

Cannock Chase Clinical Commissioning Group  
 East Staffordshire Clinical Commissioning Group  
 North Staffordshire Clinical Commissioning Group  
 South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group  
 Stafford & Surrounds Clinical Commissioning Group  
 Stoke on Trent Clinical Commissioning Group



## Bullet Point Messages

### South East Staffordshire District Patient Group

21<sup>st</sup> February 2019

**Apologies received from:** Diane Lever, Alan Wiseman

#### **Attendees:**

Anne McCarthy (AM) - Aldergate Practice Vice Chair of Meeting  
 Pamela Playle Mitchell (PPM) – Westgate Practice  
 Lesley Stinton (LS) – Laurel House  
 Derek Hoey (DH) – Crown Medical Practice  
 Pat Squires (PS) – Tri Links  
 Clare Plant (CP) – Administrator Communications and Engagement Team  
 Laura Bird (LB) – Primary Care Manager  
 Anne Heckels (AH) – Lay Member for Public and Patient Engagement  
 Dr Shammy Noor (SN) – CCG Chair South East Staffordshire and Seisdon  
 Tosca Fairchild (TF) – University Hospitals of Burton and Derby  
 Andy Hadley (AHa) – Digital Programme Lead

#### **Declarations of Interest and actions taken to manage conflicts**

No interests were declared.

#### **Feedback from PPGs and patient stories**

##### **Anne McCarthy - Aldergate Practice**

- New Practice Manager in post working in a diffusion role she is also employed in the Practice as an Advanced Nurse Practitioner.
- PPG now has access to meeting room ½ hour before main meeting – this gives members the opportunity to raise patient stories and private concerns.
- Nine patients and 2 members of staff regularly attend PPG Meetings

##### **Derek Hoey – Crown Medical Practice**

- Attended first meeting as chair of the PPG on 9<sup>th</sup> January.
- Three GP's attended the PPG meeting.3
- Breast screening unit has now moved back to Sir Robert Peel Hospital.
- Presentation from Steve Hodgetts Community Together Hub which is located in the Old Swimming Baths which is directly opposite the Tennis Courts, in Tamworth Castle Grounds.

Opening hours are Monday to Friday 10am - 3pm during School Term Time and Monday to Friday 10am - 4pm\* and Saturday and Sunday 11am - 3.00pm\* during School Holidays.

The hub offers a range of free activities and crafts. The tables have games on them.

Weekly activities include a walking group, cycling groups, befriending group, arts and crafts group, computer club, job club, exercise classes, singing and dancing groups.

If anyone would like further details they can be viewed at:

<http://www.communitytogethertc.org.uk/>

- The PPG also had an excellent Presentation from Claire Owen Specialist Cancer Support Services.

#### **Pamela Playle Mitchell – Westgate Practice**

- Trying to re-establish the PPG. Practice is hoping to increase numbers attending meetings to 30. PPG members would like to theme meetings around specific health issues and encourage visitors and patients to attend who have knowledge or are interested in those topics.
- Practice have requested that the PPG consider fundraising events to refurbish the waiting room.

#### **Lesley Stinton – Laurel House and Fazeley**

- Produced first Practice leaflet which was shared with the group
- Currently have five PPG members and a GP that regularly attend meetings.
- Family and Friends tests results have been positive any negative comments have been addressed.
- Reception is fully staffed – during the flu vaccinations PPG members helped out and patients regularly commented on how good the Reception staff are.
- Looking to encourage diverse groups to attend PPG meetings.

