

Bullet Point Messages from Seisdon District Patient Group
10th October 2019

Attendance

Lin Hingley (LH) – Moss Grove Surgery Chair of meeting
Janet Aldridge (JA) – Gravel Hill Surgery
Mike Barton (MB) – Gravel Hill Surgery
Pat Roberts (PR) – Russell House Surgery
Catherine Wetton (CW) – Healthwatch
Kath Frain (KF) – Primary Care Development Manager
Sandra Wilks (SW) – Russell House Surgery
Penny Allen (PA) – Tamar Medical Centre
Liz Gilson (LG) – Tamar Medical Centre
Iris Fieldhouse (IF) – Bilbrook Medical Centre
Jenny Robinson (JR) – Moss Grove Surgery
Ruth Morris (RM) – Russell House Surgery
Anne Heckels (AH) – Lay member for Patient and Public Engagement
Joshua Slater (JS) – Communications and Engagement Specialist
Clare Plant (CP) – CCG Administrator Communications and Engagement Team
Claire Dearden (CD) – Medicines Optimisation Delivery Manager

Declarations of Interest and Actions Taken to Manage Conflicts

The group confirmed that there were no conflicts from declarations of interest.

Medicines Optimisation Self Care Update

Claire Dearden - (CD) Medicines Optimisation Delivery Manager

CD presented a paper to the Board advising that the programme has been developed in-line with NHS England (NHSE) guidance published March 2018 regarding conditions for which over the counter (OTC) items should not routinely be prescribed in primary care. The guidance covers 35 conditions, plus probiotics, vitamins and minerals.
CD shared copies of posters and postcards with the group which listed the 35 conditions.

Please use link below to access NHSE guidance:

[NHS England » Guidance on conditions for which over the counter items should not routinely be prescribed in primary care](#)

CD explained that the guidance is about Minor /self-limited conditions being treated at the pharmacy first and taking self care measures at home first. There are exceptions to the guidance and these are noted below:

- Long term conditions
- Complex forms of minor illnesses

- Symptoms that suggest the condition is not minor (i.e. those with red flag symptoms)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Prescribed OTC products to treat an adverse effect /symptom of a more complex illness and/or prescription only medications
- Product license does not allow the product to be sold OTC
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.

To comply with the guidance, NHSE have decommissioned one of the Pharmacy First schemes called: Common Ailments from 01 September 2019.

This does not affect the provision of the other schemes under the Pharmacy First umbrella for example; urine tract infections, impetigo and extended care services.

A suite of materials have been produced to promote the conditions within the guidance and assist a behavioural change in healthcare professionals and the public. These have been distributed throughout July 2019 to all GP practices and Pharmacies across Staffordshire.

The CCG Communications Team have prepared stakeholder briefings to aid communication and to promote self care and purchasing over the counter medicines.

These include the following:

- Videos, radio interview, press releases/ articles and social media posts.
- CCG websites will be consistent across all six Staffordshire CCGs - please see link below to the East Staffs Clinical Commissioning website which includes a video by Professor Helen Stokes Lampard, Lichfield GP and Chair of the Royal College of General Practitioners (RCGP)
<https://sesandspccg.nhs.uk/our-services/self-care>
- The CCG Instagram, Twitter and Facebook messages will be uploaded

CD shared that alongside this work has been done with other work-streams to support the programme:

- Guidance has been written for Care Homes- Homely Remedies toolkit
- Care Navigators-training and support materials have been provided
- Medicines Optimisation Team have completed Practice-Based activities
- Medicines Optimisation team have worked with Primary and Secondary Care Providers, Local Pharmacy Committee, Local Optometry Committee and Patient Groups
- A Flow chart has been produced to ensure a consistent approach to answering queries from patients in regards to this programme by the PALS Team.
- Linking in with the local council to support schools with over the counter preparations being used on site by their pupils.

The group raised that a number of medications included within the 35 are more expensive to buy at the chemist than those available on prescription.

CD assured the group that most of the medications are available at very low cost from supermarkets and this will not affect patients who are prescribed these medications to treat a long-term condition.

PA asked what is being done to address the stockpiling of drugs in Care Homes?
CD accepted that this is an issue, there is a lot of support being planned for Nursing and Care Homes by the Primary Care Team to address this.

