

## Clinical Commissioning Group

ENCLOSURE: V(iii)

Agenda Item: 128/16

### BEXLEY PATIENT COUNCIL

Thursday 19<sup>th</sup> May 2016 -  
12:00 - 14:30  
Danson Room, 221 Erith Road, Bexleyheath

#### **Draft Minutes**

#### **Attended:**

Katie Perrior	(KP)	Chair & CCG PPI Lay member
Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Terry Murphy	(TM)	Bexley Pensioner's Forum
Mei Wells	(MW)	NHS retirement fellowship & Bexley Diabetes Group
Janet Fox	(JF)	Station Road, Sidcup PPG
Sheila Burston	(SB)	Diabetes UK Bexley
Steve Davies	(SD)	Bexley Mencap
Linda Bellingham	(LB)	Crayford Town Surgery - PPG
Hilary Rowley	(HR)	Albion Surgery - PPG
Dennis Roberts	(DR)	Erith Town Forum
Dawn Brooker	(DB)	South London Cancer Network
Joyce Sutherland	(JS)	Bexley Safer Neighbourhood Group
Harbhajan Singh	(HS)	Bexley Multi Faith Forum
Liz Shires	(LS)	Plas Meddyg - PPG
George Heitmann	(GH)	Bellegrove Road PPG Chair
Paul Goulden	(PG)	Age UK Bexley
Vinod Kumar	(VK)	Inspire Community Trust
Sakthi		
Suriyaprakasam	(SS)	BVSC
Lotta Hackett	(LH)	Healthwatch (For Terry Bamford)

#### **Apologies:**

Terry Bamford	(TB)	Healthwatch Bexley
Dave Baker	(DB)	Carer's Support Bexley
Chris Lee	(CLE)	Bexley Youth Council
Cindy Lowe	(CL)	Bexley Moorings
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery

#### **Present:**

Annie Gardner	(AG)	Head of Patient Experience, Bexley CCG
Diane Hannaford	(DH)	Stakeholder Insight Officer, Bexley CCG

#### **Presenters:**

Alison Rogers	(AR)	Assistant Director Integrated Care Services
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<b>1. Standing Items</b>		
<b>1.1</b>	<b>Welcome and apologies for absence</b>	<b>ACTION</b>
	New Chair welcomed and apologies noted.	
<b>1.2</b>	<b>Declarations of interest</b>	<b>ACTION</b>
	None declared	
<b>1.3</b>	<b>Approve notes of meeting – 22<sup>nd</sup> March 2016</b>	<b>ACTION</b>
	Notes of the meeting on 22 <sup>nd</sup> March 2016 approved with no amendments.	
<b>1.4</b>	<b>Matters Arising &amp; Action log</b>	<b>ACTION</b>
	<p><b>Action Log</b>  AG confirmed she had not been able to secure a speaker from Bexley Council to present on domiciliary care. AG and SW had contacted council several times without success. SS suggested that Healthwatch present their research but AG explained that the Patient Council had specifically requested LBB to attend and talk about arrangements and support for residents when discharged from hospital etc. KP advised she would liaise with Bexley Council to confirm a speaker for future meeting.</p> <p>SEE had previously accepted action point to arrange for a presenter from NHS England to attend and talk about Primary Care. KP confirmed she will now pick up this action.</p> <p>Brief discussion took place regarding arrangements for blood tests when attending the new cancer centre at Queen Mary's Hospital. AG said she had liaised with the Cancer Centre Lead and was arranging for a representative to attend next Patient Council meeting on 6<sup>th</sup> July 2016. DB said a business case for blood tests within the centre was being progressed. However, concern is that although bloods can be taken there is no facility to test on site, could this impact on patient care/ delay treatment etc. AG confirmed that path lab at Queen Mary's had been closed for some time now.</p> <p>It was agreed that no more than 3 presentations should be included on meeting agenda – this is to ensure that sufficient time is available to discuss and ask questions.</p> <p>AG asked for any new items to added to the presentation planner, the following suggestions were highlighted:</p> <ul style="list-style-type: none"> <li>• Pharmacy standards &amp; medicines management</li> </ul>	<p><b>KP to contact LBB to obtain presenter</b></p> <p><b>KP to contact NHS E to obtain representative</b></p> <p><b>Blood testing at cancer centre to remain open on action log</b></p> <p><b>AG to arrange MMT presentation at Sept meeting</b></p>

