



Healthwatch Stockport Work Programme Monthly Report May 2014

1st May - 31st May 2014

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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

30th May 2014

No meeting held due to upcoming Annual General Meeting.

1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

NICE Guidance meeting with Stockport Council

27th May 2014

Healthwatch are in talks with the council to put in place procedures to deal with the council's new responsibility for Public Health NICE guidance.

It was suggested that Steve Skelton (Head of Policy Performance and Corporate Reform) might take overall responsibility for compliance with NICE guidance day to day. The structure must be evidence based.

One person on the Health & Wellbeing Board should take responsibility for NICE and any other advice and evidence that might be forthcoming.

Mike Lappin

1.2 Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

14th May 2014

Cllr McGee presented the CAMHS (Child and Adolescent Mental Health Services) Health and Wellbeing Scrutiny Review Report. The full report is available to read.

I raised the issue that children becoming adult and leaving care are reluctant to access health services. The issue is being recognised and alternative means of providing these services being considered. Our young person's group may wish to consider this issue. **Recommendation: HWS young person's group may wish to consider the issues of young adults leaving care and being reluctant to access health services.**

The patient story was a female (60 - 70) who had suffered undiagnosed COPD all her life. Her GP had



recognised the issue and accessed new services at Stepping Hill to treat her condition. She had been a smoker. The fact that her GP treated her without condemning her for smoking has encouraged her to seek help. She is now making good progress.

I asked questions about the provision of care for mental health issues including dementia. A written reply from Mark Chidgey will be in the minutes of the meeting. Irene Harris was able to ask questions as a member of the public. The reply to her questions will be in the minutes.

The reconfiguration of cancer services as part of the Healthier Together programme is in progress. Andy Johnson advised that by centralising more of these services delays could occur because of communication issues. The challenges are to improve communication between GPs and hospitals so that providing a better quality service does not result in delays in starting treatments.

Date of next meeting: 3rd June 2014

1.3 Stockport NHS Foundation Trust

Healthwatch Lead: David Kirk

Thursday 29th May 2014

Stockport NHS Foundation Trust Board Meeting

In May the Trust Board is reporting the following performance “hot spots”.

Pressure ulcers

In the first month of 2014/15 the Trust has failed to achieve the required baseline prevalence of pressure ulcers in category 2-4. The CQUIN target is 5 consecutive monthly data points below baseline (3.7% median) in the prevalence of category 2-4 pressure ulcers. The failure in this first month will have an impact on patients’ quality of care and the potential failure to achieve a trust CQUIN which in turn could result in loss of income.

Dementia.

Commissioning for Quality and Innovation payments (CQUIN questions) There are still risks related to the completion of FAIR assessments. (Find, Assess, Investigate, Refer).

Patients asked Dementia Finding question within 72hrs (CQUIN target >=90%)

Patients receiving Dementia Assessment & Investigation (CQUIN target >=90%)

Patients receiving Dementia Referral (CQUIN target >=90%)

Cancer Targets

The current, invalidated position for April '14 of 76.5%, is not anticipated after validation to improve sufficiently to achieve the 85% standard. This level of performance means it is anticipated Stockport Foundation Trust will struggle to achieve the Q1 standard for 14/15.

Accident and Emergency (A & E) waiting times.

The performance against the 95% standard in April was 92.8%. This was due to significant pressures on the system which has been a common theme across the Greater Manchester region.



The current position in May is 91.7% which puts Q1 (2014/15) at significant risk and is now unlikely to be achievable.

Cancelled Operations

The Trust has performed well for the year position (2013/14) achieving the national targets, however there is an upward trend over the last three quarters of 2013/14.

Staff appraisals, Mandatory Training and staff sickness are also of concern.

Other Matters:

National Inpatient Survey 2013

The Trusts results for the Care Quality Commission (CQC) inpatient survey 2013 were 'about the same' for the majority of patient responses, in comparison with other Trusts.

NHS Trusts across England are ranked as - 'better', 'worse' or 'about the same' in comparison with all other Trusts - for each response. Patients were asked 70 questions in 10 areas.

The Trust however did score 'worse' in the following five questions.

