West Cheshire Patient Participation Group (PPG) Chairs meeting

Wednesday, January 31st 2018 - Cheshire View

Apologies received from:

- Brendan Doyle (Western Avenue)
- Mike Collins (The Knoll)
- Tom Welsh (Handbridge)
- Humphrey Claxton (Kelsall)
- Andrew Paterson (The Elms)

Strategic update: Alison Lee (AL) – Chief Executive, NHS West Cheshire Clinical Commissioning Group

Key messages about financial recovery included:

1) NHS West Cheshire Clinical Commissioning Group remains on track to deliver financial balance at the end of the 2017/18 financial year.
2) Particular areas of achievement in Our Savings Plan include prescribing and medicines management where more medicines reviews are taking place and work is ongoing to help reduce waste.
3) In Planned Care we are working to ensure that patients are referred to the right place at the right time. Some consultations are now taking place over the phone.
4) Our prevention work continues, including our Smile for a Mile programme which now sees more than 6,000 primary school pupils walking, jogging or running a mile a day.
5) In Primary Care, many practices now offer the online triage platform eConsult via their websites. West Cheshire's Extended Hours service offers good coverage outside practice opening hours.
6) An Urgent Treatment Centre has been created at the Countess of Chester Hospital to treat patients who present at A&E with issues that can be treated within primary care.

Questions and comments from PPG Chairs:

1) Have any savings been identified in Primary Care? (*Cathy Reynolds – Laurel Bank*)
   AL: We haven't aimed to save any money in General Practice – although areas such as prescribing are clearly closely linked. At the moment the clinical commissioning group does not hold the core GP contract, but does contract a number of enhanced services.
2) A new nursing home is being set up near Heath Lane Medical Centre. Has the CCG been in touch with the planning department about this as it will inevitably impact on the practice? (*Greg Yates – Heath Lane*)
   AL: We have regular dialogue with the planning department about new developments which can increase pressure on General Practice and pay GPs additionally for looking after patients in nursing homes. That's optional. We hope the GPs at Heath Lane will take that on otherwise we will have to find another solution.
3) I'm concerned about housing developments in Ellesmere Port adding to the pressure on Westminster and York Road. (*Ken Salter – Hope Farm*)
   AL: General Practice is under pressure. Ideally you would share those extra patients across a number of practices, but that's not always the case. The money always follows the patients, however. Practices get more money if more patients register – the issue sometimes can be recruiting enough GPs.
4) Is the CCG going to take on the core GP contract? (*Steve Telford – City Walls*)
   AL: NHS England are keen for us to take on responsibility for the core GP contract. Following significant work to understand what that will mean in terms of issues such as estates and resources, our Governing Body has approved it from April 2018 – although it still has to go to our GP members first. In theory, GP members could refuse a change to our constitution so we need to talk to them about why we think it will be better for their contract to be held locally.

Key messages about integrated care included:

1) A lot of services are currently available in hospital that could be offered to people closer to home. Care goes wrong too often when there are handovers between different parts of the NHS and social care.
2) We want to bring the NHS and social care closer together to create a more cohesive and integrated health and care system. This work is ongoing between the CCG, Countess of Chester Hospital, Cheshire West and Chester Council, Cheshire and Wirral Partnership and local GPs. We believe the way local services are commissioned and delivered can be simplified.
3) Every day we see patients who are not able to get home from hospital – whether it's the NHS or social care that are not moving quickly enough. We need to fix that.

4) In West Cheshire we have no intention of setting up a new private sector organisation. We want the local NHS to continue to be free at the point of delivery, to be more efficient and effective for patients and to not just survive, but thrive.
5) Clinical leaders have agreed a number of priority areas to focus on first including respiratory conditions (e.g. Chronic Obstructive Pulmonary Disorder) and frailty.
6) We're working to improve the effectiveness and efficiency of our community healthcare teams. We want them to help prevent people having to go to hospital and, when people do need a hospital stay, to help them get back home more quickly.

