now known as Community Hubs.

I reported back feedback from Healthwatch Stockport members that there is confusion between transformation, Stockport One, People Powered Health (PPH) and the integrated hub. They are looking into developing information as a visual diagram and a leaflet about the integrated services.

They have communicated generic information, now they need to be more specific.

Flag are reaching out to GPs at the moment about PPH. There is a leaflet about Meet the Team for professional staff to find out more about PPH.

There is also a FAQ for professionals on the Community Hub. They have collated a FAQ for the public too. I will forward on comments from members around the confusion that has arisen. This will be used to support professionals answering questions from the public and will be used to start a public facing leaflet.

The different delivery integration projects completed proposals to look at key issues for staff and how they can work together and support each other. These included district nurses, stability and therapy services, mental health, targeted prevention (PPH).

The proposals highlighted where other workstreams can help each area. Communications, Engagement and Coproduction issues were raised. For example, the need for a key vision, so that everybody working on integration has the same view of what integration is. PPH still need to engage with others such as the Department of Work and Pensions, neighbourhood management, retirement teams etc.

Workforce development and working on engaging with staff to find out what support they need. It is difficult as they are very busy (eg district nurses are on red alerts). At the moment, they are focusing on supporting staff as and when they need it, as there is not the capacity to put together a large training plan. Addressing culture changes.

The transformation board has developed its vision and they want to make it meaningful for people.

Jude fed back on the hub engagement events. She fed back that people are able to identify more about health than social care and that it is very hard to engage with people on this topic. People are very supportive of local hospital and are unhappy about moving services into the community, in particular because of the press converge privatisation is receiving at the moment.

Jude reported that Healthwatch members were great in supporting the work, in particular explaining change to other members of the public. There were lots of comments around waiting times for GPs. She said that it makes you think about the community and how to share the details of the project in a none-strategic way.

Kirsty Bagnall

Date of next meeting: 24th March 2014

13th March 2014



Community Conversation: Marple

The Marple Community Conversation was an opportunity for Marple residents to get together to network with others representing the public, private and voluntary sectors to discuss ways of 'investing in health & social care'.

The conversation was looking for ways to work joined up work between community groups, faith-based organisations, local authorities and statutory agencies to improve the health and wellbeing of local people. For example, setting up walking groups for health or social groups which would help to tackle social isolation.

Kirsty Bagnall

1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

25th March 2015

Healthwatch Stockport Children & Young People's Subgroup

Healthwatch Stockport Children & Young People's Subgroup have developed an action plan, which they would like to be ratified by the Core Group. They will be presenting their plan at the next Core Group. **Recommendation: Core group to agree Children & Young People's Subgroup action plan (action plan will be presented at Core Group Meeting 7th April 2014)**

Kirsty Bagnall

1.6 Pennine Care

Healthwatch Lead: Mary Foden

19th March 2014

Minutes of previous meeting agreed. Gavin thanked everyone for attending, and outlined the Agenda, the focus of which was mainly cuts to mental health services.

Nick Dixon Mental Health Commissioner from Stockport Metropolitan Borough Council presented the Local Authority view of how Mental Health Services in Stockport will be developed over the next few years.

He said that we need to see the whole picture, and need to be proud of what we do in Stockport. We have a national reputation second to none. To date the focus has been too much on medical risk averse approach and the whole person and their potential has been forgotten. Future values will be initially upon recovery and then social inclusion. Personalisation is held up as exemplary around the country. Coproduction has redesigned services around these values and principles. Outcome will now be the focus, and measuring this has begun, and will inform the national agenda. Coproduction makes some people feel uncomfortable, but the way forward is about working together, recognising skills and assets of those with mental illness. A common vision of all those involved, and pulling together is required. Some people have been critical of this and have a different perspective, including some experts from Pennine Care. We can argue or collaborate and agree priorities. Nick is



frustrated by the campaign against cuts. In his view we have to be careful not to cause fragmentation.

