

A meeting of the Patient Council will be held on Wednesday 28 March 2018 at 6.00pm at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

AGENDA

| ITEM | SESSION | LEAD | TIME |
|-----------------|--|--|-----------------|
| 1. | Welcome and Apologies | Chair | 6.00pm |
| WORKSHOP | | | |
| 2. | Patient Choice workshop covering: <ul style="list-style-type: none"> • What is patient choice • The benefits of patient choice • Supporting patients to choose • Raising awareness • Group Discussion | PC 18/03/02 Jo Brooks Choice Project Manager - Personalised Care Group NHS England | 6.05pm |
| GENERAL | | | |
| 3. | Actions and updates of the previous meeting held on 31 January 2018 | PC 18/03/03 Chair | 7.15pm |
| 4. | Patient Council Charter | PC/18/03/04 Emma Bradshaw | 7.20pm |
| 5. | Date and time of the next meeting: Wednesday 25 April 2018, 6.00pm at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY. Future meeting dates 2018: 30 May 27 June 25 July 26 September | | 7.30pm Close |

For enquiries please contact: Katie Pople, Secretariat Team Leader & Executive PA to Chief Finance Officer, Barnsley CCG, Hilder House, 49 - 51 Gawber Road, Barnsley, S75 2PY. Call 01226 433709 or email katie.pople@nhs.net

**PRE-READING FOR BARNSELEY PATIENT COUNCIL MEMBERS
FOR THE FEBRUARY MEETING**

AN INTRODUCTION AND OVERVIEW OF PATIENT CHOICE

Jo Brooks, Choice Project Manager - Personalised Care Group, NHS England will be in attendance at the next Patient Council meeting on Wednesday 28th February in order to provide an introduction and overview of Patient Choice.

In preparation for the presentation and discussion at the meeting, please see below a brief introduction to Patient Choice for your information.

If you have the time to take a look at this information prior to the meeting that would be very helpful but please don't worry if not as we will cover all of this and more at the meeting.

BACKGROUND INFORMATION

The Personalised Care Group within NHS England is working with partners across health and social care to enable patients to personalise their care in order to better meet their needs and preferences and enhance their choice and control.

The group plays a key role in taking forward the vision of the [Five Year Forward View](#) in empowering patients to have far greater control over their own care.

Patient surveys have shown that levels of patient awareness of choice have been around 50% for a number of years, the Choice team are actively seeking to improve this.

HOW CAN THE PATIENT COUNCIL HELP?

By attending the workshop you will have the opportunity to shape the planned programmes of work as well as future patient awareness raising products e.g. leaflets, films etc.

To set the scene an overview of patient choice will be delivered; policies including the [NHS Choice Framework](#) will be introduced, benefits to patients and where to find information to help patients choose will be explained, the presentation will then describe what patient awareness activities are currently being undertaken.

We would like to discuss and gain your input and feedback in relation to the following questions at the next Patient Council meeting;

1. Messages – What do patients want to know?
2. Resources/ Routes – How can we best publicise patient choice? What products can be produced which would assist? How should the messages be disseminated?
3. Interaction - How can we enthuse patients (to be more involved in their care)?

Date: 7th February 2018



Minutes of the Barnsley Patient Council meeting held on Wednesday 31 January 2018 at 6.00pm in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

PRESENT:

| | |
|--------------------------|---|
| Chris Millington (Chair) | BCCG Lay Member for Patient & Public Engagement |
| Toni Burton | Barnsley Healthcare Federation |
| Ben Cox | The Grove Medical Centre PRG |
| Adrian England | Healthwatch Barnsley / Monk Bretton Health Centre PRG |
| Jeff Ennis | Brierley Medical Centre PRG |
| Alan Higgins | BHNFT Public Governor |
| Martin Hopkinson | Patient |
| Margaret Lindquist | Walderslade Surgery PRG |
| Peter Moody | Barnsley Independent Alzheimer's & Dementia Support |
| Janet Neville | Patient, Rotherham Road Medical Centre |
| Elaine Staley | Patient, The Kakoty Practice |
| Philip Watson | Patient, Hill Brow Surgery |
| Herbert Youel | Patient, Caxton House Surgery |

