

Bullet Point Messages from Stafford and Surrounds District Patient Group
25th September 2019

Apologies

Apologies were received from: Dr Paddy Hannigan, Nicola Woodhouse, Ron Dixon and Barbara Crook.

Attendees:

Norman Cobon (NC) Holmcroft Surgery PPG (Chair of Meeting)
Michael Creek (MC) Wolverhampton Road Surgery PPG
Alex Bradshaw (AB) Gnosall Surgery PPG
Ann Dawson (AD) Castlefields Surgery PPG
Sue Harper (SH) – Lay Member for Public and Patient Engagement
Liz Ashfield (LA) – Weeping Cross Surgery PPG
Sandra Garnett (SG) – Penkridge Medical Practice PPG
Bev Richardson (BR) - Penkridge Medical Practice PPG
Anthony Young (AY) – Hazledene House Surgery PPG
Victor Schofield (VS) - Gnosall Surgery PPG
Lorraine Fellows (LF) – Brewood Surgery PPG
Maggie Brocklebank (MB)– John Amery Drive / Weeping Cross Surgeries PPG
Adele Edmondson (AE) – Senior Communications and Engagement Manager
Clare Plant (CP) – Administrator to Communications and Engagement
Kath Frain (KF) – Primary Care Development Manager

Declarations of Interest and Actions Taken to Manage Interests.

There were no conflicts of interest declared.

Bullet point Messages 24th July 2019

Bullet Point Messages from Wednesday 24th July 2019, were accepted as a true and accurate record of the meeting, subject to changes advised by LF.

Actions from Wednesday 24th July 2019

- 360° Stakeholder Survey, it is anticipated that the workshop that was delivered to Membership Boards will be brought to the next round of District Patient Groups to allow them to have input in to the feedback.
- Patient raised travel distance to Leighton Hospital for blood tests and asked why they could not be done at GP Practice? AE to raise with Primary Care team as this may be due to referral pathways.
Update 25.09.2019 patient has now moved practice and no longer has any issues with blood tests being taken at the surgery.
- Commissioner to be invited to a future meeting to describe their role.
This is ongoing, CP liaising with Managing Director to identify a Commissioner to attend a future meeting.

Staffordshire and Stoke on Trent Integrated Care Records – Stuart Lea

An integrated health care delivery system, allows providers whose services affect a patients health / health condition to work together in a coordinated fashion, sharing relevant medical information, aims or goals and the responsibility for patient outcomes.

What is an integrated care record?

- A single care record of agreed shared data from local Health and Social Care systems.

Who can access integrated care records?

- Patients - can securely view their health and care information and access some agreed services (eg: appointment changes)
- Health Care professionals who are involved in the patient's care when they access the record (with the patient's permission).

What are the benefits of an integrated care record?

- By standardising the structure and content of electronic health records, clinicians and social care professionals will be able to record, share and access health data consistently across different care settings.
- Health and social care professionals will have immediate, secure access to complete and accurate health and care information.
- Single consolidated care plan across all services.
- Patients are involved in their own health through the Personal Held Record App.
- Patients are able to self monitor their health conditions using wearables and telehealth devices and interact directly with clinicians to manage their health conditions.

Group questions and responses:

- How will already struggling GP computer networks cope with the additional pressure of this extra information?
SL responded that he is aware of the current NHSE IT issues nationally, the implementation of the Integrated Care Network will not be held back, but totally agrees that IT issues need to be resolved.
- SL advised that Graphnet have been chosen as the preferred partner, they are a private company who only provide services to NHS and have set similar systems up in over 25 locations across the UK.
- If all partners are continuing to use their own computer systems, how will the Integrated Care record work and how will it save time for the professionals involved.
SL replied that the Integrated care record will sit across the top of other systems, basic core information will be logged that partners will be able to view giving a full picture of a patients care plan and diagnosis.
- Data centres are owned by Microsoft, they are government assured.
- How will patients access integrated care records?
SL advised that patients will be able to access through the NHS app, which will ask for a photograph of their Driving License or Passport and a short video which once approved will give patients access to their records.
- What other documents can be used if patients don't have a Driving license or passport?
How will carers be able to access for patients who are unable to register themselves under GDPR?
SL advised that closer to the time of the system going live, there will be workshops, posters, media adverts, giving practical help and support.
- There are a number of patients that have smart phones but chose not to use them.
SL advised that the workshops will include sessions on, Do you have the capability?

