



# Healthwatch Stockport Work Programme Monthly Report July 2014

1<sup>st</sup> July - 31<sup>st</sup> July 2014

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



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

## Section 1: Operational Team

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

28<sup>th</sup> July 2014

One Year On Meeting held and will be verbally reported to the Core Group.

### 1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: Tony Stokes

16<sup>th</sup> July 2014

Three main items.

#### 1. Healthier Together.

Encouragement for as many people as possible to attend consultation events. The main CCG event is on 12<sup>th</sup> August at the Alma Lodge hotel. Healthwatch were able to demonstrate our involvement by informing that we are holding an event at Graylaw on 23<sup>rd</sup> July.

#### 2. Brinnington psychiatric cooperation exercise.

Nick Dixon presented the results of a cooperation exercise between Pennine Care and GPs in Brinnington. What this showed was that by Pennine Care community workers and the GPs in Brinnington working closely together the outcomes for patients was much improved.

3. Andy Kippax, Head of Strategic Housing in Stockport presented a report on the strategic housing authority role. It is recognised that housing is a key determinant of health. The board have been asked to consider the following;

- Request a review of the governance arrangements for the Health and Wellbeing Board to include housing representation.
- To request an involvement in joint financial planning concerning the allocation of Better Care Fund monies for Disabled Facilities Grants.
- To request support from the Board to identify mechanisms that will support the delivery of home repairs assistance, home security works and Sanctuary Schemes to assist vulnerable owner occupiers to remain in their own homes.
- To request support from the Board to identify mechanisms that will support preventive measures that will address the adverse health implications resulting from the absence of heating, insulation and utilities.



- To continue with and seek to form new partnerships between health and housing as part of the preventive agenda and on - going need for savings.

Date of next meeting: 3<sup>rd</sup> September 2014

Tony Stokes

## 1.2 Stockport Clinical Commissioning (CCG) Group

Healthwatch Lead: Tony Stokes

9<sup>th</sup> July 2014

There is concern around the management of asthma. Patients provided with inhalers are not sufficiently trained in how to use the inhaler. The result is that the inhaler is not giving maximum benefit and in some cases is doing harm. The CCG is providing training for GPs and practice nurses in to what product should be prescribed and how it should be used. Training is being provided for pharmacists so that they are able to assist patients when an inhaler is being issued. A specific training programme is being initiated to make school staff aware of the issues around asthma and inhalers.

The Emergency Department at Stepping Hill fails the 4 hour waiting time every month and has done so for two years. This makes Stepping Hill Emergency Department the worst performing Emergency Department in England. It is now recognised by the CCG that the problem is not the number of staff or the patient demand. Compared with other Emergency Department departments Stepping Hill does not experience higher than normal demand and does not experience exceptional staff shortages. Thus the problem is management of the department. The CCG are planning with Stepping Hill a new strategy to correct the problem. The manner in which patients are triaged when first arriving at the Emergency Department may be part of the problem and thus part of the solution.

Patients waiting more than 52 weeks for an outpatient appointment or surgery is a bigger issue than realised. Stockport is expected by NHS England to reduce this number quicker than originally expected. The way in which the CCG has been receiving data from Stepping Hill has not been showing up the extent of the problem. This has now been shown up and is being corrected. The particular problem lies with ophthalmology (glaucoma), cardiology and gastroenterology. However now that this deficiency has shown up the CCG will be looking at the way in which waiting list figures are received from all departments and all providers. This waiting time is not good for patients and has other knock on effects. Pressure is placed on GPs. as they have to deal with numerous telephone calls from patients enquiring about when their appointment will be. The GP or their staff need to ask for information from the provider and relay this information back to the patient.

The TIA pathway continues to give concern. Patients presenting at the Stepping Hill ED are not being moved to a stroke ward for treatment in a sufficiently timely manner. The major problem whereby Stepping Hill does not have stroke clinics at weekends needs to be dealt with. The CCG do not seem to be able to persuade Stepping Hill how important this issue is. I am suggesting that we could now usefully intervene during our discussions with the Stepping Hill management. We need a risk assessment to discover the risk that patients are at because of these delays.

A CCG Falls Service is being commissioned and is seen as a factor in reducing the need for hospital



admissions. We at Healthwatch have been requesting this service and have provided evidence to the CCG regarding the effectiveness of such a service.

The Marple and Werneth project (commenced as Stockport One) has had several positive outcomes for patients, one being that patients have been able to die at home with their relatives. This was their preference and the preference of their relatives. Previously this would not have been possible and the death would have been in a hospital.

The Brinnington project involving mental illness has resulted in a great reduction in the need for an intervention by Pennine Care and more patients have been supported by the GP practices.

**Date of next meeting: 10<sup>th</sup> September 2014**

*Tony Stokes*

### 1.3 Stockport NHS Foundation Trust

**Healthwatch Lead: David Kirk**

Thursday 27<sup>th</sup> July 2014

Stockport NHS Foundation Trust Board meeting (Thursday 27th July) was attended by Sheelagh Peel. Rather than reproduce the content of the meeting the following links detail the information that colleagues may find helpful.

Full Board papers can be found at: <http://tinyurl.com/snhsftmins>

Matters of note;

1. Clinical Hotspots remain;
  - a) A & E 4 hours (although some sign of improvement)
  - b) Cancer Waiting times
  - c) Cancelled operations (yr to date)
2. Partnership and Efficiency hotspots are;
  - a) Cost reduction programme
  - b) Mandatory Training
  - c) Appraisals
3. TO NOTE: Board meetings have now been changed to start at 1.15pm (details can be found on the Trust website) <http://www.stockport.nhs.uk/board-meetings>. It is hoped that this new time will enable more members of the public to attend.

*David Kirk*

22<sup>nd</sup> July 2014

Patient Representative Group, Division of Medicine.



No meeting held.