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	<p>JS raised concern about waiting time for physiotherapy – some patient waiting 4 months for appointment. AG will discuss at contact meeting.</p>	
<b>1.5</b>	<b>Chairman and CCG update</b>	<b>ACTION</b>
	<p>KP confirmed that Anne Douse (AD) has now replaced SEE as Interim Director. AD is unable to join meeting today but is looking forward to meeting Patient Council members soon.</p> <p>Lisa Wilson, Practice Manager at Albion Road surgery and Dr Deshmukh from Sidcup Medical Centre have also recently been appointed to the CCG Governing Body. Dr Deshmukh is now CCG Vice Chair. The CCG also undertook interviews to appoint a secondary care Doctor and a Clocktower locality representative. Outcome of both interviews will be shared when available.</p> <p>AG confirmed that Cindy Lowe will no longer be representing Moorings as she has now left her post.</p> <p>Sarah Blow, Chief Officer attended Health and Wellbeing Board on 19<sup>th</sup> April, agenda items discussed included GP performance, suicides and Better Care Fund.</p> <p>KP shared headlines from the CCG 360 degree survey. In summary Bexley CCG have been rated 4<sup>th</sup> best in London and we received a 93% rating for overall relationship with stakeholders. Jon Winter will attend future meeting to share more details of the report when available.</p> <p>Our Healthier South East London (OHSEL) held 1<sup>st</sup> committee in common, newsletter with information shared with members. SD highlighted concerns regarding plans for elective orthopaedic care – particularly around discharge to repatriate in home borough. In future services may operate from 2 centres of excellent covering all of south east London. So consideration needs to be given to impact of distance/ travel for patients. AG spoke about the MSK pathway currently commissioned by the CCG and of the various venues where services are provided. Members asked for updates on OHSEL work to progress planned orthopaedic care to remain on action log. A request was also made for a member of the OHSEL team to attend a future meeting to update. AG reminded members of the OHSEL newsletters – which are circulated electronically as soon as received. AG also confirmed that representatives from Healthwatch and key groups across south east London had been engaged in workshops with OHSEL.</p> <p>KP reminded members of the CCG next Governing Body meeting in public, taking place on 26<sup>th</sup> May. Future dates for diary also include CCG AGM on 15<sup>th</sup> September at Danson Boathouse – more details of this event will be provided nearer the time.</p>	<p><b>OHSEL planned care to be added to action log for regular update/ review</b></p>

<b>1.6</b>	<b>Members Update</b>	<b>ACTION</b>
	All comments & feedback noted within matters arising and action log.	
<b>1.7</b>	<b>Updates from CCG Programme Boards</b>	<b>ACTION</b>
	<p><b>Audiology/ Battery replacement:</b>  AG referred to an article that had been reported in a newspaper raising concerns about batteries used in hearing aid devices. AG confirmed that she had followed this issue up with commissioners to clarify if any of the services commissioned by CCG use the batteries highlighted. Consequently, it was confirmed that no providers currently use the Zeni power batteries. Although one provider had used them previously assurance was offered that they are no longer being used and that all the batteries have been returned to NHS supplies. AG also said a 'general recall' for the batteries had been issued and the CCG is reassured that our providers have contacted patients where applicable.</p> <p><b>MSK:</b>  Two representatives from patient council sit on MSK programme board. Last meeting with service provider was held on 10<sup>th</sup> May. Some issues highlighted from this meeting include:</p> <ul style="list-style-type: none"> <li>• Access to Orpington Hospital for Bexley residents – particular concerns in view of TfL proposals to change R11 bus route, which may not serve the Orpington Hospital site in future. AG had liaised with TfL who said they held a public meeting in Bexley to give opportunity to capture public view (5 meetings were held across Bromley). PG confirmed that Age UK in Bexley had not been made aware of any proposals to change the bus route.</li> <li>• Virtual fracture clinic – AG advised of MSK provider plans to introduce these clinics to help provide a smoother and quicker pathway for patients. A wider discussion then ensued and some members reported concerns that patients are not able to book appointments with their provider of choice. AG confirmed that this is currently being reviewed and patient experience team are planning to undertake some work with commissioners and provider to gain assurance. AG also confirmed that regular mystery shopper audits are undertaken with MSK – although feedback received so far is predominantly positive.</li> </ul> <p><b>Cardiology:</b>  Commissioners are working with Guys &amp; St Thomas (GSTT) to implement a programme of training and audit to up skill GPs in</p>	<p><b>KP will contact GLA member Gareth Bacon to take up with new Mayor &amp; TFL</b></p>