Do you have the desire? Support will be practical.

- How will people who don't have smartphones access their records?
AE advised that there will be a website and additional support for people who don't have smart phones,
- Some patients are sensitive about where their information is shared, can patients opt out, both fully and in part?
SL advised that currently patients can opt out, this must be done through their General Practice. In the future it is hoped that systems will be developed to allow patients to partially opt out but currently this is not available.
- Does the system link with private hospitals?
SL responded that the capability has been built in to allow private hospitals to have access and they will be approached once the system is built to get them engaged.

Annual Review of Chair and Vice Chair

- Norman Cobon was nominated by Maggie Brocklebank to continue in his role as Chair, the group seconded the nomination.
- Michael Creek was nominated by Victor Schofield to continue in his role as Vice Chair The group seconded the nomination.

Annual Summary

- A full version of the CCGs Annual Report is available on the CCGs website please access via the link below:
[Stafford Surrounds CCG Annual Report, Audit Opinion & Accounts 1819 - NHS Stafford and Surrounds CCG](#)
- Paper copies of the summary document were shared with members to share with their patient groups.
- AE highlighted many areas where the CCGs are performing well, unfortunately the inadequate rating that has been applied to the 5 CCGs does not reflect this.
- The performance indicators show that although the CCGs are not meeting their control totals, this has not been at the detriment of patient care.
- AE also highlighted that some of the figures referred to screening targets and reflected the number of patients who were not taking up the screening offer. The NHS only offers screening services if there is proven clinical value, all patients should be screened if they are offered appointments.
- AE shared that to support the Annual Summary there have been three digital animations completed, by Marcus Warnes (Accountable Officer), Heather Johnstone (Executive Director of Nursing and Quality) and Penny Gibbs (Communications and Engagement Manager) for which we have received very good feedback. An Electronic copy of the Annual Summary with links to the animations can be accessed by the link below:
<https://www.staffordsurroundsccg.nhs.uk/news-events/publications/annual-reports/801-annual-summary-2019>
- The group discussed possible reasons that the percentage of patients diagnosed with dementia in Stafford being is below the 66.70% national average.

Primary Care Strategy – Patient Engagement ‘GROW’ Model

- KF shared with the group that the Staffordshire CCGs are currently developing a Primary Care Strategy, to look at how the current systems can be improved. To do this the CCGs are engaging with GP's ,other health and social care providers and patients.
- A short survey has been developed for PPGs to give them the opportunity to feed into the process.

Action: Paper copies of the survey were distributed at the meeting, an electronic copy to be sent out with the bullet point messages.

Feedback from PPGs and patient stories

- The group discussed the inconsistency of approach for CQC inspections. Gnosall, Holmcroft and Weeping Cross PPG representatives all gave examples of how PPGs had been included / excluded.

Action: KF to raise this concern and provide a response for the next meeting.

Gnosall Surgery PPG

- Copies of a leaflet that has been printed for Gnosall Surgery were shared with the group, a copy will be added to the PPG Website.

Penkridge Medical Practice PPG

- Patient raised issues regarding extended access appointments and availability on Saturdays and Sundays.
- AE advised that extended access appointments are pre-bookable non-emergency appointments are provided between 8am and 8pm, Saturdays and Sundays. The appointments may not be available at a patients normal surgery but will be available within their Primary Care Network.
- The CCG have just completed engagement regarding how patients feel that extended hours are working, a report will be completed and shared with the District Groups when it is available.

Post meeting update from Vicki Oxford Senior Senior Primary Care Commissioning Manager.

- *Urgent GP access at weekends, patients can access urgent appointments via NHS111 who can direct them to Out of Hours services or walk in alternatives.*
- *Extended access appointments are booked via their GP practice with appointments being pre-bookable.*
- *There is work on-going to enable NHS111 to direct book into appointments in the longer term if appointments are available, however this is reliant on IT systems being able to support the required interoperability.*
- *The Extended Access provider is responsible for the delivery of the service which is commissioned on the basis of the provision of 30 minutes access to routine primary care per 1000 patient population, the provider works with the practices around the rota and the CCG doesn't specify how the provider must fill the rota.*

Action: CP to send copies of posters promoting the service to the group.

