



Healthwatch Stockport Work Programme Monthly Report July 2013

25th June - 29th July 2013

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Registered Company Number: 8442532



The Following Report is a summary of the issues raised by Healthwatch Stockport representatives and/or work undertaken by Healthwatch Stockport with regard to health and social care in Stockport.

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

Section 1: Operational Team

Leads: John Leach, Tony Stokes, Sheelagh Peel, June Westley, Anand Dutta, Mary Foden, Maria Greenwood, Public Health Lead

24th July 2013:

Rashda Tabassum, Diversity and Equality Project Officer from Stockport Council was in attendance to discuss how Healthwatch Stockport can identify ways to ensure it is representative of Stockport and can represent the diverse views of its population. A newly established group called Nexus is made up of a number of different groups in Stockport who we should arrange to see. She gave us pointers about how we communicate and conduct meetings/events to ensure we reach to as many people as possible and she has a lot of profile information she can share with us particularly on topics of dementia and learning disabilities

Jon Burke [Core Member] has also offered to assist the Operational Team and Healthwatch Stockport generally with a strategic direction in terms of equality and diversity. The Operational Team agreed this would be a good idea especially with the experience Jon has and have invited Jon to be a co-optee on the Operational Team.

The Operational Team agreed Terms of Reference for the group and reported back on the meetings they represented (see below) that had taken place since the last meeting.

Next meeting will take place on 22nd August, if you have requests or issues you wish to submit to this Team please email the office so that they can be added to the Operational Team's Agenda.

1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

17th July 2013:

The strategic themes of the Board this meeting were mental wellbeing and the Board received presentations from Eleanor Hill [Public Health] and Nick Dixon [Stockport Council], who also brought along Shirley Dean and Doreen Roberts from All Together Positive. They provided an update on mental wellbeing in Stockport and Shirley gave a heart-warming case study about her past experience of living with mental health.

There was an emphasis on wider wellbeing and trying to target the general population to improve everyone's wellbeing, signposting was thought to be crucial and could be done through making every contact count and making sure everyone gets the right information at a time when they need it.

Nick explained the progress of the project NESTA the Stockport Pathways Project and how



coproduction was helping people manage their mental health.

Other Agenda items included Implementing the Winterbourne View Concordat, the Board were asked to note a report of the Winterbourne Task & Finish Group, its action plan which supports the establishment of the Learning Disability Joint Strategic Management Group and sign off the Learning Disability Self-Assessment Framework submission at the Health & Wellbeing Board in September. The framework aims to provide NHS England and ADASS (Association of Directors of Social Services) that key priorities for people with learning disabilities are addressed.

For minutes of this meeting and more information please visit the council website:

<http://democracy.stockport.gov.uk/ieListMeetings.aspx?Committeeld=515>

Also in July John had media coverage in the Stockport Express asking the residents of Stockport to get involved and let him know as their representative what they think about services in Stockport.

Next Meeting will take place on: 11th September 2013

1.2 Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

10th July 2013:

FIRSTLY:

- I was able to inform the board about the successful launch of the District Nurse User Group.
- The inaugural meeting of this joint venture between us and the Stockport District Nursing Service was supported by the board members.
- GPs informed their patients about the meeting by telling their patient panels and individually encouraging patients to be involved.
- GPs recognise that without an effective district nurse system the drive to treat more patients in the community and less in hospital will fail.
- District nurses want to be more responsive to patient and GP needs and this group will enable patients to tell the nurses what is needed.
- The nurses in turn will be able to tell their management how the organisation needs to change in order to meet the needs of the commissioners.
- Our next District Nurse meeting will be in September.

I NEED YOUR HELP as a Core Group member.

Would any Core Group member who uses or has used to District Nursing Service in Stockport OR who has friends or relatives who have used the service please tell me of their experiences - good and bad.

- **I will then add this information to the feedback.**
- **Also join our next meeting if at all possible.**



SECONDLY:

- The benefits to patients of the Stockport One service and the progress of the pilot study in Marple and Werneth were discussed.
- The service is expected to provide a better service for patients and cost less.
- I have been told that the service is likely to be more expensive and not less.
- I asked what the financial risks were and if they were being allowed for in the accounts.
- The answer was that no savings could be expected for two years, but savings would be seen after two years.
- I was assured that these cost risks were included in the annual plans.

Next CCG Board Meeting will take place on 11th September 2013

1.3 Stockport NHS Foundation Trust

Healthwatch Lead: Sheelagh Peel

25th July 2013:

There was an extremely good presentation by the Chief Pharmacist, he outlined the changes that are being made to Medicines Management and he stressed the importance of patient counselling. He invited members of Healthwatch Stockport to visit his dept.

