

## The healthiest place to live and work, by 2025

**Commissioning Patient Council 1pm to 3pm**  
**Wednesday 5<sup>th</sup> July 2017 - The Hub, 17 Eastgate Street, Stafford, ST16 2LZ**

Members:	Quoracy	05/07/2017					
Anne Heckels (AH) Lay Member, Patient and Public Involvement, SES &SP CCG	To be discussed and decided at this meeting	✓					
Paul Gallagher (PG) Lay Member, Patient and Public Involvement Cannock Chase		✓					
Sue Harper (SH) Lay Member, Patient and Public Involvement Stafford and Surrounds		✓					
Dr Paddy Hannigan (PH) CCG Chair Stafford and Surrounds		✗					
Dr John James (JJ) CCG Chair SES &SP CCG		✗					
Dr Mo Huda CCG (MH) Chair Cannock Chase		✗					
Adele Edmondson (AE) Senior Communications and Engagement Manager		✓					
Penny Gibbs (PGi) Communications and Engagement Manager		✓					
Sally Young (SY) Director of Corporate Governance, Communications and Engagement		✗					
Heather Johnstone (HJ) Chief Nurse, Executive Director of Quality and Safety		✓					
Allison Heseltine (AH) Deputy Director of Nursing, Quality and Safety		✗					
Roy Elwood (RE) South East Staffordshire District Group		✓					
Terry Jones (TJ) South East Staffordshire District Group		✗					
Janet Aldridge (JA) Seisdon District Group		✓					
Penny Allen (PA) Seisdon District Group		✗					
Ruth Morris (RM) Seisdon District Group		✗					
Norman Cobon (NC) Stafford and Surrounds District Group		✗					
Margaret Thomas (MT) Stafford and Surrounds District Group		✓					
Michael Creek (MC) Stafford and Surrounds District Group		✓					
Pat Martin (PM) Cannock Chase District Group		✓					
Anne Ross (AR) South Staffordshire Community and Voluntary Action		✓					
Sandra Payne (SP) Support Staffordshire		✓					
Keith Stanley (KS) South Staffs Network for Mental Health		✓					
Nigel Bullock (NB) Staffordshire Neurological Alliance		✓					
Clare Jolly (CJ) Support Staffordshire		✗					
GP Pro-health UK		✗					
Rebecca Brookes (RB) People Plus		✓					
Mac Cock (MC) Carers Association		✓					
Jackie Owen (JO) Healthwatch		✗					
Sharon Wright (SW) Alzheimers Association		✗					
Janet Higgins (JH) Age UK	✗						
<b>In attendance:</b>							
Clare Plant (CP) Administrator		✓					

<b>Members:</b>	<b>Quoracy</b>	05/07/2017					
		✓					
		✓					
Diana Smith (DS) Lay member							
Mark Seaton (MS) Director of Commissioning							

AGENDA ITEM NO	MINUTES	ACTION
1.	<b>Welcome</b> Minutes to be sent out from 5 May 2017 to all members of SES and Seisdon Patient Council electronically for completion.	
2.	<b>Apologies</b> Apologies received from Jackie Owen, Norman Cobon, Paddy Hannigan, Paul Simpson, Terry Jones, Sally Young	
3.	<b>Quoracy</b> To be discussed and agreed as an item in this meeting	
4.	<b>Declaration of Conflicts of Interest</b> No declarations of interest were declared.	
5.	<b>Introduction from Heather Johnstone Executive Director of Quality and Safety and Chief Nurse.</b> HJ welcomed the group and advised that model will support the CCGs' aim to ensure that patients are at the heart of everything we do. She fed back from a national meeting she had attended with Jane Cummings where she had delivered a presentation on the local Transforming Care Partnership, which aims to improve services for patients with learning disabilities and autism, and the importance of listening to the patient voice surrounding Mental Health. HJ shared that Paul Simpson Accountable Officer was due to attend the meeting but unfortunately had sent his apologies. Paul would be celebrating that we are all here together as a Commissioning Patient Council across the three CCGs. The patient voice is highly regarded as an opportunity to help shape key strategic issues for the CCG. HJ shared that she hoped the message would be fed back to District Groups and Patient Participation Groups that the Commissioning Patient Council has direct links to the Governing Body and that their voice would be heard.	
6.	SH welcomed everybody to the first meeting of the new Commissioning Patient Council. She reiterated that after consultation with lots of people in the room that this was a really exciting time of change and an opportunity to engage with patients and the public across the three CCG areas. SH shared that we are currently working to encourage all GP practices to have a Patient Participation Group. SH shared the new model structure and advised how this works to ensure that the patient voice is fed back to the Governing Body. SH acknowledged that it is a big commitment to attend these meetings and thanked everyone for their continued support and attendance.	

