



A Meeting of the Patient Council will be held on Wednesday 24 February 2016 at 6:00pm at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

AGENDA

ITEM	SESSION	LEAD	TIME
1.	Welcome, apologies & declarations of interest relevant to the agenda	Chris Millington	6.00 pm 5 mins
GUEST SPEAKER			
2.	Quality Monitoring of Care Homes	Presentation Gillian Pepper	6.05pm 30 mins
3.	Stroke Services	Presentation Emma Bradshaw	6.35 20 mins
GENERAL			
4.	Minutes of the previous meeting held on 27 January 2016	PC 16/02/04 All	6.55pm 10 mins
5.	Matters Arising Report	PC 16/02/05 Chair	7.05pm
	5.1 Patient Online Access	Presentation Marie Hoyle	30 mins
AGENDA ITEMS			
6.	Report of the Chair	PC 16/02/06 Chair	7.35pm 10 mins
7.	Any other business of an urgent nature	Verbal All	7.45pm 10 mins
8.	Date and Time of the Next Meeting: 30 March 2016, 6pm at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY		7.55pm

For enquiries please contact:

Lynne Richards
 Governance, Assurance and Engagement Facilitator
 Hilder House
 49-51 Gawber Road
 Barnsley
 S75 2PY

01226 433631 or email Lynnerichards@nhs.net



Minutes of the Barnsley Patient Council meeting held on Wednesday 27 January 2016 at 6.00pm at the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington (Chair)	Barnsley CCG Lay Member
Alan Jones	Patient
Adrian England	Healthwatch Barnsley Chair
Ben Cox	The Grove Medical Centre PRG representative
Jan Eldred	The Kakoty Practice PRG
Margaret Dennison	Walderslade PRG
Ann Hart	Ashville Medical Centre PRG Representative
Janet Neville	Rotherham Road Practice PRG
Margaret Sheard	Patient
Peter Moody	BIADS
Toni Burton	Dr Sens Practice Representative
Marie Hoyle	The Kakoty Practice Manager & CCG Governing Body Member
Mark Smith	Patient
Gill Littlewood	Wombwell Medical Centre PRG Representative
Garth Heywarth	Wombwell Medical Centre PRG Representative
Mike Austin	Chair of Barnsley Practice Managers Group
Lynne Craven	Patient
Pat Durie	Patient
Tom Sheard	Patient
Philip Watson	Patient

IN ATTENDANCE:

Lynne Richards	Governance Assurance and Engagement Facilitator
Vicky Peverelle	Chief of Corporate Affairs

APOLOGIES:

Colin Wilkinson	Patient
Pat Saxton	Rotherham Road PRG Representative
Elaine Stanley	Patient
Gerald Alllott	Patient
Gloria Alllott	Patient

Agenda Item	Note	Action	Deadline
PC 16/01/01	WELCOME, INTRODUCTIONS & DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	<p>The Chairman welcomed members to the January meeting of the Patient Council and invited any declarations of interest.</p> <p>No declarations of interest relevant to the agenda were received.</p>		
	Mr Garth Heyworth and Ms Gill Littlewood were introduced to the Patient Council from Wombwell Medical Centre Patient Reference Group.		
GUEST SPEAKER			
PC 16/01/02	JOURNEY OF PATIENT REFERENCE GROUPS		
	The Chair introduced Vicky Peverelle, Chief of Corporate Affairs from Barnsley CCG who had attended the meeting to give Patient Council members a presentation on the Journey of Patient Reference Groups (PRG).		
	<p>The Presentation summarised that:</p> <p>During 2013/14:</p> <ul style="list-style-type: none"> • 25 out of 37 practices had a PRG • Toward the end of 13/14 the CCG committed to support practices to: <ul style="list-style-type: none"> a) start a PRG b) review the <i>activity</i> and effectiveness of existing PRGs <p>During 2014/15:</p> <ul style="list-style-type: none"> • By the end of the year the number went up to 30 out of 37 practices who had a PRG, 2 practices were setting one up and the other 4 without a group or no active group. • NHS England planned for PRGs to be part of the 'core contract' in 15/16 (no additional payments for PRG work). • CCG didn't want to lose the momentum of work in 14/15, so PRGs were included in the CCG's Practice Delivery Agreement (PDA) with practices. <p>During 2015/16:</p> <ul style="list-style-type: none"> • PRGs are now part of a practice's core contract, a must-do. • CCG has enhanced this through the PDA. • Specific activity with the PRGs will gain points, which 		