IN ATTENDANCE:

| | |
|------------------|--|
| Mike Austin | Primary Care Team, BCCG |
| Lesley Hodgson | Practice Development Nurse, SWYPT |
| Natalie McCarthy | NNS Training Coordinator, SWYPT |
| Katie Popple | Executive PA & Secretariat Team Leader, BCCG (Minutes) |
| Jayne Sivakumar | Head of Alliance Working, BCCG |
| Dan Slater | Lead Nurse NNS, SWYPT / Community Advisor, BCCG |
| Kirsty Waknell | Head of Communications & Engagement, BCCG |

APOLOGIES:

| | |
|-----------------|------------------------------------|
| Gerald Alliot | Patient |
| Gloria Alliot | Patient |
| Lynne Craven | Hoyland Medical Centre PRG |
| Pat Durie | Patient / Service Carer User Board |
| Janine Eldred | The Kakoty Practice PRG |
| John Gessler | Hoyland Medical Centre PRG |
| Eileen Hall | Huddersfield Road Practice PRG |
| Ann Hart | Ashville Medical Centre PRG |
| Garth Heyworth | Wombwell Surgery PRG |
| Colin Wilkinson | Park Grove Medical Practice PRG |

| Agenda Item | Note | Action | Deadline |
|---------------------------------|---|--------|----------|
| PC 18/01/01 | WELCOME AND APOLOGIES | | |
| | The Chair welcomed everyone to the meeting and apologies were noted. | | |
| GUEST SPEAKER / WORKSHOP | | | |
| PC 18/01/02 | GP SERVICES IN CARE HOMES | | |
| | <p>The group received feedback from Jayne Sivakumar, Dan Slater and two neighbourhood nurses regarding GP services in care homes, following a previous campaign to collate views of residents, family, friends and carers. They explained what work is taking place now and that the purpose is to ensure residents receive the same care and support services as they would in their own homes; correct GP alignment and training is key.</p> <p>The team aim to provide residents with ‘wraparound’ care where services work closely together so care homes don’t feel isolated, in turn avoiding inappropriate hospital admissions, and embrace work which would ultimately allow people to live independently in their own homes.</p> <p>Dan Slater reiterated that the team were continually listening to the opinions of residents, family, friends, carers, GPs, residential homes and other healthcare professionals and that they had a presence at the Care Home Manager’s Forum.</p> | | |
| | The group received a copy of the Care Home Resident Allocation to GP Practices Process for reference. | | |
| | <p>A discussion took place on the developing proposals and the following main points were noted:</p> <ul style="list-style-type: none"> • The proposal is for a phased process commencing with all new patients and admissions; it won’t be fully embedded for 4 to 5 years. • It was reported that there was a mixed response when presenting the proposals to the Care Home Manager’s Forum. At present some homes do decide which GPs their residents will see; the manager may feel they receive a better service with certain practices. The proposal is that GP allocations should be built into pre-admission talks with residents and families. | | |

| Agenda Item | Note | Action | Deadline |
|-------------|---|--------|----------|
| | <ul style="list-style-type: none"> • It is unsustainable for numerous GP practices to cover one care home. All professionals work differently and this can be confusing when various surgeries are involved, particularly when ordering medication. The team want to avoid GPs travelling across the borough to visit residents due to the time constraints involved and therefore ability to only offer limited care in such circumstances. A caveat is contained within the proposals that should a GP wish to continue care for non-local patients with complex needs, as with some conditions it isn't always fitting to start afresh - continuity of care is still important. • It can be clinically safer to provide treatment in clinics, therefore registration at local practices allows residents to be more independent and attend the surgery. • Unlike other models where there is no patient choice, Barnsley didn't feel this was appropriate and felt residents should have the option to choose between two or more practices that are aligned to their residential home. The CQC website and neighbourhood nursing team can provide scorings to help with patient choice but decisions also need to be equitable; everyone can't pick the same GP. • It was confirmed that GP practices are obliged to take registrations of care home residents and therefore any instances of refusal should be reported. • SWYPT can provide training in homes for any highlighted needs such as Falls or Catheter Care. • Rightcare Barnsley are available 24 hours a day to help establish what services a resident may require and where these can be provided to avoid hospital admission. | | |
| | <p>In response to specific questions the following responses were noted:</p> <ul style="list-style-type: none"> • The process will help manage the available beds better, as working in better partnership will allow the residential homes to maintain appropriate levels of care and avoid unsettling residents by moving them to unfamiliar environments elsewhere, keeping care in the community rather than in a hospital. • There is an alliance contract to provide proactive medical support to 30 intermediate care beds and the transition unit at Barnsley Hospital. The four | | |

