



# Healthwatch Stockport Work Programme Monthly Report December 2013

23<sup>rd</sup> November- 31<sup>st</sup> December 2013

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, Sheelagh Peel, Tony Stokes, Mary Foden, Maria Greenwood, Anand Dutta, Jon Burke, June Westley, **Support:** Gavin Owen

26th November 2013

Expectation Policies from Health and Care Forum - The group agreed to discuss these documents at the next Operational Team meeting once they had time to read, assess and digest the proposals for circulating to the Core Group.

Improving Access to Psychological Therapies (IAPT) - This request will be circulated and discussed at the next Operational Team meeting. Again once the group had had time to fully read the information.

Monitor Investigation into the closure of Walk in Centres - 1 in 4 walk in centres have closed in the last few years. **Recommendation: Core Group agree Tony Stokes asking the CCG what the outcomes of the closures have been [agreed at Core Group 3<sup>rd</sup> December following verbal report].**

Assisted Transport Consultation - Information circulated around Core Group via the Adult Social Care sub group to formulate response (time limited response)

Health & Social Care Informatics Group - David Moore is happy to sit on this group to represent Healthwatch. **Recommendation: Core Group to agree [agreed at Core Group 3<sup>rd</sup> December following verbal report].**

District Nurse Dressings - A request was received from a member for Healthwatch to look into an issue around district nurses not carrying bandages with them. Tony Stokes (CCG Lead) will take this up with the District Nurse User Group.

CCG Consultation - Stockport CCG want to come along to speak to Healthwatch Stockport about their future plans. **Recommendation: A Briefing Session to be set up for this [agreed at Core Group 3<sup>rd</sup> December following verbal report].**

Monitor Investigation into the commissioning of cancer surgery services in Greater Manchester - As agreed by Core Group

Bramhall Health Centre - An issue was brought to the attention of Healthwatch which refers to long waiting times for deaf and hard of hearing patients who formerly went to Bramhall Health centre and who now have to go to Cheadle Hulme Health centre for hearing aid tube replacement / earwax treatment etc. Clem Beaumont (It's in the Drawer Project) is arranging a meeting between himself, Tony Stokes and Gillian Miller (CCG) to discuss this issue.

Adult Social Care - As some members who had attended the Enter & View training were unclear about the new way of organising Enter & View visits, it was requested that Gerry Wright (Enter & View Lead) comes to the Operational Team to clarify the way that Enter & View teams will be carried out and then the Core Group in January.



Pennine Care NHS Foundation Trust - Mary Foden asked that the first meeting for the Healthwatch support team for Pennine Care is set up. It was asked that the minutes from the Pennine Board were summarized for Healthwatch members.

Public Health - The Health and Wellbeing Board have asked for a Healthwatch Stockport Project Sponsor and Project Lead for the planning of the 201-2015 JSNA and for the Healthwatch Public Health subgroup to be their reference group. It was discussed whether these roles should be covered by one person, or if there should be separate people in separate roles. Roy Oliver has been nominated as the lead for the Public Health sub-group, to be decided at the Core Group on Tuesday 3rd. An email will also be sent to members who had expressed an interest in being the lead for the Public Health sub group to ascertain whether they would like to be Project Lead or Project Sponsor. Eleanor Bannister (SMBC) Project Lead overall has arranged a meeting to set out the JSNA planning proposals on the 9th December. Roy Oliver will attend.

Declaration of all results on trials and the EU Clinical Trials Regulation - A letter from the Health Care Forum was copied into the group for information. Should issues arise from this topic, Anand can look into it.

Healthwatch Outcomes reporting - The Local Government Association (LGA) have approached Gill Walters at the Local Authority asking for the introduction of outcomes to their work with Healthwatch Stockport. This would be alongside the grant conditions. Some of the Directors are having a progress meeting with Gill and Sarah Newsam next week and they can discuss this at this point.

*Kirsty Bagnall*

**Date of Next Meeting: Tuesday 10<sup>th</sup> December 14:00-15.30 (Graylaw House, Training Room)**

10<sup>th</sup> December 2013

It was agreed that at each meeting the Chair will be decided by the group.

Improving Access to Psychological Therapy (IAPT) - This request from Norman Lamb had been circulated to the group prior to the meeting. The request was copied in to all Healthwatch chairs requesting support in encouraging improving access to psychological therapy. The group discussed how best to support this request and agreed to contact Stockport Self help services and Stockport Mind for an article for the newsletter. It was discussed whether the promotion of psychological therapy could raise demand on the services and agreed to ask both organisations what could support them to deliver the best services possible. The group also spoke about the over prescription of medication due to the lack of access to psychological therapies.

Expectation Policies from Health & Care Forum (Screening for Dementia) - The group discussed this draft policy and raised some concerns with the wording and agreed to contact Stockport CCG, Stockport NHS Foundation Trust and the Alzheimer's Society to find out their views and policies on the topic of dementia screening for patients presenting with other conditions.

Expectation Policies from Health & Care Forum (Waiting for Out-Patients Clinics) - The group agreed to circulate around the Core Group for comments/agreement.



Expectation Policies from Health & Care Forum (Competition & the NHS today) - The group agreed to circulate around the Core Group for comments/agreement.

Assisted Transport Consultation - A lot of responses had been received from the Core Group on this and Gavin sent the response to the consultation 10<sup>th</sup> December. Many of these were raising concerns around the way the consultation is being carried out.

CCG Consultation - This will most likely take place in mid-February.

Pennine Care NHS Foundation Trust - This meeting has not yet been arranged, but Gavin will arrange.

Healthwatch outcomes reporting - Gavin said that this outcome reporting would be both ways, with Healthwatch able to request outcomes from the Council.

Whistleblowers (Graham Pink) - This request came from a Healthwatch Stockport member suggesting that we write to the Foundation Trust requesting a pardon for a whistleblower following a piece in The Guardian. The team felt that Healthwatch Stockport were not in the position to request a pardon, however, they felt that they were in a position to request a copy of the Whistleblowing policy and support the actions of those who whistleblow. **Recommendation: That the Core Group support David Kirk on a piece of work around supporting whistleblowers**

The Patient Experience Team received a request from Healthwatch England to take part in a project on Complaints. The Patient Experience Team agreed to take part in this.

Stockport NHS Foundation Trust - David asked for guidance in his new role. He noted that there are issues that need following up, as reported in the Board minutes, and asked whether he should be taking his own initiative. It was noted that these issues are reported to the Core Group via the Monthly Work Programme Report and a standing recommendation to the Core Group for David to act on these would be a sensible proposition.

Adult Social Care - John will be asking Terry Dafter about the Discharge from Hospital to Care Homes report as we are still waiting for a response. The current major priority for the Adult Social Care group is the integration work, keeping in mind the quality agenda. It was noted that Mike has handed over the Winterbourne View Review work to the Adult Social Care subgroup.