Agenda Item	Note	Action	Deadline
	<p>contribute to an overall financial incentive for practices.</p> <ul style="list-style-type: none"> Activity includes, for example, promotion of and development of borough-wide PRG events..... <p>At this point in 15/16 the CCG have seen that:</p> <ul style="list-style-type: none"> Practices are promoting borough-wide events and PRG members are taking part in them. Feedback from the June 2015 event was that there is a mix of how effective, involved and autonomous members felt in their PRG. Overwhelmingly people wanted to keep in contact with other PRGs, some visited other PRGs, others shared contact details and ideas. <p>We also know that:</p> <ul style="list-style-type: none"> Practices are now inspected by the Care Quality Commission (CQC). As part of these inspections, practices need to show evidence of the work of their PRG. The CCG offers advice and support on PRGs for those practices who request it. Sometimes this comes via our practice visits and Lynne is on hand too. <p>Next steps will be:</p> <ul style="list-style-type: none"> To collate all the PRG information as part of the PDA at the end of the 15/16 year. Develop the PRG activities outlined in the PDA for 16/17. Ask PRGs and the Patient Council what they want to do to develop, share best practice and what role they want the CCG to play in that. 		
	<p>Members were then invited to a CCG Commissioning Intentions event on the 12 February 2016 at 10am at The Core, Barnsley. It was stated that this had been advertised to Patient Reference Groups. Some members of Patient Reference Groups highlighted that they had not been informed of the event by the Practice Manager.</p>		
	<p>Mr Tom Sheard queried how much the practices were being financially supported to run Patient Reference Groups to help give an understanding to patients who wish to be involved in or want their practice to establish a PRG. The Chief of Corporate Affairs gave an average of around £5,000 per year per practice (dependant on the list size), however the practice had to deliver a number of initiatives to obtain these funds and not just run their PRG. It was highlighted that these funds were not for the Patient Reference Group, it was to fund the practice to run the</p>		

Agenda Item	Note	Action	Deadline
	PRG meetings. The importance of scrutiny of Primary Care funds was discussed in that this was public money and if practices were receiving payments but not holding PRG meetings there should be penalties.		
	Ms Jan Eldred queried if there had been any analysis on what made a PRG successful. The Chief of Corporate Affairs stated that there was not a one size fits all approach, some practices had successful Facebook groups, others face to face meetings whilst some were struggling to gain any members. Members were in agreement that there needed to be more focus on virtual groups as these looked to be the most successful.		
	CCG promotion was discussed in that still a lot of patients were unaware of the I HEART Barnsley Service and therefore maybe also unaware of their local PRG's. It was stated that there had been a full advertising campaign to promote I HEART and it was the practices responsibility to promote this to their PRG's.		
	The Patient Council thanked the Chief of Corporate Affairs for the presenting of the Journey of PRG's and answering members queries.		
PC 16/01/03	CCG OVERVIEW		
	The Chief of Corporate Affairs wanted to give members another presentation on the role of Barnsley Clinical Commissioning Group. It was stated that this would be a useful update for Patient Council members and beneficial for any new members who had recently joined.		
	<p>The presentation highlighted the following points:</p> <ul style="list-style-type: none"> • CCGs Background and Context • How BCCG is Organised To Discharge its Statutory Functions • Committee Structure Barnsley CCG • Where do we spend our money • Objectives • Vision and Values • Management Structure 		
	It was queried how the CCG was accountable to the people of Barnsley as stated in the presentation. It was stated that this was through the personal pledges within the Constitution from Officers who were accountable for public money.		