Janet challenged Nick about lack of consultation with service users and carers, and others. Nick replied that challenge should be a more constructive formula, and went on to explain more about the Co-design Forum.

The CCG have recognised that mental health is underfunded, with money going into CAMHS, psychological therapies and dementia. Local Authority funding has increased by 22% in the last four years. This money has come out of demographic funding etc. This has enabled a protected social care agenda. A model of People Powered Health created by NESTA based on the principles that people working together matter more than medicine has been developed. Nick talked about a publication due to be published next week called 'Innovations Unit - 10 Solutions for 21st Century Healthcare, which mentions the Stockport model. A piece of research carried out in Brinnington regarding improvements in care pathways is also being written up.

Personal Health Budgets have also been introduced and 500 people are now in receipt of these. Monitoring of these is now in its 5th year. They represent a collaborative way out of problems.

Hubs of People Powered Health have also been developed. These will enable community networks to support those with long term conditions, reducing the number of people resorting to A&E, and helping people to have purpose in life. Stockport has gained £350,000 funding including an additional £70,000 so that robust evaluation of the model can occur. Recent policy Closing the Gap is bringing twenty five priorities in mental health together.

Lily had raised a concern that the Co-design Forum only dealt with strategic issues and not operational issues. Nick explained that the forum replaced LIT and operational issues should be dealt with before coming to the Co-design meetings. A list of nominated people to contact if experiencing difficulties had been requested but Pennine Care was the sticking point. They preferred to speak to users and carers themselves. Lily thought there may be particular people to contact and agreed to check the names of these people.

A Question was raised about why a stress risk survey had not occurred prior to changes being made to mental health services. Nick felt that Pennine Care was in a difficult position with two phases to the problem. He stated that mental health staff who work in Stockport have low numbers of cases compared to other across the Pennine footprint and these need to be increased. A stress risk survey is being carried out for staff.

Nick was asked how Pennine Care link into the Co-design Forum. He explained that out of £29 million pounds funding for mental health in Stockport £24 million is allocated to Pennine Care. He agreed that Pennine can only do what they are commissioned to do and have to provide what the CCG request. There had been a recent meeting of the CDF (Co-design Forum) in which it was clearly said that the cuts for 2014/15 were 17%, 25% over two years. This equates to seven full time equivalent posts. The minutes of the CDF will have the figures.

The meeting was informed that at a recent Union meeting it was mentioned that Trafford Council had been able to absorb cuts and not pass them on to mental health services. This raised the



question that If Trafford could do this why could Stockport not do the same? Also mentioned at a Union meeting was the fact that In 2006 Stockport was the worst funded mental health service, and that there has been a lack of consultation about current cuts.

Action:- Healthwatch will speak to Dr. Ranjit Gill and speak to the CCG about the necessity of cuts.

A further question was asked about whether the strategic redesign of services has considered pathways in and out of functional mental health services. Nick explained that at present 3 models are being proposed. These were still very much in n the planning stage.

1. Three CMHT's become 2 and absorb the Recovery Intervention Team, and the Early Intervention team remains separate.
2. Recovery Intervention Team expands into all teams
3. Nick produced a draft model that he has developed, which he distributed to the meeting. This still requires some additional notes to explain the model.

Lily queried whether the strategic working group is involving service users and carers.

Action:- Healthwatch will ask the Co-design Forum for this strategic process.

Pennine has set up BIGS but it was thought to be more useful for Pennine to attend CDF and to be involved locally.

Deputy lead of Mental Health Sub Group:- Gavin will send out an advert to attach to the minutes, with a half page role description.

Other Business:-Pennine Care, SPARC (Stockport Recovery and Progres Centre), Stockport and District Mind and Peer Review team are consulting Mental Health Service Users about Mental Health Services, and Healthwatch Stockport will collate these returns to enable more credible information to be returned. Kirsty will design a Survey Monkey version of the questionnaire.