Public Health - Roy attended the JSNA meeting 9<sup>th</sup> December 2013. They want a Sponsor and a Project Lead and Eleanor Bannister will produce a paper around how the group will work. Being a sponsor is unlikely to have any financial implications, Healthwatch Stockport's role would be to feed in public views and the Sponsors would okay or input into what the Project Leads agree. Roy suggested that he sits as the Project Lead and Anand sits as the Sponsor, as agreed at the Core Group. Members of the Operational Team were wary that Healthwatch cannot be the only ones doing the consultation; they must work alongside other consultations from the CCG and SMBC. The work of Healthwatch would be to feed patient views into the work. Roy noted that he can contact the Healthwatch membership using the database and searching by interest to discover people's views. He can also design surveys for surveymonkey to find out views.

Subgroup coordination - June raised the issue of co-ordinating reports so that the Leads on each topic know what is happening in Healthwatch Stockport around their topic, using the example of the Personal Budgets Q+A Session. It was felt that items of interest to each Lead should be highlighted to them individually.



*Kirsty Bagnall*

Date of Next Meeting: Thursday 23<sup>rd</sup> January 10.00-11.30 (Graylaw House, Training Room)

### 1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

No meeting held

Date of next meeting: 15<sup>th</sup> January 2014 (Themed item: Alcohol)

### 1.2 Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

11<sup>th</sup> December 2013

NHS 111 and GP out of hours governance. We were working with Tameside and Trafford. NWS have now taken on this function replacing NHS Direct. NWS are not able to work with as many individual CCG groupings so the groups will be enlarged. The size of the groupings has not yet been agreed.

I asked about the impact of closing our walk in GP centres. Most patients using walk in centres used them as well as a GP and hospitals and not instead of. However there is an ongoing discussion as walk in centres may be valuable where GP access is difficult. The cost has to be considered.

There is a need to assist GPs in dealing with dementia patients. Information packs are being produced to give to patients. These will also be available electronically.

The importance of dealing adequately with patients experiencing a TIA (alternatively referred to as a mini stroke) is well accepted. TIA can be the precursor to a major stroke. When a patient visits a GP quick referral to a stroke expert is important. This can be a problem at weekends and out of hours.

Work is being done to improve access to expert help at weekends. I have asked that each GP give their patients clear guidance on what symptoms they should be looking for to indicate a TIA.

Patient experience and satisfaction levels are high across all of the health services in Stockport. The majority of complaints are from working age adults. No complaints from children.

Papers were presented on safeguarding children and young adults. I am able to provide these electronically. Also public sector equality duty and carers strategy.

IAPT (Improving Access to Psychological Therapies). There is no spare capacity. However the CCG would like us to continue making patients aware of the services. Supply will be expanded to meet demand.

Cancer services. I told the board that we had written to monitor to support the request that proper consultation needs to be undertaken before services are remodelled. I also asked the cost implications of the various models. I was told that cost would be part of the equation but that in general outcomes related to expenditure in Greater Manchester were possibly the worst in the country. So improvements need to be made if patients in Greater Manchester are to get a safer and



more effective cancer service.

*Tony Stokes*

Date of next meeting: Wednesday 8<sup>th</sup> January

### 1.3 Stockport NHS Foundation Trust

Healthwatch Lead: David Kirk

5<sup>th</sup> January 2014

There was no meeting In December. The next meeting is scheduled for 9.30am 23rd January 2014.

**Recommendation: That as many members attend the meeting as possible.**

*David Kirk*

28<sup>th</sup> November 2013

Quality Control Inspections

In my role for Healthwatch on the PEAT Inspections, I have been looking to find out whether a Healthwatch Representative should be included in the Quality Control Inspections. I discovered that representatives on these inspections visit hospitals in other areas and is therefore not within the remit of Healthwatch.

*Trish Fraser*

### 1.4 Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

29<sup>th</sup> November 2013

People Powered Health Delivery - Communication Culture Change and Engagement

The Integrated Locality Hub is split into 8 work streams; People Powered Health is one of these. This meeting is looking at communicating the idea of People Powered Health to the public, partners and services users. People Powered Health combines peer-support, co-production and recognising the strengths and abilities of people with long term conditions.

When People Powered Health started, it focused on mental health, but is now expanding to include all health conditions.

There are two communications groups - one looking at communicating the whole of the Integrated Locality Hub (which I also sit on). This group - which focuses on ensuring that the message of People Powered Health is not lost in the work - feeds into the larger group.

There is a big focus on making the information available accessible to members of the public.



A 'pack' is being designed to help explain People Powered Health to local people, including a summary and an infographic. I offered the use of our Reading Group to the group.

Myself and Beverley at FLAG attend both this meeting and the *Integrated Care Programme Communication, Engagement & Co Production Workstream*. We will ensure that these two groups feed into each other.

*Kirsty Bagnall*

10<sup>th</sup> December 2013

#### Integrated Care Programme Communication, Engagement & Co Production Workstream

This meeting looks at the communication and engagement around the Integrated Care work (including the Integrated Locality Hub pilot in Marple & Werneth).

During the meeting I offered the following support:

- An article on our website outlining our involvement in the project
- Adding the feedback from the consultation to our e-bulletin
- Circulating a description of the project to the Reading Group & contacting the Adult Social Care Subgroup to look into developing a name for this project. This arose as the phrase "Integrated Locality Hub" and "Integrated Care Programme" does not mean anything to a lay member of the public. Healthwatch Stockport can help with this.

*Kirsty Bagnall*

**Date of next meeting: Monday 13<sup>th</sup> January 2013**

Healthwatch events representatives supported in two of three events in Marple and Romiley to talk to people about the Hub. Their reports are available under *2.3 Publicity & Promotion*.

## **1.5 Children, Families & Young people**

**Healthwatch Lead: Maria Greenwood**

13<sup>th</sup> January 2013

Since the last core group meeting update a number of developments have taken place. This includes:

- a meeting has been held with the senior leadership of the CYP directorate at SMBC and Healthwatch representatives. Maria G, Gavin and John Leach met with Andrew Webb and the senior team to discuss the potential areas of focus for the Healthwatch Children and Young People Plan. It was clear that there is already a lot of related work going on across Healthwatch and within other partner agencies across Stockport and it was felt to be important to ensure there is no duplication of activities and the Healthwatch CYP role takes forward some identified key areas that are unique to Healthwatch Stockport. There were two areas identified as potential priorities for action:

1. Children and Young People being engaged and supported to reshape and influence service



developments

## 2. Transition from children's services into adult services

The focus for both will be on vulnerable and excluded groups.

Following the SMBC meeting, a workshop meeting has been held by members of the Healthwatch CYP sub group - where the ideas were discussed and taken forward for action. It is expected that a 3 year plan, setting out annual priority actions and objectives will be developed, set around the two identified areas for action.

In addition, the role and responsibility for the Healthwatch CYP lead role, is felt to need more than one person to take what is a significant amount of work forward, given the CYP agenda is new to Healthwatch and work needs to begin afresh.