#### **Diane Lever – Peel Medical Practice**

- Patient story - Queens Hospital Burton on Trent. Patient with Aldergate Practice, Tamworth. Has rheumatoid arthritis, is under consultant at Queens, Hospital Burton on Trent. Previously had fortnightly blood tests with GP, info then requested by hospital. GP surgery not part of electronic communication system, so info cannot be sent via computer. Patient now told she must go to either Burton on Trent or Lichfield for blood tests as it takes too long for the hospital to get the info from GP surgery. Has opted for Lichfield, a 14 mile journey every two weeks. Patient feels that Tamworth receives less efficient service since merger. Was told she could use Robert Peel but would have to wait longer for appointments. COMMUNICATION ISSUE.
- Same patient. Takes 3 medications including methotrexate. Following tests, told to continue meds as usual. Two days later was phoned by hospital and told to stop methotrexate as it was affecting kidneys. Stopped it until next appointment with nurse two months later. Told nurse she had not been taking the drug, nurse had no knowledge at all of the phone call and nothing was detailed on patient records. So who phoned and why was the instruction not added to patient records? COMMUNICATION ISSUE

## Update on the University Hospital of Derby and Burton (UHDB) Merger Tosca Fairchild

Comments made by staff and patients have been used to create the merger principles:

The merger principles include

- Sustaining clinical services at Queen's Hospital Burton
- Developing tertiary (specialist) services at Royal Derby Hospital
- Making the best use of community hospitals in Samuel Johnson Lichfield, Sir Robert Peel Tamworth and London Road Derby.

The merger is expected to:

- Decrease unnecessary procedures
- Reduce risk of duplicated procedures
- Decrease mortality rates for Burton patients
- Improved clinical outcomes & recovery
- Ensure there are fewer cancelled operations
- Ensure that Best practice is followed for all patients
- Reduce out – sourcing
- Provide a more stable service at QHB
- Ensure more accurate reporting
- Increase home dialysis rates
- Give simplified pathways for patients requiring complex surgery

Clinical deep dives have taken place around six key areas which include, Cardiology, Trauma and Elective Operating Procedures, Stroke, Renal, Urology (Cancer) and Radiology, with a view to improving long term outcomes for patients.

Further services have been identified to focus on next, which will also undergo a detailed clinical review to consider opportunities of how to develop services. These include, Ophthalmology, Dermatology, Gynaecology, Vascular Surgery, Critical Care, Head and Neck.

£21.88 million of capital funding from the Department of Health and Social care has been allocated to the development of the Outwoods site in Burton.

The plans include a nursery, GP surgery and residential accommodation to be built as part of the Healthcare Village plans, the work will also making use of existing buildings, including the Medical Education Centre and the newly-built dementia centre.

**Action:** CP to email presentation to members

TF confirmed that:

- the hyper acute stroke unit, would continue to be based at University Hospital Derby site and that Burton would continue to be used for rehabilitation.
- there are no plans to change Maternity Services in Lichfield.

- breast screening services are back at Robert Peel.
- re – integration work started by Claire Underwood is still on-going since she has left.
- UHDB have taken over Renal Services from University Hospitals Birmingham.

The group raised that residents in certain pockets of the area are poorly served by the acute trusts and that services and clinics need to run from local hospitals. TF confirmed that the NHS Long Term Plan supports care being provided closer to home and that the aim is to provide as many services as possible that are not acute at local sites.

The group expressed that they were disappointed that Mental Health Services had not been included in the key areas to be addressed. TF confirmed that Patients with mental health issues are seen at hospital for medical issues, but that Mental Health Services across Staffordshire and Shropshire come under the umbrella of Midlands Partnership Foundation Trust.

### **Online Patient Access – Andy Hadley**

#### **NHS App**

There is a new NHS App being developed which is being gradually rolled out across England now and is expected to be available for all practices to use from July 2019.

The aim is that it will be a simple and secure way for patients to access a range of NHS services on smartphones or tablets.

The NHS App is intended to:

- check your symptoms
- find out what to do when you need help urgently
- book and manage appointments at your GP surgery
- order repeat prescriptions
- securely view your GP medical record
- register to be an organ donor
- choose how the NHS uses your data

More details will be shared at future meetings as practices become involved.