| Agenda Item | Note | Action | Deadline |
|--------------------|---|--------|----------|
| | <p>care homes involved are: Dearnlea Park, Highgrove, Highstone Mews and Buckingham.</p> <ul style="list-style-type: none"> • There is on-going work to look at what residential homes are to be held accountable for (this includes basic levels of training) which will provide equality across all providers including private providers. • There would not be an additional cost to the CCG in these proposals but the new process may in fact result in a better use of resources as better integrated working should keep individuals out of hospital due to higher levels of support in place. • Residential homes would not need to change their status if nursing was provided - it would be classed as an additional skill provided by community and district nursing teams as part of NHS contracting. Anything classed as 'nursing' wouldn't be asked of carers. • The team are looking into how Patient Safety Alerts are managed in care homes. | | |
| | <p>The team highlighted Mapplewell Manor Care Home as an exemplar for their on-going work to upskill their staff members to do things like taking a blood sample. Equipment is provided by the GP practice with samples then being delivered directly to the surgery for processing. It has proven less stressful for residents, particularly those with a diagnosis of dementia, than attempting to transport them to the practice for an appointment.</p> | | |
| | <p>Patient Council members reported that they could see the benefits of such changes however had concerns that there would be enough GPs in the future for the growth in care home residents. It was reiterated that jobs which were historically picked up by GPs could now be picked up safely and appropriately by other professionals.</p> | | |
| | <p>The Chairman concluded discussion advising member's to share the knowledge about GP services in care homes with other members of their Patient Participation Groups.</p> <p>Dan Slater agreed to return in 6 months' time to provide further updates, particularly around the District Nursing Team.</p> | | |
| GENERAL | | | |
| PC 18/01/03 | MINUTES OF THE PATIENT COUNCIL HELD ON 29 NOVEMBER 2017 | | |

| Agenda Item | Note | Action | Deadline |
|--------------------|---|--------|----------|
| | The minutes of the previous meeting held on 29 November 2017 were verified as a correct record of proceedings. | | |
| PC 18/01/04 | PATIENT COUNCIL CHARTER | | |
| | Due to time constraints it was agreed to defer discussions regarding the Patient Council Charter until February's meeting. | | |
| PC 18/01/05 | ANY OTHER BUSINESS | | |
| | There were no items of any other business to discuss. | | |
| PC 18/01/06 | DATE AND TIME OF THE NEXT MEETING | | |
| | <p>The next meeting of the Patient Council will be held on Wednesday 28 February 2018 at 6.00 pm, in the Boardroom Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p>Future meeting dates 2018 28 March 2018 25 April 2018 30 May 2018</p> | | |



PASSIONATE IN ITS MISSION TO WORK FOR BARNSELEY PEOPLE

BARNSELEY PATIENT COUNCIL

1. CHARTER

Barnsley Patient Council is established as an independent non-political advisory panel which is supported by NHS Barnsley Clinical Commissioning Group (CCG). It will advise the CCG of the considered views and expectations of members of the public to improving, health and care services for the local population.

It will work to ensure that local people and carers have a say in how they would wish to see services organised. The CCG is responsible for making important decisions about the planning and buying of health and social care issues for the benefit of patients and the public Barnsley. The Patient Council will seek views and listen to the people of Barnsley gathering their views and experiences to share with those in charge of services. It will work with the CCG to improve health care services and to ensure high quality and sustainable health care by putting the people of Barnsley first.