A draft outline for a shared leadership role has been worked up and the views of core group members are welcomed. **Recommendation: The Core Group to agree the joint lead role description.**

A three year plan with annual priorities will be drawn up and brought to a future core group for consideration and mandate.

*Maria Greenwood*

**Date of next meeting: 17<sup>th</sup> January 2014, 1-3pm**

## 1.6 Pennine Care

**Healthwatch Lead: Mary Foden**

3<sup>rd</sup> January 2013

The first meeting of the Healthwatch Stockport Mental Health (Pennine Care) group will meet on Thursday 9<sup>th</sup> January 2014.

## 1.7 Public Health

**Healthwatch Lead: Roy Oliver**

12<sup>th</sup> December 2013

Present: Roy Oliver, Sheelagh Peel, Mike Lappin, Peggy Hall.

Apologies: David Atkinson, Alan Watt, John Leach.

The main discussion was around the JSNA meeting on the 9<sup>th</sup> December and the following questions were raised for the next meeting.

1. What were the outcomes from previous JSNA's
2. Were they successful? If not what went wrong and what can we do about it.
3. Has the demographics changed?

It was agreed that Anand Dutta would represent Healthwatch on the sponsor project group and Mike Lappin would represent Healthwatch on the Pharmaceutical Needs Assessment group.

The group then agreed to look at the Frank Field report on the First 1000 days are crucial and if it



could be used in the JSNA assessment.

On the question of children young adults and alcohol we decided to ask the council if they had consider sending people into schools to give presentations on alcohol, smoking and obesity?

In A.O.B. it was agreed that we would write to Dr Watkins on whether the council had carry out a base line assessment on NICE Guidance PH47.

It was agreed that future meetings would be held one week after the JSNA meetings.

### JSNA Project Leads Meeting

9<sup>th</sup> December 2013

#### 1. JSNA 2014/15 Health and Wellbeing Report

This report, recently agreed at Health and Wellbeing Board, sets out the new governance arrangements for the JSNA. This JSNA Project Leads group has been set up as a result, current remit to:

- Action: ALL consider needs of commissioners, what format do they need intelligence, how much off shelf and how much through development / discussion with intelligence specialists?

#### Discussion of JSNA 2014-2015

Strengths - no discussion needed - felt to be correct

#### Weaknesses:

- PH focus:
  - Previous JSNAs focussed on needs in terms of demographics and determinants of health
  - don't move onto assess how well health and care services are responding to need
  - don't address question where on the pathways are the blocks, unlocking, intervention points?
- Action: ALL consider themes that should be assessed as part of the 14/15 JSNA - what are the exam questions we are trying to answer?

#### Opportunities:

- One of the challenges in the last JSNA was collating information around the voice of the community.
  - The CCG have a web hub that is working well and could be used for this.
  - SMBC also have used PinPoint for many consultations
  - Healthwatch now in place
  - Consider new ways of bringing together this existing knowledge
- Action: ALL consider needs of commissioners, what format do they need intelligence, how much off shelf and how much through development / discussion with intelligence specialists?



- **PURPOSE:** What are the key requirements of the JSNA going forward?
- See discussion above
- **OUTPUTS:** What JSNA products are needed and by whom?
- **INPUTS:** What responsibilities do partners have within the JSNA?
- What about setting up seminars and discussion groups? Could the JSNA be taken to the Healthwatch PH Group?
- Healthwatch collect views from care homes and GP Surgeries but they are looking to widen this, but cost may be an issue. They have 600+ members which it may be possible to email for views.
- **OUTCOMES:** What are our success measures?
- Not discussed (hold for future meeting)
- Review role of group
- **Action:** Roy to confirm project lead and sponsor roles for Healthwatch

Project Brief - PNA

Highlights:

- Work to commence in March 2014
- April to July 2014 - Data collection
- Public Consultation - Autumn 2014
- Sign off by CLT, CCG and HWBB

If any core group member would like a full copy of the notes please let me know.

*Roy Oliver*

## 1.8 Equality & Diversity

**Healthwatch Lead: Jon Burke**

No meetings held.

An update on Healthwatch Development and on-going Subgroups

### Section 2: Development Team

**Members:** John Leach, Tony Stokes, Gerry Wright, Sue Carroll, David Atkinson

**Support:** Kirsty Bagnall



3<sup>rd</sup> January 2014

This team has not met this month.

## 2.1 Healthwatch Stockport Reading Sub-group

**Healthwatch Lead: David Atkinson**

8<sup>th</sup> January 2014

The response to the “Seeing it My Way” survey has been returned to Stockport CCG.

*Kirsty Bagnall*

## 2.2 Healthwatch Stockport Training Sub-group

**Healthwatch Lead: Sue Carroll**

22<sup>nd</sup> December 2013

This group met to discuss the Meeting the Public: Community Champions training. This training will equip members with the knowledge and skills to deliver presentations about Healthwatch Stockport.

*Kirsty Bagnall*

## 2.3 Healthwatch Stockport Publicity and Communications Sub-group

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

30<sup>th</sup> November 2013

### Integrated Locality Hub

This was a nice but bright and chilly day, we were on Market Street in Marple, which is a pedestrianised street. We gave out about 50 invitations to people saying they were interested in attending a meeting at Marple Cricket Club on 17<sup>th</sup> December - an Integrated Locality Hub meeting with the Terry Dafer, the Director of Social Care, Nicole Alkemade and the people who have designed the system. This is the final consultation event, and it will start in January.

A public governor from the Foundation Trust, a prospective councillor and representatives from local groups also attended. The owner of a home care service also attended, who noted that the Council will be paying less per hour for their carers, which does not appear to be a positive step for people in the community. This will be passed onto the Adult Social Care Lead.

I gave Healthwatch Stockport information out to people, one of which has already contacted the office to request an application form. About 4 or 5 questions were taken back to the Locality Hub for their consideration.

*David Atkinson*



25<sup>th</sup> November 2013 - 31<sup>st</sup> December

We were very active on social media this month, with a huge increase of reach throughout mid-December. This was due to getting involved in returning a lost teddy bear found in Stockport. The campaign succeeded in returning the teddy bear home and had the additional bonus of increasing our reach throughout Stockport.

**Twitter:** 837 Tweets, 1,437 Followers (an increase of 45 followers), 20 mentions, 184 retweets, 91 retweets of posts where we were mentioned and 41 favourites.

**Facebook:** 536 Total Page Likes, 5 posts and monthly total post reach of 28,569 with 528 likes, comments and shares and 512 clicks during a single week. Most likely due to the large increase of views from the teddy bear post, the following post - a photograph of an article from the Stockport Independent on our Healthier Together recommendations received 100 views. We also shared information about flu fighting to support the current Public Health campaign.

### Website:

The website has undergone a transformation, with version 2 provided by Healthwatch England. We hope that the new design is clearer and easier to navigate. Healthwatch Stockport documents will now be available from this website.



