



# Healthwatch Stockport Work Programme Monthly Report April 2014

28<sup>th</sup> March - 30<sup>th</sup> April 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

30<sup>th</sup> April 2014

Due to staff sickness, this meeting was postponed. Two non-urgent requests have been received, which will be discussed and brought to the next Core Group meeting.

#### 1.1 Stockport Health & Wellbeing Board

**Healthwatch Lead:** John Leach

9<sup>th</sup> April 2014

Meeting cancelled.

#### 1.2 Stockport Clinical Commissioning Group (CCG)

**Healthwatch Lead:** Tony Stokes

9<sup>th</sup> April 2014

Stockport GPs have risen to the challenge from David Cameron and have bid for money to reorganise the GP service in Stockport.

The aim is to increase the capacity and capability of general practice.

This will be achieved by;

1. Move activities out of general practice that are not an effective use of practice time.
2. Invest in primary care to increase efficiency and capacity.
3. Redirect activity away from emergency hospital care to planned primary care services.

This will form part of three elements in the reform of health care in Greater Manchester.

1. Primary Care reform.
2. Integration of health and social care.
3. Hospital reorganisation.



One plan is that GP practices will open longer hours and seven days each week. In part this will be achieved by GP practices developing an integrated IT and telephone system to help provide a new model of care. Stockport commissioners and Stepping Hill hospital are making plans to redesign the way in which hospital out patient services are delivered. The prime aim is to make these services more "user friendly" for patients and relatives/carers. These changes are taking place in an environment where costs are rising and resources shrinking.

Hospital outpatient clinics will no longer all be located at Stepping Hill hospital. These could take place at GP surgeries or other community based clinics.

The CCG are intending to invest in commissioning a Falls at Home prevention programme (similar to the one decommissioned a few years ago), I would like Healthwatch Stockport to develop a response to these plans by gathering patient experience from patients, carers and relatives who have experiences falls. Once I have collected this experience, I will bring this to the Core Group to formulate a response.

*Tony Stokes*

**Date of next meeting: 14<sup>th</sup> May 2014**

26<sup>th</sup> March 2014

Quality Provider CCG Management Committee

Stroke Service at Stepping Hill.

In January (the latest figures available) only 75.8% of stroke patients were admitted to a designated stroke ward within four hours of arriving at the hospital. This falls below the expected standard. The target has been missed for 6/9 months. In January only 44.4% of TIA patients were treated within 24 hrs, which is the nationally expected standard. This is well below what is expected. The target is 60%.

The Emergency Department performance at Stepping Hill is an issue. Performance in the last four months of 2013 has been below target but above 2012/13. The Friends and Family scores for A&E are within the norm and most comments are positive.

The CQC report for the Emergency Department in September 2013 was positive.

The cancer peer review at Stepping Hill in Q1 reached only 75% satisfaction. The main reason for this was the poor review of the skin service. Stepping Hill are working with Salford Royal who will provide the service going forward.

Other issues at Stepping Hill.

1. High number of nursing vacancies.



2. Ophthalmology waiting times.
3. Patients being assessed for dementia.
4. Referrals for speech and language therapy.
5. Referrals for psychological therapy.
6. Patients receiving cardiology follow up appointments.
7. Hospital acquired pressure ulcers.
8. Level of staff safeguarding training.

*Tony Stokes*

**Date of next meeting : 16<sup>th</sup> April 2014**

30<sup>th</sup> April 2014

Possible Decommissioning of Angiography Service

Following the presentation given by Stockport CCG in March on the possible decommissioning of angiography service, a response has been drafted and circulated to the Core Group. Due to the amount of replies, a final response has not been agreed and it is recommended that this letter is agreed at the Core Group on 6<sup>th</sup> May.

**Recommendation: Core Group to agree response to CCG on the possible decommissioning of angiography service.**

### 1.3 Stockport NHS Foundation Trust

**Healthwatch Lead: David Kirk**

30<sup>th</sup> April 2014

The Stockport NHS Foundation Trust Group were joined by Judith Morris, Head of Midwifery and Nursing to go through the Quality Account. The group are now working on a response.

*Kirsty Bagnall*

25<sup>th</sup> April 2014

Foundation Trust Patient Representative Group, Division of Medicine

No meeting since last report.