Mary Foden

Date of next meeting: TBC

1.7 Public Health

Healthwatch Lead: Roy Oliver

27th February 2014

Public Health Sub-group

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

Apologies: Peggy Hall

The meeting open at 1335hrs



1. A request was made by several members that large documents be printed out, this will be done for new or major changes to present documents otherwise Roy will highlight amendments to which can be entered manually to save paper and printing costs.
2. The group was concerned about reports of an increase in the use of accelerants as legal highs. A question was asked if schools had a substance abuse policy. Roy will ask at the next JSNA meeting.
3. A discussion was had on the JSNA's children and young person's strategy and it was felt that it should concentrate on the 0 to 5 year olds.
4. It was agreed to invite Eleanor Bannister to the next meeting to give an overall picture of Public health in Stockport. Due to annual leave Eleanor cannot make this meeting but has agreed to come to the meeting on the 24th of April with the deputy director of public health.
5. A question was asked on how stable are the communities in deprived areas? Data is being collated on this but going on past evidence it doesn't change by much.
6. It was agreed that future meeting would start at 2pm to avoid clashing with the Stepping Hill board/governors meetings.

Meeting closed at 3pm

Roy Oliver

Date of next meeting: 27th March 2-4pm. Graylaw House

19th March 2014

Pharmaceutical Needs Assessment Project Group (PNA)

The last PNA was reviewed and we were reminded that Stockport was used as one locality. The new PNA will be based on the old one.

Some new considerations are the 800 new houses at Woodford, 1800 new houses at Handforth and the green field site at Brinnington. We noted that NHS England do not have to provide what the PNA says Stockport needs, (i.e. enhanced services).

There is a slight increase in ethnic minority population around Heald Green and Cheadle.

We are to check the contract of the pharmacy that should provide services 365 days per year.

Healthwatch has been asked to provide information to the group of its members have had any access problems to pharmacy services.

Mike Lappin

1.8 Equality and Diversity

Healthwatch Lead: Jon Burke

27th March 2014

No report received



An update on Healthwatch Development and on-going Subgroups

Section 2: Development Team

25th March 2014

Support: Kirsty Bagnall

No meeting held.

2.1 Healthwatch Stockport Reading Sub-group

Healthwatch Lead: David Atkinson

No new information was sent to the reading group this month but the People Powered Health comments were sent back to Stockport Council on 4th March 2014.

Michelle Sheridan

2.2 Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll

25th March 2014

A second Meeting the Public: Community Champions training will be held on Monday 19th May, 10.30-4pm. If you would like to book on, please let the office know.

Recommendation: Any Core Group members interested in visiting groups as a Community Champion to book onto the training.

Kirsty Bagnall

26th February 2014

Media and Communications Training - Telling your story, Creating effective stories in words and pictures also building a bank of case studies

I attended this training provided free by Anchorpoint Stockport. It was useful to discuss with other organisations our experiences and ways of explaining what Healthwatch does in a short form. This is something we all struggle with as it is difficult to explain, “public and patient involvement” without using jargon or talking for too long! The following were some

- Helps residents of Stockport have their say on health and social care
- Volunteer run membership organisation
- We help residents influence the services they use and have their say on the planning and delivery of health and social care services.



- We help residents get their voice heard on health and social care issues
- We are currently looking for feedback on the patient transport service
- Our most recent success was helping to bring about the delay of the rollout of the sharing of patient care records, following feedback that people did not have enough information.

Kirsty Bagnall

March 6th 2014

Easy Read Training

I attended this training delivered by Inspired Services. It was fantastic and I learned how to produce information in EasyRead (a type of document for people with learning disabilities or a limited use of English). I will work on translating our application form and Comments, Complaints and Compliments leaflet into EasyRead.

As part of the course, we also received a year's subscription to access the image database at Inspired Services designed for use on EasyRead documents.