- Overall, the website received 507 visits, 178 of these were unique visitors with 61.2% of visitors were visiting the website for the first time.
- There were 989 page views with people visiting 3.96 pages per visit. The average time spent on the website was 3m 52s.
- After the home page, the most visited page was the *documents* page. This was followed by the *about* page, *events* page and *meeting the board* page.

### Positive Press Articles:

- Article in *Stockport Independent* (December 2013) about Healthier Together Recommendations.
- Article in *Stockport & District Mind Newsletter* (Winter 2013) about the Comments, Compliments, Complaints Leaflet.
- Article in *Stockport Express* (8<sup>th</sup> January 2014) about the home care survey results.

Kirsty Bagnall

## 2.4 Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

3<sup>rd</sup> January 2014

Enter & View has been discussed as part of the Adult Social Care Subgroup (see above).



Members continue to attend their training to become authorised Enter & View Representatives.

*Kirsty Bagnall*

## 2.5 Patient Experience and Feedback/Evidence Gathering

**Healthwatch Lead: Tony Stokes**

4<sup>th</sup> December 2013

Attended by; Roy Oliver, Mike Cain, David Kirk, Beverley Hart, Alan Watt, Kirsty and Michelle, Tony Stokes. Agenda items were: Terms of reference for the group. Healthwatch England request to join the national complaints advocacy group. Clwyd Hart report. Patient feedback and trends.

Terms of reference - This will be circulated to the group members David, Beverley, Alan, Roy and Mike and finally agreed at the next meeting.

Healthwatch England request - We will be writing to request membership of the advocacy group.

Clwyd Hart - We have written to request that we become a pilot for this initiative.

Patient Feedback and trends - FLAG trends report shows that professionals and the public do not know that Community PALS no longer exists. FLAG are receiving numerous requests for information about this. PALS information is still on view in GP surgeries and clinics.

ACTION: Tony will be asking the CCG to take action to have the PALS information removed,

The group felt that the “Do you have a complaint, comment or compliment” leaflet was a good way of promoting the new ways of feeding back to service providers and could replace any old PALS information. Many positive comments had been received about the leaflet and the group suggested carrying out a large print run.

ACTION: Kirsty to looking into costs of funding a reprint of the “Do you have a complaint, comment or compliment” leaflet

FLAG trends highlights problems with hospital discharge procedures.

OTHER ACTIONS prior to our next meeting:

- David will be meeting with Beverley to find ways to make best use of FLAG feedback.
- Tony will be asking Pennine, the council and the CCG for regular reports from their complaints departments.
- Roy and Mike will be meeting with Kirsty to find ways to make best use of the various reports received by Healthwatch.
- David will be checking the validity of complaints figures from Stepping Hill.
- David will be making preliminary arrangements to meet with Ann Barnes and the lead governor at Stepping Hill.
- Kirsty, Beverley and somebody from NHSCAS were going to meet to discuss how to categorise our feedback in a consistent way



*Tony Stokes*

**Date of next meeting: 14th January 2013**

7<sup>th</sup> January 2014

Feedback Collection Meeting

David Kirk, Roy Oliver and Mike Cain met with Kirsty to discuss how Healthwatch Stockport collects feedback from local people. Kirsty showed the group the current database and compared it to the new Healthwatch England designed online Data Bank (as part of the Healthwatch England Hub). The Data Bank is designed to be completed by local Healthwatch staff and is much more complete than our current database. The group agreed that it would be useful to use the data fields from this Bank within our own database.

There was discussion around increasing engagement and data collection from local people and arranging staff capacity to match this.

The anonymised sharing of information with FLAG and Complaints Advocacy was also discussed. Currently, FLAG and Complaints Advocacy have been asked to identify trends and bring them to the team. It was discussed that it would be more useful - and less inconvenience for FLAG and Complaints Advocacy - to share information directly without need for analysis. This information could then be added to our database with a reference where it has come from. Issues of data protection were discussed and it was agreed to ask both organisations to include a question when speaking to members of the public over whether they can share the feedback with Healthwatch Stockport. This could be added as a simple tick box to their forms.

Actions were as follows:

- Kirsty to find out (a) If there is a way of our (redesigned) database automatically updating information to the HWE Data Bank or (b) The feasibility of HWE altering the Data Bank form to include fields on personal data (and whether there are data protection issues around this). Alternatively the staff/volunteer doing the data entry will have to add the feedback to each database separately.
- Kirsty to find out how to view/interrogate local and other Healthwatch organisation's data on the Data Bank
- Kirsty to find out if we can get read-only member access to the Data Bank for Patient Experience Team members
- David to contact Beverley Hart to suggest new sharing process

*Kirsty Bagnall*



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

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

Healthwatch Representative: Tony Stokes

2<sup>nd</sup> January 2014

No meeting this month.

#### 3.2 Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

12<sup>th</sup> November 2013

Matters Arising from last meeting:

- 3.17 COPD Pilot at FT: Patients could go 48 hours before inhalers were given.
- Monthly Prescribing : we are £13,000 overspent
- Stockport One is not taking any new patients and will be part of the HUB in January.
- Primary Care Rebate Scheme: we considered 10 products, 4 failed on ethical ground. The trial rebate was £15,156.94.
- Drug Safety Update: This update was for new Oral Anticoagulants, apirisan, Dabigatran and rivoroxabam which have a high risk of haemorrhage which cannot be reversed. Mike pointed out that a patient had not been given a patient leaflet. He will find out where he received this prescription from.
- The rest of the agenda will be covered at the next meeting.

*Mike Lappin*

3<sup>rd</sup> December 2013

Matters Arising: 6.2 Secondary Care Report: Paul Buckley would provide an update on the new Short Stay Older People's Unit due to open very soon. The unit has 10 beds and would be utilized as a short stay ward (over 70 yrs). The patient will not be admitted via A&E but by consultants from the wards assisted by pharmacists, doctors, nurses and physio's.

Current Performance: There is pressure on the system, prescribing volume continues to grow, including the New Oral Coagulants (replaces Warferin)

Safety and Quality: The drug safety November update was looked at. A1 Antiepileptic Drugs (AED's) vary considerably which influences the risk of whether suitability between different manufacturers products of a particular drug may cause adverse effects ie do not use generic products.

JEXT adrenalin auto-injector - if there is a problem the licensing authority (MHRA) will put out an



advert.

MHRA = Medicines and Healthcare Products Regulation Authority.

AOB: The national list of gluten free products has changed.

*Mike Lappin.*

### 3.3 Stockport Cancer Programme Board

**Healthwatch Representative: Anand Dutta**

12<sup>th</sup> November 2013

Current initiatives that the Cancer Board is involved in were reported in the last report. During this period some progress has been made in various initiatives. One topic was mentioned that may be relevant to the HealthWatch Stockport. Dr Karen McEwan [Macmillan GP, NHS Stockport] gave details about “Expert Patient programme”. The programme is about helping people who have already received all the required cancer treatments. I have received two flyers that contain all the details (attached/below). The Cancer Board would like any feedback that we may have and would like us to give this information to our communities.