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<p>management of Atrial Fibrillation, Hypertension and Heart Failure. GSTT are finalising 7 cardiology pathways to support GPs manage a range of cardiac conditions to improve patient outcomes.</p> <p><b>AQP (community clinics)</b> Termination of Pregnancy and Adult Audiology contracts have been awarded following procurement to ensure there is good access for Bexley residents.</p> <p><b>Urology, Gynaecology, Minor surgery and Dermatology</b> AQP services under- performed in 15/16, and provided less activity than expected. The focus in 16/17 will be to work with the referral management service to ensure that all available capacity is filled and patients have the opportunity to be treated as close to home as possible.</p> <p><b>Diabetes:</b> A Paper went to the last public meeting of the CCG Governing Body setting out CCG plans to further develop the Diabetes Care Pathway. This paper is available on the CCG web site or on request if a paper copy is required. A number of recommendations were proposed and supported - a summary of which is attached at appendix 1 (attached to these notes).</p> <p>Members asked for Diabetes Commissioner to attend next meeting to provide a detailed update.</p> <p><b>Ophthalmology:</b> Two Patient Council members sit on the programme board and regularly meet with the provider to discuss/ share patient experience. Areas of concern recently highlighted in discussions have included telephone access – the department is virtually unreachable via telephone.</p> <p>AG confirmed that mystery shopper audits have been undertaken to capture patient feedback of their experience of this service. This confirmed difficulty in telephone access and frustration in failed attempts to contact the department in order to change an appointment. Currently patients who have a follow up of 6 weeks or more are generally unable to make another appointment before they leave the department – this has been raised with the provider and a solution has been requested. It is believed that telephone demand would decrease if patients are able to make an appointment at a convenient time/date before they leave the department. Discussions are continuing and Commissioners are holding a meeting with the provider to talk through service issues.</p> <p><b>Urgent Care/ Out of hours:</b> Hilary Rowley (HR) will in future be attending programme board meetings as patient council rep.</p>	<p><b>AG to liaise with commissioners and request to attend future PC meeting</b></p>
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	<p>Recent issues highlighted at contract monitoring meetings with Hurley Group includes:</p> <ul style="list-style-type: none"> <li>• Concerns regarding a number of misdiagnosed fractures or breaks – this had been highlighted in communication directly with CCG from complaints and also in Hurley Group data. AG will highlight this concern at next meeting with Hurley.</li> <li>• Hurley has confirmed they are in discussion with Darent Valley Hospital regarding access to x-ray at Erith site, with a view to increasing access times. Currently x-ray services are available Mon – Fri from 9am – 4pm. CCG want to mirror services available at QMH. Reference was also made to new contract with extended hours – this could mean that Erith site will in future be accessible till midnight.</li> <li>• Some minor building works have been undertaken at the Erith site to create another consulting room, there is also work planned to improve seating.</li> <li>• Healthwatch are planning a number of enter and view visits to UCC over next 2 – 3 weeks. AG has been working with Healthwatch to share themes and trends to help inform their visits.</li> </ul> <p><b>Pulmonary Rehabilitation:</b> This service is now provided by Respiricare. Commissioners have confirmed that backlog waiting to access services has now been addressed and patients are able to access community rehabilitation classes. These are held in a community hall in Bexleyheath. The venue has free parking and is held in a central location. However, following a recent concern raised via a local MP commissioners are working with Respiricare and the CCG Quality Team to review premises, suitability and access arrangements. AG to update on outcome at next meeting.</p> <p><b>Non-Emergency Patient Transport:</b> ‘The Non-Emergency Patient Transport Service Policy has been written to help GPs and Commissioners understand the arrangements which exist across London. Each of the main London Acute Hospitals has their own provider of transport and this is explained in the revised NEPT document. The NEPTS access criteria are strictly applied and only people with a clinical need are eligible for the service. The guidance has been written by NHS England and all transport providers are aware of the guidance and apply it before making bookings. For most patients, the usual place to start is to enquire at the GP surgery – the surgery will assess their need according to the guidance and determine whether NEPTS transport is appropriate. For those</p>	<p><b>AG to update on outcome of commissioner review visit at next meeting</b></p>
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	<p>patients who do not meet the criteria, and need assistance funding their journey to hospital there is detailed information on Pages 10 and 11.</p> <p>The NEPTs document will go to the Quality and Safety Sub Committee before it is finally approved by the Governing Body, it will also be lodged on the GP Zone. The CCG is currently reviewing a list of alternative transport providers which may assist patients who do not qualify for the NEPTS transport.</p> <p><b>GP with Special Interests (GPwSI)</b>          The CCG is continuing to commission GPwSIs for Dermatology, Vasectomy and Erectile Dysfunction throughout 2016-17 as this forms part of care closer to home. A full review will be undertaken in August- September to gain assurance that the services are being fully utilised and providing value for money. The contracts are due for renewal in March 2017 and advice is being sought concerning methods of re-procurement. Access to the above services is via GP referral. This referral is then clinically triaged within the Referral Management and Booking Service to the most clinically appropriate provider.</p> <p><b>Queen Mary’s Hospital – Site Services</b>          Meeting of site services focus group took place on 6th May, this included representation from 3 patient council members.</p> <p>Key updates shared:</p> <ul style="list-style-type: none"> <li>• Child development centre (F block) work expected to complete August 16 and services expected to open September 16. Children/ service users have been consulted and very much influenced the décor and design of the new unit.</li> <li>• Car parking &amp; lighting – This has been slightly delayed as contractors appointed withdrew. Negotiations are now taking place with new potential contractor and are progressing well.</li> <li>• Kidney Centre – work progressing, service expected to open Q.1/ 2017</li> <li>• Cancer Centre – roof top plant installed</li> <li>• Renovation – Phase 1 – had tour of first floor and ground floor area to be used by UCC.</li> <li>• B Block entrance – visitors should note that the entrance to B block will close in September 16 until May 17, this is to allow for essential building works for refurbishment (artist images of new entrance are now being displayed on site and we have also asked if providers can make sure their clinic letters are updated to let people know about changes to access from September)</li> <li>• Telephony – Oxleas considering improvement to switchboard, this will include introduction of direct dial</li> </ul>	
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	<p>numbers.</p> <ul style="list-style-type: none"> <li>Wayfinding/ branding – work will soon begin to review signage and information for site. Members of site services focus group to be included.</li> </ul> <p>Members asked that Colin Cope or representatives from Oxleas be invited to future meeting to ensure patient council updated on progress / developments at Queen Mary’s site.</p> <p><b>Health and Wellbeing Board</b>  SS advised a meeting took place on 19<sup>th</sup> April. Presentation was given about key public health concerns across London. Discussions also took place around suicide prevention. Healthwatch enter and view report on Dentistry shared (copies available on healthwatch website). Concerns highlighted include access below average, no strategy for oral health in Bexley and not included in JSNA.</p> <p>SS offered to run conference, “Call to action”; obesity is highest level in London. Childhood – sense of urgency, scoping out at the moment. Sponsorship from supermarkets.</p> <p>AG asked if patient council could receive information from LD health Sub Group and asked SD if the information could be shared. SD agreed.</p>	
<b>2</b>	<b>Speakers / Presentations</b>	
<b>2.1</b>	<b>Integrated Commissioning Team</b> <b>Alison Rogers Assistant Director of Integrated Care</b>	<b>ACTION</b>
	AR presented on Integrated commissioning, CHC and End of Life .	
<b>3</b>	<b>Items for discussion</b>	
<b>3.1</b>	<b>Patient Council Election – Deputy Chair</b>	<b>ACTION</b>
	<p>AG confirmed that papers would shortly be sent to all members for election of Deputy Chair. AG reminded members that election should have started in January 2016, however all members had previously agreed that as Sandra Wakeford had at that time announced her retirement the Deputy Chair post would be extended for 6 months to allow recruitment of new Chair. AG thanked and commended LE for all his hard work and support over his term of office, which was supported by all members present.</p> <p>AG advised members that 9<sup>th</sup> June is deadline for nominations and that new appointment would reflect a 3 year term of office. KP said that she welcomed all nominations but asked members to carefully consider that the new Deputy Chair will be asked to undertake some additional duties and attend meetings on her behalf.</p>	