**Date of next meeting: 30<sup>th</sup> July (may be cancelled due to holidays)**

*Sheelagh Peel, Healthwatch Stockport representative on Patient Representative Group*

30<sup>th</sup> July

Consumer Review Meeting

The second of the recently formed bi-monthly meetings with the Executive team was held on, attended by myself, Gavin Owen and Les Crabb NHS Complaints Advocacy Stockport (NHSCAS)

The main points discussed were;

a) “Sign up to safety”. The Trust will be signing up to the NHS England campaign, “Sign up to safety” but not right now. The Trust wants to update its quality strategy to ensure that both the strategy and the commitments to “sign up for safety” are aligned. ‘Signing up’ will probably take place in the Autumn. Sign up to Safety’s 3 year objective is to reduce avoidable harm by 50%. Further details can be found by following this link. <http://www.england.nhs.uk/signuptosafety/>

b) Short Stay Older Peoples Unit (SSOP). An evaluation of this piloted unit has taken place and the Trust is convinced that it is worth continuing and investing further. It is likely to be relocated and expanded by 2 additional beds. A further update will be given at the next meeting. We informed the Trust about a recent complaint received by Healthwatch Stockport (HWS) and agreed to provide details, if permission from the complainant was obtained.

c) Dermatology. The Trust will report back on why ‘patch testing’ is not currently available in the dermatology department. This has been raised by a (HWS) member and a complaint received by the Trust. The initial view was that the demand was insufficient.

d) Staffing levels. In response to questions regarding staffing levels it was reported that recruiting registered nurses was still difficult and a second recruiting visit to Spain was planned. 9/10% of total shifts are currently filled by Bank or agency staff. There was a discussion around the requirement for Hospitals to publish details of planned and actual staffing on wards, the presentation of that information and some issues of seemingly low fill rates. The Trust maintained that safe staffing levels had been maintained.

e) Audiology. It was confirmed that the audiology department and the (HWS) team were making good progress taking ‘on board’ the recommendations from the ‘It’s in the draw report’.

f) Arriva Ambulance. It was noted that there were still issues and that some collaborative working in the interests of patients would be helpful.

g) Complaints process. In response to a letter sent by John Leach on issues raised by (NHSCAS) represented by Les Crabb the Trust recognised that there were issues and provided assurance that action was being taken and they were confident that there would be improvements in the next month. The actions included additional staff being recruited in the Medicine business group. It was agreed that there should be a follow up meeting in 6 months to review progress. The Trust accepted our recommendation that, in response to complaints raised on the Patient opinion and/or the Patient Choices web sites, they would add the contact details of the NHS Complaints Advocacy. (*More*



*information about this below)*

h) Board Meetings. The Trust was informed about concerns being raised about the content of the meetings of the Board of Director's to which the public were excluded.

i) District Nurses. It had been reported to Healthwatch Stockport Core Group members that District nurse were under severe pressures and it had been noted that there seemed to be a growing number of Serious Adverse Events relating to community services. (Board reports) The Trust stated that there were no real issues with nurse vacancies or attendance however there had been a reorganisation of the structure to improve services and adjusting to this may account for some concerns. The Trust would welcome any additional feedback.

j) Patient Discharge. The Trust was informed about the re-forming of the discharge group and the 'Special Inquiry' into unsafe discharges launched by Healthwatch England. The Trust was also informed about a recent complaint to (HWS) about an apparent unsafe discharge from ED. It was agreed to provide details if the permission of the complainant was obtained.

To note:

- A pharmacy (retail) shop will be opened in the Poplar Grove corridor at the end of August. As well as providing access to purchase medication it has the potential to assist in the treatment of patients who present at the emergency department with the most minor of conditions.
- A copy of the annual complaints report (2013/14) was requested and received. Copy for the Patient Experience Group.
- Future meetings will include a presentation on Place Inspections and resulting actions and the reporting of the 'Safety Thermometer' (a tool reporting on the reduction of patient harm)

**Recommendations:**

**1. Re item h) above. A letter be sent to the Trust (Executive) and the Council of Governors setting out the concerns.**

**2. Re item i) above. That further investigation is carried out by the SFT sub-group into the claims of District Nurses.**

For further information contact David Kirk.

*David Kirk*

30<sup>th</sup> July 2014

Consumer Review Meeting

We had a very productive and open meeting with Stockport NHS Foundation Trust, NHS Complaints Advocacy Stockport (NHSCAS) and ourselves (Healthwatch Stockport).

We have a close and effective working relationship with NHSCAS and been able to monitor themes of complaints and issues within the complaints procedure. We meet quarterly to discuss these and how we will take these forward.

We met at the beginning of April to look at their findings from the 1<sup>st</sup> year of their contract.



Stockport NHS Foundation Trust stood out from other providers that NHSCAS deal with, with these main points:

- poor response times to complaints (only 30% within the 25 days and some cases over 100 days)
- response letters that did not fully address the complaint
- when the Trust did acknowledge an issue with medical practice & procedure, and stated changes would be made, there was evidence that this was not always the case
- potential complainants too scared of repercussions with their ongoing treatment to make a complaint. There was a case of a complainant seeing the consultant head of the department at their next appointment and being quizzed about their complaint
- poorly written responses
- staff unprepared during face to face meetings (local resolution meetings). CD recording of the meeting encrypted so that it can only be played on a computer and with a password

We wrote a joint letter with NHCAS to request a meeting to discuss these issues. We had the meeting on 30<sup>th</sup> July with the Chief Executive, Chief Operating Officer, Director of Nursing and Midwifery and others and it was extremely productive.

As the evidence was indisputable the Trust admitted a breakdown in the process, both in their written response (presented at the meeting) and when talking through the issues within our letter. NHSCAS was also able to provide good practice examples that other Trusts use eg. letters to complainants to clarify they understand the nature of the complaint and the issues that should be investigated within the complaint before the investigation begins.

Some of the actions that the Trust will take forward are:

- 2 new members of staff for the Patient Customer Service (PCS) team who handle the complaints
- better co-ordination of responses between the business teams (medical department) and PCS
- more hands on work from the Head of Quality and Director of Nursing and Midwifery in the responses and during investigations
- internal procedures to be changed on a number of matters
- the CD recording of the face to face meeting not to be encrypted with a password
- a follow up meeting in 6 months to monitor the progress the changes have made

One of the positives to come from the meeting was the Trust's openness and admission of the breakdown in procedures rather than the stalwart defence that we were expecting.

*Gavin Owen, Group Support for the Healthwatch Stockport Stockport NHS Foundation Trust Team*

## 1.4 Stockport Council - Adult Social Care

**Healthwatch Lead: June Westley**

18<sup>th</sup> June 2014



### Targeted Prevention (People Powered Health)

There will be a new structure for the delivery of targeted prevention. Nick Dixon informed the group. The centre for social action fund will be administered by NESTA and we have to give evidence to NESTA to get the money. The new structure is as follows:

- A steering group will be formed which will oversee the NESTA money.
- The steering group is answerable to the Integrated Programme Board.
- The steering group will grow the community capacity and support voluntary groups
- Better care funding will also be involved.
- The steering group will monitor and ensure delivery.

