

A meeting of the Patient Council will be held on Wednesday 25 July 2018 at 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

AGENDA

ITEM	SESSION	LEAD	TIME
1.	Welcome and Apologies	Chair	6.00pm
WORKSHOP			
2.	Introduction to the Be Cancer Safe Initiative (Barnsley & Rotherham)	PC18/07/02 <ul style="list-style-type: none"> • Kathryn Wild, Project Worker for Barnsley – Voluntary Action Rotherham • Andrew Stevenson, Commissioning and Transformation Manager (BCCG) • Dr M. H. Kadarsha – GP and Clinical Lead for Cancer (BCCG) 	6.05pm
GENERAL			
3.	Actions and updates of the previous meeting held on 27 June 2018	PC18/07/03 Chair	7.20pm
4.	Date and time of the next meeting: Please note that there is no meeting in August. The next meeting will be taking place on Wednesday 26 September 2018, 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY. Future meeting dates 2018: 31 October & 28 November		7.30pm Close

For enquiries please contact:

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Pre-reading for Barnsley Patient Council Members

25 July 2018

Introduction to ‘Be Cancer Safe’

Speakers

Kathryn Wild – Be Cancer Safe Project Worker (Voluntary Action Rotherham)

Dr Hussain Kadarsha – Clinical Cancer Lead (NHS Barnsley CCG)

Andrew Stephenson – Commissioning and Transformation Manager (NHS Barnsley CCG)

What is ‘Be Cancer Safe’?

Be Cancer Safe is a community approach to improving cancer survival in South Yorkshire, Bassetlaw and North Derbyshire

Kathryn, Andrew and Dr Kadarsha will be attending the July meeting in order to provide members with an overview of the work of the Be Cancer Safe project, what it is doing, and how it will affect people in Barnsley.

More people in our region are diagnosed with cancer than the England average and we know that catching cancers at an earlier stage greatly increases the chance of survival.

Through a range of community based activities and initiatives we aim to make sure everyone is aware of the signs and symptoms of cancer, know what screening is available to them and ultimately increase the number of people diagnosed at an earlier stage.

Ordinary members of the community can get involved and be supported to raise awareness with their family, friends, neighbours and work colleagues. They will do this by word of mouth, distribution of information and signposting people to the range of services available to them. They will assist in giving information which is beneficial to others and motivate people to be more aware and alert to cancer symptoms. These people will be known as Cancer Champions. This is a micro-volunteering role which can be done in five minutes depending on the Cancer Champions time constraints.

Be Cancer Safe aims to create 1560 cancer champions between April 2018 and March 2019 in Barnsley. These champions will be created primarily in the targeted areas of the Dearne, St. Helens and Stairfoot. In addition to the in person work, Be Cancer Safe, is also be a social movement with platforms on Facebook and twitter for people to engage with.

Who is delivering the project and where?

Be Cancer Safe is coordinated by the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance and delivered by the following voluntary sector and health organisations in each area:

- Voluntary Action Rotherham in Rotherham and Barnsley
- Aurora Wellbeing Centres in Bassetlaw
- Rotherham, Doncaster and South Humber NHS Foundation Trust in Doncaster
- Sheffield Local Authority in Sheffield
- Derbyshire Voluntary Action in North Derbyshire and Hardwick

The project has been commissioned by the Cancer Alliance with support from NHS Barnsley CCG Commissioners and represents a significant investment in supporting people and communities to access healthcare where there is a reluctance to do so. This may be for practical or cultural reasons, but may reflect poorly on their future health and cancer diagnosis.

The project works closely with the screening programme and is able to target areas and communities where we can identify disproportionately high levels of later stage diagnosis, or low rates of attendance at screening. Information to inform our focus comes from publicly available public health information interpreted with help from Cancer Research UK.

