

Minutes of Healthwatch Stockport  
Core Group Meeting  
Graylaw House  
Tuesday 2<sup>nd</sup> July 2013

**1. Present:**

**CORE MEMBERS &  
STAFF:**

Sue Carroll

David Moore

Gerry Wright

David Kirk

Joyce Drummond

Jon Burke

Mike Cain

David Atkinson

Peggy Hall

Margaret McCausland

Loretta Alao

Les Pattison

Eve Brown

Sheelagh Peel

Roy Oliver

Tony Johnson

Alan Watt

George Stenson

Kirsty Bagnall

**WIDER MEMBERS:**

Stan Prescott

**Apologies:**

Tony Stokes

Mike Lappin

John Leach

Nagendra Sarmah

Jean Lord

Maria Kildunne

Ron Catlow

Vice Chair, Sue Carroll welcomed the Healthwatch Stockport Core Group

**2. Declarations of Interests**

No Declarations of Interests were declared. A Declaration of Interest Policy will be included in each member file.

**3. Last Minutes**

All agreed the last minutes were a true and correct record, with the exception that Tony Johnson was in attendance. Maria to rectify and John will sign the minutes at the next meeting.

**4. Matters Arising from Last Minutes**

**Stockport Clinical Commissioning Group - NHS 111 [page 2]**

Alan Watt still does not understand what the difference between NHS Direct/NHS 111 and Mastercall is and wants to know this. It was clarified that for patients, they would not notice a difference when calling NHS 111, as they would just be put through to Mastercall as the provider of the service.

**ACTION - A Briefing with Mastercall is currently being arranged by Maria**

*Addendum from Mastercall: Please see Appendix i*

**Healthier Together Task & Finish Group [page 3]**

Mike Lappin and Alan Watt have been reading a number of Healthier Together documents, Maria Kildunne is trying to get a meeting together for those interested in Healthier Together.

**Whistle-blowers [page 4]**

Proposal from Alan Watt regarding whistle blowers, David Kirk reported that the Stockport NHS

Foundation Trust Governors are not taking any specific actions on this. A letter was drafted by Alan Watt to be sent off.

**ACTION - Maria Kildunne**

## 5. Directors Quarterly Update

The Directors have been meeting fortnightly, a lot of the business has now been established, and they are currently meeting monthly. They are finalising the contract between Healthwatch Stockport and Pebble Enterprises. They have received the funding for the year and an additional sum of money to revise all the publicity materials to update leaflets, cards, banners etc. there is also a Healthwatch Stockport sign outside the building.

A new accountant has been appointed at Pebble, so the accounts will be available soon.

Alan Watt thanked the Directors for the work they had put in to set up the business.

The Memorandum and Articles will be sent to Core Group members for inclusion in their Member Files.

**ACTION - Maria Kildunne/Michelle Sheridan**

It was noted that the minutes from Directors meetings would be available on request and promoted on the website. This decision was reached as the Healthwatch Stockport Core Group minutes are the most important for members of the public (as the Core Group manage the health and social care aspects of Healthwatch Stockport, whereas the directors manage the organisational business) which includes sensitive information regarding staffing issues etc...

It was suggested that the Directors meetings could be split into part 1 and part 2, where part 1 is published and part 2 is in private. Alan asked that this discussion is postponed until we have checked the Memorandum and Articles for guidance. **ACTION - Maria Kildunne/Board of Directors feedback at next Core Group**

## 6. Reports from Healthwatch Stockport Representatives

**Operational Team Leads:**

**Clinical Commissioning Group (CCG).**

It was agreed to find out why there has been a 20% increase in referrals to Speech and Language Therapy (SALT). **ACTION - Tony Stokes/Children's Lead.**

*(Addendum from Tony Stokes: there has always been a high demand for these services and more children with speech impediments are being picked up, largely because of the promotion around hearing problems. People are more aware that hearing and language are related).*

There was an action from the June Core Group Monthly Report to consider the recommendation that Healthwatch Stockport look into the 20% increase in referrals to Speech and Language Therapy (SALT) and find out if the weakness in this service is affecting the education of children with speech and hearing problems. It was agreed that this be passed on to the Operational Team for discussion with the Children's & Young People lead and sub-group.

**ACTION - Agenda for the Operational Team for discussion with the Children's and Young People's lead and sub-group.**

Alan Watt would like to understand what the NHS Constitution states around increase in referrals.

## **ACTION - Alan Watt.**

### **Stockport NHS Foundation Trust Board verbal report - David Kirk & Sheelagh Peel**

*David Kirk noted that he had not yet sent a written report into the office.*

Stockport NHS Foundation Trust is still under scrutiny of Monitor as they have been unable to prove that 95% of attendees at A&E are seen within 4 hours.

C-Diff is a cause for concern at this point in time, so a programme of deep cleaning is taking place.

Two new Non-Executive Board Members will be appointed to the Stockport NHS Foundation Trust Board. Their expertise is in transformation and medicine. They have also appointed an executive to lead on the Southern Sector Development.