The group discussed the Minor Ailments Scheme that had been in place whereby patients on low incomes could get some medications from the pharmacy free of charge.
CD confirmed that this scheme had ended on 01 September as the Self Care Scheme had replaced this scheme.

SW raised issues about pharmacies continually providing more medication than has been requested.
CD asked SW to send specific details to her so this can be raised directly with the pharmacy.

SW raised that if pharmacists are paid for every prescription they raise, they will continue to do so because they are businesses.
CD shared that the CCG are continually looking for best solutions it is not an isolated issue.

PR shared that a patient is prescribed 2 per month of a certain medication of which they use three every two months, this builds up, however if the patient advises that they don't need it for a couple of months it is removed from their repeat prescription and they have to make an appointment with their GP to get it reinstated.
CD advised that medication can be handed back if it has not left the premises and that the pharmacy will log that the medication was declined.

The group discussed that they thought the system was open to abuse.
AH discussed a scheme that has been trialled in South East Staffs where medications are dispensed through a filter system.
CD advised that AH was referring to the POD scheme, which takes prescription ordering away from the GP and Pharmacies, this has been considered as an option but, PCNs are now scoping ideas to look for best cost-effective solutions.

The group asked if software could be adapted to accommodate situations when a prescription is not required every time. The group agreed that technology needs to be used more effectively to address issues.
KF shared that patient can order medications through the patient access app.
CD assured the group that this scheme does not affect anyone who is receiving medication for a long-term condition.

AH advised the group that whilst she can understand their frustrations, the purpose of this meeting is to talk about services that the Clinical Commissioning Group has responsibility for the majority of issues being raised by the group around Pharmaceutical issues need to be raised with NHS England. Expectations regarding what answers the Clinical Commissioning Group is able to provide need to be managed.

Gill Hall has attended this group and took issues raised at this group very seriously.

Annual Summary

- A full version of the CCGs Annual Report is available on the CCGs website please access via this link : <https://sesandspccg.nhs.uk/news-and-information/publications/annual-reports/603-annual-summary-2019>
- Paper copies of the summary document were shared with members to share with their patient groups.
- JS 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.
- JS 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.youtube.com/channel/UCKuY_oqZ7OyxT265kk23s4w
- PA advised that she felt these documents are not written for the general public and that the CCG need to consider an easy read version.

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 GPs, 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.

Results of the Single Strategic Commissioning Organisation Consultation (SSCO)

- Five of the six CCGs voted no to the proposal to form a Single Strategic Commissioning Organisation.
- The six CCGs will stay as separate organisations, each responsible for their own statutory functions.
- The single leadership team will continue to oversee the delivery of these, supported by meetings held jointly or ‘in common’
- The CCGs will align their priorities and objectives, but each CCG keeps its own constitution, and is responsible for its own local area.
- The CCGs will continue to work towards the goals set in the NHS Long Term Plan.
- By 01 April 2021, an Integrated Care System will be in place in Staffordshire, whereby NHS and other key providers will work together in a coordinated way to deliver local services.

Please use the following links for more information:

NHS Long Term Plan -

<https://www.england.nhs.uk/long-term-plan/>

Results of the SSCO Consultation -

<https://sesandspccg.nhs.uk/get-involved/consultation-and-engagement/previous-consultations-and-engagement/single-strategic-commissioning-organisation>

The group discussed that they thought South East Staffordshire and Seisdon were not in Financial Deficit.

AH confirmed that they were and advised that she would share a finance report with the group that gives a breakdown of the Financial Position.

Action: AH to provide finance report to the group from the Governing Body Meeting that was held in public.

Review of Chair and Vice Chair

- Lin Hingley was nominated by IF to continue in her role as Chair until 31 March 2020, when Moss Grove surgery will move to Dudley CCG, JF seconded the nomination and the group agreed that Lin's background knowledge was invaluable.
- PA advised the group that due to other commitments and time constraints she would prefer not to continue in her current role as vice chair and that it should be taken by someone who is able to move in the role of chair when Moss Grove Practice move areas.
- Janet Aldridge was nominated by PA as Vice Chair, the group seconded the nomination with a view that JA would continue as chair of the group from 01 April 2020.