#### **Online Access to patient Records**

AHA discussed recommendations within the NHS Long Term Plan:

*NHS England and GPC England have agreed eight specific improvements, backed by agreed contract changes, in areas where it is realistic to make early progress, given available functionality:*

- all patients will have the right to online and video consultation by April 2021;*
- all patients will have online access to their full record, including the ability to add their own information, as the default position from April 2020, with new registrants having full online access to prospective data from April 2019,*

- subject to existing safeguards for vulnerable groups and third party confidentiality and system functionality;*
- iii. all practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate, as a default from April 2019;*
  - iv. all practices will ensure at least 25% of appointments are available for online booking by July 2019. This is staging post towards a shared ambition that all patients should have the maximum possible access to online appointment booking. NHS England will launch a public campaign in 19/20 to raise awareness of the ability to book appointments online. Subject to systems capability, where patients wish, and as part of concluding the NHS 111 call, NHS 111 could book into these appointments on their behalf where that is appropriate, rather than requiring patients to do so in a separate process;*
  - v. whilst a practice leaflet remains important, to recognise the changing habits of patients, all practices will need by April 2020 to have an up-to-date and informative online presence, with key information being available as standardised metadata for other platforms to use (for example the Access to Service Information (A2SI) Directory of Services Standard);*
  - vi. all practices will be giving all patients access online to correspondence by April 2020, as the system moves to digital by default (with patients required to opt-out rather than in);*
  - vii. by April 2020, practices will no longer use facsimile machines for either NHS or patient communications; and*
  - viii. from October 2019, practices will register a practice email address with MHRA CAS alert system and monitor the email account to act on CAS alerts where appropriate; notify the MHRA if the email address changes to ensure MHRA distribution list is updated; and register a mobile phone number (or several) to MHRA CAS to be used only as an emergency back up to email for text alerts when email systems are down.*

Further details can be found through this link to the NHS Long Term Plan:  
<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

### **Patient On- line access**

AHa shared that there are two levels of online patient access:

- the first level gives access to book appointments and order medications.
- the second level gives access to the above but also gives access to detailed coded records. This option requires far more input from the practice to initiate – a new app is being rolled out for practices to use to make this easier.

It is fair to say that there is disparity in the levels of information that practices currently give.

Members discussed the difference in appointment systems between practices.

Members shared that there has been an increase in missed appointments since patients have been able to book online appointments. AHa shared that the online triage systems in pilot have algorithms where patients will be guided to the most

appropriate care and should help to reduce these numbers as this is rolled out more widely during 2019/2020.

### **Sharing members details between group members**

A form for members who would like to share their email addresses within the group. Was distributed to the group for them to sign, it will be shared again at the next meeting in April 2019.

### **Commissioning Patient Council Update**

DH gave an update from Commissioning Patient Council, Bullet Points from the meeting were shared with the group in the papers.

- DH shared that Soft Intelligence is an important information source , however the amount of patient stories being reported through the groups is very poor.
- There had been a good debate regarding the Transformation Plan for Children and Young Peoples mental health.
- Sunil Sharma had attended the meeting and had given an update on the 24 practices that are currently trialling on line consultation programme.

**Action:** CP to send E – Consult Presentation out to the group with the list of practices that are currently involved in the scheme.

DH and PPM shared that they had attended a Commissioning Patient Council OD workshop on 19<sup>th</sup> February 2019.

- DH shared that he felt the meeting was more a reflection on events that have been held in the past.
- PPM shared that she felt that the meeting had been useful, there are new members on Commissioning Patient Council and the group need to know what the expectations are from the CCG.

### **Any Other Business**

- CP distributed copies of updated Terms of Reference and Meeting Etiquette with the group for them to review and send comments back.

**Action:** CP to send electronic copies of updated Terms of Reference and Meeting Etiquette to the group.

- SN shared it is fundamental that the patient voice is heard and asked the group if they feel like they are listened to. All agreed that they do have a voice, however the group is very limited in its representation.
- DH shared that he is worried about the impact of the STP on local services, SN referred back to the UHDB presentation and NHS long term plan which both commit to providing services locally.

- The group asked what other routes are available for complaints, patients do not always feel that PALS can be impartial.  
AH responded that all NHS organisations have a formal complaints process, which will be on their websites.

**Date, Time and Venue of next meeting:**

- Thursday 25th April
- Meeting Room 1, First Floor, Tamworth Borough Council Offices, Marmion House, Lichfield Street, Tamworth, B79 7BZ.
- 1pm to 3pm