**Recommendation: I recommend we have representation on the Integrated Programme Board**

*Mike Lappin, member of the Healthwatch Stockport Adult Social Care Team*

## 1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

31<sup>st</sup> July 2014

No report received.

## 1.6 Pennine Care

Healthwatch Lead: Mary Foden

11<sup>th</sup> July 2014

Engagement Workshop - Pennine Care/Stockport MBC - Community Transformation Adult Mental Health - Service Users & Carers

The meeting was attended by only eight people plus CCG, Pennine Care and council staff including Nick Dixon and Gina Evans. The eight included Linda McGrath, Mary Foden, a carer invited by me, three others and me. We were asked what was good and bad about the current services and what should be in the reconfigured service.

I continue to have difficulty in assessing the re-configuration in the absence of a printed proposal.

**Recommendations: Healthwatch should write to the Chief Executives of the CCG, Pennine Care and Stockport MBC requesting:**

1. A formal consultation be commenced urgently with the three bodies in accordance with the statutory obligations with the document including:

- Financial data showing separately dementia and remaining the mental health services:



1. The costs for 2013/14
2. The budget for 2014/15 including CQUIN
3. The budget for 2015/16 including CQUIN
  - The numbers of patients in each category.
  - The numbers of staff and the case loads.
2. A copy of the hospital discharge procedures.
3. A schedule of the services and activities provided.
4. An update on the vision of Pennine Care to which Stockport's mental health services were transferred in the light of Pennine no longer being exclusively a mental health trust.
5. A statement of the benefits of Community Health services and Community Mental Health services for some Trusts within the Pennine Care?

Gina Evans gave some rough budget figures of services commissioned from Pennine but without any breakdown of the dementia element so it is still not clear to what extent money may have been diverted to dementia - 2013/14 £23M, 2014/15 £22.5M + 2.5% CQUIN money if earned (it had been in recent years) giving a total of £23.075M ie a marginal increase.

*Tony Johnson, member of the Healthwatch Stockport Pennine Care (Mental Health) Team*

## 1.7 Public Health

### Healthwatch Lead: Roy Oliver

28<sup>th</sup> July 2014

There have been no Public Health or JSNA team meetings since the last Core Group meeting.

On the JSNA task for Healthwatch we have attended the carnivals at Marple, Hazel Grove and Stockport and had a stall at the market. We have so far distributed over 5000 of the cards asking the question "What would make a good experience of health and social care".

*Roy Oliver*

9<sup>th</sup> July 2014

### Pharmaceutical Needs Assessment (PNA)

Review of Actions - The update of JSNA (Joint Strategic Needs Assessment) and PNA was discussed at Health and Wellbeing Board. It was noted that Stockport was going to be treated as a single locality.

Healthier Together - Healthier Together was discussed as there are primary care proposals including pharmacy.

Community Drugs Team - There is a possible gap around supervised Buprenorphine, it is only offered on one site. There is a suggested two additional sites (Brinnington and another town centre)

NHS England - Healthy Living Pharmacy is still in the pipeline. Essential service contract requires 6



public health campaigns each year.

NHS Stockport Foundation Trust - Are developing further hospital pharmacy site at Outpatients B. This could possibly be used in conjunction with Out of Hours service.

Smoking Cessation Service - Possible gap in provision to east of the borough, and in priority one areas of Adswold and Brinnington. The service is primarily through gp's.

Maps - We looked at the maps of pharmacy services across Stockport and made some revisions. We also considered the future developments at Dialstone, Hopes Carr, Woodford and Handforth.

Care of Dying - Pharmacy services are not formally commissioned (no additional budget) instead the service is paid for by scripts used.

Flu - Decision was made that pharmacies will be offering the vaccinations to 16-64 at risk but not 65+

*Mike Lappin, Healthwatch Stockport Representative on Pharmaceutical Needs Assessment (PNA)*

## 1.8 Equality and Diversity

**Healthwatch Lead: Jon Burke**

31<sup>st</sup> July 2014

No report received.

## 1.9 Discharge from Hospital

**Healthwatch Lead: Peggy Hall**

3<sup>rd</sup> July 2014

The main aim of the meeting is to work to improve experience of hospital discharge for the local community and others who use local health and social care services. Also to support Healthwatch England (HWE) with their Special Inquiry into unsafe discharge.

The purpose of this initial meeting was to identify causes of concern in this area, priorities and actions. Everyone was enthusiastic and made suggestions and offers of help.

Due to the short timeline the first priority was agreed - to send some information on previous work to HWE, as requested, and to follow up with reports relating to patients in the three specific groups i.e. homeless people; older people and people with mental health conditions.

There was a good discussion, to which everyone contributed, and most members were able to offer relevant information, based on their own personal knowledge and experience, at the next meeting.

**Date of next meeting: Thursday 17<sup>th</sup> July 2014, 2pm to 3.30pm.**

*Peggy Hall*

17<sup>th</sup> July 2014

The purpose of this meeting was to review actions and notes from the last meeting and take them



forward. Feedback around Mental Health and Older People was promised to input to the HWE Report

A draft Mental Health policy from Pennine Care was received, together with other relevant, and useful, information from group members. The proposed letters to HWE and Stepping Hill Hospital were agreed, subject to a few minor amendments, and Kirsty will send them off. She will also contact other sub-groups in HWS for any feedback around discharge from hospital. Letters were proposed to ask about re-admissions, a generic one to other providers. Peggy to draft for approval. The use of questionnaires was discussed but there is one already running at the hospital.

As before there was much input from everybody and we are hopeful that our report to HWE will be ready for issue before the end of the month.

**Date of next meeting: Wednesday 30th July 2014, 9.30 - 11am.**

*Peggy Hall*

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

### Section 2: Development Team

**Support: Kirsty Bagnall**

31<sup>st</sup> July 2014

No meeting held.

#### 2.1 Healthwatch Stockport Reading Sub-group

**Healthwatch Lead: David Atkinson**

31<sup>st</sup> July 2014

No report received

#### 2.2 Healthwatch Stockport Training Sub-group

**Healthwatch Lead: Sue Carroll**

31<sup>st</sup> July 2014

No meeting held.