	<p>Terms of Reference</p> <p><b>a. Meeting Etiquette</b></p> <p>A shared copy of the meeting etiquette developed with members was discussed.</p> <p>SH requested that due to numbers could anybody wanting to speak please do so through the Chair.</p> <p>MT raised a query regarding travel to meetings SH suggested that Margaret should speak to PGi / AE after the meeting.</p> <p>Due to noise in the room MC requested that future meetings were located somewhere else when in Stafford.</p> <p><b>b. Membership of this meeting</b></p> <p>A discussion took place regarding the importance of the community and voluntary sector attending to represent groups that would not otherwise be represented. The intention is that groups who attend this meeting will be at a strategic level across the region and that local groups will attend their local District Patient Group.</p> <p>AE shared that we are happy to go out and engage with groups if they are unable to attend meetings.</p> <p><b>Quoracy</b></p> <p>SH asked the group for a decision to be made when the Commissioning Patient Council would be quorate.</p> <p>A discussion took place and different factors were taken into consideration:</p> <ul style="list-style-type: none"> <li>• One member from each of the four district patient groups- it was decided this was not necessary as long as there were four patient representatives present.</li> <li>• Each area will have deputies so it should be a rare occurrence when an area is not represented.</li> <li>• The point of this group is to engage and make recommendations to the CCGs, not necessarily to make decisions.</li> <li>• Need to ensure that each locality voice is heard.</li> </ul> <p>A decision was made that representatives listed below would be required to attend:</p> <ul style="list-style-type: none"> <li>• Four Patient representatives from any area</li> <li>• One Voluntary / Community Group representative from the three umbrella organisations</li> <li>• One member from Healthwatch</li> <li>• Two Lay Members</li> <li>• One member from the CCGs' Quality team</li> <li>• One member from the CCG's Communications and Engagement team</li> </ul> <p><b>Action:</b> AE/SY to update Terms of Reference for Quoracy                  It was also agreed to clarify the role of the Commissioning Patient Council in terms of decision-making.</p>	<p>AE/SY</p>
--	--	--------------

	<p><b>Action: AE/SY to discuss wording in the terms of reference in relation to quoracy.</b></p> <p><b>c. Meeting Schedule</b>                  Shared with the group- the next meeting due to take place in Tamworth needs to re-arranged and a venue booked for Cannock.  <b>Action: CP to book and advise the group as soon as possible.</b></p> <p><b>d. Policy for volunteers out of pocket expenses</b>                  Patients can claim travel costs and out of pocket expenses per the new policy. Anybody that would like to claim should contact Clare Plant. CP gave out claim forms at the end of the meeting to those people who requested them.                  NB – asked if he could be paid by Cheque  <b>Action PGI/ SY to speak to the Finance Team and will contact Nigel Directly</b></p>	<p>AE/SY</p> <p>PGi /SY</p>
<p>7.</p>	<p><b>Soft Intelligence Process</b>                  HJ explained that Soft Intelligence is an umbrella term that is used for all information that is received from GPs and patients relating to their experience of local health services.                  There are well established systems in place after the findings from the Francis Inquiry into Mid Staffs. The system we use is called the Datix system, which monitors all complaints no matter how big or small.                  The system allows us to break down large complaints into smaller sections but similarly allows us to log small complaints individually. Sometimes this means that a number of small intelligence incidents can become a much bigger issue when considered collectively. There is no limit to what we can look at.                  In SES and Seisdon we built a feedback system into the process so that we could share outcomes with the Patient Council. HJ expects the same process to continue with the Commissioning Patient Council.                  All patient stories are also fed back to the Joint Quality Committee and there have been some really good improvements made based on them. HJ shared that she couldn't emphasise the value of patient feedback enough - the more we get the more we want, to help improve pathways and ensure good patient care.                   HJ also advised of a process called GP 60 second reporting. If a member of the public goes to their GP and reports an issue, or if GPs have an issue such as making referrals for a particular treatment, GPs have a direct route to the Quality Committee to raise concerns.</p>	
<p>8.</p>	<p><b>Training</b>                  Patient Council Members will be invited to undergo induction/training in respect of their role to increase understanding of:</p> <ul style="list-style-type: none"> <li>• The financial constraints of commissioning/provision of healthcare</li> <li>• The CCG's statutory and constitutional requirements</li> <li>• The role of the CCG's within the Sustainability and Transformation Partnership</li> <li>• The different roles and responsibilities of the various CCG</li> </ul>	