Kirsty Bagnall

12th March 2014

Media and Communications Training - Presentations and media contact

I attended this training provided free by Anchorpoint Stockport with Michelle Sheridan. There were some good practical points raised around media communications that I will add to our Media Guidelines to support Healthwatch Stockport spokespeople.

During the second part of the training, we had to write and present a pitch scenario as a group. Michelle, in particular, was singled out for praise by the trainer due to quick thinking within her presentation.

Kirsty Bagnall

2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

25th February - 26th March

Twitter: 1,033 Tweets, 556 Followers, 26 mentions, 36 retweets. The rise in the number of followers, mentions and retweets can be put down to the livetweeting of two events. During the Core Group, I tweeted along with the agenda and I also tweeted during the Community Health Challenge event. This helps keep those who are unable to attend to be kept updated on our work and also shows the community and service providers of the breadth of our work.

Facebook: 538 Total Page Likes, 5 posts and monthly total post reach of 108. Facebook have altered



the way that pages work, which means that the average post only reaches around 5% of our overall 'likes'. This is something that is impacting many smaller organisation pages and not something with an easy solution (other than purchasing paid for posts). I have been posting more photographs to the facebook page as these tend to get slightly more views than just text posts.

Website:



- Overall, the website received 364 visits, 274 of these were unique visitors with 64% of visitors were visiting the website for the first time.
- There were 1,052 page views with people visiting 2.89 pages per visit. The average time spent on the website was 2m 58s.
- The highest visited page on the website was the front page with 319 visits (30.32%). The Newsletters page was the second most visited, at 6.84%. The Meet the Team page and News page were the third most visited with 4.56% each.

Positive Press Articles:

- Article in *Stockport Express*, 5th March 2014 about Patient Sharing Scheme Delay
- Article in *Stockport Independent*, February 2014 about the Patient Transport Service

Kirsty Bagnall

1st March 2014

Integrated Care Programme

We were meeting people of Reddish in Houldsworth Square in support of Jude Wells. Adult Social Care Service Manager on Saturday, 1st March. A start time of 10.00 am proved to be rather early on a cold March day and it took about an hour for people to be out and about.

Main point raised was difficulty in getting a GP appointment, but when arranged every one we spoke to was satisfied with their treatment.

We did not find anyone with experience of looking after anyone with Community Care back-up, but those who went on to Clinic or hospital treatment (including surgery) had nothing but praise for the way they were treated at Stepping Hill both clinically and with dignity and respect and their follow up treatment. We spoke to persons ranging in age from 8 to 91 with a boy of 11 who had been treated at SH for 5 years and was now in remission. We found that children particularly wanted to



speak to us.

We explained how Integrated Care should work and it got everyone's' backing.

I discussed Healthwatch with them and handed out leaflets. I understand this was one of three Consultations.

Eve Brown

25th March 2014

Rise to the Challenge Events

We were invited to take part in four events to support Stockport Council's *Rise to the Challenge*, taking along a consultation to support the Public Health Subgroup. The consultation asked people what matters the most to them when using a health or social care service.

People were also encouraged to sign up as members, of which we have received around 15 application forms.

Feedback from these events will be fed into the Public Health Subgroup to inform the Joint Strategic Needs Assessment (JSNA).

Kirsty Bagnall

10th March 2014

Rise to the Challenge Event, St Paul's Church

There was an access issue getting into the church and some problems setting up. The event could have also been better advertised, for example, the church next door could have been invited.

We got a fair number of comments on our board on services received. Other comments were generally positive. Got some comments that PALS is still advertised in the surgeries - this is currently being looked at by the Patient Experience Team. There were also rather a few bits of feedback on End of Life care.

Margaret, as a Healthwatch Stockport Community Champion, spoke to many people engaging with people around the room. Some may get in touch to get speakers for their groups, such as the U3A.