#### 2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

19<sup>th</sup> July 2014

Stepping Hill Open Day



I felt our presence at the open day was well worthwhile. We made 30 contacts and signed up 2 members on the day. One individual and the Greater Manchester Homebirth support group. (Will return forms today). Also gave details to a voluntary support group (Stockport Tadpole Group - supporting children with diabetes). I think we should follow up with this group as the chairperson seemed very interested in working with us.

*David Kirk, Events Representative*

27<sup>th</sup> July 2014

### Joint Strategic Needs Assessment Events

On the Joint Strategic Needs Assessment (JSNA) task for Healthwatch we have attended the carnivals at Marple, Hazel Grove and Stockport and had a stall at the market. We have so far distributed over 5000 of the cards asking the question “What would make a good experience of health and social care”.

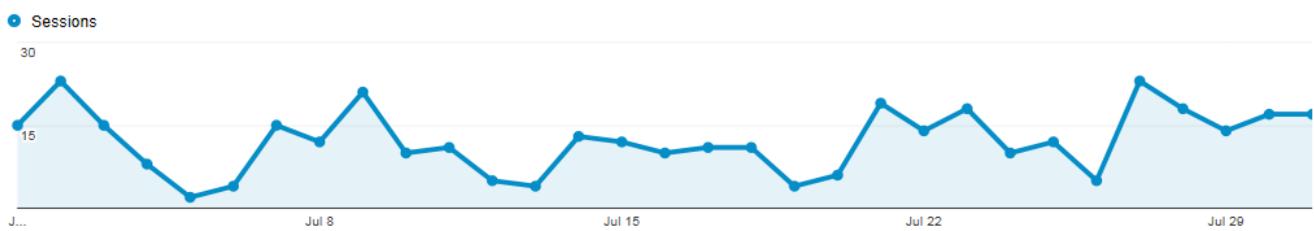
*Roy Oliver, Lead on Public Health*

1<sup>st</sup> July - 31<sup>st</sup> July 2014

**Twitter:** 1,281 overall tweets, 44 new followers, 8 new mentions, 55 new retweets and 44 new favourites. Due to the launch of Healthier Together, we took this opportunity to tweet to promote the consultation, including livetweeting the Q+A Session. Following this, there was a higher than average activity on the account including support from MPs, CCG staff, other Healthwatch and partner organisations.

**Facebook:** 539 Total Page Likes, 4 new posts and monthly total post reach of 222.

### **Website:**



- Overall, the website received 379 visits, 303 of these were unique visitors with 69% of visitors were visiting the website for the first time.
- There were 1,057 page views with people visiting 2.79 pages per visit. The average time spent on the website was 2m 44s.
- After the home page, the most visited page was the *documents* page. This was followed by the *news* page, *newsletters* page and our news page on Tony Stokes being elected as Chair.

### **Positive Press Articles:**

- *Have a Say on improving town's health services*, Stockport Express, 2<sup>nd</sup> July on the JSNA.



- *Have a Say on improving town's health services*, Stockport Times East/West, 2<sup>nd</sup> July on the JSNA.
- *Volunteer Roy Leads the Way*, Stockport Independent, July 2014 on the JSNA work.
- *New Man in Chair at Health Watchdog*, Stockport Express, 17<sup>th</sup> July on Tony Stokes' appointment as Chair.
- *NHS Veteran lands top job*, Manchester Evening News, 29<sup>th</sup> July on Tony Stokes' appointment as Chair.
- Piece on Pure Radio about our feedback collection and Panini Sticker Swap Event on 29<sup>th</sup> July.

*Kirsty Bagnall, Group Support for the Healthwatch Stockport Publicity & Communications Subgroup*

## 2.4 Healthwatch Stockport Enter & View Functions

**Healthwatch Lead: Gerry Wright**

31<sup>st</sup> July 2014

We carried out a visit to Manor Medical Practice (Medical Site) on 29<sup>th</sup> August (after information received from Ann Coffey MP after a number of complaints she had received). The Local Medical Council and CCG have been involved in the arrangement of this visit.

We have three more visits planned in the next couple of months.

The Enter & View Report following our visits to Stepping Hill Hospital has been sent to Arriva and Stockport NHS Foundation Trust to fact check.

*Gavin Owen, Group Support for the Healthwatch Stockport Enter & View Team*

## 2.5 Patient Experience and Feedback/Evidence Gathering

**Healthwatch Lead: Tony Stokes**

22<sup>nd</sup> July 2014

The group met to review patient experience data sent direct to Healthwatch and that contained in reports from provider organisations.

The group concluded that we needed additional information from the providers in order for us to make fully informed decisions to enable us to recommend actions to team leaders and the core group.

Steps will be taken to obtain this other information prior to our next meeting.

There are however three trends which we believe warrant some action by team leaders.

1. Discharge from hospital arrangements.
2. Dissatisfaction with aspects of the Stepping Hill maternity department.
3. Pennine Care complaints reports do not reflect what we are told by Pennine Care staff to be the main issues for patients.

These issues will be communicated to the team leaders concerned.



Mary Foden, Peggy Hall and Loretta Alao.

We were joined at this meeting by Gillian Miller from the CCG. As part of her role which is to improve the quality of the services supplied to Stockport people she has been running a group gathering patient experience to which Healthwatch have been contributing. The group has been to some extent mirroring what the Healthwatch patient experience group do.

As a result of Gillian attending this meeting we have decided to merge the two groups and Gillian along with representatives from Flag and the complaints advocacy service will become part of the Healthwatch group. We will thus increase the ability of Healthwatch to perform its function as a consumer champion for Stockport people.

**Date of next meeting: 21<sup>st</sup> October 2014**

*Tony Stokes*

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

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

**Healthwatch Representative: Tony Stokes**

31<sup>st</sup> July 2014

No report received.

#### 3.2 Stockport Area Medicines Panel

**Healthwatch Representative: Mike Lappin**

8<sup>th</sup> July 2014

##### Current Performance

It was noted that Bury CCG was reducing item cost, item growth, prescribing frequency and prescribing costs. Mike asked if there was reason for this and was it detrimental for Bury residents.

Roger Roberts said surveys had indicated that residents were not adversely affected and Dr Heather Proctor said she would check how they were doing so well.

*Mike Lappin*

#### 3.3 Stockport Cancer Programme Board

**Healthwatch Representative: Anand Dutta**

15<sup>th</sup> July 2014

The issues most relevant to Healthwatch Stockport are listed below:

1. Cancer Staging



This is an important initiative in which the stage of cancer at the time of presentation is recorded for each patient and each type of cancer. In Stockport, all the data is currently being recorded. However, further analysis of this data is lacking and efforts are being made to see how this can be achieved.