- The Patient Story showed a change of emphasis, there had been a FAILURE TO LISTEN to the concerns of a newly delivered mother. It was a powerful teaching tool.
- Quality Reports still show difficulty in reducing C. Difficile figures and evidence of cross infection on 1 ward. They are also not reaching the target for Pressure sores but the actual prevalence is coming down. Also the Family and Friends Test have failed to meet its target! Noted that there is much better reporting of community indicators.
- There had been an unannounced visit by the CQC in the Emergency Department and they had followed patients through various pathways onto a number of wards. A very positive report is expected.
- There is good news about retaining Hyper Active Stroke Services for Stockport and adjoining areas.
- The discontinuation of the LIVERPOOL PATHWAY is causing great concern. The changes following this are not yet clear.
- There was a visit by the Chairman of the Manchester Provider Cancer Board to the UROLOGY Dept. Could M/C development threaten Stockport services???
- An untoward incident occurred (a never event is one that should never occur), in the Eye Dept. An incorrect lens was implanted; obviously major investigation of the incident and corrections; the last never event reported was in April.

Date of Next Meeting 26th September 2013, None in August



Recommendations:

1. Healthwatch Stockport take up the Chief Pharmacist on a site visit of his department (via the Enter & View Team, but to be done in a coordinated way, through a number of visits to various places on the topic of medication and pharmacy services)
2. Healthwatch Stockport monitor closely the pressure sore targets (albeit there is a reduction in prevalence)
3. Healthwatch Stockport encourage the Foundation Trust to promote the Family & Friends test and request what measures are in place to address this failing target
4. The Healthwatch Stockport A&E Development Task & Finish Group review the CQC Report and make any recommendations to the Core
5. Through the End of Life Programme Board, Healthwatch Stockport monitor what will happen to replace the Liverpool Pathway

For more information please contact the Healthwatch office who can pass your queries onto Sheelagh

1.4 Adult Social Care

Healthwatch Lead: June Westley

11th July 2013:

June and Maria met with Terry Dafter and agreed the following:

1. June and Maria will meet with the relevant key managers in Adult Social Care for personalisation, performance, older people, learning disabilities, health and social integration, quality and safeguarding
2. A Quarterly Performance Report goes to Adult Care and Housing Scrutiny Committee; it was recommended that Healthwatch view these reports when available
3. Health & Social Care Integration is the main priority for Terry and his team, which is linked to Healthier Together (Led in Manchester by Mike Burrows). Each local authority is producing local plans regarding how this might work. Joan Beresford and Sally Wilson are leading on this piece of work including change management. This is probably one of the main themes for Sector Led Improvements. Terry will circulate any papers developed so far on Integration and Healthier Together.
4. Personalisation will always be a priority and ensuring it works best for clients.

Full notes have been circulated to the Healthwatch Stockport Adult Social Care Team for information, if anyone else would like a copy please contact the office.

26th July 2013:

June and Maria met with Vince Fraga [Head of Modernisation] and Barbara Mitchell [Quality], both from Stockport Adult Social Care and agreed the following:

- Quality Assurance Officer do quarterly timetables for visits, they look at a range of feedback and would be willing to share information (anonymously) with Healthwatch Stockport and vice



versa

- Explore a collaborate approach with both organisations without losing our independent identity
- Healthwatch Stockport and other agencies to have a quarterly forum for discussing themes and trends
- They will share quarterly complaints reports
- Healthwatch Stockport to utilise the care home forum to share information
- Share Healthwatch Stockport EV training with Barbara once refreshed, so they better understand what our role is

Notes from this meeting are currently being written, the Adult Social Care Sub-group will automatically receive a copy. If you have any questions for June please direct them to the office

Dates have now been set to meet with Gill Walters, Jude Wells, Mike Harradine, Mark Warren, Mark Fitton, Joan Beresford

1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

2nd July 2013:

The Core Group appointed Maria Greenwood as Children, Family & Young People in health & social care lead on behalf of Healthwatch Stockport. Maria is a qualified social worker and has worked and managed childcare teams, including safeguarding and child protection. She has held a number of senior strategic and operational roles in different local authorities working with children and families. Maria currently holds a senior leadership role with a North West council supporting integrated working and early intervention support for children and families. The role involves working closely with other partners in health, social care, education and community and voluntary sector services, to achieve collective outcomes to improve the life chances of those children most in need.

Maria will be attending the next Operational Team in August and the staff will be putting her in touch with relevant people in health and social care

1.6 Pennine Care

Healthwatch Lead: Mary Foden

2nd July 2013:

The Core Group appointed Mary Foden as lead for Pennine Care on behalf of Healthwatch Stockport. Mary will be attending the next Operational Team in August.



1.7 Public Health

Healthwatch Lead:

Maria will be sending interested members more information for consideration.

An update on Healthwatch Development and on-going Subgroups

Section 2: Development Team

Lead Members: David Atkinson, Gerry Wright, Joyce Drummond, Sue Carroll, John Leach, Tony Stokes Eve Brown

This Team meets quarterly and the next Meeting will take place on 2nd September 2013

2.1 Healthwatch Stockport Reading Sub-group

Healthwatch Lead: Eve Brown and David Atkinson

11th July 2013:

The Reading Group Planning Team met and agreed the following:

They [Eve and/or David] will respond and circulate requests for involvement for the Healthwatch Stockport Reading Group.

They went through the procedures as a group and through this process identified the responsibilities of the lead, the deputy and where support was needed from staff.

When a request comes into the office, the staff will call the Reading Group Lead to come into the office to circulate the request to the rest of the Reading Group. If the Lead is unavailable, we will contact the deputy.