1. Had the hospital specialist been given all necessary information about your condition/illness by the person who referred you?
2. Were you ever bothered by noise at night from hospital staff?
3. Before you left hospital were you given any written or printed information about what you should or should not do after leaving hospital?
4. Did a member of staff tell you about your medicine or side effects to look out for when you went home?
5. Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?

Healthwatch Stockport has commented on this performance in its statement for the Foundation Trusts' Quality Account.

Finance

Finance is going to be a key issue in 2014/15 and it is with some surprise that the Trust has reported that it has appointed a "Turnaround Director" to help address this problem.

Being open and transparent,

The Trust reports that as part of its ongoing work to be open and transparent, and as one of the recommendations following the Mid Staff enquiry, ward staffing numbers will be displayed in hospital wards. *(No date of implementation)*

The figures will provide information to the public on the number of 'planned' registered nurses and nursing assistants on each early, late and night shift, and the 'actual' numbers of staff on duty. The nurse in charge of each shift will be responsible for keeping the figures updated. The information will be displayed inside each ward.



Recommendation: The Core Group supports my proposal that the Trust includes the number of Bank and Agency staff making up the staff numbers.

Recommendation: That this is noted in respect of enter and view visits.

Date of next meeting: 26th June 2014

25th April 2014

Foundation Trust Patient Representative Group, Division of Medicine

Meeting of 30th April cancelled.

Sheelagh Peel

Date of next meeting: 11th June 2014

1.4 Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

27th May 2014

The group had compiled a list of queries about Adult Social Care arising from the Overview Reports for Health & Wellbeing and Adult Social Care, 3rd Quarter. A plan has been made for obtaining replies to their queries relating to the performance and outcomes for local people and updates on developments in services.

A meeting with the Director of Adult Social Care Services is to be requested to clarify the new structures being established for commissioning and planning services.

Healthwatch Stockport has asked to be involved in work obtaining feedback on services related to the POET (Personal Budgets Outcomes Evaluation Tool) Survey on mental health services and the Marple & Werneth Hub. Meetings are to be held to discuss the requests in more detail.

The Adult Social Care Lead has attended a Care Quality Commission (CQC) consultation meeting with a Healthwatch Stockport member of staff regarding the latest guidelines and standards for CQC inspections. The Healthwatch Stockport CQC group will compile a formal response following further consultations.

The Adult Social Care lead also attended a lecture at Manchester University on Alzheimer's. The speaker, an eminent academic in America, advocated the development of community involvement as the best way of ensuring the best quality of life for people with dementia. A pharmacological cure is not expected in the foreseeable future.

Targeted Prevention/People Powered Health Workshop

21st May 2014



Nick Dixon (Mental Health Commissioner)

Nick opened the day saying that Targeted Prevention is the new name for People Powered Health. He talked about the citizenship model which consists of three elements.

1. Targeted Prevention mobilises people and recognises their needs.
2. Redefining the relationship between people and professionals ie expert patients.
3. How we organise our services - peer reviews, peer support.

He said today was about how do we bring all this together.

Darren Pegram from PLACE Directorate at the council talked about “Investing in Stockport” programme developing the locality model. He told the meeting Cheadle was being used to pilot the new way of spending money in the community.

Talks from FLAG and ROCK followed explaining how they are involved in targeted prevention. We split into 5 groups to discuss several points and we will see if anything we said will be acted on.

Mike Lappin

1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

30th May 2014

No Report received.

1.6 Pennine Care

Healthwatch Lead: Mary Foden

30th May 2014

No Report received.

1.7 Public Health

Healthwatch Lead: Roy Oliver

14th May 2014

Pharmacy Needs Assessment

We are still at an early stage but it was mentioned that Chlamydia screening was having problems.

Recommendation: We should find out the solution to the problems Chlamydia screening are having

1.8 Equality and Diversity



Healthwatch Lead: Jon Burke

30th May 2014

No Report received.

An update on Healthwatch Development and on-going Subgroups

Section 2: Development Team

Support: Kirsty Bagnall

No meeting held.