## 2. Local Chemotherapeutic Services

Stepping Hill hospital is providing chemotherapeutic services in collaboration with Christie. Chemotherapy unit relocated to larger unit within the hospital. Meeting targets for extra therapies.

## 3. Cancer Waiting Times -- 62 day/42 day standard

Stockport NHS FT has breached the target in a number of cases. Breaches have been classified against various tumour types and figures for breaches for each type of cancer are currently being analysed further and reasons for individual breaches are being investigated so that strategies can be devised for avoiding breaches in the future.

## 4. Bowel Cancer and Breast Cancer Screening Programme

Overall uptake rate for Stockport in 2013 was 54.1% (third highest in GM, Trafford 54.99% and Bury 54.14%); England average 55.3%.

Uptake rates for breast and cervical cancer are declining. In the 2003/06, 2006/09 and 2009/11 rounds Stockport achieved 74.5%, 73.4% and 71.4%, respectively (national target 70%)

## 5. Last Days of Life Algorithm

As an alternative to the Liverpool Care Pathway, extensive guidelines have been prepared and are to be piloted in two wards. Extensive training will be provided for the staff before the new pathway is routinely used.

*Anand Dutta*

### 3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

31<sup>st</sup> July 2014

No report received.

### 3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

31<sup>st</sup> July 2014

No report received.

### 3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged



31<sup>st</sup> July 2014

No report received.

### 3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

25<sup>th</sup> June 2014

Actions from Minutes

No 133. A patient was having problems with their continuous glucose monitoring DR Sasha Johari is to contact Dr Chris Cooper to contact Healthwatch with the details of the case with the hope that Healthwatch can write a letter of support for the patient.

No136. Healthwatch should check with commissioner support that (CSU) to see if we are on the mailing list for new policy consultation.

#### 4.1 MYCOARDIAL INFARCTION (Heart attack)

There is a gap for rehabilitation. It is not clear if the cardiac network still exists, this will be checked.

#### 7.3.2 Policy Statement

Mike was asked if Healthwatch had a policy on cosmetic surgery. He said he would check and if not would request we made one. **Recommendation : Ask the Core Group to produce a policy on cosmetic surgery**

*Mike Lappin*

### 3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

31<sup>st</sup> July 2014

No meeting held.

### 3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

31<sup>st</sup> July 2014

No meeting held.

### 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



31<sup>st</sup> July 2014

No report received.

### 3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

31<sup>st</sup> July 2014

No report received.

### 3.12 Stockport End of Life Care Programme Board

Healthwatch Representative: Gerry Wright

16<sup>th</sup> July 2014

#### End of Life Care Task and Finish Group

The following report highlights the outcomes of the above meeting.

1. The title of this outcome is. An individual plan of care and support this dying person. In stating this title there is still the option to reverse the diagnosis if the patient improves.
2. There will be A last days of life booklet which relations can review the care plan the care plan workings.
3. There will also be a booklet which covers a plan of communication between patient's relations and staff to ensure people are in the picture and they can add items they wish to happen.
4. There is to be a pilot to be run in various wards to monitor the working of the care plan and to be amended to ensure systems work.
5. In reviewing the system being piloted it appears well thought out and will work if all is complied with and all training implemented.
6. The training will be graded according to the level of position held by each member of staff. Attendance to the competency lead elements of training. Attendance will be ESSENTIAL.
7. There is an element that Healthwatch to assist the Trust to ensure cash for training will not be reduced. At the moment there are plane to reduce the budget by £40K. There is more to look into the structure of the training and how cash is used to train who and how?
8. I have suggested that Healthwatch trainers with communications skills etc may be able to help the trust in reducing training costs?

Copies of how the proposed program will work (click or enter the links or contact the office):

<http://www.healthwatchstockport.co.uk/sites/default/files/endoflifepage1.jpg>

<http://www.healthwatchstockport.co.uk/sites/default/files/endoflifepage2.jpg>

*Gerry Wright*



31<sup>st</sup> July 2014

Dr David Waterman, Deputy Chair of the End of Life Programme Board is also the Chair of the Strategic Clinical Network Palliative End of Life Education and Training Special Interest Group. He suggested that Healthwatch Stockport have a representative sitting on this board.

**Recommendation: Healthwatch Stockport have a representative sitting on this board** (I am happy to have this responsibility if agreed by the Core Group)

*Gerry Wright*

### 3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

22<sup>nd</sup> July 2014

Stockport (Community) Falls Prevention Group.

No meeting held. Margaret Brade will rearrange meetings. She has named a temporary support worker and Age UK Stockport will continue to fund.

*Sheelagh Peel*

### 3.14 Stockport Health & Wellbeing Scrutiny Committee

Healthwatch Representative: John Leach

31<sup>st</sup> July 2014

No report received.

### 3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

31<sup>st</sup> July 2014

No report received.

### 3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

27<sup>th</sup> March 2014

Maternity Acute Children's and Neonatal Programme

Main points

Gathering and sharing figures for long term trends in children's attendances to A+E and subsequent admissions were discussed. Questioned whether additional figures could be obtained to distinguish between medical or surgical admissions. Confirmed that approximate estimates to distinguish



between medical and surgical admissions, could be made based on diagnosis codes. Highlighted another issue that should be discussed further - the number of handovers involved when a child comes in to Emergency Department. There could be two handovers: Emergency Department → Assessment Unit → Ward rather than one from Emergency Department to the ward.

There is evidence showing that this was associated with problems. References for this evidence have been requested.

**Date of next meeting: Thursday 29<sup>th</sup> May 2014**

*Loretta Alao*

29<sup>th</sup> May 2014

Maternity Acute Children's and Neonatal Programme

Main Points

Members reviewed the progress of action points:

Dr Viren Mehta had received feedback from NHS England regarding where responsibility for pertussis vaccinations in pregnant women. This repeated the current position where nationally primary care was commissioned to provide this but locally NHS England had commissioned midwifery but did not clarify when responsibility for the programme lay. Item to be removed from the log. St Mary's to obtain further clarification on their policy regarding Ferritin testing. St Mary's have been written to but had not received a response. This item would remain on the log.

Board member to investigate why there had been no submission from any Greater Manchester providers relating to NP1 & NP2. Reported that undertaking ultrasound screening for abnormality of hips in infants within two weeks), there is no regional reporting mechanism. It was noted that procedures and IT systems vary from one Trust to another and that this is the reason there are no regional figures.