The following documents were sent to the Reading Group for comment in July:

1st July 2013:

Adult Social Care Jargon Buster

17th July 2013:

Stockport CCG Stockport One Service

2.2 Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll/Gerry Wright

19th July 2013:

Drugs and alcohol Awareness Training - Roy Oliver attended

The course was organised to raise the awareness of drug and alcohol abuse nationally and in Stockport.



I found the course very interesting boarding my knowledge of the use of drugs and highlighted the myths surrounding the use of drugs and alcohol.

The course concentrated mainly on the use of Alcohol, Cannabis and Cocaine, with Alcohol being the biggest threat to health and wellbeing.

Another point raised was an article by Professor Nutt, who was the chair the governments Drug advisory group, publish a paper in the Lancet calling for a public debate on the use of drugs. A full report will be available from the Healthwatch Stockport office. If you have any queries please contact Roy through the office or email: roy.oliver2@btinternet.com

Roy Oliver

25th July 2013:

A meeting of the Training Sub-group took place to review and refresh the upcoming Enter & View Training. It was agreed that quite substantial changes are needed. Healthwatch England has produced a report outlining findings taken from their study of visits undertaken by LINK networks around the country. The report highlights some important considerations for local Healthwatch organisations such as standardisation across the country, rethinking the way visits are carried out in a much more purposeful ways so that readers of reports know what the reports are about. A further meeting will be held early August to finalise the refreshed training.

You can access the report by clicking here

http://www.healthwatch.co.uk/sites/default/files/enter_view_study_final_report.pdf

2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

▫ **Twitter:** 661 Tweets, 455 Following, 1,265 Followers, 9 mentions, 6 retweets.

▫ **Facebook:** 529 likes and weekly total reach of 17.

12th July 2013:

The power of viral videos & what makes them a success for awareness raising

Held by: Dovetail & Reason Digital

The speaker for this event was Patrick Cox, Male Cancer Awareness Campaign. A viral is something that snowballs and grows. As Healthwatch Stockport, we have our own YouTube channel; we want to make sure that the content that is produced for it has the best possible opportunity to be seen.

- Videos help to promote and showcase the organisations. They can help to build networks, build access to VIPs and they are measurable, engaging, cheap and effective.
- No one will watch a 20 minute long video - get it down to one to two minutes.
- Don't be too serious.

A video of the event will be available at the following link: <http://www.lunchworks.org/talks/Grab-your-campaign-by-the-balls/56/>



24th July 2013:

VerseOne Digital Strategy Seminar

- 61% of UK adults used social media in 2011 and this number is going up.
- To be effective you must capture your audience's imagination and hold their attention.
- Social media must advance strategic objectives. Modern web users expect: Transparency, Relevance, Personalisation, Congruence and Information (not advertising).
- No matter how good your service is, conversations will be taking place about you whether you like it, or even know. It is better to be part of the conversation.

Recommendation: Kirsty to look at the Healthwatch Stockport website and look at setting up a monthly report to be reported in the Work programme Report.

- 28% of internet usage in the UK is from smartphones and 25% of people browse ONLY with a mobile device. This number is particularly high amongst people on low incomes or with disabilities. 50% of people in the UK go online with a mobile more than once a day.
- The decision to whether to use a mobile-friendly website, mobile application or both should be based on your end goals. A mobile website should be the first step to have a mobile web presence, whereas an app is useful for developing an application for a specific purpose that cannot be effectively accomplished via a web browser (such as transactions).

Recommendation: Kirsty to look into feasibility of mobile friendly website.

VerseOne are working with Healthwatch England to develop a database based on the engagement needs of Healthwatch. For the minutes and/or presentation slides from this meeting, contact the Healthwatch Stockport office

2.4 Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

25th July 2013:

The Enter & View Planning team met to consider the recommendations from previous LINK Enter & View Reports.

- The group went through recommendations from the LINK Wave 7 visits. Due to the transition from LINK to Healthwatch Stockport, the recommendations from these reports have not been followed up
- Members of the team looked at each recommendation from the LINK Enter & View Reports and decided a course of action
- There were over 10 recommendations that needed follow up and will be completed within the next 4-8 weeks

For a full list of the recommendations and minutes of the Enter & View Planning Team please contact the Healthwatch Stockport office.



2.5 Patient Experience and Feedback/Evidence Gathering

Healthwatch Lead: Tony Stokes

29th July 2013:

Tony has emailed and contacted all those interested in being part of this team and dates have now been set for the rest of the year. The first meeting will take place at the beginning of September and in the meantime requests for information from a range of agencies will be made so that the team will have data to scrutinise.

Section 3: An update on Healthwatch Representatives on other committees

3.1 Equality & Diversity Board - Pennine Care

Healthwatch Representative: Tony Stokes

Nothing to report

3.2 Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

11th June 2013:

1. Dementia

The number of patients with dementia is going up but the number taking antipsychotics is decreasing.

2. Rebate paper

I expressed strong reservation about this rebate that was shared by the group. Given that the rest of Greater Manchester has agreed to go with the recommendation it was agreed to support it. It was noted that any money saved through this scheme cannot be given back to GP's; it must go to the education lead.

3. Activity Progress

One service - gaps due to staffing levels, money is available and needs resolving quickly.