Janet Brown

25th March 2014

Asian Women's Group

I attended the 'Rise to the Challenge' event in Heaton Moor on March 10th out of which I was invited to give a talk about Healthwatch to the Asian group which meets Tuesdays and Thursdays 'underneath' Heaton Moor library . We arranged to meet today at 11am. It seemed to go well and



they might join as a group.

Margaret McCausland

Saturday 1st March

Integrated Care Programme

People felt that the services of Stepping Hill Hospital were excellent. People are concerned with the Government's attitude. That the NHS may be privatised. They do not want privatisation.

Cohen chemist are buying out small chemists and then closing down their Saturday service.

People are concerned that GP's are saying that various options for treatment are unavailable due to cost. Waiting times are too lengthy. Expensive parking and lack of space.

Gerry Wright

2.4 Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

25th March 2014

As you know we have started arranging the Enter and View activity for the coming year.

The first visits will take place at Stepping Hill Hospital and will focus on the discharge from hospital and travel home in an Arriva ambulance. These visits will take place on Tues 15th, Weds 16th and Thurs 17th April 2014. There will be two representatives on each of the three visits.

Gerry and Gavin will meet the six Enter and View representatives on Thursday 10th April (subject to confirmation) to work through the purpose, structure and focus of the visits. We will also go through the questions for staff and patients during the visit, and any queries representatives may have around the roles and responsibilities.

We still have Enter and View representatives who have not collected their badges from the office. This will not stop representatives taking part in these visits as they can pick theirs up as and when needed.

As this is the first Enter and View as Healthwatch we do expect a lot of interest from representatives. We are also arranging visits to 4 care homes within the next 6-8 weeks as well.

Gavin Owen

2.5 Patient Experience and Feedback/Evidence Gathering

Healthwatch Lead: Tony Stokes

13th March 2014

1. Gavin and Maria will be meeting Mike Burrows of NHS England to discover his plans for reconfiguring cancer services and to plan our involvement in consulting over these plans. The operational team will then be asked to act accordingly.



2. Gavin and Tony will be meeting Ann Barnes at Stepping Hill to discover her plans for how Stepping Hill will react when the new plans for reconfiguring cancer services are released. The operational team will then be asked to act accordingly.

3. Tony will be attending contract review meetings between Arriva and the commissioners. The next one will be on 19th March. I will report back to the operational team.

4. Gerry will be planning enter and view sessions with Arriva in the discharge lounge at Stepping Hill.

We have not yet received reports into the office from Stockport CCG, Stockport NHS FT, NWAS or the Christie. We have received reports from NHSCAS, Flag and Stockport Council.

When we have an agreement for sending reports, we can then give the services deadlines to send us their reports, these can then be circulated to the group prior to each meeting for them to identify issues and themes and bring them to the meeting for discussion. The HWS database can be searched for these trends and issues if needed.

David gave a presentation on the "trips and falls" programme which SNHSFT have been commissioned to provide. We will continue to gather patient experiences on the implications of people falling and breaking limbs. We will make recommendations to the operational team if we think that there are ways in which we can help the project.

Under any other business Gerry told us that the Cohen group are buying independent retail businesses. They are changing the business hours of these retailers which is inconveniencing patients. I will ask the operational team to see whether or not we should intervene.

Date of next meeting: Tuesday 8th April at 1.30pm The purpose of this meeting is to meet with the "Safety and Risk/Complaints managers" to set up a reporting structure of their complaints reports and find out what other quality monitoring reports their services produce and devise ways in which we can help each other. We have invited Stepping Hill, Stockport Council, Christie, Pennine Care, NWAS, Stockport CCG.

Tony Stokes

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 March 2014

Actions from last meeting



We need a new pathway for DVT (deep vein thrombosis). We need to know how many patients are on RIVAROXABAN instead of WARFRIN.

Current Performance

We are £1000,000 over spent. Prescription volume continues to grow along with anticoagulants.