Questions and comments from PPG Chairs:

1) Most people now accept that the NHS cannot carry on as it is because of growing demand and the ageing population. It's really heartening to hear that you have a model that you think will work in this area. We have to be willing to change. (*Pat Clare – Neston Medical*)
2) What's different about this compared to what's been talked about for the last 30 years? Is it about a new organisation, co-location or co-working? How is it going to be determined whether an issue is health or social care-related? Are the computer systems going to talk to each other? (*Cathy Reynolds – Laurel Bank*)
   AL: We've talked long and hard about whether there needs to be a new organisation. We don't think it is right to use taxpayers' money to do that – we're trying to reduce bureaucracy, not increase it. Instead, partner organisations will form a legal partnership and work through the Countess of Chester Hospital as prime provider. The Countess is trying to set up part of its organisation to deliver out of hospital care. On the means testing issue, the first six weeks of social care after discharge from hospital can be paid for from a separate Government fund. We continue to develop the Cheshire Care Record, which enables clinicians and social workers to access medical records.
3) If you create a separate board that could open the door for it to be outsourced in the future. The six-week window for rehabilitation has been in place for some time. It hasn't resolved issues such as whether dementia patients have health or care needs. (*Cathy Reynolds – Laurel Bank*)

Public Health priorities: Ian Ashworth (IA) – Director of Public Health, Cheshire West and Chester Council

Key messages included:

1) The Public Health team has a key role to play in helping to reduce health inequalities and identify health trends and risks. Although the department faces significant financial challenges, it plays a key role in influencing how others, such as CCGs, spend their budgets.
2) Across Cheshire and Merseyside the Directors of Public Health have agreed three priority areas: antibiotic resistance, alcohol harm reduction and high blood pressure. In Cheshire West and Chester there is also a focus on more localised priorities such as flu, ageing well and place-based approaches which are adapted according to a community's specific needs.
3) By 2020 the local Public Health grant will be £15.7m – it was previously £2m more.
4) The changes we plan to make in the next five years are all included in a Draft Health Improvement Strategy, which we are currently inviting members of the public to comment on. The 12-week consultation closes on March 22nd2018. To respond, click here: www.cheshirewestandchester.gov.uk/healthimprovement

Questions and comments from PPG Chairs:

1) What are the plans to help tackle health inequalities in Ellesmere Port? (*Ken Salter – Hope Farm*)
   IA: We are looking at our priorities in a number of areas of Cheshire West – including Ellesmere Port. The design of services needs to be tailored to meet the community's needs.
2) It is noticeable that inequality is growing in areas like Ellesmere Port due to austerity – in fact it is probably one of the biggest drivers of poor health. What are your plans to help reduce inequality? (*Jean Hardiman-Smith – Great* Sutton)
   IA: There has been some excellent work done locally to create a Poverty Truth Commission to tackle exactly that. One of the key themes that has come out already is around dual diagnosis of people accessing substance misuse and mental health services. There's a person in the middle of that and we need a person-centred approach. The allocation of resources in areas such as Ellesmere Port must be evidence-driven.
3) Rural areas sometimes suffer because what they need gets eclipsed by the greater scale of need in urban areas. Issues such as isolation and transport are key in rural areas. (*Sue Masterman – Tarporley Adey*)
   IA: Cheshire West and Chester Council focuses on four localities – including rural. Discussions are ongoing around the best approach to tackling issues such as social isolation.

Primary Care update: Sarah Murray (SM) – Head of Primary Care, NHS West Cheshire Clinical Commissioning Group

Key messages included:

1) The Extended Hours publicity campaign has been well-received. The campaign is aimed at raising general awareness of the service but people will only use the service when they need to. We anticipate a steady increase over time. The number of “Did Not Attends” (DNAs) is a concern, however, particularly in Physio First. We hope a text message reminder system will help to resolve this.
2) Most of the unused capacity within Extended Hours is in blood testing. We’re aware that we need to give this a push and would like the support of PPGs in helping to do this. Please remind people that blood tests can be done in Extended Hours when liaising with peers, friends and relatives.
3) Practice receptionists will soon be able to book directly into Extended Hours nurse appointments.

Questions and comments from PPG Chairs:

1) The DNA rate looks extremely high – six to nine per cent. What steps are being taken to address this? One of the things we introduced at City Walls is an option to cancel on the telephone. (*Steve Telford – City Walls*)
   SM: We can look into that.
2) How do you plan to fully occupy the phlebotomist at Neston? Are you using an existing nurse or one from the Countess of Chester? (*Ken Salter – Hope Farm*)
   SM: We are using a phlebotomist from the Countess. This might appear inefficient but it is important to enable nurses to carry out nursing tasks and to ensure people apply all of their skills and experience.
3) The daytime phlebotomy service at the Countess of Chester is good and fairly quick. Pushing it into Extended Hours might be creating a service that isn’t needed. (*Greg Yates – Heath Lane*)
   SM: If you asked staff at the Countess, they would be delighted to have some of the responsibility for blood testing taken away.
4) The attitude of my practice to eConsult is fairly ambivalent because there is no strategy in place for how it should be used. The CCG could provide more of a lead on this. (*Steve Telford – City Walls*)
   SM: PPGs have an important role to play in promoting the use of eConsult both within the practice and to registered patients. We are considering bringing together a task and finish group to consider how to promote it. We will see if we can get Practice Managers involved too.
5) What are the next initiatives coming down the pipeline that we might want to get involved with? (*Steve Telford – City Walls*)
   SM: Supporting practices around their cluster work. We’re doing a piece of work with a number of practices called Releasing Time for Care – part of the GP Forward View – which is partly aimed at improving things like back office functions.