An update is requested for the next meeting outlining the policy for screening and the current position for Stockport Foundation Trust. It was explained that NICE compliance is dealt with by the Business Group.

Paediatric capacity - Update at March Board.

Significant number of children (200) continue to be admitted from North Manchester or Oldham and quite often it results in a longer stay, notably as Stockport operates home IV Therapy and other CCGs don't operate this service. A significant number of these admissions are in the winter months. A letter had been sent to the other CCGs reminding them of the contract boundaries. This would be an on-going item of discussion for the group; this issue would remain on the log.

Neonatal Hearing Screening

Highlighted to raise issue with 4 week referral target with GM and update board. This item was deferred to the next meeting Thursday 24th July.

Caesarean Section

Individual to review adherent placenta pathway and bring info back to the board. Individual



questioned whether there should be an integrated pathway for this issue to the tertiary provider. A discussion ensued on this issue. It was acknowledged that the Trust is not NICE compliant on this standard. An adherent placenta pathway is being prepared and will be reported back to the Maternity Board. This issue would remain on the log.

#### Postnatal Care

A draft discharge letter for GPs. This relates to hypertension. It was reported that he awaited an update from Dr Lewis. This item would remain on the log.

#### Hepatitis B

Discussions continued on this issue. The nurse with responsibility for LAC (Looked After Children) at SMBC had been in contact with the doctor with responsibility for LAC. It was pointed out that the named contact for LAC at the Trust has changed and would now be Dr Erika Houston (Consultant Paediatrician). Audit admissions to show how many were true admissions to a ward and how many were attendances to the paediatric observation and assessment unit.

#### Maternity Services Liaison Committee Counselling

The Early Parenting Support Team is now in place. The Committee had identified work streams that service users could get involved in; the proposed work streams are:

- Home Birth pathway - 1 July 2014
- Mental Health - 10 September 2014
- Early Parenting Support - 4 November 2014
- Healthwatch - January 2015

#### Friends and Family feedback

Recent comments were shared with the group. The Committee had toured the recently refurbished Ambulatory Unit.

#### Family Nurse Partnership Programme (FNP)

It was reported that Stockport Foundation Trust were fully recruited to run this programme from 1 August 2014, this included nurses and admin support. The team will be in post by 30<sup>th</sup> June 2014. The Trust had received funding from NHS England to run the programme. Evidence from pilots of the programme showed a higher level of engagement with hard to reach young parents, including fathers and an international review showed a reduction in child maltreatment. There is designated space for the team including telephone lines, at the Abacus Centre, Adswold. It was noted that the majority of the referrals would come from the midwifery team. It was requested that this briefing be shared with GP colleagues, including contact details for the team. It was queried whether the eligible participants for the programme would be for those aged 19 years old or under.

It was explained that the programme adheres to very strict NHS England criteria for eligibility and it is aimed at first time mothers under the age of 20 years old. It was reaffirmed CWs comments that the evidence from the American study shows the programme having a significant impact on young parents and shows a reduction in safeguarding intervention incidents. The Family Nurse Partnership teams consists of 1 supervisor four workers and one admin



### Integrated Children's Service

Documents were referred members of a document outlining the new Integrated Children's Service consisting of:

- Youth Offending Service
- Parenting
- Mosaic
- Family Support Teams
- Services for Young People
- Health Visitors
- Midwives
- Early Years
- Children's Centres School Nurses - these carry out health prevention work with schools

The new Integrated Children's Service is due to go live 1<sup>st</sup> September 2014 but work has already commenced.

### BCG Vaccine

It was highlighted an issue for their team - the BCG vaccine (Bacillus Calmette-Guérin) should be given within two weeks of birth but this target is not being met due to the number of DNAs (Did Not Attends). Staff had attempted to target families from high risk countries (TB - Tuberculosis) and had provision for 12 patients a week. Recently, out of the 12 booked in, only two families turned up for the session. Question rose: who identifies and refers the children and was informed midwives refer them to the booking officers. An individual reviews the referrals and prioritises those families from high risk countries. It was queried whether a texting service is used to remind families of their appointment; JK reported that they do text families to remind them. It was noted that it costs around £20 for a vial of the vaccine. A discussion ensued on this issue and how the DNA figure could be reduced. It was noted that the majority of the DNAs were from a particular postcode area in Stockport.

Members suggested hosting the clinic in this postcode area. It was further noted that families could also attend a weekly clinic at Wythenshawe Hospital and some of the families may have attended this clinic. It was questioned who is responsible for checking that all babies are vaccinated and was told that no-one is responsible. It was added that there is the added issue of siblings not receiving the vaccination to consider as well. It was noted that this is a Public Health issue.

It was suggested involving School Nurses as they are trained to immunise babies. It was suggested that the community midwives carry out an audit to determine the numbers of DNA at Stockport but receive the vaccine at Wythenshawe and if significant numbers were involved, to advise Duncan Weldrake (Public Health).

The meeting was updated on cases of neonatal death; It was reported that appropriate procedures were being followed. The board were informed of a neonatal death in which apparently an infant had not been seen by a consultant for four days. The board was reassured that this was incorrect and that the infant, who had appeared well, had been reviewed by a registrar and was seen by a consultant at 24-36 hours after admission. It was further noted that the birth rate had decreased again for the third quarter; this is a Greater Manchester and local issue.

### Maternity Indicators - Dashboard

There has been a delay in receiving the indicators; It was reported that the figures were due out soon. It was enquired how often the indicators are updated and was advised that the information is updated monthly. There had been 244 births in the last quarter. It was further noted that elected sections were higher than average. It was agreed that the dashboard would be presented at every



board meeting and that the issue of elected sections would be considered further at the next meeting and placed as an item on the agenda

#### Friends and Family Test

Members were referred to the Friends and Family Test themes October 2013 - March 2014 and noted:

- The majority of comments received were positive
- The response rate is low (although it was noted that post-natal is not an ideal time to obtain responses)
- The emerging themes are shared with staff
- Quotes would be sought to determine whether it is cost effective to use a texting service to encourage a larger response rate
- Midwives would be encourage to promote the test
- All comments, positive and negative are valuable
- Children's Services are not on Friends and Family Test yet but are likely to be on board in the future

#### Neonatal Jaundice

It was requested that a formal report is due but members discussed the (Quality Standard) and highlighted a number of points:

- Parents of children with neonatal jaundice are given written information about neonatal jaundice within 24 hours of birth - this target is likely to be met.
- Babies over 24 hours old have their bilirubin measured within 6 hours - this target is unlikely to be met and may need bilirubin meters in order to achieve it.
- Babies with hyperbilirubinaemia are treated as per standardised threshold tables - this is very likely to be met.