Community Pharmacy

Discharge information is being faxed to the wrong addresses. A possible answer is to send the information home with the patient.

Mike Lappin

3.3 Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta

27th March 2014

No report received

3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

27th March 2014

No report received

3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

27th March 2014

No report received

3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged

27th March 2014

No report received

3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

26th February 2014

Adult Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)

The Autism Act 2009 places legal duty on health and social care organisations to provide services for



people with autism. The current position in Stockport is that there are no local services for adults with either suspected ASD or ADHD. Furthermore where young people require further support and clinical input there is no provision for this to take place. Where adults need diagnosis for ASD they are referred to Sheffield and where they need diagnosis and treatment for ADHD they are referred to services in Birkenhead. The objective is to commission a continuous and accessible diagnostic and treatment service for children, young people and adults with ASD and ADHD.

There is a planning process in place to fill the gap in provision of mental health for 16 to 18 year olds.

Epilepsy

A letter has been received from EP Action complimenting the CCG on its efforts on Epilepsy. There is mention of a GP with special interest in Epilepsy having volunteered. Further discussion will have to take place to decide who will employ the GP.

CG175 Prostate Cancer

VOS to check on the outcomes from the use of the robot in the urology department.

Generic Prescribing Guidelines

A generic medicine contains the same quantity of active substances as the proprietary medicine that originally received marketing authorisation. However, anti-epileptic drugs have been put in 3 categories :

- Patient should be kept on branded drug
- Clinical judgement should be used to determine if the patient should remain on the branded drug.
- Usually unnecessary to keep the patient on the branded drug when the patient has specific concerns. One concern is that if a patient changes to generic has an accident in his car, loses his licence and could blame the change of drug

The Wirral based private mid wife provider, One to One North West Ltd are trying to procure business from Stockport.

Mike Lappin

3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

5th March 2014

1. Nicole Alkemade - Joint Commissioning Manager Stockport CCG is now on Adoption leave. Maureen Hughes will manage the meetings in Nicole's absence.
2. Stepping Hill Hospital Screening of patients for dementia - The screening is part of a national CQUIN (quality target) for hospitals. Dementia Assessment and Referral data collection has been mandatory since April 2013 for all NHS funded trusts providing acute services. All structures are now in place to assess patients aged 75 and older, admitted as an emergency for more than 72 hours. When assessment identifies that people may have dementia



potentially, they will be referred on to their GP or to a specialist directly for further assessment.

3. Lorraine Burgess - Lead Nurse on Dementia at Christies tel 918 2020 reported that the number of staff trained on dementia awareness had now increased to 98% of the total staff complement ie including porters etc. Any concerned next of kin should be encouraged to make contact with her.
4. Dementia Awareness Week 19th-25th May - Any volunteers to support the stall in Marple would be appreciated.
5. A Dementia Conference is being organised for September / October 2014 at the Stockport County Ground.
6. A Dementia Café is being launched in Marple as part of the Dementia Friendly Marple initiative. The café is for people with dementia and their carers and will be held fortnightly at the Ring of Bells pub on Church Lane Marple SK6 7AY on Friday's 10:30 - 12:30pm. The next session is on Friday 21st March 10:30am - 12:30. For further dates contact the Alzheimer's Society on 0161 483 4446 or maureen.hughes@stockport.gov.uk

Name of person report from: Tony Johnson

Date of Next Meeting: Thursday 5th June, 10am

3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

12th March 2014

Nothing specific for Healthwatch from the 12th March meeting other than the forum would like to work on equality issues with Healthwatch - Kieran will be in touch in due course about this and any other health issues which come up before the next meeting in June.