4. New terms of Reference

Was approved.

5. Secondary Care Report

New oral anti-coagulant for the management of DVT was discussed. It was agreed that a separate work stream needs to be put in place to review pathway.

Next meeting 9th July 2013. Any queries about this report or for a copy of the full minutes please contact Mike via Healthwatch Stockport office



3.3 Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta

No Report Received

3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

No Report Received

3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

No Report Received

3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged

3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

22nd May 2013:

1. Clinical Guidance (CG) 155. Psychosis and Schizophrenia in children and young people.

Young people aged between 14-35 years with psychosis are seen locally by the Early Intervention Service (EIS). The EIS is managed within Adult Mental Health Services but works in partnership with CAMHS (Children & Adolescent Mental Health Service) for under 16's. Young people aged 16, 17 and 28 with serious mental illness should be under the care of an adult psychiatrist.

2. NICE Guidance Quality Standards (QS)

QS31 Health and Wellbeing of looked after children. Agreed it was the responsibility of the Health and Wellbeing Board. **Healthwatch has offered to identify a member to support the overview of NICE guidance for the board.**

3. QS29 Diagnosing and Management of Venous Thromboembolic diseases

It was advised that there are concerns that there are gaps with best practice and the pathway should be relevant to ensure it complies with NICE guidance. Alternative models should be viewed. Letter to be sent to James Catania (FT)

4. Amendments to EUR Policies

Gluten Free Policy

Vicci Owen-Smith suggested that prescriptions need to identify how the bread should be stored ie by freezing. Bread mix was also available. Proposal 1 was agreed. STAMP to report back in 6



months.

5. AOB

Vicci Owen-Smith reported that the IVF policy is not clear about donor eggs and sperm. It was agreed to review the policy if possible and invite an expert.

26th June 2013:

1. Matters Arising

Specialist Weight Management Services (SWMS)

Cost implications of complying with NICE guidance 43 (CG43) is £300k. We are not compliant due to the numbers in SWMS. A decision was deferred until a business case has been received.

2. NICE SCORECARD

The group expressed strong concerns regarding the quality of the FT scorecard highlighting its lack of assurance and evidence that the FT is managing NICE guidance. SCORECARD to be referred to the quality and provider committee.

3. NICE TECHNICAL APPRAISAL (TA)

TA283 RANIBIZUMAB (LUCENTIS)

Treatment for treating visual impairment caused by macular oedema. We have 38 patients costing £312k. Mike asked if Avastin could be used but was told that the TA was an evidence based recommendation. The group agreed it needed further information.

4. NICE Quality Standards (QS)

QS26 Epilepsy in Adults

The care plan produced 1 year ago and training sessions had not been implemented. Consideration is being given for a general physician to screen patients to reduce waiting times to see neurologists. FT scorecard states compliance but the group saw no evidence. This is to be challenged at quality and provider board.

QS27 The Epilepsies in children and young people (Feb 2013)

The FT state compliance but FT lead states non-compliance. The care plan is still an issue. We will continue to monitor via scorecard.

5. STAMP minutes

12a Terms of ref noted and approved.

12b Ethical framework considering rebate applications from pharmaceuticals. The group discussed the ethics of these rebates. Greater Manchester has devised a decision tree that so far has rejected every application to give a rebate. GM has accepted this system.

This has reassured the group that the controls are robust. Mike said he had concerns regarding this.

Prioritise gaps previously identified



Epilepsy Pathway

The gaps in training of GP's and information should be a priority as steps have not been taken. Doctor Sasha Joharic to develop a care plan.

3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

As meetings are quarterly no meeting has taken place this month the next meeting will take place on Thursday 5th September 2013

3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

As meetings are quarterly no meeting has taken place this month the next meeting will take place on 11th September 2013

3.10 Stockport Electronic Palliative Care Co-ordination System Project Board

Healthwatch Representative: David Moore

No Report Received

3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

No Report Received

3.12 Stockport End of Life Care Programme

Healthwatch Representative: Gerry Wright

9th July 2013:

1. Both Grosvenor House and Lynmere have been awarded Gold Accredited homes. This is a local award issued by SMBC
2. Six Steps to Success Education have been introduced to a number of Care Homes. Marple Dale being the first with three others to follow: Newlands, Peel Moat and Lynward
3. Marple Dale is now undergoing assessment of their action plan to achieve the Six Steps Plan. This will be completed by the end of August
4. The assessment questionnaire could be useful for Enter and View assessments

Challenges to be faced:

6. Failure to identify EOL in secondary care prior to discharge with its impact on Care Homes and GPs



7. Care home representatives failing to cascade training within their organisations.

The above two being a constant problem

Gerry

3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

26th June 2013:

Sheelagh was unable to attend this meeting but the minutes gave the following information:

- A referral and signposting pathway is being developed.
- A very successful Falls Awareness Week which included an information stand at Stepping Hill Hospital, leaflets were handed out for distribution by Pharmacists, GPs, meal delivery services, home carers and Mobility aid shops. There will also be a stall at Sainsbury's.

Question for Healthwatch Stockport - do Enter & View sessions record information about falls?