*Sheelagh Peel*

**Date of next meeting: 30<sup>th</sup> April 2014**



## 1.4 Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

22<sup>nd</sup> April 2014

The group met on 22<sup>nd</sup> April 2014 and the main agenda item was reviewing the Adult Social Care Overview Report (Performance and Resource) 3<sup>rd</sup> Quarter. The queries arising from this report have been collated on a separate sheet. June Westley is to discuss with Gavin, with a view to requesting responses to these queries. The queries relate mainly to the progress in achieving positive outcomes from the work on integrated Health & Social care and personalisation and the potential roles of Healthwatch Stockport in developing, monitoring and evaluating specific aspects of service.

Other items included feedback from hospitals that they are still finding people admitted from care homes with pressure sores and subsequent query as to the effectiveness of training provided by the hospital staff to residential homes.

Regarding Healthwatch Stockport receiving invitations to attend Adult Social Care Department staff training events.

**Recommendation: Gavin to liaise with Paul Oakley to ensure Healthwatch Stockport are invited to appropriate training**

The latest reports on the Winterbourne View actions have been received and these answer queries raised by Healthwatch Stockport members.

*June Westley*

Date of next meeting: to be arranged

## 1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

30<sup>th</sup> April 2014

Following submission of the Children & Young People's Plan for Healthwatch Stockport to the Core Group, the plan was accepted and the suggested changes and additions from the core group, have been discussed by the subgroup and placed within a refreshed, finalised plan that will be circulated after the 9<sup>th</sup> May.

Date of next meeting: Friday 9<sup>th</sup> May

## 1.6 Pennine Care

Healthwatch Lead: Mary Foden

30<sup>th</sup> April 2014

No report received



## 1.7 Public Health

**Healthwatch Lead: Roy Oliver**

24<sup>th</sup> April 2014

### Public Health Subgroup Meeting

Present: Roy Oliver, Sheelagh Peel, Mike Lappin, Anand Dutta, David Atkinson, Alan Watt.

Apologies: John Leach, Eve Brown, Tony Stokes, Peggy Hall.

The meeting opened with an excellent presentation on Public Health in Stockport by Donna Sager, Deputy Director of Public Health, and Eleanor Bannister, Head of Public Health Intelligence. They gave us an overview of what areas Public Health leads on, the Stockport picture on life expectancy, the main causes of death in the borough, inequalities in health, the key lifestyle issues, and a breakdown of the Public health budget. The presentation finished with what they are focusing on in 2014 and some of the ways they are promoting a healthy Stockport.

The meeting agreed that with a slight change in the wording the postcard was a good idea for gaining the public views on the health and care system. There was also an agreement on going forward with arranging meeting with different groups.

Meeting ended at 3.50pm.

*Roy Oliver*

### JSNA Project Leads Meeting

20<sup>th</sup> March 2014

Present: Eleanor Banister (SMBC), Louise Chadderton (SMBC), Roy Oliver (Healthwatch), Dan Byrne (CCG) Apologies: Tim Ryley (CCG) Gaynor Alexander (SMBC), Sarah Newsam (SMBC),

#### 1. Progress for data collection work streams

##### 1.1. Wellbeing Asset Assessment

Eleanor B & Eleanor Hill have: Revised the research brief, Booked 10 facilitators on training over next two weeks. Sessions to be run May / June.

##### 1.2. Healthwatch Patient Experience Principles

Question has been developed and is to be used in number of ways:

- Postcard - self competition (Roy to share example)
- When talking to people at events (map of coverage in progress)
- Existing groups



Healthwatch will collate results into a narrative. Query about funding (£306.50) & logos. EB will follow up this funding request and report back to Roy

### 1.3. Collation of voice

No report - EB to follow up with Gaynor

### 1.4. Call to evidence - VCFS

Eleanor to meet Cllr Pantall next week with proposals following meetings earlier this month. EB draft questions and circulate to group for comments

### 1.5. Call to evidence - statutory partners

Eleanor to meet Cllr Pantall next week with proposals following meetings earlier this month. EB draft questions and circulate to group for comments

### 1.6. Data capture

Previously agreed a focus on Demographics, Vulnerable groups, Integration and Summary report - priority needs.