#### Diabetes and Epilepsy

It was questioned whether outcomes and quarterly markers are monitored and was informed that the Diabetes network undertakes a full-day review. A number of other issues were raised:

- There is a vacancy in the psychology post.
- Current guidelines indicate a blanked threshold for newly diagnosed patients rather than variable threshold (low/middle/high).
- It was noted that a report is due out in September and an action plan is in place
- Epilepsy is monitored against best practice guidelines; Diabetes is monitored using twinkle diabetes software
- It was reported that the CF Centre undertake bi-annual reviews.

**Date of Next Meeting: Thursday 24<sup>th</sup> July**



*Loretta Alao*

### 3.17 Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes

31<sup>st</sup> July 2014

No report received.

### 3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

1<sup>st</sup> July 2014

Stockport Older Peoples Committee Meeting

The meeting was mainly spent on actions needed to fulfil our terms of reference discussed and decided upon at the previous meeting.

Notes of the meeting have not yet arrived.

**Date of next meeting: 2<sup>nd</sup> September 2014**

*Sheelagh Peel*

### 3.19 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

31<sup>st</sup> July 2014

No requests received.

### 3.20 Medicines Management Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

23<sup>rd</sup> June 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. Various efforts are continuously being made by other means (e.g. sharing of the drug dose) to reduce the overall cost of medicines.
2. Drug Safety Alerts - Recently received safety alerts on Domperidone indicate that the drug should only be used for relief of the symptoms of nausea and vomiting. Maximum treatment duration should not usually exceed one week. Domperidone products are contraindicated in various conditions like



severe hepatic impairment and congestive heart failure.

TNF- $\alpha$  inhibitors are contraindicated in patients with active tuberculosis or other severe infections. There is also an increases risk of tuberculosis or reactivation of latent tuberculosis - screen all patients before starting treatment.

3. Trends in medication incidents - Monthly figures from April 2013 to February 2014 were reported. Incidents with anticoagulants, controlled drugs, antibiotics, insulin and other critical medicines were recorded and were analysed in terms of 'type of incident' like duplication of medicine, wrong drug/dose administered and other prescribing errors. The purpose of these figures and analysis is to identify and rectify any problems associated with prescribing in the hospital and on discharge from the hospital.

4. Pharmaceutical Interventions - A detailed report on the number of pharmaceutical interventions carried out on the wards at Stepping Hill hospital in a one-week period was discussed. The figures included total number of interventions including interventions classified as "life threatening", interventions resolved by a pharmacist and interventions actioned by doctor. The purpose is to identify problems and solutions.

*Anand Dutta*

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

**Healthwatch Representative: Tony Stokes**

16<sup>th</sup> July 2014

TIA - There will be a survey to see whether or not delays in handling these patients at Stepping Hill result in patients having strokes/death.

Speech and Language Therapy - Once the waiting list backlog is resolved the money used for this will be allocated to the schools speech and language therapy service.

Out Patients numbers waiting for appointments at Stepping Hill.

- Gastroenterology 1376.
- Cardiology 621.

The Stepping Hill ED department breaches the 4 hour waiting time rule every month. International evidence is that waits longer than 4 hours indicates that the service is unsafe. There is no direct evidence that the Stepping Hill service is unsafe.

The Stockport mental health services delivered by Pennine Care are rated as average. There are plans to spend more concentrating on Dementia and IAPT.

There are delays in Stepping Hill sending discharge letters to GPs. The exception being paediatrics. The delays mean that GPs often see patients not knowing that they have been in hospital and are therefore unable to provide appropriate care.

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

*Tony Stokes*



### 3.22 Stockport Safeguarding Adults Board

Healthwatch Representative: June Westley

31<sup>st</sup> July 2014

No report received.

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

Healthwatch Representative: David Kirk

31<sup>st</sup> July 2014

No report received.

### 3.24 Greater Manchester Chair and Chief Officer Meeting

Healthwatch Representative: John Leach and Maria Kildunne

31<sup>st</sup> July 2014

No report received.

### 3.25 Stockport CCG Locality Meetings

Healthwatch Representative: Gerry Wright

31<sup>st</sup> July 2014

Les Pattison asked to deputise. No report received.

### 3.26 Health & Social Care Informatics (HSCI) Group

Healthwatch Representative: David Moore

31<sup>st</sup> July 2014

No report received.

### 3.27 Stockport Safeguarding Vulnerable Children

Healthwatch Representative: Helen McDonald

31<sup>st</sup> July 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**

31<sup>st</sup> July 2014

Task & Finish Group drawing to an end. Report to be written.

*Kirsty Bagnall, Group Support*

### 4.2 Diabetes & Podiatry Task & Finish Group

**Healthwatch Lead: David Moore**

31<sup>st</sup> July 2014

No report received.

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

**Healthwatch Lead: John Leach**

31<sup>st</sup> July 2014

No report received.

### 4.4 District Nurse Service User Group

**Healthwatch Lead: Tony Stokes/Carol Stokes**

31<sup>st</sup> July 2014

No report received.

### 4.5 Healthier Together

**Healthwatch Lead: Mike Lappin**

26<sup>th</sup> June 2014

External Reference Group

We looked at Trafford Healthwatch feedback template which could be used when we observe the consultations events. Dr Chris Brooks Medical Director Salford A&E said that quality and safety standards would underpin the reconfigured service. It was reported that NHS England had still to give the final go ahead for the consultation. This would be decided on 7<sup>th</sup> July, one day ahead of the planned consultation launch on 8<sup>th</sup> July.

Consultation Approach



The guide to better care, which is the bigger version of the consultation document will be available from the 8<sup>th</sup> July. There will be five locations for the transport part of the consultation. We had a presentation on transport explaining how it had been used in the decisions on hospital reconfiguration.

*Mike Lappin*

8<sup>th</sup> July 2014

#### Healthier Together Launch Event

As reported at the Core Group I attended this event and put a copy of the consultation document in the Healthwatch office.