Feedback from PPGs and patient stories

Russell House

- Last meeting was taken over looking at issues and worries that were identified from the proposed move of Russell House Surgery to the Codsall Community Hub. The practice received 563 responses to the surgery 83.8% were in favour of the merger. Issues that had been identified mainly related to, car parking, shelter from rain etc. responses will be given in the November Practice Newsletter.
- Breast Care diverting of patients on fast track referral from New Cross Hospital to Dudley and Walsall. GPs have been advised that if a patient needs a breast referral the current wait at New Cross is between 41 and 52 days, not the usual 10 days which is the normal referral rate, so patients are being offered alternatives.
- PR advised that on behalf of the patient group she has written to Marcus Warnes the Accountable Officer for the six CCGs to essentially say that there are poor performance rates against targets which is unacceptable. South Staffordshire CCGs are essentially commissioning services for us and patients are not getting the expected treatment. Marcus Warnes has replied explaining how the situation is currently being monitored and accepted that there are currently issues.
- PR Shared copies of the practice newsletter.

- AH advised that she would look at processes and confirmed that she had not received a copy of the letter even though in PR email to MW she had requested that the letter was forwarded to her.

Action: AH to look at process for emails / letters that are sent to the CCG.

- RM Patient Story – patient booked a double appointment with GP because they had a number of medical issues. Referred for appointments with three consultants at New Cross, has received the results of tests from one appointment, however there are 20 and 23 week waiting lists for other appointments, is it correct that patients should have to wait so long? Patient is having problems swallowing and situation is deteriorating.
KF advised that patient should go back to see their GP if their condition is significantly deteriorating.
AH confirmed that most organisations are struggling to meet their 18 week targets for appointments.
- RM shared that there is a five month waiting list for pain relief clinic at New Cross.

JR – gave a patient story regarding a patient who had been referred to New Cross went to see Consultant on Tuesday 08 October, is having a pre op on 10 October and will be operated on 11 October, has received excellent service from the start of her treatment and can't fault it. JR advised that blanket timescales can't be given when there are patients who are receiving treatment within the timescales.

PR shared that this had started because there was a patient at Russell House who needed to be referred, she was not aware of the diversions and received an appointment for New Cross in 42 days, the patient was worried and paid for a private appointment.

AH confirmed that there is a team from NHS England working with New Cross to help and support them trying to improve their waiting times.

Mike Barton – Gravel Hill Surgery

- MB shared with the group that three months ago New Cross changed their internal referral process, so that if a consultant refers a patient to another consultant they will go to the back of the queue in the same way as if they are a new referral.
- Text messaging changed in May, there were hundreds of DNAs every month, since being introduced there has been a massive reduction. In May, June and July there have been 74 missed GP appointments, 28 missed HCA appointments and 41 nurse appointments. It is thought that this is because it is now easier to cancel an appointment through the text messaging system.
- Dr Raphael is the Cancer Champion Lead for the practice and Holly the day care assistant is the cancer champion.
- Practice have increased the number of appointments that are available to book online.
- New receptionist and nurse have been employed at the practice.

- A discussion was held about the AF app, there are a number of them available to purchase.

Penny Allen – Tamar Grove Surgery

- Surgery has had its CQC inspection came out with excellent results.
- Patients have been sent text messages to go for their flu jab there have been a number of complimentary comments regarding the service
- Patient Story: regarding a lady in the Community who has dementia, to help her sleep at night she was prescribed a sedative to be taken at 9pm. Sadly the patients partner has recently died and her daughter picked up that the chemist had written on the box that this medication should be taken at 9am, this has resulted in the patient having a very poor quality of life for a considerable amount of time. PA will be encouraging the patients daughter to raise this as a complaint.
- LG gave a personal patient story regarding lack of sympathy given by GP and the impact she feels this is having on her health.

Catherine Wetton - Healthwatch

- CW advised that the way that the area is split has changed and that she now covers the west side of Staffordshire.
- Health watch are undertaking a study of Care Navigation and they are looking for patient feedback.

Feedback from Commissioning Patient Council meeting: 11 September 2019

- Bullet point messages from the Commissioning Patient Council Meeting held on 10th July were shared with the group.

AOB

- KF shared details and leaflets about Staffordshire recovery hub who offer support and guidance for patients in South Staffordshire with their mental health issues.

Date, Time and Venue of next meeting:

- Thursday 05 December, 2019
- 10.30am to 12.30pm
- Bill Brownhill Room, South Staffordshire District Council, Wolverhampton Road, Codsall, Wolverhampton, WV8 1PX.