	<p>directorates</p> <ul style="list-style-type: none"> <li>• The need to represent a cross – section of the CCG’s patient population</li> <li>• Health needs and challenges of the population</li> </ul> <p>Additional requests were made for training below:</p> <ul style="list-style-type: none"> <li>• Developing the STP</li> <li>• Training to make decisions</li> <li>• Confidence building</li> <li>• Logistics of training</li> <li>• Online directory of abbreviations</li> <li>• How to reach out to other groups</li> <li>• Clarity around protocol</li> <li>• Information about change.</li> <li>• Triage and self - referral routes</li> </ul> <p><b>Action: Members were asked to share any personal training requests with Clare Plant at <a href="mailto:Clare.Plant@staffordsurroundsccg.nhs.uk">Clare.Plant@staffordsurroundsccg.nhs.uk</a> or by telephone on 01785 854125.</b></p> <p>MT shared that she had found it difficult to engage in today’s meeting due to the noise in the venue and tabled documents.                  HJ and SH agreed we need training to ensure that we engage with and can accommodate people with disabilities. Margaret’s contribution is valuable and it is us that need to make changes.</p>	<p>ALL</p>
<p>9.</p>	<p><b>Feedback from Patient Council Meeting, PPG’s, organisations and patient stories to feedback to Quality Committee:</b></p> <p><b>RE – Representing South East Staffordshire District Group</b></p> <ol style="list-style-type: none"> <li>1. Staffordshire patient admitted to Walsall Manor with cellulitis. They were asked if they needed a care package at home as they lived on their own. Unfortunately the staff did not explain what a care package was. The person lived independently and only required a district nurse to attend, for a temporary period, to assist with wound care. They assumed this is what a care package was so asked for this. No further investigation of the person’s home circumstances was made and a referral was therefore made to Staffordshire Social Services. As this was cross border it took some time and resulted in an unnecessary two-week admission and blocked-bed. The patient eventually discharged themselves.</li> <li>2. Patient attended Burton Hospital NHS Trust twice with a sleeping disorder and was treated by David Lawrence. Patient wanted to share feedback about the first class care he had received.</li> </ol> <p><b>MC – Representing Stafford and Surrounds</b></p> <ol style="list-style-type: none"> <li>1. Patient Story a friend was referred to Royal Stoke Hospital for an operation, she was offered Macclesfield as a quicker option; however this now means that all her follow up appointments have</li> </ol>	