2.1 Healthwatch Stockport Reading Sub-group

Healthwatch Lead: David Atkinson

30th May 2014

One request sent from Healthwatch Stockport for members to comment on 'Life Channel' advertisement to be displayed in GP Practices

Kirsty Bagnall

2.2 Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll

30th May 2014

Meeting the Public: Community Champions Training

Community Champions training due to take place on Thursday 19th June 2014. Contact the office to book on.

Kirsty Bagnall

2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

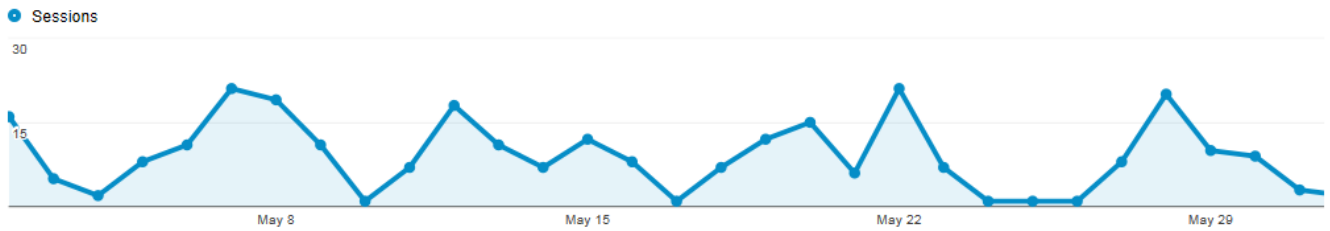
30th April-30th May

Twitter: 1,186 Tweets, 38 new followers, 19 new mentions, 34 new retweets, and 14 new favourites.

Facebook: 540 Total Page Likes, 6 new posts and monthly total post reach of 127. Our highest shared post has been our AGM flyer, which has been viewed by 51 people after being shared by 'Stockport PIPs' and 'NWPA' pages.



Website:



- Overall, the website received 281 visits, 210 of these were unique visitors with 59% of visitors were visiting the website for the first time.
- There were 824 page views with people visiting 3 pages per visit. The average time spent on the website was 3m 10s.

Positive Press Articles:

- Piece in Stockport Express, May 7th about work supporting Healthwatch England on complaints
- Piece in Walthew Hose News, May 2014 on hearing aid work.

Kirsty Bagnall

Deaf Awareness Event

21st May 2104

Deaf Community unhappy at the level of awareness of those who are deaf and their difficulty in accessing health and social care. The CCG are now paying for interpreters to be available via the internet for booked GP appointments. No comparable service provided by Stepping Hill and no deaf awareness training. This was discussed with Sue Clark Foundation Trust Equality & Diversity Manager

Recommendation: 1. Write to Chief Executive at Stockport FT enquiring about plans to introduce an interpreter service at Stepping Hill and what deaf awareness training is provided and to whom and the numbers trained.

Recommendation: 2. Write to CEO Stockport CCG to enquire about the introduction of the interpreter service via Skype.

Tony Johnson

2.4 Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

30th May 2014

No Report received.



2.5 Patient & Public Experience and Feedback/Evidence Gathering

Healthwatch Lead: Tony Stokes

13th May 2014

Future Meeting dates will be fixed so that we are able to scrutinise the quarterly reports received from provider organisations. We will be looking for trends and issues shown up in their reports.

These trends and issues combined with other reports and particularly our own patient feedback will form the basis for our future recommended work programmes to the core group.

Our next meeting will be at 11am on Tuesday 22nd July. I will be writing to all provider organisations on 1st July to make sure that we do receive the quarterly reports on the agreed dates.

Patient Feedback is an issue for us in that we need to collect more so that we are truly representing the experiences of the public. To this end;

1. There will be a regular item requesting feedback in our newsletter.
2. There will be a regular item requesting feedback in our e-bulletins.
3. We are planning to exhibit monthly at an event at either Stockport Market or in Mersey Square. Flag and NHSCAS will be invited to join with us in these events.
4. We will be making more use of social media.

Mike Cain highlighted a particular problem regarding Stepping Hill. Some services which had been provided at Stepping Hill are now provided at Salford. Mike was given incorrect contact details for Salford by Stepping Hill. I will be investigating in order to discover the source of this error.