Demographics - Data from census, ONS and GP registration to focus on major population changes over time - and projections of future trends. Age structure and geographic differences. Report to be written as a first stage

Vulnerable groups - This report likely to be a collation on the number, characteristics and distribution of groups including: Physical disability, Sensory disability, Learning disability, Age groups, Long Term Conditions / dementia, Carers, LGBT, BME groups, Refugees & asylum seekers, Gypsies & travellers, Looked after children, Youth offenders, Homeless. Data can be collected from various sources and collected into info graphic / presentation. Information on health needs can be taken from Wakefield tool.

Integration - Likely focus to be on service uses, hierarchies of need, PARR and trigger points. Building on work done for Stockport One, Integrated hub pilots, Early Years integration. This is probably where the need for new analysis will be greatest.

Summary report - This is the section which highlights the key health and care needs across the life course, by assessing where we are now on a range of indicators.

Last time:

- Gathered data via Profiling Stockport into static data reports, reports totalled 1,000+ pages, and took a lot of time to collate.
- Reports looked at four dimensions (Demographics, Socio-economic factors (wider determinants),



Health and social care factors and use and Lifestyle behaviours)

- Across five life stages (All age, 0-15, 16-24, 25-64, 65+)
- Data was analysed by (Stockport, Wards, NMAs, Time, National comparisons)
- These reports were read through in a series of workshops, from which the initial findings and summary were taken. Data reports were then used in topic based way for different commissioner meetings. Hosted now on My Stockport but not accessed routinely by many service users

This time we need to consider approach

- Balance between quality of evidence base and resource intensity
- Documented evidence and future usability
- For full refresh we need to assure ourselves that have assessed comprehensively, but in a cost effective way.
- Consider more use of published reports / dashboards such as PHOF
- Review of other JSNAs (including Trafford, Tameside, Essex, Surrey, and Wakefield) shows other areas still grappling with this dilemma.

We need to consider

- Local trends over time
- Comparison to statistical neighbours
- Variations by deprivation / geography (IMD, NMA, wards, CCG, CC)
- Variations by vulnerable groups
- Variations by age / life course
- Scale of issue

My Stockport currently being evaluated. All to consider discussion and meet again to progress on 1st May. Look for examples and approaches

2. PNA Update - Group meeting every other month - so no update.

3. Summary of discussions / next steps - Additional meeting for 2nd May 2014 10h00-11h30 arranged to further discussion re data collection plans.

**Date of next meeting: 15<sup>th</sup> May, 2pm-4pm at Fred Perry House - sign off of JSNA project plan. By next meeting key actions above to be followed up and project plan to be finalised**



## 1.8 Equality and Diversity

Healthwatch Lead: Jon Burke

30<sup>th</sup> April 2014

No report received

## An update on Healthwatch Development and on-going Subgroups

### Section 2: Development Team

25<sup>th</sup> April 2014

Support: Kirsty Bagnall

No meeting held.

### 2.1 Healthwatch Stockport Reading Sub-group

Healthwatch Lead: David Atkinson

29<sup>th</sup> April 2014

No requests received.

### 2.2 Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll

29<sup>th</sup> April 2014

The Healthwatch Stockport Meeting the Public: Community Champions Training will take place on Thursday 19<sup>th</sup> June 2014 at Graylaw House, Chestergate, Stockport. The session will run from 10.30am - 2pm and refreshments and lunch will be provided (please note, this is a change of date than the one advertised in Healthwatch News). As part of this training, you will also be expected to take part in a separate training session on equality & diversity.

As part of our Meeting the Public Training sessions, we are looking for Healthwatch Stockport members who are interested in visiting community groups to talk about the organisation. During the session, members will acquire the necessary skills to make representation to the public about the value of Healthwatch Stockport. This session works both as a stand-alone training session or as an add-on to the previous Meeting the Public training held in 2013.

*Kirsty Bagnall*



## 2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

27<sup>th</sup> March - 30<sup>th</sup> April

**Twitter:** 1,118 Tweets, 32 new followers, 19 new mentions, 39 new retweets and 16 new favourites. This month we have been influential on twitter, sharing information with and receiving retweets from Pennine are NHS Foundation Trust, NHS Stockport CCG, Action on Hearing Loss, Time to Change, Healthier Together and individuals such as Jane Crombleholme and Ann Barnes. We also spent some time networking with other local Healthwatch via twitter.