Tony Johnson

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

27th March 2014

No report received

3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

27th March 2014

No report received



3.12 Stockport End of Life Care Programme Board

Healthwatch Representative: Gerry Wright

24th March 2014

Healthwatch submitted the replies I asked for on the suggested outline for a future system suggested by NHS England for End of Life Care to replace Liverpool Pathway

1. The suggested pathway was to reflect what best could be delivered in Greater Stockport that would deliver a caring and quality end of life experience.
2. That could be delivered by hospital staff within a caring and informed way that kept all parties concerned and on board with actions, decisions and agreement.
3. The main outcomes and recommendations from Healthwatch members were
 - a. That a diary was kept of actions to be taken that the patient's family could review what was to happen and when
 - b. That quality was the watchword in all actions to be undertaken
 - c. That staff would be trained and their advice listened to so that actions to be taken were within their abilities ,time and scope
 - d. That in all occasions the patient was the main concern
 - e. That quality and a failsafe situation prevailed at all times.
 - f. That various wordings in the suggested outline were amended so that they sound less ambiguous and more concise.

At my last meeting the above findings were submitted. I found that there was now to be a further look at the suggested Greater Stockport delivery which was now to be amended and a Greater Manchester delivery was to be considered, This has yet to be met on and discussed. Further developments are that this new replacement for the Liverpool pathway was to be running by April when the Liverpool Pathway is to be discontinued. Furthermore the training of staff for the new system is to be adhoc i.e. no compulsory aspect. In placing my professional hat on I explained to no avail that they were setting themselves up to fail and six months down the line they will be in the same situation as with Liverpool Pathway, a discredited system. I eagerly await further meetings to attempt to recertify this headlong jump to implement without putting in a budget and training plan to set up a working system.

Gerry Wright

3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

18th March 2014

A somewhat disappointing meeting as we had hoped to hear Musa Navqi (C.C.G.) update us on the Community Falls Pathway on which we had been consulted in its initial stages. Unfortunately he was



not present.

Our support worker Jo Macey from Age UK Stockport is leaving and we thanked her for all her enthusiasm and good work.

We cleared up some items as we will not meet again until July when we will be supported by someone from Age UK Stockport. From November we hope that Musa will take over the chairmanship.

We understand that the Falls Pathway is currently at the business case stage and depending on the outcome of this will move to the procurement stage.

Date of next meeting: 8th July 2014

3.14 Stockport Health & Wellbeing Scrutiny Committee

Healthwatch Representative: John Leach

27th March 2014

No meeting held

3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

27th March 2014

No report received

3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

27th March 2014

No report received

3.17 Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes

27th March 2014

No report received

3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

4th March 2014

We heard a talk by Hiren Bhavsar from The Deaf Health Champions, a project that is new to Manchester on improving access to healthcare for people with hearing problems. He is looking for volunteers. I gave the information to our Healthwatch group with a particular interest.



Members were all encouraged to attend Integrated Care meetings and dates given.

Jo Macey, our support worker from Age UK Stockport is leaving us for another post, we thanked her for work and wished her well in the new job.

Date of next meeting: 1st April 2014

3.19 Stockport One Service [Sub-group of the CCG]

Healthwatch Representative: Tony Stokes/Mike Lappin

27th March 2014

No report received

3.20 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

27th March 2014

No applications received.

3.21 Stockport Prescribing Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

27th March 2014

No report received

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

Healthwatch Representative: Tony Stokes

19th February 2014

NWAS performance has improved. 80% of patients for the Emergency Department now arrive within the time expected compared with 15% 18 months ago.

GPs experience significant delays when calling for an ambulance. For rapid response calls must be recorded as a "red one" or delays will occur. GP staff need some training to better understand the process.

Arriva are expected to obtain experience from 1% of their passengers. The meeting think that the 1% in the contract is too low and should be higher. The commissioners in Blackpool will be told this.

The provision for speech and language therapy provided by Stockport NHS Foundation Trust remains inadequate. The expectation that pre-school children will start treatment within 14 weeks of referral was regarded as too long particularly as this target is not expected to be reached until the end of 2014. Discussions to improve this will take place with Stockport NHS Foundation Trust.