**Recommendation: Core Group to forward any comments to Anand for taking to the Stockport Cancer Programme Board.**

Flyer 1: <http://stockportccg.org/wp-content/uploads/2012/06/Expert-Patient-Program-Flyer.pdf>

Flyer 2:

[www.healthwatchstockport.co.uk/sites/default/files/v\\_7\\_how\\_does\\_the\\_epp\\_benefit\\_patients.pdf](http://www.healthwatchstockport.co.uk/sites/default/files/v_7_how_does_the_epp_benefit_patients.pdf)

*Anand Dutta*

### 3.4 Stockport Care Home Forum

**Healthwatch Representative: Gerry Wright**

3<sup>rd</sup> January 2014

No meeting this month.

### 3.5 Stockport Care Record

**Healthwatch Representative: Joyce Drummond**

3<sup>rd</sup> January 2014

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

27<sup>th</sup> November 2013

NICE ASSURANCE: There are many gaps in compliance with NICE in the FT, pressure sores being one of them. Another was in Ophthalmology which had 4 non-compliances with TA's which we will check to make sure it is not a mistake.

5.2 There was an update on the gaps in Epilepsy services. There will be a GP Master class in January where a Model Patient Care Plan will be presented. A meeting has been arranged with the Specialist Commissioner (NHSE) NHS England to assess the progress with services including whether our patients can access an epilepsy specialist nurse.

NICE GUIDANCE

Public Health PH47 Overweight and Obesity in Children: This will be dealt with by the Health and Wellbeing Board. Mike will contact Andy Dunleavy to work out how we deal with the Public Health Guidance.

AOB: A diagram was produced showing how NICE Quality Standards are to be used with CCG Commissioning. Some modifications were made.

*Mike Lappin*

Date of next meeting:

### 3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

3<sup>rd</sup> January 2014

Unable to attend due to illness, attended by deputy.

### 3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

3<sup>rd</sup> January 2014

Unable to attend due to illness, attended by deputy.

### 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

3<sup>rd</sup> January 2014

No report received



### 3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

3<sup>rd</sup> January 2014

#### GP Practice EPS Release 2 Status

The Commissioning Support Unit has been given the go ahead to recommence with deployments of EPS. Before the end of the financial year due to Health & Social Care Information Centre (HSCIC) funding.

Stockport were allocated 10 deployments and the following practices have taken them up:

1. Chadfield Surgery
2. Haider Medical Centre
3. Bracondale House Medical Centre
4. Stockport Medical Group
5. Bramhall Park Medical Practice
6. Wilmslow Road Medical Practice
7. Marple Medical Practice
8. Easthouse Surgery.

*Mike Lappin*

### 3.12 Stockport End of Life Care Programme

Healthwatch Representative: Gerry Wright

7<sup>th</sup> November 2013

#### Stockport NHS Foundation Trust's End of Life Task & Finish Group

Due to timings of the meetings, Gerry contacted the Core Group for their views on the proposed replacement for the "Liverpool Care Pathway". The following documents (provided during the meeting) were circulated to the Core Group:

- Recommendations from the National Review about the Liverpool Care Pathway "More Care Less Pathway"
- Principles of care and support for the dying patient

So far, Gerry has made the following suggestions and asked Core Group members 1) Whether they agree with his suggestions and 2) If they have any additional suggestions around the delivery of end of life care.

- Quality Assured End of Life care
- Major inputs from front line members of staff (nurses etc) on how they can deliver.



- Up-To-Date written information for the family and carers on progress (a diary)
- Competency-led training, ensuring that all staff understand their roles following training

Gerry came into the office on Wednesday 8th January afternoon to collate the feedback from Core Group members to feed back at the next meeting. He thanks all Core Group members for their comments.

**Date of next meeting: 22<sup>nd</sup> January 2014**

### **3.13 Stockport (Community) Falls Prevention Group**

**Healthwatch Representative: Sheelagh Peel**

3<sup>rd</sup> January 2014

No meeting this month

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

### **3.14 Stockport Health & Wellbeing Scrutiny Committee**

**Healthwatch Representative: John Leach**

26th November 2013

Plans for flu vaccinations - It was announced that Stockport were in the top two of the country for uptake of flu' vaccinations.

Despite this, there will be a concerted effort to improve our figures for next winter's flu vaccinations in Stockport. There were plenty of suggestions from those present: all of which were noted by Stephen Watkins and Ranjit Gill.

Monitor investigation into the commissioning of cancer surgery services in Greater Manchester and Cheshire - Following the committee reading a cop of a letter sent by Healthwatch Stockport to Monitor, the Scrutiny committee agreed to also send a letter supporting the contents of the Healthwatch letter particularly in regard to our comments regarding consultation.

Review of the council's policy taking into account the use of electronic cigarettes - A full discussion was held after which it was agreed to recommend that the use of e-cigarettes should be banned from use in council buildings and from council controlled public buildings

Child and Adolescent Mental Health Services (CAMHS) review preliminary conclusions - Following the conclusion of the programme of extraordinary meetings of the Scrutiny Committee to consider the above services Review the Committee were invited to consider any conclusions it has drawn and possible recommendations which may be included in the final report which will be submitted in the New Year.

*John Leach*

### **3.15 Stockport Local Pharmacy Committee**



**Healthwatch Representative: Joyce Drummond**

3<sup>rd</sup> January 2014

No report received

### **3.16 Maternity Acute Children and Neonatal Programme Board**

**Healthwatch Representative: Loretta Alao**

27th July 2013

Meeting with NHS England representatives. Hospital admission data had been reviewed and an issue around coding and service delivery had been identified.

Some orthodontic cases had been coded which shouldn't have happened. DW highlighted the lack of a prevention pathway and that a better partnership needs to be developed with dental services, a work-stream is being developed around this.

Item needs to be discussed further at Health Partnership Board.

Plans were in place to develop a liaison nurse post which would be funded by the independent schools. Reported that some schools had a full time school nurse.

Southern Sector Collaboration on Paediatrics/ Service model for a future Southern Sector Paediatric Network Service.

Teams from the southern sector continue to meet to discuss areas for collaborative working and work is moving on at a pace. Advised that it is proposed that the service would have two Paediatric hubs and two Paediatric local sites. Some amendments have been made to the model: Green sites will not have a Paediatric Service. Paediatric ED would be staffed by Paediatric Nurses and Emergency Department Doctors. The next meeting is scheduled for 27th August. The proposed model will now go forward for public consultation. Advised that the service proposals had been presented at Governing Body and that the CCG focus was on public consultation.

MSLC update - Bounty Packs

Mums net have started a campaign recently against Bounty (the company who provide information packs to patients) claiming Bounty/NHS is selling patient details to third parties. Assurance on the following areas: i) Every patient has to give consent to receive a pack, therefore a consent process is in place ii) Bounty have a code of conduct which SFT are auditing iii) Bounty monitor patient feedback carrying out patient satisfaction work iv) SFT is reviewing its contract with Bounty v) Patients will be given a patient information leaflet which explain who Bounty are and what they do. Advised patient feedback and had received a mixed response adding this issue will be closely monitored.

