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| **Minutes of the Patient Group Meeting****6th February 2013****St Ives Business Centre****Attendees:** |
| **Patient Members**Russ McLean (RAM)Harri Pickles (HP)Yasmin Feroze (YF)Ashraf Karbhari (AK)Chris Nolan (CN)Mavis Williams (MW)Dee Morley (DM) | ELMS ManagementGlenda Feeney – Corporate Services Director (GF) |
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| **WELCOME** |  |
| Russ opened the meeting at 1900 and extended a very warm welcome to Yasmin Feroze who has joined the Patient Voice Group (PVG). |
| **APOLOGIES** |  |
| Apologies: Karen Oddie (NHS East Lancs) Shirley Corbally, Norman McColl, Pamela Pickles, |
| **MINUTES OF LAST MEETING** |  |
| The minutes of the last meeting, held in December 2012 were proposed by Mr Harri Pickles as a true and accurate record of what transpired at that meeting.

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| **MATTERS ARISING** |  |

Russ McLean told the group that he had written to Anne Wagner, who attended the last meeting, to thank her for her presentation.The PVG meeting in October 2012 was attended by Karen Oddie from NHS East Lancs – who spoke to the PVG about the proposed changes to Pain Services in East Lancashire. Karen was due to attend the meeting this evening but had sent her apologies. RAM said that it was obvious from the results of the Rossendale Patient surveys – and the subsequent patient comments – that the service was a welcome addition for the people of Rossendale. The PCT have agreed to provide funding for another Nurse Practitioner. RAM said that he would write to Sharon Shaw and the team at Rossendale and thank them on behalf of patients.**RESOLVED: RM TO WRITE TO SHARON SHAW & ROSSENDALE MIU STAFF.**

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| **CHAIR REPORT** |  |

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| RAM continues to attend Critical Friends meetings – every month – at Walshaw House in Nelson.On the 25th January he met with Pendle MP Andrew Stephenson and discussed the work of the PVG and the proposed changes to Urgent Care.On the Sunday 27th January RAM represented ELMS and the PVG at a Holocaust Remembrance service – held on the steps of the Town Hall.On Wednesday 30th January he attended a meeting of the Families Health & Wellbeing Forum – held at CVS in Blackburn and later that day met with Mark Brearley East Lancs Hospital Trust (ELHT) Chief Executive, before attending a Board meeting of the Trust.Earlier today he attended the Blackburn with Darwen CCG meeting – the CCG has been authorised in the second wave of authorisations – with no conditions imposed on the formation or operation. There were discussions regarding Urgent Care, CCG finances and the Acute Visiting Service –which is a service in which ELMS could be instrumental – and if successful, RAM shall ask ELMS management to attend our next meeting and explain how the AVS will benefit Patients across Pennine Lancs. He explained to the PVG that board papers were available to view online at: <http://www.bwdgpnet.org.uk/board/board-papers/>On the 7th February – he will meet with Jill Nye to discuss governance and Patient issues at ELMS recently acquired practices.Russ had received a letter from a member of the Public – who contacted him following the release of hospital mortality rates – which placed ELHT in the bottom 5 and indicated that the Trust had worse than expected Mortality rates for the second year running. He signposted the lady in question to the Patient Advice & Liaison Service (PALS) – but having already explored that avenue – she has contacted the Health Service Ombudsman.

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| **PVG MEETING SCHEDULE/WORKPLAN** |  |