Cancer is on target and 18 week pathway is showing reductions.

Sheelagh Peel wants to look at the mortality figures to understand them on behalf of Healthwatch Stockport. **ACTION - Sheelagh Peel.**

### **Children's, Families & Young People**

The Core Group voted for Maria Greenwood to sit as the Healthwatch Stockport Children's, Families & Young People lead, 16 for, one against and two abstentions. **ACTION - Maria Kildunne**

Les has spoken to Katie from Signpost about engaging with young people. **ACTION - Les to report back to the office so it can be fed to the Operational Team**

### **Pennine Care**

The Core Group voted for Mary Foden to sit as the Healthwatch Stockport Pennine Care Lead, 17 for, none against and 2 abstentions. **ACTION - Maria Kildunne**

Margaret McCausland asked if Mary Foden could visit The Core Group, Kirsty noted that during a visit to SUNS, they requested a visit from Mary too. **ACTION - Kirsty Bagnall.**

It was noted that the group would cover all services offered by Pennine Care, including dementia services.

### **Public Health**

Peggy Hall noted that she hasn't received any information on Public Health Lead yet. **ACTION - Maria Kildunne.**

Tony Johnson suggested that we ask for a report from the Council on what Public Health will be aiming to do and monitor this, **ACTION - Public Health Lead and Team.**

### **Development Team Leads:**

#### **Training Subgroup**

It was noted that previous LINK Enter & View representatives will need to have new CRBs for Healthwatch Stockport if they wish to continue in this role.

*Addendum from Maria Kildunne: For the moment people who currently have a CRB Check do not need to have a check at this time. We are seeking good practice from other organisations on length of validation for checks.*

#### **Publicity & Promotion Subgroup**

Jon Burke requested more details to be included on people's perceptions of Healthwatch Stockport when reporting on how many people were spoken to during events we attend.

The group agreed to look into Stockport college as a venue for the Christmas Meal. **ACTION - Kirsty Bagnall**

It was clarified that it does not cost anything to have an article included in the Stockport Review but it can be difficult to have articles published.

### **Patient Experience and Feedback / Evidence Gathering**

There was discussion around the way Stepping Hill Hospital collects feedback. David Kirk said that the collection of feedback should be promoted to those who are in the hospital and feedback is also collected for the Picker Report. Some members shared feedback on using Stepping Hill Hospital.

The current Healthwatch Stockport quality of home care survey was discussed.

Gavin Owen, Manager of NHS Complaints Advocacy Stockport reported that he has been working closely with Healthwatch Stockport around the themes and trends being raised at NHS Complaints Advocacy Stockport. Reports from NHS Complaints Advocacy Stockport will also go to the Health Scrutiny Committee.

The Patient Experience team will look at the recommendations raised in the June Core Group Monthly Report. **ACTION - Patient Experience Team**

Alan Watt asked if he can attend the Patient Experience Team meeting. **ACTION - Maria Kildunne to invite to the first meeting when set up**

### **Stockport Dementia Champions Champion Committee**

#### **Recommendations put forward for the Core Groups consideration:**

- 1. Enter and View teams should enquire as to whether comprehensive care plans were actually completed with end of life information completed - personal information and wishes. Agreed to consider this as part of the Enter & View Team Review**
- 2. An information request is sent to Stepping Hill enquiring about the numbers of current staff in place who had attended Dementia Training - (at the Christies 90% of all staff including volunteers have had dementia awareness training). Agreed by the Core Group.**

### **Stockport Dignity in Care**

Stockport Dignity in Care is no longer being held. It was suggested that Healthwatch Stockport could host this meeting instead. **ACTION - Gerry Wright to look at the feasibility of this**

### **Stockport NHS CCG Quality and Provider Management Committee**

#### **For Consideration:**

**The core group need to consider how the A&E and the Out of Hours Service interact. For example do we consider that an out of hours walk in GP centre should be located at Stepping Hill? Would this relieve the pressure on A&E?**

David Moore suggested people who go straight to A&E are a different set of people who use walk-in centres. Mike Cain said it is about educating the people about where the appropriate place to go will be.

There was discussion around the inappropriate use of A&E, delays in getting people to wards and waiting time's targets.

David Kirk said that Monitor is conducting a consultation on the closure of walk-in centres.

Any comments or feedback to Tony Stokes. **ACTION - All Members.**

### Stockport Scheduled Care Programme Board

George Stenson commented that Do Not Attends (DNA)'s account for at least 8-10% of appointments and for children this is around £144 per appointment. **ACTION: Pass this information to the Operational Team**

### Stockport Unscheduled Care Report - David Kirk

*David Kirk noted that he had not yet sent a written report into the office.*

He summarised the key points from the meeting, including the introduction of an urgent recovery programme to help improve the target of 95% attendees seen within 4 hours. In addition, Mastercall are providing a community Intravenous (IV) Therapy service to help avoid people going into hospital. NHS England has provided £800,000 to the commissioners for improving unscheduled care at Stepping Hill Hospital.