Further information

Rotherham and Barnsley Be Cancer Safe Facebook Group –

<https://www.facebook.com/groups/349277205479974/>

Rotherham and Barnsley Be Cancer Safe Twitter –

https://twitter.com/BeCancerSafe_RB



Minutes of the Barnsley Patient Council meeting held on Wednesday 27 June 2018 at 6.00pm in the Boardroom, Hillder House, Barnsley CCG, 49/51 Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington (<i>Chair</i>)	Barnsley Clinical Commissioning Group Lay Member for Patient & Public Engagement
Lynne Craven	Hoyland Medical Centre PRG
Jan Eldred	The Kakoty Practice PRG
Adrian England	Healthwatch Barnsley / Monk Bretton Health Centre PRG
John Gessler	Hoyland Medical Centre PRG
Garth Heyworth	Wombwell Surgery PRG
Sue Kaye	Wombwell Surgery PRG
Margaret Lindquist	Walderslade Surgery PRG
Janet Neville	Rotherham Road Medical Centre
Philip Watson	Patient, Hill Brow Surgery
Herbert Youel	Patient, Caxton House Surgery

IN ATTENDANCE:

Mike Austin	Primary Care Team Member
Shelley Gartside	Executive PA & Patient Liaison Officer, Barnsley Healthcare Federation
Lucy Hinchliffe	Project Coordinator, Barnsley Clinical Commissioning Group
Dr Kathryn Horridge	GP, Hill Brow Surgery
Marie Hoyle	Chief Executive, Barnsley Healthcare Federation
Siobhan Lendzionowski	Lead Commissioning & Transformation Manager, Barnsley Clinical Commissioning Group
Katie Popple (<i>Minutes</i>)	Secretariat Team Leader & Executive PA, Barnsley Clinical Commissioning Group

APOLOGIES:

Pat Durie	Patient, The Dove Valley Practice / My Barnsley Too
Mel Dyke	St George's Medical Practice PRG
Jeff Ennis	Brierley Medical Centre PRG
Ann Hart	Ashville Medical Centre PRG
Alan Higgins	Barnsley Hospital Public Governor
Jill Marshall	Kingswell Surgery PRG
Margaret Sheard	White Rose Surgery PRG
Elaine Staley	The Kakoty Practice PRG
Kirsty Waknell	Head of Communications & Engagement, Barnsley Clinical Commissioning Group

Agenda Item	Note	Action	Deadline
PC18/06/01	WELCOME AND APOLOGIES		
	The Chair welcomed everyone to the meeting and apologies were noted.		
GUEST SPEAKER / WORKSHOP			
PC18/06/02	IMPROVING HOME VISITING		
	<p>Marie Hoyle and Siobhan Lendzionowski introduced the topic and explained how the aim of the session was to open up the project of a new home visiting service in Barnsley to Patient Council members and gather their thoughts which in turn would help to shape the project moving forwards.</p> <p>They explained that work had begun following GP practices asking the CCG to look at options for making in-hours home visits more efficient. In doing so there would be benefits for the public, the healthcare system and partners.</p> <p>Some of the current issues with home-visiting include:</p> <ul style="list-style-type: none"> • Late admissions to hospitals – patients miss diagnostic timeframes and are kept in a bed overnight, i.e. investigations can't be carried out or results processed by the laboratory until the next day • Patients being seen in the right place – treatment may have been able to be initiated at home rather than in hospital if patient had been seen earlier in the day • Patients seeing the right person – some health checks and monitoring could be carried out by someone other than a GP • GP workload – workforce is stretched • Avoidable visits – some patients could have been seen at the surgery or by another healthcare professional in their home • Efficiency – utilising the right resources • Not reducing access – instead ensuring patients are seen by the most appropriate person in the preferred location 		
	<p>Members were asked to answer the following question and documented their answers as follows:</p> <p>1. What are your initial thoughts [on the project]?</p>		