Agenda Item	Note	Action	Deadline
	Mr Philip Watson queried who was responsible for ensuring children were educated whilst being in hospital. It was stated that children's education was the responsibility of the local authority and ill children were normally educated for 6 hours per week whilst in hospital.		
	Sustainability was discussed and it was advised that the CCG would be looking a working on a bigger footprint across South Yorkshire and Bassetlaw to make Acute care more sustainable.		
	The Barnsley Healthcare Federation was discussed and it was stated that the federation were a private provider and a non-profit organisation. It was highlighted that the federation could share back office functions between practices which would be cost saving but also enabled 27 practices to come together and bid for contracts. It was stated that in the near future the Patient Council would invite the Chief Officer of Barnsley GP Federation to the Patient Council to give an update on the Barnsley Healthcare Federation. Members were informed that there would not be any changes that they would see from this new initiative in their local practices as it was all back office.		
	Mr Ben Cox queried on the CCG Structure if its Audit was internal or external. The Chief of Corporate Affairs advised that the CCG had both internal and external audit on the CCG's Audit Committee.		
	The Patient Council thanked the Chief of Corporate Affairs for attending the meeting.		
GENERAL			
PC 16/01/04	MINUTES OF THE PREVIOUS MEETING HELD ON 25 NOVEMBER 2015		
	The minutes of the previous meeting held on 25 November 2015 were verified as an accurate record of the meetings proceedings.		
	The Patient Council had a discussion on patients accessing their records held by GP Practices. Some practices had made this facility available while other patients could still not see their records. It was suggested to share information at PRG meetings that all patients should now be able to view their medical records online. Ms Marie Hoyle agreed to demonstrate the facility at a future Patient Council meeting.	MH	24.02.16

Agenda Item	Note	Action	Deadline
PC 16/01/05	MATTERS ARISING REPORT		
	<p>The Patient Council considered the Matters Arising Report. The following updates were given:</p> <ul style="list-style-type: none"> • PC 15/11/04 Minutes of the previous meeting <p>The Chair advised that following on from a query at the last meeting on if Individual Budgets Holders (IBH) had been considered in the Community Nursing Review he advised the IBH would not be affected by the review.</p>		
AGENDA ITEMS			
PC 16/01/06	REPORT OF THE CHAIR		
	The Patient Council noted the contents of the Chairman's report which highlighted the outcome of BHNFT's CQC visit.		
PC 16/01/07	ANY OTHER BUSINESS		
	7.1 Community Listener		
	Ms Lynne Craven informed the Patient Council that she had been appointed as a Community Listener by NHS England. She asked for volunteers to take part in a short video around 'Your Health and What's Important to you'.		
PC 16/01/08	DATE AND TIME OF THE NEXT MEETING:		
	The next meeting of the patient Council will be held on Wednesday 24 February 2016 at 6.00 pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY		



BARNSLEY PATIENT COUNCIL

24 February 2016

MATTERS ARISING REPORT

1. PURPOSE OF THE REPORT

To report on matters arising from the Patient Council meeting held on 27 January 2016 and to provide an update on items from previous meetings where applicable.

2. INTRODUCTION

The report on matters arising is presented to Patient Council as a means of providing an update on actions without revisiting earlier discussions. It is not intended to preclude or inhibit discussion in any way. Patient Council members remain welcome to request further information on the items listed and/or any other items arising from the last or previous meetings.

3. THE PATIENT COUNCIL IS ASKED TO:

- Approve the deletion of completed actions from the Matters Arising Report.
- Consider any actions where the date for completion has lapsed.
- Note the progress reported on Matters Arising from previous meetings.