Wolverhampton Road Surgery PPG

- MC gave details of two patient stories relating to patient discharge. AE requested further information, MC to speak to families involved and send to CP.

Castlefields Surgery PPG

- Practice merger has been delayed to April.
- Site Manager now in post.
- The PPG members have been advised that they will not exist as a group representing the Castlefields area after the merger which has caused some discomfort amongst members.
- LA and MB shared that they tried to run three separate PPGs after their respective practices merged, they now run as one single PPG and it works very well.

Action: KF to speak to the practice for clarification of context.

Weeping Cross Surgery PPG

- AGM held in July it went very well.

- MB has advised PPG that she is standing down as chair of the group.
- Speakers have been introduced to PPG meetings, in July the group had a really interesting and educational talk from diabetic nurse Alicia Aspley, the group promoted that Alicia was attending and a few additional people came along.
- A new diabetes campaign called 'Be in the know' has been launched between the CCGs and Staffordshire County Council.

Action: Members were asked to share details of the diabetes campaign which can be accessed via the link below:

<https://www.staffordshire.gov.uk/Health-wellbeing-and-leisure/Healthy-Lifestyles/Be-in-the-know-diabetes.aspx>

Action: CP to send additional posters to the group regarding the campaign

- The senior practice partner is the locality lead for the network, very positive about the Primary Care Network.
- Through the locality the practice are employing a clinical pharmacist started on 1st September 2019. Funding has been made available for a social prescribing post, it is also hoped that in the future a Mental Health worker will be employed through the network.
- Practice is hoping to work with the Daffodil Scheme, which offer a structure to enable practices to be proactive in caring for people affected by Advanced Serious Illness and End of Life Care.

Brewood Surgery PPG

- Last PPG meeting was held on 26th July 2019 which LF was unable to attend.
- Primary Care Networks and the logistics of covering Extended access appointments were discussed, it can prove difficult to cover the hours when the practice are carrying a long term GP vacancy, and sometimes necessitates the employment of a locum.
- Additional staff have been appointed:
An Advanced Clinical Practitioner who works three days per week.
A Clinical Pharmacist who works two days per week
Which will hopefully relieve some of the pressure off the GPs.
- The practice shared DNA rates for June which out of 3000 appointment equated to 4% JF asked the group if they felt this was a good benchmark.
- Next meeting is being held on Wednesday to allow one of the GPs to attend.

Holmcroft Surgery PPG

- The practice are seeing the positive benefits of working in Primary Care Networks
A physiotherapist has been employed for an additional 2.5 hours per week the justification for this being that 30% of appointments were for musculoskeletal issues.
A Clinical Pharmacist post has been offered, next steps are to look at employing a Social Prescriber.
- Patient Story – Treatment at UHNM for patient with broken wrist and broken hip was excellent, would like this positive story to be noted.

Feedback from Commissioning Patient Council

- Bullet point messages from the Commissioning Patient Council Meeting held on 11th September, were shared with the group, in advance of the meeting.
- LA highlighted that Commissioning Patient Council members were annoyed there had not been Executive or Clinical representation at meetings for a while and that she would like to extend that to Clinical representation at Stafford District Group.

- SH shared that Clinical Chairs and Executive Directors diaries are exceptionally busy, but accepted the criticism.

Action: SH to raise clinical representation at Stafford District Patient Group with PH.

Any Other Business

- SH shared that the vote regarding the six CCGs coming together to form a Single Strategic Commissioning Organisation had taken place last Thursday and the result is that the CCGs will continue as they are. A link to the results is shared below:
[Single Strategic Commissioning Organisation - NHS Stafford and Surrounds CCG](#)
- This means that the Governing Bodies will continue to meet in common and make decisions collectively but will remain as separate legal entities.
- The executive team will continue to work across the six organisations.
- SH requested that PPG websites are added to the agenda for the next Stafford District Patient Group meeting, usage of the site has been very poor.
- AE advised that if logins were inactive for 12 months the system will remove names.

Date, time and venue of next meeting:

- Wednesday 27th November 2019
- 6.30pm – 8.30pm
- Rising Brook Community Fire Station, Hesketh Rd, Stafford ST17 9NF