	<p>to take place in Macclesfield which is not an easy place to get to.</p> <ol style="list-style-type: none"> <li>2. Unsatisfactory call to GP Out-of-Hours. A prescription was given however no information was given as to where the prescription could be dispensed out of hours. The patient therefore waited until the next morning, which compromised the urgency of the treatment.</li> <li>3. Patient raised a question relating to medicines either being out of stock or not routinely stocked by pharmacies and the length of time it takes to get these medications.</li> </ol> <p><b>KS – South Staffordshire Network for Mental Health</b>                  Took a phone call from a patient on Monday morning. Due to restructuring within South Staffordshire and Shropshire NHS Foundation Trust and changes to care pathways, it is sometimes difficult to signpost patients to the correct person.</p> <p><b>AR - South Staffordshire Community and Voluntary Action</b>                  Confirmed that she had encountered the same difficulties as KS especially knowing where to sign post patients with complicated needs.</p> <p><b>JA Representing Seisdon District Group</b></p> <ol style="list-style-type: none"> <li>1. Russell House Surgery PPG have been holding book sales, they have currently raised £600 towards the new blood pressure machine</li> <li>2. Tamar Medical Centre patient had treatment for skin cancer. He was referred to Bridgnorth who then referred him to Newcross - the treatment that he had received start to finish had been excellent.</li> <li>3. Rumours circulating about the closure of Perton Clinic. A lot of people have concerns as they have heard that the baby clinic may be moving to the Library because the library has received tentative requests regarding the hire of a room. The physiotherapist has moved permanently to the GP surgery.</li> </ol> <p><b>Action: The group would like clarity regarding whether this is happening. AE to discuss with Primary Care</b></p> <ol style="list-style-type: none"> <li>4. Parish Council are looking to fund a defibrillator in one of the empty BT Telephone boxes.</li> <li>5. Bilbrook Medical Centre, Members of the PPG at Bilbrook Medical Centre have successfully raised funds, allowing the First Responders to purchase and maintain, 2 defibrillators which are currently being installed at Bilbrook Village Hall, Joeys Lane and Holy Cross Church Hall in Bilbrook Road. Funding has been donated by members of the PPG, along with the Bilbrook Medical Centre Practice, County Cllr Robert Marshall and District Cllr Paul Fieldhouse members fund. Twentyman Playing Fields Association Management Team and Bilbrook Parish Council.</li> <li>6. District Group have suggested that the Friends and Family test has run its course, looking to other practices for suggestions to increase uptake.</li> <li>7. Looking at involving young people from 6th Form Colleges to</li> </ol>	<p>AE</p>
--	---	-----------



	<p>increase the age range at District level and get different perspectives.</p> <p>8. Diabetes testing to be done annually correlating tests to be done for all illnesses to be done at the same time to cut down on appointment times and number of visits to the practice.</p> <p><b>Mac Cock- Carers Association</b>                  Held a carers event that was well attended and had received positive feedback.</p> <p>SH advised that we are looking to develop and improve how we feed back information to the Commissioning Patient Council</p> <p>AH shared that anything raised at either Patient District level or Commissioning Patient Council level is taken away and discussed with Quality, so this meeting really is a direct link to making changes and improvements in care. AH advised that information is also fed into the Joint Quality Committee, everything is anonymised to ensure that instances are dealt with in a confidential manner.</p>	
<p>10.</p>	<p><b>Sustainable Transformation Partnership (STP)</b></p> <p>The STP is currently working on six priority workstreams:</p> <ul style="list-style-type: none"> <li>• Simplified urgent care and emergency care system</li> <li>• Improving Mental Health outcomes</li> <li>• Investment in focussed prevention to reduce high cost care</li> <li>• Enhanced primary and Community Care</li> <li>• Effective and efficient planned care</li> <li>• Accelerating the delivery of productivity and efficiency plans to reduce costs.</li> </ul> <p>Consultations will take place about these work streams and the views from this group will be used to feed into the process.</p> <p>MS - described the STP as a Pyramid structure that allows services to be shared and provided over a larger area.</p> <p>Healthwatch Staffordshire have recruited 75 Ambassadors to engage with the public and feed views back to the STP.</p> <p><b>Action: If anyone would like to be involved in the Ambassador programme please contact Clare Plant by email at <a href="mailto:Clare.Plant@staffordsurroundscg.nhs.uk">Clare.Plant@staffordsurroundscg.nhs.uk</a> or by telephone on 01785 854125.</b></p> <p>Everyone was invited to take a copy of an STP Work Programme leaflet.</p> <p>PGi shared the get involved poster which highlights different ways in which patients can engage with the CCG's.</p>	<p>ALL</p>

<p><b>11.</b></p>	<p><b>Any Other Business</b></p> <p>HJ asked the group if they were aware of anybody with Learning Disabilities that would like to share their stories with the CCG.</p> <p>NB shared his positive experience of attending Patient Council for SES and Seisdon that he felt there was a positive two way conversation and that patients were able to influence decisions.</p> <p>SH - Paper copies – agendas and papers are sent out electronically.</p>	
<p><b>12.</b></p>	<p><b>Date and time of next meeting</b></p> <p>The next meeting will be held :</p> <ul style="list-style-type: none"> <li>• Wednesday 6<sup>th</sup> September 2017</li> <li>• Rugeley Community Centre, Burnthill Lane, Rugeley, WS15 2HX.</li> <li>• Time 1 pm to 3pm.</li> </ul>	