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<b>3.2</b>	<b>Commissioner updates</b>	<b>ACTION</b>
	Covered under 1.7	
<b>4</b>	<b>Items for information &amp; update</b>	
<b>4.1</b>	<b>Equality grading panel</b>	<b>ACTION</b>
	AG explained that there has been a shift in the planned equality grading panel arrangements following SEE departure. CCG are now planning to hold panel event in September. AG confirmed that she would update members on plans/ progress.	
<b>4.2</b>	<b>Patient Experience &amp; Mystery Shopper Q4</b>	<b>ACTION</b>
	AG provided a copy of the Q4 report to all members for information.	
<b>4.3</b>	<b>Mystery Shopper AGM &amp; awards</b>	<b>ACTION</b>
	AG confirmed that mystery shopper AGM and awards event will take place immediately before the next Patient Council meeting on 6 <sup>th</sup> July at the Marriott Hotel.  AG said that all member of Patient Council are encouraged to attend the presentation and announced that Linda Bellingham has been recruited as Mystery Shopper patient champion.	
<b>5</b>	<b>Date of next meeting, AOB &amp; Close</b>	<b>ACTION</b>
	<p>JF raised concerns about linked care project, specifically that she received a copy of a discharge report from hospital recently and it had details of another patient. JF is concerned that information could be incorrectly recorded and that if a patient attends UCC etc information could have been added to her patient record which is not about her. AG to highlight with team at CCG.</p> <p>GH advised that Bellegrave Road surgery has appointed a practice pharmacist. AG explained that 12 have been appointed in the borough they help with medication reviews. AG confirmed she will liaise with MMT to request a speaker for September meeting.</p> <p>GH asked if an update on new drug in place of warfarin is available. JF said that she had received a presentation at St Thomas's hospital – but that this new drug is only for selected patients whilst on trial.</p> <p>Date of next meeting confirmed – Wednesday 6<sup>th</sup> July 2016 at the Marriott Hotel. Meeting begins at 12 midday. Mystery shopper AGM begins at 11am – all welcome.</p> <p>All members reminded that free car parking is available at Marriott but car details must be registered with the hotel reception upon arrival.</p>	<b>AG to arrange MMT/Pharmacy presentation in Sept.</b>