Les Crab from NHSCAS has highlighted specific issues in the way that Stepping Hill deal with complaints. Complaints are being dealt with in a manner which falls below acceptable standards. Gavin will be writing to Ann Barnes to inform her of these deficiencies. David Kirk will be arranging a meeting with Ann Barnes to address these problems. Les will attend this meeting.

Date of next meeting: Tuesday 22nd July



Section 3: An update on Healthwatch Representatives on other committees

3.1 Equality & Diversity Board - Pennine Care

Healthwatch Representative: Tony Stokes

30th May 2014

No Report received.

3.2 Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

13th May 2014

This meeting was fairly routine. Prescribing counts are going up along with item growth.

Secondary Care reported that Stockport Health Record had gone down.

5.1 Strategic Plan 14-16 Medicines Optimisation - Antidepressants

I asked why non- pharmacological measures could not be mentioned at the top of the quick guidelines instead of at the bottom. The answer was that non- pharmacological services are in short supply in Stockport. Improving Access to Psychological Therapies (IAPT) are being reviewed.

Recommendation: Tony Stokes follows the progress at the CCG Committee

3.3 Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta

30th May 2014

No Report received.

3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

30th May 2014

No Report received.

3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

30th May 2014

No Report received.



3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged

30th May 2014

No Report received.

3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

23rd April 2014

Compliance with NICE Guidelines Autism Spectrum NICE CG170 & CG128

Stockport services largely are compliant with recommendations however there are some areas requiring improvement

1. Average waiting times from referral to diagnosis is too high at 52 weeks
2. The trial diagnostic pathway only goes up to 16 years. Young people aged over 16 and adults are referred to Sheffield for diagnosis.
3. The local ASD partnership team which provides post - diagnostic support at home and school only works with 5-15 year olds.
4. There is a subsequent gap in the analysis and subsequent management of challenging behaviour in both ASD and the learning disability population for older children leading to over reliance on medication.

Plans are being put in place to resolve the gaps in the context of the new statutory requirement for CCG's in the Children & Families Bill to jointly commission services with local authorities for children and young people with special needs age 0-25 (Alison Caven, Joint Commissioning Manager CCG)

28th May 2014

The main points of the meeting are that the Foundation Trust is going to have a New Quality Committee to help with compliance with NICE guidelines etc. Service risks at the moment are : Crohns disease, caesarean section and upper GI bleeding, all needing quality improvements. Also the following policies are going out to consultation, Healthwatch should be asked to comment, if we are not I recommend we complain:

1. Persistent Non Specific low back pain
2. Cataract surgery
3. Hyperhidrosis
4. Body Contouring



5. Pelvic Vein Incompetence

Mike Lappin

3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

30th May 2014

No Report received.

3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

30th May 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

Tuesday 24th March 2014

- 1) Apologies were confirmed and introductions were made. The meeting went through the minutes from the February meeting. No changes, minutes were accepted.
- 2) A tab for direct access to Advantis has been ordered for the EPaCCS system. When you log in to the End of Life Care Record (EOLC) there is a tab which can take you through to Advantis, which is the GP record. This raises the fact that there is an EOLC record. The system uses single sign on (SSO) but we are looking at a more "role based access" to systems. Therefore, it will still be SSO, but dependant on the role of the person signing on: some will get access to the EOLC record and others will not, if there role precludes this.
- 3) The meeting was advised that they have had lots of people attending training and therefore people using the system have come up with a list of changes that different people require. Graphnet have costed these changes and we are looking at what we can afford and what we cannot afford at this time. Also, what is built in to the original costings that Graphnet will fix within the budget. They propose to go with the system for 6 months and then see what they need to do as they get used to the system and see it working.
- 4) The project is at build 64, and this was delivered last Wednesday. Testing and using the system is going ahead. Only if a major problem is encountered will it get fixed at this stage, everything else will be sorted going forward. A company called Promatica are still managing the clinical safety.
- 5) To date, they have only picked up 5 issues when testing build 64. They have completed the User Acceptance Testing (UAT). Everything that they have asked Graphnet to sort has been done. There



are 3 faults, “that are not show stoppers” but are things that need to be done, have been found. These are 3 faults that Graphnet need to sort at their cost. They were things like when answering a question another box appears and it needs to be mandatory to put something in, which at present it is not!