Screening update

No further information/reports regarding neonatal blood spot and that the flow of information from the section had ceased. Action: To check if screening was still in the remit of AR.

FT Update



Advised that as a result of an audit shared investment had been put into reducing admissions. A proposal had been costed up for discussion with the CCG. It was suggested that a bronchiolitis at home service may be a way of using the CCNT to reduce admissions in this group.

#### Perineal Tears

An update on Perineal Tears issues was requested. It was advised that an action plan was in place which would audit and feedback performance to individual staff. Mandatory annual episiotomy training for midwives had been introduced following a rise in the rate of perineal tears. Agreed to share the monthly dashboard figures and to provide a quarterly version which would be adjusted to match the RCOG report style. Further advised RCOG figures are adjusted to take into account confounding factors before publication and are therefore unlikely to exactly match SHH figures.

#### Complaints Report

Asked if there was a problem with the availability of the Allergy Clinic. Advised that there was not a long wait time but that the issue lay with allocation of appropriate time slots.

#### HV Monitoring

NHS England and the GM local team had started to pull together a list of KPI for Health Visiting. Reported issues around IT, difficulty providing baselines and the usefulness of some of the KPIs. Concern regarding how the KPIs were measured how the data is collected for the National Child programme. Agreed to look at how to take these concerns forward with the IT team.

#### 26<sup>th</sup> September 2013

MSLC currently meet Bi Monthly. Parents are on the group to provide feedback. The group have recently developed a £10 parking permit for parents and they have contributed to the maternity ward visiting policy. They have produced a new welcome to maternity booklet. The group are also involved in various activities to promote themselves and attract new members. It was confirmed that a MSLC representative would attend November Board to present on Action on Psychosis.

#### Screening update

Midwives have been congratulated on achieving this. It will aim to sustain 2%.

#### PBR Update.

There is a data collection issue, as the system is pulling patients into high categories.

#### One to One Midwifery

Issues with the One to One Midwifery service. Concerns around the message being delivered by the service midwives, clinical governance, CQC regulations and safeguarding. It was stressed that the public need to be clear that this is not an NHS service as currently the public perceive it as one. Delivery officer has stated 'One to One is not commissioned to provide care however they do employ registered Midwives'. It was confirmed that the message from the CCG was clear in stating that a private company are providing the service and that the CCG will not pay or commission this service.

#### Integrated Prevention Services - New Delivery Model

The group reviewed the document 'Integrated Prevention Services - New Delivery Model' It explained



that the purpose of the paper was to inform that at management level a lot of staff will be affected by this proposal adding that efficiencies at the front line will not remove resource but make it more effective. The way the service is delivered is being reviewed with the aim of offering a better service to families. It was confirmed that the model will be delivered in phases. Phase one will recruit the management tier and organise staffing around locality boundaries. Work done by Trafford is being reviewed along with how to integrate with FT children's services. There is more opportunity to look at the local authority service. Integration will be evidence based. Consultation with affected staff is scheduled for 9th October 2013. There is a need to develop links with primary care and look at locality links. The model suggests that professionals will function better if they are co-located. It was acknowledged that some staff will need to re locate into different hubs. The police and justice services have been included in the model. The services for young people will bring another 70 staff on board. A Multi agency hub will be created to offer a better service.

#### Healthier Together

The latest update (version 6) is been proposed that the southern sector needs two high activity hospitals and two low activity sites. High activity sites to deliver 24/7 patient Obstetrics and 24/7 Paediatrics. It is hoped there will be two high activity hospitals. Service modelling has shown that there are not enough Paediatricians to deliver services across multiple sites. Chris Cooper is on the future model of care group and there are two clinical leads in the South Sector. Chief Accountable Officer is actively involved with Healthier Together.

#### NICE Guidance (QS23 Caesarean Section)

The process for women with anxiety requesting a caesarean was confirmed. The patient is sent to a consultant who does not specialise in mental health for a consultation adding a midwife with special interest in mental health is available.

### 3.17 Stockport NHS 111 and Out of Hours

#### Healthwatch Representative: Tony Stokes

3<sup>rd</sup> January 2014

No report received

### 3.18 Stockport Older People's Committee Meeting

#### Healthwatch Representative: Sheelagh Peel

3<sup>rd</sup> December 2013

Unable to attend 3rd December meeting.

Minutes report

- 1) Information on Assisted Transport consultation, this is provided by Solutions S.K.
- 2) A talk by the C.C.G. ( CLINICAL COMMISSIONING GROUP)
- 3) Work is in progress re: signage at bus stops.



4) Up for further discussion-- Community Toilets

Date of next meeting: 7<sup>th</sup> January 2014

### 3.20 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

2<sup>nd</sup> January 2014

No requests received

### 3.21 Stockport Prescribing Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

3<sup>rd</sup> January 2014

No report received

### 3.22 Stockport Quality & Provider Management Board [*A division reporting to the CCG Board*]

Healthwatch Representative: Tony Stokes

3<sup>rd</sup> January 2014

No report received

### 3.23 Stockport Safeguarding Vulnerable Adults

Healthwatch Representative: Sheelagh Peel

To be arranged.

### 3.24 Stockport Information Integration Committee [*previously Stockport Shared Health Record Board*]

Healthwatch Representative: David Moore

3<sup>rd</sup> January 2014

The Stockport Health Record Group has now been disbanded as the role of the board is complete. The HSCI Group has taken over the work.

Therefore, there will be no further reports from this board.

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

Healthwatch Representative: Mike Lappin

4<sup>th</sup> December 2013

The main points from this meeting are as follows:



- 18weeks: The main problems are with Orthopaedics, Ophthalmology and Dermatology. Orthopaedics have had an 11% increase in patients and from the 1<sup>st</sup> April a 50% increase in new referrals which has sustained to the present. The reason for this is being looked into but the hospital will have to declare that it will break the 18 weeks target.

Ophthalmology has one consultant off sick long term and another who cannot do operations. Locums have been tried but have been found not to come up to standard. The Dermatology services will be provided by Salford from 1<sup>st</sup> April 2014. Patients will continue to be seen at Stepping Hill. Cardiology have recruited 3 consultants and it is thought that 40% of follow up's could be done outside the hospital ie by GP's.

- Independent Sector Clinical Assessment and Treatment Sector (ISCATS)

The contract with Care UK will come to an end in two years time. We have to give one year's notice if the contract is not to be extended. The options are:

1. Extend the present contract
2. Go to the market at Greater Manchester level
3. Go to market at local level.

It was agreed that Healthwatch will be involved at an early stage.

AOB: There is an intention to tender for the Gastoscopy service which has been temporarily provided by South Manchester.