Patients experiencing a TIA wait too long to be seen in a stroke clinic. Stockport NHS Foundation Trust do not have stroke clinics on Saturday and Sunday which is one important reason for the delay.



Discussions are taking place with Stockport NHS Foundation Trust to provide a weekend clinic.

Date of next meeting: 26th March 2014

3.23 Stockport Safeguarding Vulnerable Adults

Healthwatch Representative: Sheelagh Peel

27th March 2014

No report received

3.24 Stockport Scheduled (Elective) Care Programme Board

Healthwatch Representative: Mike Lappin

27th March 2014

No report received

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

Healthwatch Representative: David Kirk

27th March 2014

Nothing to report.

3.26 North West Chair and Chief Officer Meeting

Healthwatch Representative: John Leach and Gavin Owen

20th March Warrington

There is a quarterly meeting of all NW Healthwatch organisations, Healthwatch Warrington had agreed to host this meeting.

Gerard Crofton-Martin, Development Manager (North) Healthwatch England (HWE) and Jane McFarlane (HWE) spoke about the strategic direction of HWE which Gerard had done at HWS at the last Core Group meeting.

Gill Moffett (Dept of Health) spoke about the role HWE and local HW can play in influencing policy decisions. She asked about local HW's role on Health and Wellbeing Boards. The replies fell into two camps a) Strong position, local HW can influence the board and the 3rd sector is well represented on the H&W Board and b) H&W Boards are very formal protocol driven exercises where senior managers present lengthy reports and members are expected to comment or question in a limited time.

Gerard presented about what a local HW Annual Report should cover (including Dept. of Health guidance). This was useful and the deadline for submission is 30th June.

There was the opportunity for HWs to talk about their individual pieces of work. HWS (Gavin) presented the work we have done on the *Complaints, Compliments, Comments* leaflet. The leaflet



was very well received and many local HW want to do a similar leaflet.

Blackburn and Darwen spoke about the work they had done engaging with young people at a Youth Centre and with parents of BME communities.

St Helens asked other HWs if they had access to GP issues. Some agreed and Blackpool responded by saying they had worked hard with GP Patient Participation Groups to take the problems direct to each individual GP Practice and this had worked very well.

These meetings are extremely useful to hear the successes and struggles of our local partner HWs

Gavin Owen

Date of next meeting: June TBC

3.27 Stockport CCG Locality Meetings

Healthwatch Representative: Gerry Wright

27th March 2014

No report received

3.28 Health & Social Care Informatics (HSCI) Group

Healthwatch Representative: David Moore

27th March 2014

No report received

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

4.1 Complaints Task & Finish group

Healthwatch Lead: Gerry Wright/Tony Stokes

27th March 2014

No report received

4.2 Diabetes & Podiatry Task & Finish Group

Healthwatch Lead: David Moore

27th March 2014

No report received

4.3 Discharge from Hospital back to nursing/residential homes



Healthwatch Lead: John Leach

27th March 2014

No report received

4.4 District Nurse Service User Group

Healthwatch Lead: Tony Stokes/Carol Stokes

27th March 2014

No report received

4.5 Healthier Together

Healthwatch Lead: Mike Lappin

27th March 2014

No report received

4.6 It's in the Drawer

Healthwatch Lead: Clem Beaumont

25th March 2014

Report completed and circulated.

Kirsty Bagnall

4.7 Redevelopment of A&E

Healthwatch Representative: Mike Lappin

25th March 2014

Rachael Young is leading on the development of the Unscheduled Care Strategy for Stockport and would really like to involve Healthwatch in its development. A focus group will be set up for the A&E Development Subgroup to speak to Rachael about their views on the work to date (the development of the strategy so far) and feedback on what they see the issues/priorities are.

I am going to talk to Rachael on Friday and suggests she comes and talks to our A&E Development group.

Mike Lappin

Date of next meeting: To Be Confirmed



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 March 2014

[Ends]