He recommended Healthwatch Stockport:

- Invite Mastercall to the Core Group as a Briefing Session. **ACTION - Maria Kildunne.**
- That the Healthwatch Stockport Representative on the CCG is aware of the 800,000 from NHS England **ACTION - Tony Stokes.**

### Task & Finish Groups Specialised Stroke Service

It was asked if Healthwatch Stockport have received the final ambulance response times. **ACTION - Maria Kildunne**

Alan Watt has read the clinical Cases for Change for Healthier Together and he does not believe that there is any clinical evidence that Stepping Hill was performing differently to the two other hospitals.

### Discharge

Peggy Hall said that the response from Chris Gidley [to provide information to Healthwatch Stockport on a quarterly basis around the experience of discharge] was very positive.

### No reports received

It may be useful for those who do not send a report to ask for reasons why. It was suggested to add '*if you have nothing to report, please let Healthwatch Stockport know when the next meeting is*' to the reminder email. **ACTION - Maria Kildunne.**

It was asked if a member is unable to attend a meeting if they can report on the gist of the minutes and members felt this was a good idea. **ACTION - All Representatives**

## 7. Expectation Policies

The Healthwatch Stockport Expectation Policies were circulated to members as part of their Core

Group Member files.

The policies were previously agreed by the LINK Core Group. If members have any comments or questions on the expectation policies, they can contact the Healthwatch Stockport office.

## 8. Action Plan - UPDATE

To be deferred to the next Core Group meeting.

## 9. Stockport Flag - Update from Manager Beverley Hart

Beverley Hart explained that Stockport FLAG provides information and advice to people in Stockport. This covers the information and advice function of Healthwatch Stockport.

Beverley circulated a copy of the FLAG Annual Review and leaflet - copies of which are available from Healthwatch Stockport or Stockport FLAG.

Jon Burke commented that the Flag Annual Review is one of the best he has seen, he asked how the work Flag carries out relates to the work that Citizen's Advice Bureau (CAB) do. The difference is that Flag offer assisted signposting to services, and they look at the entire story for the person, rather than just one issue. The advisors then re-contact the person to check they are okay, if the services were good and to look at where there are any gaps. They randomly contact 10% of the customers who use the service on a quarterly basis and each customer receives a follow up call 4 to 6 weeks after the initial enquiry was made.

FLAG do not currently use volunteers to offer assisted signposting, however they are currently working with Stockport Mind alongside peer volunteers.

As a service provider, Gavin has had a lot of contact with Flag and they are very committed to getting answers for their clients.

Alan Watt asked if Healthwatch Stockport and Flag have a letter of understanding between themselves. Beverly said that this would need to come from Adult Social Care in the first instance. She will talk to Maria Kildunne about this. **ACTION - Beverly Hart.**

## 10. Choice

The health and care forum went through the Government's paper on Choice, they prepared a summary and it has been sent to Mark Chidgey at the CCG (handed over at the last Elective Care meeting) for local clarity. He does not think a response has been received yet.

Alan Watt said that we must make sure that there is a shared understanding between Healthwatch Stockport and the Commissioners of services over what "Choice" means. **ACTION - Alan Watt**

## 11. Any Other Business

Date of AGM in June 2014

Tony Johnson asked if June 2014 is too soon after the financial year to hold the AGM - **ACTION - Maria to reconsider date.**

### **Charges for GP Signatures**

Margaret McCausland asked if GPs can charge anything for a signature. **ACTION - Maria**

### **PARiS Scheme**

Mike Cain reported that there is at least one GP in Stockport who refuses to refer their patients to the PARiS (Physical Activity Referral in Stockport) scheme.

David Moore explained that PARiS was set up to encourage people in the Priority One (deprived) areas to improve their health. It was then offered across the borough, this led to many people in more affluent areas taking up the opportunity and cancelling their gym membership. The numbers of referrals from Priority One areas were still very low; therefore, some GPs in affluent areas stopped referring their patients to the scheme.

### **Lifestyle Test**

Les Pattison attended a private healthy lifestyle test; he asked whether this is offered at a particular age in the NHS. It was noted that there is an NHS Health Check is for adults in England between the ages of 40 and 74. Roy Oliver said that this would be under the Public Health remit now.

Mike Cain said that private healthcare tests could be a money making exercise. If NHS GPs are offering this, they should be doing it properly.

### **Patient Centred Care**

Sir David Irvine spoke at Stepping Hill Hospital said 50% of doctors are working on doctor-centred care instead of patient-centred care. This should improve with revalidation of doctors.

### **Scrutiny**

Tony Johnson asked if we know the Scrutiny topics for the next 12 months. These could be found on the website

## **12. Date of Next Meeting**

The date of the next Healthwatch Stockport Core Group Meeting will take place on **Wednesday 7<sup>th</sup> August 2013 17.15pm-19.45pm. PLEASE NOTE THE LATER TIME OF MEETING**

## **13. Signed by Chair or Vice Chairs [as a true and accurate record of the minutes]**

31<sup>st</sup> July 2013

[ends]

## Appendix i: 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

1<sup>st</sup> August 2013