Report of: Chris Millington

Designation: Chairman

Report Prepared by: Lynne Richards

Designation: Governance, Assurance and Engagement Facilitator.

MATTERS ARISING REPORT TO PATIENT COUNCIL

1. MATTERS ARISING

The table below provides an update on actions arising from the previous meeting of the Patient Council held on Wednesday 27 January 2016.

Minute ref	Issue	Action	Outcome/Action
PC 16/01/04	MINUTES OF THE PREVIOUS MEETING HELD ON 25 NOVEMBER 2015 PATIENT ONLINE ACCESS Ms Marie Hoyle agreed to demonstrate the facility at a future Patient Council meeting.	MH	COMPLETED – On the agenda.

PATIENT COUNCIL
24 FEBRUARY 2016
CHAIRMANS REPORT

I-HEART BARNESLEY

To date the service has seen approx. 1,934 patients, of which 804 were seen in January. We are continuing to see strong and significant uptake of services. The level of patient feedback has continued to be very high. Across December and January, when patients have been asked where they would have gone if I HEART had not been available 273 said they would have attended A&E.

The service is now receiving in excess of 200 phone calls per week, with the busiest periods of the day between 10am and 11am each morning and 2pm-6pm in the afternoon.

As the service begins to establish and embed within Barnsley, I HEART team has taken the opportunity to review appointment levels and service uptake across all wards in Barnsley. The results show the highest referring wards in January are Darton, Dearne Valley and Dodworth.

From the patient feedback received the results so far have been very positive. In January 97% of respondents would recommend I HEART Barnsley this is an increase of 2% from December 2015. Over 96% of respondents rated the overall service as excellent or very good. The majority of patients for the IHEART service are finding out about us via their local GP Practice.

The service is currently evaluating the demand for Sunday morning appointments. At present our Saturday appointments are not fully utilised and is by far the quietest day of the week. We are aiming to increase Saturday utilisation prior to opening on Sundays. At the same time we are asking patients whether they would attend a Sunday appointment. We have also received the recently release GP survey results for Barnsley. This shows lower levels of demand for Sunday services only 39% of patients highlighted the benefit of Sunday appointments compared to 70% highlighting the need for a Saturday appointment.

BARNESLEY HOSPITAL

There has been much debate regarding our Junior Doctors..

Richard Jenkins, Medical Director took time to assure all of the staff and the Governors that Patient Safety, was and would always be his first priority.

Quote:

Dr Richard Jenkins, Medical Director at Barnsley Hospital, said: "I would like to take this opportunity to reassure our patients and the public that as always, patient safety

and quality care remains our top priority and will continue to throughout this industrial action period.

We have strategic plans in place to ensure that patient care is affected as little as possible. Regrettably some services may need to be changed during this time; patients and the public can find full details of any changes on the Trust website.

The Trust recognises the important role that Junior Doctors play in the NHS and in our Hospital. The industrial action is as a result of a national contract dispute rather than a dispute between the Trust and Junior Doctors. It is clear that they have not taken the decision to take industrial action lightly”.

- Within the entrance way to the hospital is an ‘old style’ incubator, placed with the objective of tempting people to put monies into a slot at the top to support their Tiny Hearts Appeal. If you are, for any reason, in the vicinity why not join the many hundreds of people who have dropped the odd coin and paper money within to support this fantastic appeal. The total fund, as we write, has now tipped over the £100,000 mark. Many of the staff, instead of sending Christmas cards to each other, put monies into the fund. Great idea.
- At the February 2016 Board Meeting the Directors reported a year to date deficit (loss) of £12.6m. This is £3.8m behind where they wanted to be. A great deal of hard work has been put into reducing their deficit position by not just the Directors, but everyone in the Trust. It is a good hospital, let us all support them

MULTI (SPECIALIST) COMMUNITY PROVIDERS. –MCP-

- We have been working all year, putting together two programmes that will deliver out-of-hospital care
- By way of reminder they are: Diabetes and Respiratory such as C.O.P.D. Chronic Obstructive Pulmonary Disease.
- All of the team have taken care to engage with the public and eventual providers to ensure what we are about to deliver will match the needs of the people involved
- The ideal scenario will be a One-Stop-Shop service, eliminating numerous visits to various providers.
- The first project Diabetes will more than likely be delivered by April 2016.