**Facebook:** 539 Total Page Likes, 4 posts and monthly total post reach of 122. Our most popular post was a photograph of Tony Stokes with a link to the It's in the Drawer news article, receiving a reach of 74 people.

### Website:



- Overall, the website received 498 visits, 394 of these were unique visitors with 67% of visitors were visiting the website for the first time.
- There were 1,299 page views with people visiting 2.61 pages per visit. The average time spent on the website was 2m 40s.
- Of those who visited the website, 53% of visitors accessed the website directly, 33% used a search engine, 10% were referred from another website or email (including the e-bulletin) and 5% were referred by social media.

### Positive Press Articles:

- Letter published in Manchester Evening News about *Healthier Together* on 19<sup>th</sup> April 2014
- Interview with Clem Beaumont about *It's in the Drawer* featured on Pure FM 22<sup>nd</sup> April 2014
- Article on *It's in the Drawer* published in Stockport Express on 23<sup>rd</sup> April 2014
- Article on *Care.data* and *It's in the Drawer* in April edition of Challenge Magazine

Kirsty Bagnall



7<sup>th</sup> April 2014

Healthwatch England Communications Group

This meeting was held on the same date as the last Core Group. Therefore I joined the webinar in the afternoon.

During the morning there was a discussion around the key messaging and brand development. Defining and reaching different audiences was highlighted as a key issue - in particular challenges around speaking to young people and hard to reach communities.

There are also differences in the use of Facebook and Twitter. Most local Healthwatch are using twitter more. Facebook seen as more of an engagement tool than a communications channel.

Support materials requested by local Healthwatch included:

- Leaflets in different languages and easy read format.
- Materials with clear calls to action/tag line. For example 'tell us', 'join...' and 'volunteer...'.
- More messaging and images focused around young people.
- More examples of good design for across other local Healthwatch that have worked well.

Dates for media training has been organised. Gavin will be attending this training in May.

The Healthwatch England annual conference will be held on 3<sup>rd</sup> and 4<sup>th</sup> July - further details to be sent out soon.

*Kirsty Bagnall*

**Date of next meeting: Friday 20<sup>th</sup> June 2014**

## **2.4 Healthwatch Stockport Enter & View Functions**

**Healthwatch Lead: Gerry Wright**

24<sup>th</sup> April 2014

A number of activities took place this month on enter and view.

1. We asked for volunteers to undertake a number of enter and views
2. We had a meeting with those who volunteered to outline what we were looking for in these activities and augment questions to be asked
3. These visits were to be over a three day period on 15<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup> and covered outpatients a.b.c and discharge lounge at Stepping Hill also Arriva ambulance services.
4. These events have now been undertaken during April. We will have collated the results into report format by the end of April/ early May.



## 2.5 Patient Experience and Feedback/Evidence Gathering

**Healthwatch Lead: Tony Stokes**

Tuesday 8th April 2014

1. The patient experience group hosted a meeting on Tuesday 8th April for representatives from the following organisations:

North West Ambulance Service (NWAS)

There are two different aspects. In terms of complaints, the complainant contacts them, there is a member of the team who is a single contact. They Risk grade complaints so that senior members can deal with larger issues. They work with service delivery teams using a central recording system. Also have a system for trend monitoring. The patient experience side do surveys, generally get positive feedback from the patient experience service.

Pennine Care NHS Foundation Trust

At the moment, separate departments deal with patient experience and complaints but they are looking to streamline this. The complaints department deal with complaints that come in - keep a record of the service and issue to broad categories. The PALS service keep similar details and they are now looking to integrate this, logging to same categories. They also have a patient experience team who collect feedback. At the moment, there is not the capacity to investigate compliments and they want to look at doing this. Encourage staff to forward on compliments from their services. There is a monthly report that goes to board level and service level.

Stockport Council Adult Social Care

The Quality Team looks at the quality of services from all external and internal providers. They look at contract compliance and dealing with adult social care complaints. They use a system called respond that can pull feedback off trends and themes are mostly found via those inputting them and recognising themes and trends.

Stockport Clinical Commissioning Group

The CCG doesn't have physical complaint department anymore. Each complaint goes to the Director of their own service. Not as much feedback comes in as it used to, as they do not cover primary care services anymore. Patient experience surveys have not been carried out within the new CCG. And they are in the process of setting up feedback from regular providers. Nazie produces a monthly patient experience report that goes to their quality teams.