Next meeting 25th September

3.14 Stockport Health Scrutiny Committee

Healthwatch Representative: John Leach

23rd July 2013:

The main item was UPDATE ON UNSCHEDULED CARE AT STEPPING HILL HOSPITAL

This was a verbal update from the Chief Executive and Director of Operations of Stockport NHS Foundation Trust:

Mostly this was to inform the committee about the improvements at the A&E dept.

ACHIEVEMENTS SINCE APRIL 2013-07-24

- A new medical pathway
- Changed rotas for acute clinicians. An increase from four to seven acute clinicians
- The new Ambulatory Unit was said to be going well
- The ED/IT systems have resulted in improved patient quality
- Ambulance HAS compliance has gone from 9% to 75%
- Shortened ambulance turnaround
- Hugely improved ED waiting times
- Problems with peak flow are not due to patients attending via ambulance but to walk-ins
- Peak flow at Mastercall do not necessarily conform to that at ED
- The ED is referring non-urgent cases back to GP practices and arranging some willing non-



urgent cases to attend at Mastercall between 9am and 5pm

- There is difficulty in recruiting A&E consultants. One of whom has left Stepping Hill to join a major trauma centre in Greater Manchester
- Stepping Hill are exploring Nurse Consultant resources
- Looking at expanding Ambulatory Care Pathways

Summarising:- A steady improvement which is expected to increase

For more information please visit:

<http://democracy.stockport.gov.uk/ieListDocuments.aspx?CId=153&MId=5322&Ver=4>

3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond [Deputy Sue Carroll]

29th July 2013:

The last meeting with Peter had to be postponed and a Meeting with Peter Marks has been arranged for September

3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

No Report Received

3.17 Stockport NHS 111 and Out of Hours

Healthwatch Representative: Tony Stokes

1st August 2013:

Distinction between NHS 111 and Mastercall [from Mastercall]

In the past if a patient became ill during the out of hours period when their GP practice was closed they could either call the practice number and be diverted through to Mastercall or call the Mastercall number directly. Mastercall had a non-clinical team who would take the patient call and a clinical team who would then treat the patient.

When NHS 111 was introduced in April 2013 the idea was that patient rang the 3 digit number rather than their practice or Mastercall and NHS 111 (which is NHS Direct) would then take the details by their non-clinical team. If the patient needed treatment, NHS 111 would then pass the patient details to Mastercall so the patient could still receive treatment from the Mastercall clinical team in the same way. So the service was split in two and Mastercall no longer needed a non-clinical team.

However, the NHS 111 number collapsed on the first night and it was deemed unsafe to take the out of hours calls so Stockport CCG asked Mastercall to continue with taking the patient calls until NHS 111 can be resolved.

NHS 111 is still operating in the background and is a 24 hour service so a patient could call this



number during the day as well however the key difference between NHS 111 and the NHS Direct number is that you will only talk to a non-clinician and you will not be called back by the nurse and given telephone self-care advice. The NHS 111 call handler will ask a series of questions and from that will give the patient an outcome e.g. - you need to see a GP in 24 or 48 hours, if this appointment slot falls into the out of hours period Mastercall will be notified and the patient will be treated by our clinical team, if this appointment slot falls in the in hours times then the patient can either see their own GP.

Mastercall will continue to take the out of hours calls until we receive further notification from the CCG but you may be aware of the media reports that NHS Direct wish to pull out of the contract so we are all waiting to see what will happen next.

I hope this clarifies the current options for patients

Mastercall

1st August 2013

3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

2nd July 2013:

Sheelagh was unable to attend as it clashed with Core Group.

However the summary of minutes include:

- The group would like to be involved in research with Age UK Stockport regarding needs of older people in dentistry
- They passed a resolution that they felt that charges should be considered for failed appointments at Stepping Hill Hospital.

Recommendation: Would like to bring this to Healthwatch Stockport's attention

- A talk and discussion was given by a Stage Coach Manager. If reporting issues of concern always provide serial number of bus and time travelling

No meeting in August. Next Meeting 3rd September

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

Healthwatch Representative: Tony Stokes/Mike Lappin

26th June 2013:

Mike Lappin and I attended this meeting. We both think that Stockport One is very complicated and likely to be very costly. Other members spoken to feel this also.

Mike and I will be meeting on 31st July with Dr. Idoe, the GP commissioner leading this project. The purpose of this visit is to assure ourselves that everything possible is being done to make Stockport One a success and to offer what assistance we can.



Tony Stokes

Any queries or comments please let Tony know via the office

Next meeting 7th August 2013

3.20 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

17th June 2013:

Litigation Authority

I (Mike Lappin) attended an oral Hearing of the appeal by Lloyds pharmacy against the Cooperative Group Healthcare Ltd's application to convert preliminary consent for minor relocation (under 500 meters) from 30 Stockport Road, Romiley, Stockport SK6 3AA to Romiley Health Centre, Romiley, Stockport SK6 4QA under regulation 41.

In the chair was Miss J.E. Perrett. The coop pharmacy was represented by Miss Emma Griffiths.

Lloyds pharmacy was represented by Mr M Cox.

NHS England was represented by Lyndsey Crabtree and Ann Brady as observers.

Healthwatch Stockport was represented by Mike Lappin.