COMMUNICATIONS WITHIN THE NHS

- It is planned that FREE Wi-Fi will be available across all NHS buildings in England as part of the government’s commitment to a paperless health service by 2020.

OUR LOCAL STORY – CCG

- Commissioning For Value
- We obviously continue under the direction of NHS England and we are charged yet again to improve the value and utilisation of all of our resources. It will focus our plans on each and every opportunity which have the potential to provide the most cost effective improvements in our local Health Economy.
- This is not about a cost cutting exercise but a real meaningful way of delivering more for the same amount of monies.
- It is also about reducing inequalities within our Town with the potential to increase quality of care, combined with better value for our £.

NHS IMPROVEMENT

- This is a new appointed body which will bring together Monitor and the NHS Trust Development Authority. Within the overall structure the Care Quality Commission, Public Health England, Health Education England, and NICE who together produced the Five Year Forward View have published the 2016/17 thro to 2020/21 Planning Guidance.
- The objective(s) sets out the steps to direct local organisations to deliver a sustainable transformed health service: STP.
- Overall there will be some £560 billion of NHS funding, including a new Sustainability and Transformation Fund worth £2.1 billion in 2016/17 rising to £3.4 billion in 2020/21.
- This fund will help to get hospitals back on track, support the delivery of the Five Year Forward View, and help new investment within Primary Care, mental health and cancer services.

YORKSHIRE AMBULANCE SERVICE

- I would love to report that this vital service is delivering to the 75% target for RED One calls. But I cannot.
- The current Hot Topic is the (111) Service where a good deal of negative press is highlighting the shortcomings within various sectors across the regions
- The whole of the CCG Governing Body have visited the YAS operations, as previously reported, and seen both the (999) and the (111) service in action.
- Some of my initial negativity was changed by what I saw, but, there is still a lot to happen to assure all of the people in Barnsley that we have a service, fit for purpose.
- The fact from fiction is that TARGETS, good or bad, are not being met

THE M.I.G. = Medical Interoperability Gateway Service.

- Many concerns, much debate however the final objective is to support a more integrated healthcare offering with real time sharing of detailed G.P. Patient

records. For assurance, each and every access to records will require the patients authority, and that there is a clear audit trail to support the interrogation.

- Within the local Health scene there has been almost a 100% acceptance of the M.I.G. within the Leeds health providers. We are learning from their experience(s).
- It is the CCG's intention to roll out the M.I.G. across our own G.P. services, then to extend this to other provider organisations such as:
- South West Yorkshire Foundation Trust, YAS, Barnsley Hospital, Barnsley Hospice and our Out of Hours Providers.
- There has been an ongoing concern, voiced through various engagements, that when (we) get to a health provider, they have no knowledge of our past medical history and/or current medication. The M.I.G. will help overcome a lot of wasted time sought gaining this vital information.

FIRST PORT OF CALL

- This is our dedicated training programme for Reception Staff, working within our local G.P. Practices.
- The objective is to deliver customer facing training to ease the pressure on this hard working sector, giving them knowledge and confidence to overcome each and every concern that is presented to them
- It is not a fix-all solution but for whatever reason many of our support staff have not had customer facing training, and with more and more pressure on GP Practices we need to acknowledge that people are becoming more and more demanding
- If you have health issues, your first port of call is to your doctors surgery, hence the title of our training programme.
- Eventually, this will be rolled out and extended for other services as we continue to deliver Care Closer to Home ethos.