The Christie NHS Foundation Trust

The Christie work in a similar way to other providers. There is a separate PALS and complaints function, but all work together and both are recorded on the same database. When reporting on trends, they look to find trends across both. They report monthly on complaints and quarterly at both as well as incidents. Moving over the last year to make telephone contact with the person making the complaint and are setting up more face to face meetings for those making the complaint.

Stockport NHS Foundation Trust



The Friends and Family test is a positive way of getting feedback. They had to build capacity to collect feedback, now it's difficult to identify trends and themes from these. They have patient and customer services, patient surveys, friends and family test. Community services have their own nuances too.

#### Stockport Flag

Stockport Flag are an information and advice service and share anonymised themes and issues with Healthwatch Stockport.

#### Stockport Mind

Stockport Mind run the NHS Complaints Advocacy service with Stockport Advocacy. They support residents of Stockport making complaints about any services, whether the service they receive in Stockport or not.

## 2. Reporting trends, themes and issues

The purpose of this meeting was to discuss what patient experience information could be shared and how reports would be sent to us.

I am pleased to say that all these organisations have embraced the benefits that patients will gain by our organisations being open in sharing

Trends in patient experience, complaints and complements in an entirely anonymous form. No patients will be identified and the information that we receive will be showing trends from which we will all be able to learn and improve our practice.

We will receive reports showing trends in patient experience, complaints and complements quarterly the first report being in July.

I will be reporting the substance of this gathering to the next Core group meeting.

My thanks to the patient experience group for helping in the smooth running of this meeting.

**Date of next meeting:** Healthwatch Stockport will be hosting a similar meeting in October. The Healthwatch Patient Experience group will be meeting next at 1.30pm on Tuesday 13th May to review this meeting.

*Tony Stokes*



### Section 3: An update on Healthwatch Representatives on other committees

#### 3.1 Equality & Diversity Board - Pennine Care

Healthwatch Representative: Tony Stokes

29<sup>th</sup> April 2014

No meeting held

#### 3.2 Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

8<sup>th</sup> April 2014

The meeting was mainly routine with 2 exceptions

- Continence Service

Proposal for piloting a supply service procurement of the service for the supply of continence products and appliances to patients in Stockport.

At present the initial supply is initiated on an ad hoc basis by various healthcare professionals, patients themselves and sometimes the appliance contractors on behalf of the patients. Practices have numerous examples of wastage, duplication of ordering and poor coordination of requests.

Stamp approval was sought to pilot a service being used in Tameside and Glossop CCG, run by Bullen Healthcare in Stepping Hill and Victoria in Stockport.

We will engage with Secondary care Urology specialist nurses and advisors to discuss the service along with the representatives from Bullen Healthcare with view to start the pilot for 6 months for new patients.

Bullen trained staff make regular telephone calls to patients to check stock levels at home, then agreeing and arranging prescriptions for exactly what is needed. 50% savings were made in Tameside. If successful the service will have to go out to procurement.

- 5.3 Target areas for Stockport CCG enhanced primary care framework (EPF) 2014/15

Practices agree to work on specific areas to improve. 6 new areas of work have been proposed for adding to the choice of areas and 4 have been removed as the targets have been achieved.

*Mike Lappin*

#### 3.3 Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta

29<sup>th</sup> April 2014

No report received.



### 3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

29<sup>th</sup> April 2014

No report received.

### 3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

29<sup>th</sup> April 2014

No report received.

### 3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged

29<sup>th</sup> April 2014

No report received.

### 3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

2<sup>nd</sup> April 2014

- Actions arising from last meeting

The Foundation Trust have appointed a new performance manager to look at NICE Guidance performance.

The use of the private maternity service One to One is being looked at on a Greater Manchester level. There have been problems in Trafford when handover at 4 week did not happen.

**Recommendation: Healthwatch Stockport should contact Healthwatch Trafford for more information.**

- Epilepsy - GAP Analysis - Management of Seizure Disorder in Adults

The first fit pathway running in parallel with Neurology service is being transferred to Salford.

Mortality is being looked at as we have excess deaths. We have a GP who Salford could train. A Critical Event Summary should be carried out by the Foundation Trust. Epilepsy should be reviewed in 4 months.