*Mike Lappin*

## 4.6 It's in the Drawer

### **Healthwatch Lead: Clem Beaumont**

17<sup>th</sup> July 2014 / 29<sup>th</sup> July 2014

#### Follow-up meetings on the It's in the Drawer Report Recommendations

Two meetings were held. The first with Mark Chidgey (Director of Provider Management at Stockport CCG), Tracey Glover (Audiology Services, Stockport NHS Foundation Trust (FT)), Kirsty Bagnall, Clem Beaumont and Tony Stokes. The second with Colin (Director of Clinical Services, Specsavers Hearcare) and Frank Moore (NHS Contract Development Manager, Specsavers Hearcare).

During both meetings, we went through the recommendations in the report to see how the providers and commissioner were meeting them. Many of the recommendations are within the contract that has to be met by Any Qualified Provider (AQP) to enable them to deliver the service (please see the It's in the Drawer Report for full list of recommendations):

1) A contact and a follow-up appointment should be offered at Stepping Hill Audiology department as well as from other NHS and private providers delivering NHS services.

FT/CCG: Previously, follow ups from the Stepping Hill Audiology Department were done on request and when an audiologist thought it would be beneficial. From 1st April with the AQP contracts, they will all be offered a follow up appointment. The department make a telephone contact first, then an appointment if needed. Tracey suggested rerunning the survey following 12 months under AQP, which those in attendance agreed to.

Specsavers: Specsavers go through a lot to offer follow up appointments in order to meet the AQP targets. Stepping Hill Hospital follow-up is sometimes delivered by Specsavers, where patients walk through the door and ask for help, despite it not being contracted work.

2) When patients have their hearing aids fitted, they should be made aware and given clear details of the monthly clinic at Shaw Heath run by Walthew House and Stockport NHS Foundation Trust.



FT/CCG: An information pack is given to all people who attend an appointment. The information pack also includes information about Walthew House. At the follow up appointments, there is a checklist that everything has been checked which reinforces the information given at the appointment.

3) Audiologists should explain to patients what they can expect from hearing aids before they are fitted.

FT/CCG: A major part of the role of the audiologist is to adjust expectations and is discussed during the first meeting. The Action on hearing loss leaflet (which is given to every patient) includes information about adjusting to your hearing aids. Another report, 'Caring for older people with hearing loss' report has recommendations within it. Tracey and Sue, the Equality & Diversity Manager at the Trust, have been looking at the recommendations.

Specsavers: Agree.

4) Audiology departments and audiologists should encourage hearing aid users to return to the audiology department (or monthly clinic at Shaw Heath) to ask questions and talk through any problems as and when they arise.

FT/CCG: Information about the drop-in at Walthew House is included in the information pack. When the patient chooses the provider, unless they choose Stockport NHS Foundation Trust, then will not be able to go to Walthew House for any follow-up.

Specsavers: Agree. Having Specsavers open so often makes them accessible to people. Clem suggested introducing text or email options to book appointments and get in touch with Specsavers, as not all hard of hearing and deaf people can use the telephone. Colin said that he will introduce these options when hearing aids are fitted.

5) Audiology departments and private companies should provide clear and comprehensive information about hearing aids, including how to use and maintain the aids and a troubleshooting guide.

FT/CCG: As above

Specsavers: Agree

6) Audiology and other healthcare providers should encourage partners, a family member or friend to attend appointments with the hearing aids user.

FT/CCG: In the appointment letters, patients are encouraged to bring somebody with them to their appointments.

Specsavers: Will introduce an invitation to partners, family members etc in letters to patients.

7) Suppliers of equipment should enable hearing aid users to try out equipment before they receive it.

FT/CCG: There are a few models of hearing aid and where appropriate, choice is given. But it tends to be a clinical decision. The follow up appointments should be able to help support people if they are finding their hearing aid uncomfortable.

Specsavers: Assessment and fitting is on the same day, so there is no waiting for this. Having to wait for the hearing aid adds to the stigma.



9) GPs should routinely ask hearing aid users about their hearing and refer them to the audiology department if necessary.

10) GPs should maintain contact with their local audiology departments to update their awareness of technology, treatment pathways and referral protocol.

FT/CCG: It would be great to have all people in contact with others to know about hearing loss. Mark said that they can put in the newsletter reminding GPs of what services are in Stockport. There is also the possibility for a deaf awareness training for GPs masterclasses

Specsavers: It was noted that many GPs will refer directly to Stepping Hill Hospital for audiology as they are not educated that Specsavers offer these services. In Bury, patients go through a patient choice centre but in Stockport, patients do not always report that they had a choice as the GP can inform the decision made. It would be useful for a masterclass to be held for GPs to learn more about hearing and the options available.

**Recommendation: That Healthwatch Stockport contact Mark Chidgey to look to setting up a Masterclass to GPs from Specsavers, Healthwatch Stockport and the Trust.**

11) The issue of why patients stop using their hearing aids or use them for a reduced period of time is a significant one. We would recommend a “working together” approach with non-statutory care providers, in Stockport, in order to improve the quality of life for deaf and hard of hearing people.

FT/CCG: This issue will be flagged by Mark with the Joint Commissioner of Older People’s Services and other members of staff.

Additional items discussed during the CCG/Stockport Foundation Trust Meeting included:

- It was suggested that Kate Cooper from the Commissioning Support Unit may be interested in the outcome of the meeting.
- There are some issues with patients who were previously treated by Omerods, as they no longer delivered the service and are referred back to their GPs. Nazie Gerami responded to Clem saying that they will continue to see old patients until March 2015. This will be messy as it is a three year package of care will be ending then. Mark will take this back as an issue to the CCG.
- Mark and Tracey said that it is positive that the results of the research do not mention waiting times as this was an issue a few years back.

Additional items discussed during the Specsavers Meeting included:

- Clem raised that tubing is an issue for the hearing aids from Specsavers as it does come out and Colin said it would look into the type of tubing they use.
- Colin said that hospitals are not suitable for hearing aid services. He feels it is better to get them, with choice, from the community.
- Specsavers have to report to the CCG on their performance indicators but Colin said that the hospital do not have to report in as much detail.
- When people come directly to Specsavers for hearing advice, the staff will lay out the options and if the patient wants to get an NHS hearing aid, they will transfer the patient to the GP for referral.



*Kirsty Bagnall, Group Support for the Healthwatch Stockport It's in the Drawer Task & Finish Group*

#### 4.7 Redevelopment of A&E

Healthwatch Representative: Mike Lappin

31<sup>st</sup> July 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'

31<sup>st</sup> July 2014  
[Ends]