Emma Griffiths presented the Coop's case and was well prepared. Mr Cox replied but was less prepared and did not have the same interpretation for regulation 41 etc.

Mike asked whether Lloyds knew that the Coop had put an application in the preliminary consent on 2 Chichester rd not before they obtained the leave for the property thus making it necessary for the Coop to try for Romiley Health Centre. Mr Cox said he did not know the time scale.

Miss Perrett said she would consider the position and send her recommendations to the appeal committee.

Please could we obtain a copy of the new regulators for pharmacies?

Lloyds were unsuccessful in their appeal; therefore the Coops application was successful.

3.21 Stockport Prescribing Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

No Report Received

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

Healthwatch Representative: Tony Stokes

17th July 2013:

- Gina Evans, Commissioner for Mental Health Services, explained that patients with learning difficulties that are at the moment in establishments away from Stockport are to be brought



back to Stockport.

- The reason is that it is thought that this will be better for the patients - closer to friends and family

My question is: are there facilities in Stockport that are as good as the facilities where the individuals are at present?

- I will be monitoring these moves to ensure that the individual's needs are met.
- I will have an opportunity at the next meeting to ask about epilepsy services.
- Mike has already alerted me that promised GP training to deal with epilepsy is not taking place, the alternative is a trained epilepsy nurse.

For Consideration: You could help me by providing me with any thoughts or experiences about the Stockport Epilepsy Service.

- I will be able to ask further questions on this occasion about the speech therapy services.
- Tony has given me considerable assistance in understanding the background to the deficiencies in the service.

Next meeting 21st August 2013

3.23 Stockport Safeguarding Vulnerable Adults

Healthwatch Representative: Sheelagh Peel

27th June 2013:

John Leach and Maria Kildunne met with the Independent Chair of both safeguarding boards (adult and children's), David Mellor, Safeguarding Manager Andy Armstrong (Stockport Council) and Susie Meehan safeguarding advocate (Stockport Council).

- Local Authority has the role to assess people in hospitals and care homes (under Deprivation of Liberty).
- Local Authority is leading partner on the Safeguarding Board. The Board should be able to take an independent view and scrutinise the agencies. There is a difference between adult and children. Required by law for children and adults lack the legislation to support.
- Still have an all agency sign up to the Stockport Policy, based on 'No Secrets Policy' but are now looking for much bigger engagement, there is a lead nurse at hospital and Sue Gaskell/ Andrea Walton at the CCG
- Agreed to share Enter & View Reports & Safeguarding annual report with the Board and dates of visits in advance and vice versa
- Andy is working with Trevor Bowler, Team Manager at Stepping Hill Hospital, working on a protocol around discharge,
- They meet with Barbara Mitchell (Quality Assurance Team) fortnightly for ways of sharing information; they will have a wealth of knowledge. (we are already in touch with Barbara, see



section 1.4 of this report)

- They have an incomplete user aspect of experiences of the safeguarding process. Maria to look through our database
- Ask GM Healthwatch if they have made contact with their Safeguarding Boards and share experience
- Both organisations to keep in touch and explore ways of working together

Maria Kildunne

3.24 Stockport Shared Health Record Board now Stockport Information Integration Committee

Healthwatch Representative: David Moore

6th June and 4th July 2013:

- 1) Gerry Wright attended the 4th July meeting.
- 2) Both meetings mainly discussed the Stockport One project and their requirement to access GP information on patients identified through the “risk stratification tool” (RST). The RST uses Shared Record data to initially identify those patients who are at risk or exhibit signs of requiring additional help to support them from continually being re-admitted to hospital. Once the patients are identified, the Stockport One team then access all information (GP record, Social Services, District Nurse information, etc) by physically visiting the GP’s etc. This can be very time consuming. The project has asked if they can access the Shared Record to improve their efficiency in gathering essential data. The Board has agreed to give them full access for a limited period to see how this improves their service.
- 3) The June meeting also discussed the question around who can and can’t access the Stockport Health Record.
- 4) As it currently stands, the only people who can access the Stockport Health Record (SHR) are doctors, pharmacists, advanced nurse practitioners and a few nurse assessors in Continuing Healthcare and some people in Intermediate Care.
- 5) As the project moves on there is a need to start looking at End Of Life and Integrated Care (Stockport One), there will also be a need to consider extending access to a wider user base.
 - District Nurses using DominiC will need access to the meds in the SHR
 - The Stockport One Team (made up of health and social care staff) will need access to certain elements (possibly all) of a patient’s health record.
 - End of Life will need to allow a wide range of user’s access to the SHR - albeit they might only need access to the End of Life forms therein.
- 6) I asked a question about security of data. The Board advised that there were strict Information Governance (IG) in place to manage access to the system. Access is only by a secure log-in and everyone accessing the system is recorded. The question was asked as to who is checking that the system is being used correctly and log-in rights are kept up to date?



The Project Manager is to look into this and come back with an answer.

7) Next meeting: 5th September 2013. No meeting in August.