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	<p><i>Patient concern</i></p> <ul style="list-style-type: none"> ○ <i>Fear</i> ○ <i>I need to see my doctor</i> ○ <i>I cannot get out of the House! Help!</i> <p><i>Triage</i></p> <ul style="list-style-type: none"> ○ <i>More triage</i> ○ <i>How can home requests be triaged with sign-posting to the 'right' person / 'right place'?</i> ○ <i>Time can be wasted when home visits have been requested as evidence/information is assessed</i> <p><i>Staff</i></p> <ul style="list-style-type: none"> ○ <i>Working together</i> ○ <i>How do I know whether to go to a pharmacist/nurse etc. and how do I do this?</i> ○ <i>Community First Responder / Community Occupational Therapist</i> <p><i>Admissions</i></p> <ul style="list-style-type: none"> ○ <i>Unnecessary admissions to hospital</i> ○ <i>Why don't they do visits in the morning only?</i> ○ <i>How can we avoid late admissions when home visits must be requested in a morning? If I deteriorate in an afternoon I can't get a home visit until the next day so I go to A&E or deteriorate further</i> <p><i>Improve current practice</i></p> <ul style="list-style-type: none"> ○ <i>Make best use of everything available</i> ○ <i>LTC management</i> <p><i>New ways of working</i></p> <ul style="list-style-type: none"> ○ <i>?Centralise home visits</i> ○ <i>Home visits to take blood pressure only; someone else should be trained to do it</i> ○ <i>Notes kept with patients, therefore don't need patient in GP surgery</i> 		
	<p>Lucy Hinchliffe informed the group that a survey had been carried out with GPs to establish how many home visits were carried out, when they happened, the opinions of GPs and to gain validation that they definitely wanted the CCG to work on this project. It was reiterated to the group that this work was led by Primary Care practices.</p> <p>All 33 practices received the survey with 66% responding.</p> <p>The survey's key finding were:</p>		

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	<ul style="list-style-type: none"> • GPs undertake 6-10 hours per week on home visits • The number of visits to people living in their own homes varies • The age range of patients requesting home visits is aged 46 and over • The majority of home visits are from patients aged 76 and over • Mondays are the busiest day for requests • Most home visits occur in the afternoon • Clinical needs are generally associated with older people <p>Additionally, the team informed that they had run two workshops and looked at other areas nationally to see what they have done to improve home visiting; some examples included Community Matrons completing home visits, employing an Older Person's Nurse or Frailty Nurse, Receptionists acting as care navigators and a separate team entirely where patients with multiple long-term conditions transferred for 9 months then moved back to the care of their GP practice after intensive support.</p> <p>The team found that some Barnsley practices had already employed an Advanced Nurse Practitioner who visited patients after triaging with a GP or a paramedic.</p>		
	<p>The Patient Council was introduced to Dr Kathryn Horridge, a salaried GP at Hill Brow Surgery, who attended to talk about how her surgery had employed a paramedic to assist with home visiting.</p> <p>She advised that on average her surgery can receive 15 requests per day, some of which are triaged by the duty doctor and some which are automatically allocated by reception; 3 to 4 of these visits may be within one nursing home. As a result the practice's partners had a meeting to look at ways in which they could work more effectively as these patients have complex needs and do require visits. They have therefore trialled the employment of a paramedic for almost 12 months and continue to review this arrangement on an on-going basis.</p> <p>She explained how the advantages and disadvantages were as follows.</p> <p><u>Advantages</u></p> <ul style="list-style-type: none"> • It frees up GP time to see other patients • It allows GPs to complete prescription requests (can 		

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	<p>sometimes receive up to 80 a day)</p> <ul style="list-style-type: none"> Allows supervisors to debrief and support trainees Practice staff have protected time to discuss any issues A Paramedic can visit between 10am-4pm, whereas many GPs can only visit in an afternoon GPs can leave extremely ill patients with the paramedic who has the skills to use ECGs and defibrillators until transport arrives, so they can continue to visit other patients <p><u>Disadvantages</u></p> <ul style="list-style-type: none"> Lack of continuity for patients Prescribing for patients the GP hasn't seen can make them feel uneasy Feels like the GP is 'double debriefing' when Paramedic returns to surgery <p>She advised that the surgery was also looking to employ an Advanced Nurse Practitioner and Pharmacist. Although this wouldn't necessarily affect visiting numbers it would assist with the workload.</p>		
	<p>Members were asked to answer the following questions and documented their answers as follows:</p> <p>2. What are your suggestions for reducing the number of home visits?</p> <p><i>Improve current practice</i></p> <ul style="list-style-type: none"> <i>More ANP's and triage</i> <i>More phone lines in practice</i> <i>Flexibility around times of GP visits – why always in the afternoon? This could stop late admissions / A&E visits</i> <i>Train patients and carers for people with multiple long-term conditions to help diary of symptoms etc.</i> <i>Better triage questioning skills</i> <i>Triage</i> <i>Continuity of care</i> <i>See the same doctor</i> <i>Answer the telephone – talk to people</i> <i>Care and support planning</i> <p><i>New ways of working</i></p> <ul style="list-style-type: none"> <i>Mobile phones lent to patients – only access to surgeries</i> <i>Do visits requested by nursing homes become a</i> 		