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## Appendix 1

Overview of Recommendations		
1	Local Enhanced Service review of terms for the 8 care processes and NDA reporting	<ul style="list-style-type: none"> <li>a) Restructure the enhanced service to provide greater care for patients (% compliance to care processes),</li> <li>b) Stringent reporting and payment to new KPIs.</li> <li>c) Include the quality management of referrals and discharge of patients from out-patient care.</li> </ul>
2	Podiatry services	<ul style="list-style-type: none"> <li>a) Small investment £30k? – This will only be available on release of funds from acute care (see later).</li> <li>b) Consider the transfer of service to GP federation to align with Local Care Networks and also the education provider</li> </ul>
3	Education service	<ul style="list-style-type: none"> <li>a) Review of KPIs to ensure fit for purpose (payment to follow the service actually delivered to an individual (outcome) not to be based on a referral)</li> <li>b) Transfer of Oxleas Diabetic Nurse Specialists to education service provider</li> </ul>
4	Acute Trusts	<ul style="list-style-type: none"> <li>a) Establish new protocol for discharge of patients (linked to payment) and ensure monitored and enforced. Discharge appropriate patients back to primary care (existing cohort) and then on-going</li> </ul>
5	Monitoring	<ul style="list-style-type: none"> <li>a) More stringent monitoring of performance and delivery as elements of the integrated services, with remedial action taken for any non-delivery.</li> <li>b) Quarterly overview reports provided of the elements.</li> </ul>

## Appendix 2

Commissioning for Value CCG evaluation to peer group (2014/15 analysis)	Average of peers	Bexley CCG
The % of all diabetes patients receiving eight care processes	52	63
The percentage of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol (equivalent to HbA1c of 8% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months	68	72
The percentage of diabetic patients whose last cholesterol was 5mmol or less	69	72
The percentage of diabetic patients whose last blood pressure was 150/90 or less	87	88
Green denotes higher performance levels than the peer CCGs		
Peer CCGs are: Barnet, Basildon & Thurrock, Bromley, Crawley, Dartford Gravesham & Swanley, Havering, Sutton, Swindon, Thurrock and Trafford		