*Mike Lappin.*

### 3.26 Stockport Unscheduled Care Programme Board

**Healthwatch Representative: David Kirk**

11<sup>th</sup> December 2013

#### Main Points

- The UCB, on the instructions of NHS England, will in future be known as the Urgent Care Working Group (UCWG)
- The Group will have to take into consideration the Keogh report in the context of the Healthier Together strategy. It was noted that NWAS would find aspects of the report extremely challenging and it was further noted that Blackpool are the lead commissioners for these services.
- The Chairman asked for sight of the SFT project document in respect of plans to develop 365 days working.
- The unscheduled Care Programme was reviewed:-
  - a) NWAS pathfinder project (£350k funds allocated) has been implemented with the aim of diverting A&E attendances (by paramedics) to Mastercall GP's and improve the knowledge, expertise and skills of staff. To date (Oct/Nov) referrals have been disappointing.
  - b) The plan to introduce a MDT at SFT to identify and discharge sub-acute patients earlier in



the patient's journey for discharge back into a community health and/or social care setting has been delayed until early January.

- c) A short stay older persons unit has been established at SFT (6 month pilot) providing assessment and care for frail older patients with the aim of reducing length of stay in hospital.
- d) From March 2014 Mastercall (out of Hours service) will have access to patients' records.
- e) The CCG has received a draft specification for the provision of an integrated falls clinic service. Age Concern has 'mapped falls services and what a comprehensive service would look like.

Commissioning decisions not decided yet. **Recommendation- David Kirk to continue to monitor developments in particular the points a, b and c above in respect of this working group and as the lead for matters arising at SFT.**

**Date of Next meeting: To be advised.**

Contact David Kirk for any further information.

### 3.27 Greater Manchester Chair and Chief Officer Meeting

**Healthwatch Representative: John Leach**

9<sup>th</sup> December 2013

The Chairs and Managers of the local 23 Healthwatch were invited to Healthwatch Bolton to discuss organisational updates and key challenges. Attendance was low with only 7 organisations represented. Gerard Martin-Crofton, the Development Manager, Healthwatch England (HWE) gave an update on how HWE works and there was some discontent from Chairs and managers about the lack of information that had been given about the organisational structure. Eg, Chairs were not aware of HWE Chair, Anna Bradley, and that she is based in the NW.

There was also frustration that local Healthwatch were not receiving the weekly bulletins from HWE (we are). HWE do require feedback from the local HW to ascertain a regional/national perspective and so that ideas, practices and initiatives can be shared.

Arianna Kelly - Policy Advisor for HWE talked about the Clwyd Hart report and how HWE wants to work with local HW around complaints procedures. Arianna was already aware of the Patient and Public Experience sub-group and HW Stockport will work with HWE to inform of the work we are doing.

There was a discussion around the lack of attendance and themes for the sessions were discussed. The Department of Health has recently published guidelines for local HW about what needs to be included in the annual report. I suggested HWE could put together a workshop at the next meeting in March. The deadline for Annual Reports is end of June. At the next meeting local HW will also propose, in advance, what they would like to ask other local HW about eg. Who does your IT? How have you engaged with young people effectively? This will ensure good practice is shared and HW that are not as well established can gain from their colleagues.

*Gavin Owen*



### 3.28 Stockport CCG Locality Meetings

**Healthwatch Representative: Gerry Wright**

20<sup>th</sup> November 2013

Stepping Hill & Victoria CCG Meeting - held at Walthew House

34 attendees - 9 GP's, 8 nurses, 8 practice managers included. Neil Allabor Locality Chair GP. Elaine Abraham Leigh- Administrator.

CCG website is to be made easier to navigate. The intention is to have a nominated manager and nurse from each of the 4 hubs, Marple/Werneth, Cheadle/Gatley, The Heaton & Tameside. From January 1<sup>st</sup> 2014 the Marple/Werneth hub wants to move to include 18 plus it does not at the moment.

Mark Fitton again outlined the Stockport 1 service how the aim is to help reduce hospital admissions with better support at home. The Rapid Response service has not been rolled out borough wide and the contact centre has been made more efficient. Phone number was provided (alas my pen ran out of ink).

Long discussion on a TIA Pathway, all GP's seem to be doing this differently. Many not reporting TIA. The projection was that around 30% are reporting TIA's. Pharmacies representative reported that their role is to be able to administer and aid in minor ailments, flu injections etc to ease the workload on doctors and A&E at the hospital.

*Les Pattison*

**Date of next meeting: 19<sup>th</sup> February 2014.**

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

**Healthwatch Representative: David Moore**

Thursday 19<sup>th</sup> December 2013

1) I have joined this group as Public and Patient Representative. This group has replaced the Stockport Shared Record (SHR) Group. The SHR has been taken as far as it can and achieved what was required in terms of establishing a central portal for wide access to Primary (GP) data.

2) Aims and Objectives

a. To establish a single live health and social care record easily accessible by all health & social care professionals and patients that is fully compliant with Information Governance legislation and Caldicott principles.

b. To aspire to have all parts of the health and social care system fully paperless by 2018.

c. To enable the health & social care economy to fully realise the quality and efficiency benefits of innovation and enabling technology along with appropriate automation of business processes.

d. To provide the necessary platforms and advice to support the programme working to increase



health literacy including delivery of personal electronic patient and care records

e. To put in place an IM&T infrastructure fully supportive of the wider objectives set out by Transformation Board.

f. To deliver these objectives and be able to link with other GM and neighbouring economies whilst being fully compliant with the objectives of NHS England.

g. To ensure that all relevant stakeholders, including the public, are fully engaged in the development of options and the implementation of decisions

3) Scope - The HSCI Group will develop a five-year strategy and implementation plan which will require sign-off by the Transformation Board. This strategy will set out how the Group intends to deliver the objectives set for it by the Transformation Board and will be refreshed annually. The signed-off implementation plan will describe the scope.

4) KB from the Trust talked about mobile working and how it will revolutionize the way they work in Hospitals. The system will prompt staff to "do the next job or task", it will also help manage each task against policies, etc.

5) The Greater Manchester CCG have not yet decided what solution to adopt for IT going forward. As there is no clear direction, Stockport have decided to go ahead with this project and get "the ball rolling". It is likely that GM will follow the lead of Stockport.

6) The meeting went through TOR to check relevance of each area. An updated TOR is to be produced by Paul Fleming and the group will feedback comments on it.

7) Jane Owens from the EPAC Board presented to the group about changes to SHR, and the fact that all users of the SHR will get "single sign" on in New Year on all EMIS GP sites.

8) JO also stated that they hope to get a link from EPACCS Record to prognostic guidance indicator.

9) A lot of GP's do not know about the SHR!! We need to have a new website and promotion campaign to make everyone aware of it and how useful it is to everyone.

10) The CCG have set up a task & finish group to look at IG right across Stockport and beyond. People from all areas including Pennine, FT and SMBC, etc.

11) It was stated that the HSCI Group is all about data sharing. It all works on tiers. Tier 0 is director level, tier 2 is user level.