6) There are some major changes for build 65, and these are to do with the history fields. The fields kept clearing down and because they are mandatory fields you need to put something in to carry on. Therefore people we're clicking through to carry on. To change this has been an additional cost. This will be sorted on build 65. There are 2 other major changes. Two areas allowed you to answer ‘yes’ to both fields and it shouldn't, it was a clinical error. This has now been fixed.

7) Graphnet have said not to use existing records for continued testing. However, when we go to soft landing we will need to continue to use existing records. This needs to be resolved.

8) The “go live!” The aim is to go live beginning of April. Build 65 by mid April, 17th. This then has to go through testing and then flow through into system by May. When we have the system we then need to ensure everyone can see it, use it, get access to it. We need provider access set up for each user. The Foundation Trust (FT) will see it through a desktop icon. GP's will do the same. DN's will use the same. Using IPads and a middleware program to link through in a secure network. St Ann's Hospice (SAH) has done a big piece of work to have an “n3” connection (this is secure connection through the internet) so they can have secure access to system. This is really good and it included IG (Information Governance) acceptance. SAH will use existing VPN's (Virtual Provider Network, basically computer to computer access) from the CCG/CSU (Central Support Unit). Beechwood are not IG compliant but have agreed that they want to move toward being compliant so they can use the system. Community pharmacists should be ok but have limited N3 connection, so their system needs some work. If this is sorted it will give them access through the SHR (Stockport Health Record) to the EPaCCS record. However they will not be able to see the SHR, they will just log in through it. It will be role based access eventually to the EPaCCS record. Also care homes and home care will be considered in the future. They will not be excluded! NWAS will also be considered later and need to decide what they see and what they access. Crews are the ones that need info but at present they only see a flag against the address, to signify EOLC record existing.

9) The only people who will have full read/write access to system are GP's. This may change in time. The system needs control through role based access.

10) It was stated that if someone has opted out of SHR then they will not be able to have an EPaCCS record. However you can ask them that if they want to proceed they will have to opt back in. This means that a recode is needed on the GP record.

11) To maintain the EPaCCS, there is a need to know who is joining and leaving the various organisations who have access to it. Also, there is a need to work out who will be involved with soft landing; these people will need to be set up on the system. Is it the GP only, or the whole practice staff? The set up will start with Heald Green as Sarah (GP) is a trainer, so it will be a great place. One each from Marple, Heaton's and Stepping Hill have been identified. Karen McEwan has agreed to do it for Heaton's.

12) The meeting was advised that they had had a train the trainer day and it was good. Training was for the clinical need rather than training on the system. Work on the clinical discussion is on-going and what you need to do when working with a patient. We then need to look at the system and how



it can help you achieve that. Read training is about 15 mins. Then there is a read/write training about 10 mins. Then there is a GP bit about 2 mins. Then you go to website, log on and set yourself up and complete registration. It is about 30 mins total.

14) They have employed a new person called Steve, who has joined as System Administrator. He has skills necessary and he can start setting up system/people, etc.

15) The meeting advised that all costs to date have been met. System build has cost more than planned because of additional work required to meet things that raised themselves along the way and also the work needed with Promatica. System looks really good. System was built around what people wanted in a clinical setting. The additional costing includes more for reporting. Graphnet did not envisage the level of reporting that we required, so they costed a much lower amount.

16) The meeting asked: how do we track benefits? There will be a link between the GSF (Gold Standard Framework) and EPaCCS. There is a need to gather the patient story, speak to families and get qualitative data to see how it has improved patient experience. Nationally EPaCCS is based on not admitting people due to better timely care. Dr Waterman said it's about right care right place! There will be more work done around the benefits and the care delivered later on.

17) There is a lot of EPaCCS work going on around GM (Greater Manchester). Some other CCG's are finding different solutions but GM are heading towards our solution, which will be helpful.

18) The meeting was advised that this is the last meeting as the Group has completed its work and the project is now going live. We were thanked for our support and were advised that the group will be disbanded and an Integrated Group will be formed to go forward. It was requested that all current personnel be seconded on to the Integrated Care Group to maintain continuity.