Contact: david.moore@homeinstead.co.uk

3.25 Stockport Scheduled Care Programme Board

Healthwatch Representative: Mike Lappin

No Date Given:

We had a presentation from Penny Martin the Associate Director Diagnostics and Clinical Support of the Endoscopy Service. She pointed out that

- There is insufficient capacity to meet the growing demand
- There is a high DNA and ROTT rate (ROTT = Reason other than treatment ie bowel perforation not correct)
- An Endoscopy Steering Group was established 5 months ago
- New clinical lead appointed
- Annual leave booking process now agreed across all three business groups
- Trainee nurse endoscopist appointed as they are in short supply
- There are proposals to increase the capacity from 3 to 4 endoscopy rooms in the new build (D block extension)

3.26 Stockport Unscheduled Care Programme Board

Healthwatch Representative: David Kirk

No Report Received

3.27 Care Quality Commission

Lead: Ron Catlow:

10th June 2013:

Members Eve Brown, Tony Stokes, John Leach, Ron Catlow and Maria Kildunne met with Compliance Manager for Stockport & Cheshire East Fiona Bryan and her colleague Jackie Kelly.

They discussed the implications of the Winterbourne View review and learning disabilities as well as mental health implications. There was a need that as a Healthwatch organisation we need to be assured in Stockport that our services are safe and client focused.

CQC has done some work on learning disability services, more work to be done on all locations with mental health needs also to be carried out.

CQC [nationally] has found already people had been there too long in assessment centres.

Peat assessment data used to come to CQC which may have an impact on risk assessment and



information they hold about organisations. Members presumed that PLACE info will come to CQC also.

A CQC warning has been issued to Oak View in Gatley, about cleanliness and environment poor for residents [For mental health residents].

Confirmed the different roles each organisation has in observation and soft intelligence.

Fiona has an updated list with an allocated list for homes, a range of different ways to contact.

Ron asked about triggers - they get information from a range of sources, from district nurses, occupational therapists, care workers, whistle blowers, family, members of public, healthwatch etc...

They will inspect all adult social care and independent hospitals every year. Dentists every 2 years. GPS, not sure yet as only been registered from April 2013. North West Ambulance service every year. Hospitals at least once a year. Mental Health establishments at least 20% per year of the various locations.

When a new home is set up, they get a visit for registration purposes, and a fit for purpose, management interview. The local authority need to let us know when a new build is being set up. Put in protocol.

Passing of information to one authority to another - cross boundary information not up to scratch.

Emphasis on critical friends not just being too cosy

Next meeting 2nd September 2013

Additional Meetings [one off's]

3.27 Evidence Base for the Model of Care

Healthwatch Representative: Mike Lappin

26th June 2013:

Early Service Delivery

A further 8 practices are to be involved, 20 patients from each practice.

Terry Dafter, Gaynor Mullins, Ranjit Gill and the End of Life team are to produce a document on the role out of the scheme. If this scheme was to be rolled out in its present form it would cost £4,000,000 which would come from the FT.

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

4.1 Complaints Task & Finish group

Lead: Gerry Wright

26th July 2013:



The “Do You have a Complaint, Comment or Compliment?” leaflet has gone off for printing.

4.2 Diabetes & Podiatry Task & Finish Group

Lead: David Moore

29th July 2013:

The Group are meeting next on August 6th 2013 to report back on actions delegated to members

4.3 Discharge from Hospital back to nursing/residential homes

Lead: John Leach

Nothing to report

4.4 District Nurse User Group

Lead: Tony / Carol Stokes

25th June 2013:

Following support in setting up and promoting the group from LINK/Healthwatch Stockport, the first District Nurse User Group was held on 25/06/13. Approximately 14 people attended the group with a good combination of current and past service users, carers, Healthwatch members and staff.

Objectives of the group

- For service users/carers to provide valuable input into Stockport district nursing service
- To ensure that patients/carers voices are represented and help shape any future district nursing service developments
- Opportunity to meet other service users

Future Developments for the service

- One point of contact
- Teams merging to make better use of capacity and skill mix
- Collaborative working with local authority partners

The next meeting of the group will take place in September. Members of the group were given a copy of the District Nurse Service leaflet for their comments at the next meeting.

4.5 Older People’s Unit - Name not confirmed

Lead: Sheelagh Peel

Nothing to report



4.6 Healthier Together

Lead: Mike Lappin

Mike and Alan have met to discuss various papers, waiting for Nicola Onley [Healthier Together] for a meeting date

4.7 It's in the Drawer

Lead: Clem Beaumont

26th July 2013:

Response received from Head of Audiology at Stepping Hill Hospital. In response to Healthwatch Stockport Core Group concerns around practicalities of getting a volunteer. The Head Of Audiology has personally identified patients fitted with hearing aids in Jan and Feb 2011 and printing address labels of those who haven't attended the hearing aid department since then - 63 patients so far (approx 27% of all fittings). A cover letter has been drafted to be sent to these patients alongside the questionnaire.

Following communication with Walthew House, we will be holding focus groups to speak to BSL users rather than providing an online link as a video. Once Walthew House have responded on dates for focus groups, the questionnaire will be sent for printing and then circulated.