12) It was stated that the group already have an agreement in place from SHR but need to expand to SMBC, FT, etc.

13) Based Oman consent model.

14) There needs to be a real education program to make people aware of benefits to sharing/accessing data.

15) Trust updates - KB talked about mobile stuff. A lot of systems that keep getting updated but really need to be started again, don't keep bolting things on!

16) Trust updates - Looking at system to cover South M/c and East Cheshire and looking at getting a system that is "3 for 2"! £30m over 10 years Heald training and half system.



- 17) Trust updates - SHH already doing some electronic stuff, prescribing and Emergency Department. They are not involving community at this point.
- 18) Trust updates - There are some good suppliers out there which can expand to community but not very well developed. There are other more constructive applications available for community.
- 19) Trust updates - Have Dominic DN solution but not long term strategic solution to whole of community.
- 20) Trust updates - They are having collaboration with people around tele health type stuff.
- 21) Pennine updates - looking at mobile solution right across mental and community. 2 year program and tele health and video conferencing using a Cisco system.
- 22) SMBC updates - current development work is around integration. Looking at “doc man” solution, document solution around discharge letters, etc being transferred electronically.
- 23) Primary Care updates - moving forward towards all practices on EMIS web. By next year should have them all on the same system. This will make it much easier to extract data.
- 24) AHSN - academic health science network, Chris Burke ex chief exec of SHH. The HSCI Group are working with AHSN, as they are researching the way forward with use of IT.
- 25) It was stated that there is good access to funding for health related projects, to fund innovative IT projects through the EU and also government incentives.

More information, contact: [david.moore@homeinstead.co.uk](mailto:david.moore@homeinstead.co.uk).

Next meeting: 5th January 2014 at 9am - 11am.

### 3.30 Delivering the information and signposting function of Healthwatch Stockport

#### Healthwatch Representative: Stockport FLAG

Thursday 28th November 2013

The Senior Advisor of Stockport FLAG was invited to attend a meeting of the information and signposting officers of Greater Manchester, held on Thursday 28th November at Healthwatch Oldham.

Stockport FLAG were put on the agenda to speak about how Stockport manages the information and signposting function to the residents of the borough. Healthwatch colleagues were very interested (and more than a little envious) of the arrangements in Stockport. The FLAG Senior Advisor gave a short presentation about the working relationship between Healthwatch Stockport and FLAG Colleagues, the levels and types of enquiries dealt with by FLAG advisors and FLAG’s way of working with customers.

All of the other Healthwatches in Greater Manchester have considerable fewer paid staff delivering the information and signposting function and are just developing this role within their services. They asked a number of questions including subjects just as promoting a new service, quality marks, managing risk in the office environment and following up enquiries.

There are considerable differences between how the Healthwatch information and signposting



function is delivered across the sub region - one searches for NHS dentists on behalf of patients (approx 80% of the 280 enquiries have centred on this issue) and another has a team of volunteers delivering information in their community. All in all, it will be interesting to watch this develop over the coming months. Stockport FLAG have extended an invitation to information and signposting colleagues to visit the Stockport service and see firsthand how it works and sincerely hope that they take us up on this offer as we have something to be proud of!

*Stockport FLAG*

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

### 4.1 Complaints Task & Finish group

**Healthwatch Lead: Gerry Wright/Tony Stokes**

18<sup>th</sup> December 2013

The *Do You Have a Complaint, Comment or Compliment* leaflet has been very successful and we have received many requests for copy of the information. 2000 copies have been taken to Stockport CCG to circulate to GPs and we have sent another 1000 to local care homes, dentists, pharmacists, opticians etc.

We were also previously featured by Healthwatch England as a good practice example of working with services providers.

Due to the success of the leaflet, and more requests for copies, we are now looking to produce more versions and the practicalities attached to this.

*Kirsty Bagnall*

### 4.2 Diabetes & Podiatry Task & Finish Group

**Healthwatch Lead: David Moore**

3<sup>rd</sup> January 2014

No report received

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

**Healthwatch Lead: John Leach**

18<sup>th</sup> December 2013

This report was discussed at the last Operational Team (as reported in *Operational Team* above), John Leach will be asking Terry Dafter about this report as we are still waiting for a response.

*Kirsty Bagnall*

**Date of next meeting:**



#### 4.4 District Nurse Service User Group

Healthwatch Lead: Tony Stokes/Carol Stokes

3<sup>rd</sup> January 2014

No report received

#### 4.5 Older People's Unit

Healthwatch Lead: Sheelagh Peel

3<sup>rd</sup> January 2014

No meeting held but see update within A&E redevelopment report.

#### 4.6 Healthier Together

Healthwatch Lead: Mike Lappin

18<sup>th</sup> December 2013

Piece on our recommendations to Healthier Together featured in the Stockport Independent.

*Kirsty Bagnall*

Date of next meeting:

#### 4.7 It's in the Drawer

Healthwatch Lead: Clem Beaumont

19<sup>th</sup> December 2013

Clem Beaumont, Gillian Miller (Audiology Commissioner, Stockport CCG) and Nazie Gerami met to discuss the "It's in the Drawer Project" as well as the service issues mentioned below.

Following the meeting Nazie clarified the following:

Patients from Bramhall Health Centre can still go to Bramhall Health Centre to have their ears syringed. Patients need to ring the central booking number on 0161 426 9636 to book an appointment. The CCG recognise there is a longer than average wait time for these appointments (currently around 6 weeks) in the Bramhall area and apologise for this. The provider is aware and is reviewing the situation. This will be reported back to the originator of the request.

As regards to the residual contract with David Ormerods, Nazie said that she had been informed that as long as the patient has not been discharged back to their GP, Ormerods will still see patients who obtained hearing aids from them, up to 2015.

*Clem Beaumont*



#### 4.8 Quality of Home Care Task & Finish Group

**Healthwatch Lead: Mike Lappin**

18<sup>th</sup> December 2013

Following the December Core Group, where this report was signed off, the report was circulated to all interested parties and recommendations flagged up with those named.

This Task & Finish group is now closed and follow-up work will be carried out by the Adult Social Care Team.

*Kirsty Bagnall*

#### 4.9 Redevelopment of A&E

**Healthwatch Representative: Mike Lappin**

16<sup>th</sup> December 2013

A&E User Group

The group looked at a STRYKER trolley that the department is hoping to purchase. The main features are that the patient can be x-rayed on the trolley and it has a weight limit of 50 stones. The group thought it was ideal.

Friends and Family - Two new boxes have been introduced and SMS texting will be introduced to improve take up.

Short Stay for Older People - The new short stay for older people department is for females only, the men are seen in the clinical decision unit (4 beds).

AOB - The line at reception has not been moved back yet and the booths have not been introduced yet.

The Foundation Trust (FT) Equality and Diversity Manager has taken up the case at the FT trying to take away the powered wheelchair from an epilepsy patient.

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'

8<sup>th</sup> January 2013

[Ends]