Recommendation: Core Group to agree secondment of David as representative from Stockport EPAC to the new group

Contact: david.moore@homeinstead.co.uk for more information.

3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

22nd May 2014

We were informed that there was only enough money to develop 10 practices with Electronic Prescribing. This will consist of 3 practices from last year and 7 new ones from this year. There is more support available in the form of technical support from CSU (Commissioning Support Unit) to the line of £6000 per practice.

6 Practices went live last year but Peter Marks reported that there is a patient safety issue with the electronic scripts as the patient messages are not clear. He said this is a national problem and asked Healthwatch Stockport to notify Healthwatch England about the problem.

The concern is around the fact that there is no standardisation of the way in which the various pharmacy system suppliers display messages which are often important to patients ie this is the final issue from this authorisation for this item. Patient will need to contact prescriber for further authorisation. **Recommendation: I recommend we contact Healthwatch England to inform them of**



the problem.

3.12 Stockport End of Life Care Programme Board

Healthwatch Representative: Gerry Wright

30th May 2014

No Report received.

3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

24th May 2014

No meeting until 8th July.

3.14 Stockport Health & Wellbeing Scrutiny Committee

Healthwatch Representative: John Leach

30th May 2014

No Report received.

3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

14th May 2014

No Report Received.

3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

30th May 2014

No Report received.

3.17 Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes

30th May 2014

No Report received.



3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

6th May 2014

Unable to be present on 6th May, information from the notes:-

- a) Sue Alting, an AGE UK Trustee, is temporarily acting as Chair.
- b) The June meeting to be a Review and Planning meeting.

Date of next meeting: 3rd June, 10-30am

3.19 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

30th May 2014

No Report received.

3.20 Medicines Management Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

30th May 2014

No Report received.

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

Healthwatch Representative: Tony Stokes

16th April 2014

There is an issue with the current under performance of the high risk TIA pathway. This is resulting in the target for 60% of patients to be seen within 24hrs of the event being missed. The achievement in January was 44.4%. The two main reasons for this are;

1. Late referral by the GP - This is being addressed with each GP practice.
2. No weekend referral clinic at Stepping Hill - The Healthwatch Stepping Hill sub group can consider what action we can take to apply pressure for such a clinic to be introduced.

There is an issue with the time taken for patients to receive follow up cardiology appointments at Stepping Hill. Another issue for the Healthwatch Stepping Hill sub group. The waiting list has been reduced from over 1000 in October 2013 to 550 in February 2014.

Safeguarding training for both staff dealing with adults and children at Stepping Hill is inadequate. Level 1 training for children was at 71% in March, level 2 at 56% and level 3 compliant. Matters which the Healthwatch young people's sub group and the Stepping Hill sub group can consider.



Recommendation: HWS young person's group and Foundation Trust Group may wish to consider looking at the Foundation Trust missing safeguarding training targets.

Other issue at Stepping Hill.

1. High number of nursing vacancies.
2. The number of locum doctors working in A and E.
3. Ophthalmology waiting times.
4. Number of patients being assessed for dementia.
5. Hospital acquired pressure ulcers
6. Waiting times in A and E.
7. Provision of psychological therapy by Pennine Care.

Date of next meeting: 18th June 2014

3.22 Stockport Safeguarding Adults Board

Healthwatch Representative: June Westley

30th May 2014

First meeting not held yet.

3.23 Stockport Scheduled (Elective) Care Programme Board

Healthwatch Representative: Mike Lappin

30th May 2014

No Report received.

3.24 Stockport Urgent Care Working Group (Formerly Stockport Unscheduled Care Programme Board)

Healthwatch Representative: David Kirk

29th May 2014

No meetings this month therefore nothing to report.

3.25 Greater Manchester Chair and Chief Officer Meeting

Healthwatch Representative: John Leach and Maria Kildunne

30th May 2014

No Report received.



3.26 Stockport CCG Locality Meetings

Healthwatch Representative: Gerry Wright

30th May 2014

No Report received.