“Blue Light” Ambulance and Patient Transport Service update: Jim Britt (JB) - Cheshire, Warrington & Wirral Ambulance, PTS and 111 Commissioning Lead

Key messages included:

1) The new Ambulance Response Programme (ARP), introduced in August 2017, has led to a cultural and structural change for North West Ambulance Service (NWAS). Previously, ambulances had eight minutes to respond to life-threatening emergencies. That target has now reduced to seven minutes. There is extensive research to show that this is the right thing to do.
2) Year on year there has been a 14% rise in the number of 999 calls, but only a 2% increase in the number of incidents. The biggest single issue is performance in response to Category 1 calls – or life-threatening emergencies. Currently, NWAS are in excess of nine minutes, which is unacceptable.
3) Ambulance performance is being monitored daily by a governance structure in place via a North West Strategic Partnership Board. NWAS are not complacent and a series of actions are being undertaken to help address the current issues. We expect NWAS to meet the target in the near future.
4) PPG Chairs will have heard about ambulances queuing outside hospital this winter. If 10 ambulances are queuing outside the Countess of Chester or Arrowe Park then that decimates the resource across the region. Patient handovers at hospital are crucial.
5) The non-emergency Patient Transport Service is provided locally by West Midlands Ambulance Service (WMAS). Previously, the service was somewhat taken for granted but a rise in demand has now brought it into sharp focus.
6) In December the WMAS advised crews to focus on discharges, which has helped with patient flow throughout the winter period. While WMAS are not currently meeting all of their performance indicators, their performance is gradually improving and they’ve recently invested in eight more ambulances and more drivers.
7) NHS 111 is now quite a mature service and has developed into an essential part of the urgent care mix. It remains, however, quite risk averse. We are working to find a way to enable callers to have a conversation with a clinician – if the situation merits it.

Questions and comments from PPG Chairs:

1) Will the NWAS website be updated with the latest performance figures? There’s no information on the website to show where ambulance depots are located. (*Pat Clare – Neston Medical*)
   JB: Performance figures will be uploaded there. Where the depots are located is potentially subject to change.
2) Is there any difference between response times in urban and rural areas? Is there more of a hold-up in rural areas? (*Cathy Reynolds – Laurel Bank*)

JB: It is not possible to have an ambulance stationed in every village – there are limited numbers of vehicles and crews. The range and distances covered are entirely dictated by the category and number of calls received. An ambulance can go almost anywhere across the region during the course of a shift. We've asked an analytics company to review the way resources are allocated to see if there are any lessons that can be learned.

3) Is there an issue with handovers at the Countess of Chester because of Welsh ambulances coming in from across the border? Many people just over the border naturally gravitate to the Countess. (*John Davies – Garden Lane*)
JB: The Welsh issue is not going away – but it's important to note that it's not all one-way traffic.

Items for update

1) PPG Chairs provided positive feedback about the PPG Maturity Model proposed by City Walls PPG Chair Steve Telford. Comments included "it is very useful to have something to aim for" and "it's a really useful starting point for newly-energised PPGs". Chairs suggested tweaks to levels 4 and 5 – including a re-word of the suggestion that PPGs should be involved in **all** practice initiatives from the outset. Steve Telford outlined his plan to share the Maturity Model with the National Association for Patient Participation (NAPP).
2) Verbal updates from PPG Chairs included an update from Pat Clare (Neston Medical) about the popularity of their recent newsletter. She did, however, mention a lack of support from the Practice Manager. Anne O'Hare (Upton Village) thanked Greg Yates (Heath Lane) and Clive Jones (Boughton) for their support in the ongoing development of their PPG. Alan Bottomley (Kelsall) said his PPG has recently created a website separate from the practice to try to reach out to younger people.
3) New opportunities: Cheshire and Merseyside Blood Pressure Partnership Board is looking to recruit new lay members to provide valuable input on its strategy "Saving Lives: Reducing the Pressure". CCG commissioning manager Pamela Thorniley is interested in offering local people with Chronic Obstructive Pulmonary Disease (COPD) the opportunity to influence our commissioning plans. If you are interested in finding out more about either opportunity, please email: chris.amery@nhs.net

Next PPG Chairs meeting – Date and venue to be confirmed