The new care plan was difficult to operate and we recommend Epilepsy UK should be asked to check the new system after 4 months.

- AOB



Hypertension - an event will take place in Mersey Way with Clinicians in attendance giving life style assistance.

*Mike Lappin*

### 3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

29<sup>th</sup> April 2014

No report received.

### 3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

29<sup>th</sup> April 2014

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

29<sup>th</sup> April 2014

No report received.

### 3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

29<sup>th</sup> April 2014

No report received.

### 3.12 Stockport End of Life Care Programme Board

Healthwatch Representative: Gerry Wright

29<sup>th</sup> April 2014

No report received.

### 3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

25<sup>th</sup> April 2014



No meeting this month.

*Sheelagh Peel*

Date of next meeting: 8<sup>th</sup> July 2014

### 3.14 Stockport Health & Wellbeing Scrutiny Committee

Healthwatch Representative: John Leach

30<sup>th</sup> April 2014

Item 1

A report of the Chief Executive of Stockport Foundation Trust was presented by Judith Morris, Director of Nursing and Midwifery. This was a presentation to the Committee. The same presentation has been received by HWS for comments

Item 2

Information Report on the Drug and Alcohol Treatment System. This was a joint presentation by Alison Leigh Stockport and Liz McCoy who presented on behalf of the Drug and Alcohol Directorate Manager, Pennine Care NHS Foundation Trust

One of the interesting points in this presentation has been the successful employment of people who had previously been users of drugs /alcohol in their endeavours to assist current abusers of Drugs/alcohol. The presenters stated how current users had responded in a most positive manner.

Item 3

Flu vaccination programme update. This was a late item agenda placed at the request of the Scrutiny Chair. I would like this to be an agenda item at the next Core group when I will explain what is happening.

### 3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

29<sup>th</sup> April 2014

No report received.

### 3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

29<sup>th</sup> April 2014

No report received.

### 3.17 Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes



29<sup>th</sup> April 2014

No report received.

### 3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

1<sup>st</sup> April 2014

Unable to be present at meeting on 1st April and will again be unable to attend at next meeting due to clash with Core Group.

Information from notes of last meeting :-

Temporary support will be given by Age UK Stockport, funding is available for another year.

An update was given to the group by the CCG. (Alison Johnson)

The group members contributed information on current activities by its members in the "Campaign to end Loneliness.

*Sheelagh Peel*

Date of next meeting: 6<sup>th</sup> May 2014, 11am

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

Healthwatch Representative: Tony Stokes/Mike Lappin

29<sup>th</sup> April 2014

No report received.

### 3.20 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

29<sup>th</sup> April 2014

No requests received.

### 3.21 Medicines Management Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

14<sup>th</sup> April 2014

Following topics were covered at the meeting:

1. Drug Expenditure - List of the top 200 drugs based on the actual cost to the Trust was disclosed. As expected, the most expensive drugs were the recently discovered and marketed monoclonal antibodies (for rheumatoid arthritis), protein products and kinase inhibitors (cancer treatment). It was indicated that these drugs are being prescribed based on need as specified by NICE and were not



restricted in anyway. Efforts are being made by other means (e.g. sharing of the drug dose) to reduce the cost.

2. Lists of some preferred drugs for certain diseases like drugs used in vertigo and nausea, genitor-urinary disorders, eye problems and ear nose and oropharynx problems were produced. This initiative is expected to result in better treatment of these conditions.

3. Unlicensed Medicines - Use of unlicensed drugs (liquids and tablets) was discussed.

4. Drug Safety Alerts - Recently received safety alerts on Strontium renelate (osteoporosis treatment - cardiovascular risk), St John's wort (interaction with hormonal contraceptives), Orlistat (obesity treatment - use with antiretroviral HIV medicines), combined hormonal contraceptives (venous thromboembolism) and Cetuximab (colorectal cancer treatment - RAS status required before prescribing).

5. Trends in medication incidents - Monthly figures from April 2013 to February 2014 were reported. The purpose of these figures is to identify and rectify any problems associated with prescribing in the hospital.

*Anand Dutta*

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

**Healthwatch Representative: Tony Stokes**

29<sup>th</sup> April 2014

No report received.

### 3.23 Stockport Safeguarding Vulnerable Adults

**Healthwatch Representative: June Westley**

29<sup>th</sup> April 2014

No report received.