3.27 Health & Social Care Informatics (HSCI) Group

Healthwatch Representative: David Moore

Thursday 22nd May 2014

- 1) Apologies and introductions.
- 2) Went through minutes, no major changes.
- 3) Went through actions and re-allocated actions and follow ups.
- 4) Meeting confirmed that the website: Patient.co.uk has had over 17,000 hits. By looking at this site we can see what's trending.
- 5) News update
- 6) The funding stream; GPIT (funding for GP's for IT) has been cut, so the CCG are now applying to a GM (Greater Manchester) fund to cover the next 2 years, but also try and cut costs. The funding was £3.80 per head, now £2.50!
- 7) KB (Ken Brennan - Stockport FT) acute. Stated that they are meeting providers on an initial brief to see if they want to go forward to bid for the new EPR (Electronic Patient Record). Derbyshire, Macclesfield and Stockport are looking at a joint bid. Tameside has option to join, but is looking at Lorenzo.
- 8) Pennine Care update, Paris, users identified and phase 1 training started. 6 phases over 2 years.
- 9) Sally Wilson, SMBC. They are currently identifying people with long term conditions. Looking at assessment processes and budgets.
- 10) Child health information system being developed with NHS England. Trying to link up with local IT systems.
- 11) Project: investing in Stockport. Streamline IT services across adults and children.
- 12) GM Local Authorities have met to discuss IT. They are looking at improving data sharing across area and getting data in more stable and accessible condition.
- 13) KB talked about community systems options. Current system finishes in 2016, therefore they need to start looking now at a replacement system to manage community services going forward.
- 14) Jane Owens (JO) - EPaCCS - the system is ready to go live with role based access to EPaCCS. They are working with SMBC to look at patient journey and work on integrated hub.



- 15) There is a new “disclaimer” on the SHR (Stockport Health Record) so it is easy to read, patient friendly and can be printed.
- 16) When doing case finding or risk stratification, there is the use of non-identifiable data.
- 17) The meeting stated that ALL the models for the integrated IT are based on implied consent. In other words, if you have allowed access or given permission at one stage, it will be implied that you have given consent for access to all areas or records.
- 18) JO has asked me to get comments from core group on disclaimer.
- 19) Louise Hayes. CCG have purchased an App which the public can engage with. Level one shows conditions and help/support. Level two shows contact general numbers and GP information. Level three shows contacts for wards, and much greater detail. In 2 weeks time, they will have the app and need to share it with 20 people to look at it and check it works. I have put my name forward for this and will share it with the Core Group.

For any further information, feedback or clarification, please contact:

david.moore@homeinstead.co.uk

Date of next meeting: 26th June 2014 at 9am - 11am.

3.28 Stockport Safeguarding Vulnerable Children

Healthwatch Representative: Helen McDonald

Monday 19th May 2014

16th May 2014

I have met with Una and the Independent Chair, David Mellor. It went well. I am due to observe at the next Board Meeting on Monday.

Helen McDonald

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

4.1 Complaints Task & Finish group

Healthwatch Lead: Gerry Wright/Tony Stokes

30th May 2014

No Report received.



4.2 Diabetes & Podiatry Task & Finish Group

Healthwatch Lead: David Moore

30th May 2014

No Report received.

4.3 Discharge from Hospital back to nursing/residential homes

Healthwatch Lead: John Leach

30th May 2014

No Report received.

4.4 District Nurse Service User Group

Healthwatch Lead: Tony Stokes/Carol Stokes

30th May 2014

No Report received.

4.5 Healthier Together

Healthwatch Lead: Mike Lappin

1st May 2014

External Reference Group

The newly elected Chairperson, Dr. Ken Griffiths, opened the meeting and suggested we deal with the Healthwatch Stockport letter concerning the representation on the External reference Group. The rest of the letter would be dealt with throughout the agenda.

If was decided that the committee was not representative and Nicola Onley would seek more members.

In the closed session of the Committee in Common, there was a presentation on the criteria on which the choice of Hospital Reconfiguration would be judged.

The pre-Consultation Business Plan Part 1 was also presented (copy in the Healthwatch Stockport office) with 20 appendices (copy in the Healthwatch Stockport office).