The PVG discussed the problems encountered by some members who worked during the day. It was not possible for these members to attend day-time meetings. RAM said that everyone understood the difficulties faced by members. The group discussed having their afternoon meetings later on in the day and it was agreed that RAM would write to all members and ask for their views. GF told members that the meeting schedule wasn’t written in stone and ELMS would support whatever members decided. RAM said complaints would be looked at by the group every 6 months with a yearly audit. Members agreed. HP asked if the PVG should focus on Mental Health. The Chair told the Group that we should remember to keep our focus on matters which could directly or indirectly affect ELMS. CN reminded the group about the current proposals for Dementia Care and asked that the group look at Dementia Care in East Lancashire. RAM told members that he would like other members to become more proactive – by attending meetings on behalf of the Group. AK said he had ideas regarding other Patient Participation Groups at GP surgeries and maybe become more involved with these groups by developing networks. RM reminded the Group that ELMS had written to every GP in the area and explained who the PVG was, some time ago. It may be that we should re-contact GPs. RAM told members that he attended the Accrington Victoria Health Access Centre Patient Group, shortly before Christmas. The group agreed it may be appropriate to invite other groups to our meetings. DM said the Urgent Care Pilot would directly affect ELMS and that the PVG keep a close on the Pilot. There followed a discussion regarding patient tariffs for those attending A&E. RAM asked members if they would like more guests to attend our meetings and members agreed. CN asked if we could collate data about the Clinical Commissioning Groups (CCGs) with regard to who sat on what Group and for what they were responsible. HP tabled questions regarding Virtual Wards. What were they and how would they operate? YF told the group that she would like more information. AK said that virtual wards were saving considerable time for Nurses and investing in the Virtual Ward technology was good news for patients. CN asked if we could have a guest speaker regarding virtual wards. RAM said he would make enquiries and ask someone to come along to our next meeting.**RESOLVED: RAM TO CONTACT MEMBERS AND DISCUSS MEETINGS AND WORKPLAN****CN TO ENQUIRE ABOUT CCGS IN AIREDALE. RAM TO INVITE DELEGATE INTO PVG MEETING TO DISCUSS VIRTUAL WARDS.**

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| **URGENT CARE STREAMING PILOT** |  |

From January 28, the process at Royal Blackburn Hospital Urgent Care Centre will be: Patients who attend the Urgent Care Centre (UCC) with a minor injury will be assessed and treated there as previously. Patients who attend with a minor illness such as cold symptoms or upset stomach will be assessed. If they don’t need immediate medical treatment they will be redirected to the most appropriate health professional. In hours (8am – 6.30pm, Monday - Friday) this will be their GP or pharmacist. Out of hours (6.30pm - 8am Monday – Friday and 6.30pm Friday – 8am Monday) they will be asked to attend the Out of Hours GP service, available in UCC between 7pm and 11pm and at the Primary Care Centre on the hospital site from 11pm to 8am. The Group discussed the implications for patients. RM said that the PVG should keep a close eye on the streaming pilot. DM asked GF if the pilot would increase the work-load for East Lancashire Medical Services (ELMS). GF said that it was possible. RM expressed concerns about patients who were “redirected”. Would these patients be able to get appointments with their GPs? All members expressed concerns about the pilot. AK said he would be interested to see the Pathways used by HealthCare professionals using the pilot. RAM asked GF if the pilot would affect ELMS. GF informed the members that ELMS GPs were already at the UCC in Blackburn. CN questioned whether it was a case of finances being considered over Patient Care. HP said it came back to educating patients about self-care. The Chair agreed and said that in a number of cases – simple injury or illness could be treated with a basic First Aid kit.PVG members agreed that there were inappropriate attendances to the Emergency Department (ED) and UCC. Last year an audit of attendances at the Urgent Care Centres at the Royal Blackburn Hospital (RBH) and Burnley General Hospital (BGH) showed that 1/3 of patients could have been treated more appropriately in the community. RM explained that this is a national trend. A document produced by Healthcare Agencies and shared with the PVG showed that across East Lancashire there had been a £7 million overspend on unscheduled care, this year alone. There continues to be an unprecedented demand for Urgent Care Services across East Lancashire. It is hoped that the Urgent Care Streaming Pilot will help Patients to get the “right treatment” in the “right place.”The pilot will not affect patients who need emergency care and the emergency department at RBH will continue to manage all patients with serious injuries and life threatening conditions from across East Lancashire.The pilot will last for 6 months – beginning at the RBH and rolled out at BGH later in the year.**RESOLVED: PVG TO MONITOR THE UC PILOT. RAM TO ASK THE PCT/CCG TO SHARE DATA.**