### 3.24 Stockport Scheduled (Elective) Care Programme Board

**Healthwatch Representative: Mike Lappin**

1<sup>st</sup> April 2014

Theatre pathways have been improved ie Bowel prep done on day of operation.

GMCATS

In 2016 the contract with Care UK comes to an end so they will have to be given one year's notice if the contract is not to be continued. The CCG is looking at whether it may be better to join with other CCG's or to go it alone. We may procure or commission services, all options are being looked at. Spinal will not be given to anyone outside Stockport.



### Dermatology

The service is now run by Salford but they will continue to operate in Kingsgate. Choose and Book will go to Salford and patients will have to say they want to be seen in Stockport.

### 18weeks

In quarter 4 the Foundation Trust was compliant with a backlog of 220 patients. General Surgery a spike of 100 extra patients in January which is being looked into.

### Ophthalmology

A new consultant has been appointed today (1<sup>st</sup> April) and it is expected that the follow up backlog to be on track in 3 months.

### Cardiology

Four new consultants have been appointed, one to start 1<sup>st</sup> April, one 7<sup>th</sup> May, one 1<sup>st</sup> June and one 4<sup>th</sup> October.

Community Heart Failure service needs integration. Angiogram and Angio-plastic services are to be decommissioned (Healthwatch has had a conversation). This will leave the Foundation Trust as more of an outpatient service.

This is the last meeting of this committee as our work is done in other committees. We will have discussions, as is the last place for us to sit.

*Mike Lappin.*

**Date of next meeting:**

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

**Healthwatch Representative: David Kirk**

29<sup>th</sup> April 2014

No report received.

## **3.26 North West Chair and Chief Officer Meeting**

**Healthwatch Representative: John Leach and Gavin Owen**

29<sup>th</sup> April 2014

No report received.

## **3.27 Stockport CCG Locality Meetings**

**Healthwatch Representative: Gerry Wright**

29<sup>th</sup> April 2014



No report received.

### Additional One off Meetings

### 3.28 Focus Group on Medication Safety

Wednesday 23<sup>rd</sup> April 2014

Healthwatch Stockport supported the Universities of Manchester and Nottingham on a research project on the use of medication. The focus group was for people who have experience of receiving medication via prescription and looked at their views and experiences of medicine prescribing and dispensing by wider general practices and pharmacies in the area.

1. Do things go wrong with your medicines? Why (or why not)?
2. Do you think things could go wrong with your medicines?
3. What do you think about the way your medicines are handled by your GP/Pharmacist? Are there things that you like in particular, or any problems?
4. Do you have a role in helping to prevent things going wrong with your medicine??
5. What do you know about medication reviews? What are your views on them?
6. Can service users help doctors and pharmacists to improve medication safety? How?
7. What do you think about service users reporting concerns they have about their medicines?

Everything discussed during the focus group was confidential; however some issues and themes did arise that members felt could be further investigated.

*Kirsty Bagnall*

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

### 4.1 Complaints Task & Finish group

Healthwatch Lead: Gerry Wright/Tony Stokes

29<sup>th</sup> April 2014

Final design work being carried out on Do You Have a Comment, Complaint or Compliment leaflet.

*Kirsty Bagnall*

### 4.2 Diabetes & Podiatry Task & Finish Group

Healthwatch Lead: David Moore

29<sup>th</sup> April 2014



No report received.

#### 4.3 Discharge from Hospital back to nursing/residential homes

Healthwatch Lead: John Leach

29<sup>th</sup> April 2014

No report received.

#### 4.4 District Nurse Service User Group

Healthwatch Lead: Tony Stokes/Carol Stokes

29<sup>th</sup> April 2014

No report received.

#### 4.5 Healthier Together

Healthwatch Lead: Mike Lappin

11<sup>th</sup> April 2014

Healthier Together - Criteria Development Workshop

I attended this meeting on Friday 11th April as asked. There were about 50 people there including Cllr Pantell and several people from Stockport.

Others included Dr Chris Brookes (Salford Royal) who is the Medical Lead on this project for 12 months (almost up - no mention of a follow on), and Dr Umesh ?? (Wigan Royal Infirmary emergency doctor), others were low profile NHS, Clinicians, Local Authority Staff and several independent patients.