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	<p>'back-cover up exercise i.e. work-averse or lack of trust across systems?</p> <ul style="list-style-type: none"> ○ Equip nursing/care staff in residential care settings i.e. upskill to triage and carry out more monitoring/screening activities ○ Skype/Facetime etc. ○ Lay people trained to take basic measurements e.g. blood pressure, temperature etc. ○ Medistori - Personal Health Organiser ○ Telephone follow-up (are you ok?) <p><i>Self-management</i></p> <ul style="list-style-type: none"> ○ Allow patients to take responsibility of their own health ○ Set back-up plan e.g. what to do if become breathless ○ Patient education ○ Use health champions and health care navigation <p>3. What do you think would be the benefits if we release GP time from home visits?</p> <p><i>Releasing time for care</i></p> <ul style="list-style-type: none"> ○ Increase GP time to see patients in surgery ○ More time to check patients who have long-term specific needs ○ Reduce waiting times for consultation ○ More time per patient ○ Do some collaborative care and support planning ○ Longer appointments ○ Risk groups ○ More on site face to face meets (at surgery) ○ Reduce 'tension' = I cannot get an appointment ○ Keep doctors at the surgery, not out on the road <p><i>Releasing time for administration</i></p> <ul style="list-style-type: none"> ○ Catch up with colleagues on latest medical advancements ○ GPs could chase up letters from hospitals ○ Education in health ○ Upskill ○ Update patient leaflet 		
	<p>Siobhan Lendzionowski informed members of other schemes that were already in place to help utilise resources effectively:</p> <ul style="list-style-type: none"> • Co-ordinating Universal Service Provision (CUSP) to Care Homes 		

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	<ul style="list-style-type: none"> • The 'Red Bag' Scheme • Community Nursing Neighbourhood Delivery Model • Menu of Support from GPs <p>The Patient Council were shown a short video regarding the Penistone Community Car Service scheme, which offers a cost effective alternative to taxis for older people to attend appointment, maintain social activities and use local facilities; this has been running for 12 months.</p>		
	<p>The team advised that there were four key areas that they would like to focus on to improve home visiting and ensure such changes are appropriate:</p> <ul style="list-style-type: none"> • Care Homes Programme – need time to let recent work embed • Patient and Public Involvement & Engagement – aware that they need to look at potential transport issues, need to work better with carers, tackle cultures and reiterate that they are trying to improve the service not take it away • Improve Current Practice – increase credibility of other professionals with GPs, raise awareness of other healthcare roles and create standardisation across Barnsley • Evaluate and Test Alternative Ways of Working –to create a better patient experience and care, reduce home visits and be mindful that needs may vary across localities 		
	<p>Members were asked to answer the following questions and documented their answers as follows:</p> <p>4. What are your thoughts on the proposals?</p> <p>Questions</p> <ul style="list-style-type: none"> ○ <i>What are the proposals?</i> ○ <i>More financial input – when services are being reduced how do these ideas work?</i> ○ <i>What are the views of the Barnsley Healthcare Federation?</i> ○ <i>If we expect more from care home staff, will their pay increase for extra skills and knowledge?</i> ○ <i>What percentage of home visits is in residential settings?</i> ○ <i>How will you measure success and how will you measure failure?</i> ○ <i>How much effort/work will be concentrated on care</i> 		