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| **HEALTHWATCH** |  |

Ashraf Karbhari (AK) has successfully applied for a position on the Shadow Healthwatch board and RAM congratulated him on his appointment. RAM explained to members that if there was a conflict of interest – or there could be a perceived conflict of interest – then members may decide to exclude Ashraf from discussions relating to Healthwatch.AK gave those assembled a presentation which contained a detailed over-view of how Healthwatch has been developed and how it continues to be developed in Blackburn with Darwen. The PVG thanked AK for his presentation and Chair RAM asked AK if he would continue to update the PVG about Healthwatch at future meetings. During questions to Ashraf – DM asked questions about the budget for Healthwatch. RM told the group that the budget for BwD Healthwatch would be in the region of a quarter of a million pounds. CN said it was important the Healthwatch groups should consist of people who would use the services. AK told members that Advocacy and Training to Healthwatch members would be provided by the Carers Federation. MW asked if Healthwatch and the PVG would carry out the same functions – AK said that Healthwatch was a statutory body. **RESOLVED: AK TO PROVIDE FUTURE PVG MEETINGS WITH HEALTHWATCH UPDATES AND TO NOTIFY THE GROUP ABOUT ANY CONFLICTS OR PERCEIVED CONFLICTS OF INTEREST.**

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| **111** |  |

The PVG discussed the 111 figures for December – which showed that in Cumbria and Lancashire there were 320,101 calls into the system – of which 243,615 were through 111 and 76,486 diverted through other numbers. 111 was introduced to make it easier for patients to access urgent healthcare services. Calls to 111 are free from landlines and from mobile telephones – 24 hours a day – 7 days a week – 365 days a year. 111 should be used by patients when they need medical help fast – but it’s not a 999 emergency – when patients don’t know where to go for help or don’t have a GP – Patients need Health Information or reassurance about what to do – or if patients THINK they need to go to A&E or any other NHS Urgent Care Service. The 111 service had now been in operation in Lancashire for 13 months now and patients were still experiencing problems with accessing the system from mobile telephones. NHSD will be decommissioned in April 2013 and so it is expected that the roll-out of 111 will become National at that time. CN told members that when the system goes National that it may have a correcting factor and less calls would be dropped from the system.RAM told the group that he was still convinced that the high attendances at A&E and the UCCs were partly due to patients being inappropriately signposted into these services. RAM had a meeting with Jillian Wilde, Chris Endersby and John Rotherham in November 2012 and put to them several questions relating to 111 and the pathways – which the commissioners said they would enquire about and reply to. Despite two emails – reminding the aforementioned there has been no information or answers to the questions.**RESOLVED: RM TO RE-CONTACT JILLIAN WILDE**

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DEMENTIA SERVICES: HP had raised the issue of Dementia Care and the current consultation regarding Dementia Services in the Lancashire area. There followed a group discussion regarding the consultation document and the proposals contained therein. Members were asked to look at the proposals, consider their responses and make those views known to the Chair by Friday 22nd February**RESOLVED: RAM WILL SEND A RESPONSE TO THE CONSULTATION FROM THE GROUP.**FRANCIS REPORT: CN asked members to consider the Francis report regarding the terrible occurrences at Mid Staffordshire NHS. The Chair expressed his condolences to Patients and their families. He told the group that there was a summary of the report available online and that he would forward that link to members. CN told members there were all sorts of implications for Patients, Staff and Board members of Trusts up and down the Country.**RESOLVED: PVG to consider the FRANCIS Report.** |
| **Date, Time & Venue for next meeting & 2013 Meeting Schedule** |
| **Date/Time/Venue for Next Meeting – 2013 Schedule** |  |
| Wednesday 3RD APRIL 20131400hrsSt Ives Business Centre**Future 2013 PVG Meeting Dates**Wednesday 5th June – 19.00Wednesday 7th Aug – 14.00Wednesday 2nd Oct – 19.00Wednesday 4th Dec – 12.00 (Christmas Lunch) |