4.8 Quality of Home Care Task & Finish Group

Lead: Mike Lappin

31st July 2013:

The Survey has now ended and a meeting will be called to examine the results and how these might feed into the COMFY Meeting

4.9 Redevelopment of A&E

Healthwatch Lead: Mike Lappin

24th June 2013:

ED User Group:

The issue of bariatric trolleys and wheelchairs was discussed at length. Sue informed the group that Jane Drummond is now involved in sourcing a bariatric trolley from America. Whilst this was seen as a positive move it was felt that the situation needed urgent improvement and also that the lack of bariatric wheelchairs was still not being addressed. Kieran to consider how to raise this with Trust Board as a breach of Equality legislation.

Jennie told the group about a patient who had to be admitted for a dermatology appointment and required a hoist. The carer rang beforehand and was told that a hoist would be available but when they got here the appointment had to be cancelled because the ward had no hoist. Kieran added that the hospital should be a gold standard for hoisting patients. Jennie suggested contacting



Southport Spinal Unit for advise and Maggie thought the Help the Heroes hospitals would have Expert advice. However Kieran said that any main supplier would have the right equipment but it was more about the hospital having hoisting facilities on all wards and possibly building tracking systems in at the design phase. Sue to speak to Estates to see if this is an option.

Perhaps Healthwatch can assist Kieran in raising the possible breach of Equality Legislation on Bariatric Wheelchairs.(Matters Arising 3) Also the lack of Hoists seems to be an unnecessary problem.(No 3 again)

4.10 Specialist Stroke Service

Lead: Mike Lappin

24th July 2013:

Great news that Stockport will remain a Tertiary Stroke Centre. This task and finish group can complete a final report of its involvement and close the group as a completed piece of work.

4.11 Winterbourne View - Programme of Action Stockport Task & Finish Group led by NHS Stockport

Healthwatch Representative: Mike Lappin

The key purpose of the meeting was to re-visit and sign-off the Winterbourne View Action Plan. The meeting went through the plan and key leads updated the group on the progress.

Register of people with learning disability - Gina Evans informed that there are currently 5 people in hospital placements and all have been reviewed. This action is ongoing.

Develop the Specialist LD Team - Mark Warren (MW) updated the meeting on the progress of the team. He informed that we need to be mindful that there are 4.7 WTE nurses and 6 WTE social workers that make up the Community LD Team. He went onto inform that there is now a psychologist and psychologist assistant and Pennine Care are currently out to advert to recruit a Speech and Language Therapist. Pennine Care is also in the process of developing a job description to recruit to a full time psychiatrist to work flexibly across both Stockport and Tameside and Glossop. **Mike Lappin stated that the recruitment of a SALT is really important given the current waiting times**

Training to LD nursing team re: Positive Behavioural Support - Jackie Sanderson (JS) informed that the first course has been completed and they are underway with the second cohort.

Training for the mental health workforce - This is part of a CQUIN scheme within the Mental Health contract. JS informed that a scheduled has been developed and a training pack and they have prioritised both Access and Crisis and in-patient staff to access the training. It was agreed to bring the outcome from the CQUIN monitoring to the newly established LD Joint Strategic Management Group. **Mike Lappin asked about this group and Mark Warren suggested that the minutes of this group is sent to Healthwatch.**

Intensive Support Service - Austin Broomhead informed that Senior Management Team (Adult Social Care) agreed the proposal to develop this service. They are currently in consultation with the housing provider, the timescale for this is 12 months from when the facility is empty, therefore a



service should be in place by Autumn 2014. He reported that they are currently trialling a short term intensive support service in Romiley.

In response to a question from Mary Edwards regarding priority access to psychiatry and psychology for people, MW confirmed that prioritisation will be a clinical decision.

Development of effective approaches to review - Barbara Mitchell (BM) informed that she feels that there is not a robust review system in place based on a disproportionate response for the review of people out of area. BM informed that she will be setting up a small working group to involve Sue Brett (CHC Lead), Jill Wilkinson (Service Manager, ASC) and Austin Broomhead. JS said that she will send some examples of review tools used in other areas.

It was also mentioned that there is a role for out of borough advocacy, particularly for out of area placements.

Work with Carers - MW informed that he has made contact with Sue Massell and further discussions need to take place with regard to how to include carers within the reviews. Jennie Davies (JD) informed that the big themes to consider when doing any work with carers is communication, clarity and transparency and taking one step at a time. JD also said that some parent/carers tend not to raise issues for fear of jeopardising the placements - i.e. 'better the devil you know'. MW suggested that there is a role for Sue Massell working with JD and (CALD) Carers for Adults with Learning Disabilities. It was also important not to forget about 0-25/transition work.

Stockport CCG and Adult Social Care joint working re: Placements - This has started and is in place.

Safeguarding - Andy Armstrong reported that they are about to launch the multi-agency procedures. He also reported that an initiative has started via CQC for health and social care to work together.

Develop systems for monitoring and review of all LD provision - BM reported that she has met with Stella Claire, Austin Broomhead and Louise Machin to develop proactive approaches for review LD services. Gina reported that Stockport CCG and Adult social care are looking at aligning processes for quality monitoring of a range of services.

Recommendations:

1. To ensure Healthwatch Stockport receives minutes from the LD Joint Strategic Management Group
2. Link the work being done around SALT - agenda for the Operational Team

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.

31st July 2013
[Ends]