My understanding was that the criteria agreed in 2013 would be used to derive some options of *In Hospital Care* in Greater Manchester

Those criteria were;-

- Accurate and current complete patient information was available at the specialist centre
- Equality of professional working so that all staff had exposure to emergency and routine medicine
- Transport Access to patients and loved ones
- Equality of standard of delivery of treatment independent of the time of day or the day of the week

This has not been resolved and the aim of the day was to agree criteria discuss options so that the Committee in Common (decision makers) could take a public consultation on both the criteria AND options later in September.



There was a strong opinion in the room that the consultation should be on ONE only, criteria OR options

Slides used in the presentations are to be forwarded to participants and when I receive these, I will make a complete report to the monthly Core.

In the meantime, some interesting points were raised.

- That accurate patient information is available seems to be a clinical priority and Wigan and Salford can intercommunicate (and their GPs). When I was at Stepping Hill last week, that hospital was able to communicate with my GP I am not clear as to which bodies can share data to the benefit of patient care. Clearly this information is crucial as to the suggested options as to which hospitals are grouped into specialist care groups
- Professional bodies are working to the benefit of ensuring that professionals are not disadvantaged. They had to be reminded that the PATIENT is to benefit from these changes.
- Transport seems to be a neglected area as the received wisdom is that the patient will receive the best treatment at a remote location - and there is no dispute about that.
- The loved one who does not accompany the patient will be stressed (for example a stroke patient is taken, or a cardiac arrest, or even a stomach ache that becomes a medical emergency). The loved on needs to be kept informed if not transported.
- There is already a list of over 160 standards agreed, and I have asked that these be made known. These standards ONLY apply to the fairly small group of 'specialist' treatments. These will be policed by the medical lead across all hospitals in the group. Remaining specialities (the most) will continue to be policed by the medical director of the individual trust Apparently, all trusts have been required by the Department of Health, to publish standards which will be maintained by the MD

(Questions that have arisen as I write this - a) If the groups operate to a set of standards policed by the medical lead of that group, who will ensure the standards are common to Greater Manchester - b) Who will ensure that the individual MDs will implement the standards (so for example, a patient at Stepping Hill will receive the same treatment for the same complaint as a patient at Bolton?))

It was also noted that Mental Health and Community Care were not part of this discussion. There was considerable opinion that they should be.

*Mike Cain*

27<sup>th</sup> March 2014

#### External Reference Group (ERG)

I asked the group if they had understood that only the Hospital Reconfiguration Programme was to have the full statutory consultation or did they think like I did, that all 3 programmes were to have the full statutory consultation. The members present said they thought the way I did.

It appears that the Primary Care Programme and Integrated Care Programme will only have



consultations that will feed into the Hospital Reconfiguration Consultation.

The 28<sup>th</sup> April is the last day for the applications for the position of Chair of the ERG.

The committee in common have part 1 and part 2, part 1 being the public part. Any decision made in part 2 will appear in part 1 of the next meeting, ie decision on the primary care programme.

The hospital reconfiguration consultation will be carried out in a different way.

There will be a media campaign first with social media to reach young people. It will be titled “Join In” not Healthier Together Consultation and will start 23<sup>rd</sup> July to 21<sup>st</sup> September.

*Mike Lappin*

**Recommendation: At both meetings, there seemed a great deal of uncertainty, particularly on what people are going to be told, how and when. As a result we feel it important to make our expectations absolutely clear and so would like Healthwatch Stockport to agree a draft letter.**

#### 4.6 It's in the Drawer

**Healthwatch Lead: Clem Beaumont**

29<sup>th</sup> April 2014

On 31st March, there was a debate in the House of Lords on measures to improve the health of deaf people. Healthwatch Stockport's research on “It's in the Drawer” was included within the briefing for peers, provided by Healthwatch England. During the debate, Baroness Howe of Idlicote and Lord Hunt of King's Heath quoted from the briefing. Responding for the Government, Baroness Jolly also mentioned Healthwatch. The debate is accessible on the Parliament website.

Media coverage was also received from Stockport Express and Pure FM (see Publicity and Promotion).

#### 4.7 Redevelopment of A&E

**Healthwatch Representative: Mike Lappin**

29<sup>th</sup> April 2014

No report received.

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’

30<sup>th</sup> April 2014

[Ends]