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	<p><i>homes and how much on/in the community?</i></p> <ul style="list-style-type: none"> ○ <i>What are the statistics and where are they published e.g. are numbers of home visits up or GPs down?</i> ○ <i>Lots of things – when joined up?</i> <p><i>Ideas</i></p> <ul style="list-style-type: none"> ○ <i>Use rapid cycle testing – much quicker than 6-9 months</i> ○ <i>Engage local MPs to get message across</i> <p><i>General feedback</i></p> <ul style="list-style-type: none"> ○ <i>Early work – keep going!</i> ○ <i>Lots to take in</i> <p>5. What advice can you give us to make sure we involve patients and public in this work?</p> <p><i>Communication</i></p> <ul style="list-style-type: none"> ○ <i>Talk!</i> ○ <i>More of this</i> ○ <i>Go out and ask</i> ○ <i>Go out in Barnsley (market place) and talk – survey</i> <p><i>Patient Education</i></p> <ul style="list-style-type: none"> ○ <i>We need more information about who to ask when requesting home visit e.g. would a pharmacist or nurse help/ visit me?</i> <p><i>Care/nursing homes</i></p> <ul style="list-style-type: none"> ○ <i>If most home visits are to residential settings, more resources should be diverted to train and resource staff – and reward them accordingly</i> <p><i>General feedback</i></p> <ul style="list-style-type: none"> ○ <i>Remove (reduce) music in videos. 1 in 7 people have hearing difficulties – majority are older people</i> <p>6. What do you think patient concerns may be?</p> <p><i>Trust</i></p> <ul style="list-style-type: none"> ○ <i>Having trust in the person arriving</i> ○ <i>We need to be able to trust and have confidence in ‘other’ healthcare professionals and lean not to always rely on GPs</i> ○ <i>We need to understand triage – who, what frameworks do they use, how can you build trust?</i> 		

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	<p><i>Fear of losing service</i></p> <ul style="list-style-type: none"> ○ <i>If I need a home visit will I get one?</i> ○ <i>Fear of loss</i> <p><i>General feedback</i></p> <ul style="list-style-type: none"> ○ <i>Must give hope for gain</i> ○ <i>People buy 'benefits' not procedures</i> <p>7. What can we do to allay patient concerns?</p> <p><i>Communication</i></p> <ul style="list-style-type: none"> ○ <i>Keep patients informed and by newsletter, TV and radio</i> ○ <i>There are so many 'alternative' routes to care/services – how can patients/client/customer access routes to follow e.g. iHeart, 365 etc.</i> ○ <i>Patients talk to patients in waiting area of surgery, A&E, wards, outpatients etc.</i> ○ <i>Listen</i> <p><i>Project shaping and management</i></p> <ul style="list-style-type: none"> ○ <i>Act on what you find</i> ○ <i>Measure</i> ○ <i>Establish KPIs</i> <p><i>General feedback</i></p> <ul style="list-style-type: none"> ○ <i>Fewer words and more pictures</i> ○ <i>"Putting patients at the centre" – poor words</i> 		
	<p>Patient Council members requested further information following the meeting regarding statistics and whether visits were predominately requested from care homes or private homes.</p> <p><u>Post Meeting Note</u></p> <p>There are no statistics available at this stage as information about GP home visits can only be collected from individual practices, it is not available via the existing data systems that we have in place. The GP survey we launched May 2018 was to establish baseline data for the project, including us asking how many home visits Barnsley GPs carry out. The survey data we have only gives us a snapshot and we plan to collect more robust data which can be shared at a later time.</p>		
Marie Hoyle and Siobhan Lendzionowski thanked			

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	members for their contribution and reiterated the need for continuous patient and public engagement. They advised that the next step would be for the team to consider if a commissioning proposal would meet the projects aims.		
	The Chair thanked the Commissioning and Transformation team, the Chief Executive of Barnsley Healthcare Federation and Dr Kathryn Horridge for delivering the presentation.		
GENERAL			
PC18/06/03	MINUTES OF THE PATIENT COUNCIL HELD ON 25 April 2018		
	The minutes of the previous meeting held on 30 May 2018 were verified as a correct record of proceedings.		
PC18/06/04	ANY OTHER BUSINESS		
	There were no items of any other business.		
PC18/05/05	DATE AND TIME OF THE NEXT MEETING		
	<p>The next meeting of the Patient Council will be held on Wednesday 25 July 2018 at 6.00 pm, in the Boardroom Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p>Future Meeting Dates 2018</p> <p>26 September 31 October 28 November</p>		