There is an Assurance Panel to hold the Healthier Together Team to account there being 92 criteria to allow the statutory consultation to go ahead,

A draft of the consultation document would be sent to all members of the committee in the next week for preview. At this stage it will remain confidential.

Date of next meeting: 29th May 2014



29th May 2014

Leila Williams (Director of Service Transformation at NHS Greater Manchester) gave an update of Healthier Together. She mentioned the System agreement 22nd February 2013 which has 96 pieces of information and that we cannot go to consultation until NHS England are satisfied that everything has been done. There is also a risk going to consultation one year before a general election.

We had a second view of the consultation document and suggested more modifications. The time table for the consultation was mentioned last week in June or second week in July.

Martin McEwan said he was trying to get a meeting with the Healthwatch Chairs to discuss their letter and suggested that he deals with the Healthwatch Stockport letter by addressing a Core Group (or other) meeting.

9th May 2014

Healthier Together Event - Salford Rugby Club

I attended a Healthier Together event at Salford Rugby Club. I learned that it is believed that there is 1/3 of waste in the NHS which if eliminated could pay for the programme.

Standards must be the same for all Primary Care areas, all unwanted variations must go.

16th May 2014

Healthier Together Task & Finish Group

The group gave the first draft of the Consultation document for the reconfiguration of Secondary Care constructive comments. Other alterations will be reviewed at the next External reference Group meeting on the 29th May.

4.6 It's in the Drawer

Healthwatch Lead: Clem Beaumont

30th May 2014

A meeting is being planned between the commissioners and providers of the services and the authors of the report to discuss the recommendations. We have also been told that an Extraordinary Meeting was held at Bury Audiology Department to discuss this report.

Kirsty Bagnall



4.7 Redevelopment of A&E

Healthwatch Representative: Mike Lappin

22nd May 2014

Rachael Young outlined the CCG's new Unscheduled Care Strategy. First Rachael defined urgent care and emergency care then went on to give the Stockport Vision.

The system for urgent and emergency care must be :

1. Straight forward
2. High quality
3. Right time
4. Right place

Rachael highlighted the national picture ED admissions up 40% over the last 6 years, 300 million GP consultations in 2010/11 etc. She then gave the local picture:

- A&E not meeting 4 hour target
- Increase admission rate through A&E
- Emergency admissions for acute conditions that should not actually require hospitalisation
- Too many admissions for under 19's with asthma, diabetes and epilepsy
- High level of out of hours activity etc

A literature review has highlighted that Stockport are considering the right schemes/actions and there are no huge gaps between our plans and what works well.

Rachael then went through the proposed new interventions

1. Urgent care single point of entry
2. Four integrated care hubs
3. Patient held records
4. Improved access to GP telephone
5. Seven day working for primary care
6. Pharmacies to provide minor provision
7. Nursing home late medicine pilot and remodelled care provision
8. Commissioning a health and social care stabilisation service
9. Hospital transformer plan
10. Implementation of 19 ambulatory care pathways
11. Assertion on reach integrated community services



12. Short stay older people's unit
13. Review of social care (including discharge) and how it supports urgent care
14. Length of stay task force
15. Review of elderly care in line with silver book recommendations
16. Development of complete care pathway for high risk patients
17. Review of social care and how it supports urgent care

Mike Lappin

29th April 2014

Emergency Department User Group

Friends & Family

Carol Sparks (Assistant Director of Nursing) gave an update around friends and family. She said that SMS texting has been a success increasing the role to 23%. Five wards are piloting thermos flasks instead of metal tea pots and lighter crockery.

Display Screens

Ian Parker from the communication team said the 22 new plasma screens are now in place across the trust.

Privacy Booths

Rob Hockenhall from estates showed plans for privacy booths in A&E. Rob agreed to design the booths with transparent tops to maintain visibility.

AOB

- a) The accessible toilets in A&E are now working.
- b) Five new staff nurses have been recruited and an advert has gone out for a second alcohol nurse.
- c) The new bariatric trolley is being delivered on 25th March; a bariatric wheelchair is now being considered.
- d) The department now uses the new Konftel interpreting unit which means telephone interpreters can be used via language line.

Mike Lappin

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'

31st May 2014

[Ends]