The Patient Council will work to the 7 following NOLAN principles:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

2. PURPOSE

The purpose of Barnsley Patient Council is to seek ways of listening to the public, gathering their views. Inviting engagement with those in charge of services and ensuring those communities and populations served by the CCG have a voice which is heard in the development and delivery of services.

The purpose is achieved by:

- Looking at ways to act as the “voice of the public” ensuring that the experience, perceptions , aspirations and fears of local people are gathered and voiced
- Developing relationships between OPEN and the Patient Council
- Promoting the value of public engagement
- Seeking ways to listen to the people of Barnsley
- Creating a network of groups and organisations
- Working in partnership with those in charge of services to secure and prioritise the best healthcare for the needs of the population of Barnsley
- Co-production of a three year plan which will be reviewed annually
- Participate in focus groups as opportunities arise
- Receiving and considering relevant policies/reports and provide feedback where necessary
- ~~Reviewing patient and staff satisfaction surveys, complaints, concerns, and compliments~~
- Having a direct link to escalate issues to the CCG Chairman positive and negative issues to the CCG Governing Body, as well as receiving feedback from the Governing Body and Equality and Engagement Committee on Patient Council recommendations
- Patient Council Being visible at local health events to recruit more members, share key messages and promote OPEN
- Encourage members from other forums and Patient Reference Groups to feed into the Patient Council and visa-versa
- ~~Receiving feedback from CCG Governing Body and Public & Patient Engagement Committee on Patient Council recommendations~~
- Considering the implications of the Equality Act 2010 on the delivery of health and social care to the local community.
- Share ideas amongst members and own Patient Practice Groups

3. MEMBERSHIP

Membership will ensure representation of the patients and communities served. Membership may be advertised in the local press and through internal advertising. To become a member of the Patient Council a person will have to joined OPEN or be a representative of a Patient Reference Group. All new members will complete an enrolment form found in the Patient Council Welcome Pack.

The core membership of the Patient Council will be:

- ~~Representative of Patient Reference Practice Groups (maximum of 15 people)~~
- ~~OPEN Scheme Members (maximum of 15 people)~~

Plus in attendance there will be:

- Lay Member for Public and Patient Engagement (Chair)
- GP Lead for Public and Patient Engagement
- Practice Manager Lead for Public and Patient Engagement
- ~~Governance, Assurance and Engagement Facilitator~~
- Chair of the GP Practice Managers Group
- Member of Healthwatch
- CCG Engagement Lead
- Other staff as requested by the Patient Council

If it is deemed by Patient Council members that any individual has behaved in an unacceptable or disruptive manner, that individual will be asked to leave the Patient Council following a majority vote of no confidence.

Patient Council members will not act through self or political profit.

~~4. QUORUM~~

~~A quorum will be 5 members of which one must be the Chair or Vice Chair. If during the course of a meeting it becomes inquorate, the meeting may continue but no further decisions can be made.~~

45. FREQUENCY & ~~SERVICING OF MEETINGS~~

Meetings shall be monthly on the last Wednesday of the month, except August and December.

All Patient Council meetings will be open to members of the public but members of the public will not be entitled to contribute to the agenda but will be invited by the Chair to comment at the end of the meeting. If a member of the public then wished to join the Patient Council they should complete an enrolment form from a member of the PPE team.

Notice of meetings will be given at least seven days before a meeting, ~~and will be supported by a member of the PPE Team appointed by the CCG.~~

56. REPORTING ARRANGEMENTS

The approved minutes of the Patient Council meetings shall be recorded and submitted to the CCG ~~Public and Patient Engagement Committee~~ Equality and Engagement Committee. ~~The Patient Council Chair will also report directly to the CCG Chairman with any issues of an urgent nature and in turn the CCG Chairman will respond back to the Patient Council in writing. Any issues will be escalated to the CCG Governing Body, if needed. Any feedback and results from previous discussion will be reported at the following meeting.~~

67. AUTHORITY

The Patient Council will be advisory and will have no executive authority and no power of veto.

78. DECLARATION OF INTEREST

At the commencement of the Patient Council meeting members will be invited to declare any conflict of interests relating to agenda items.

| **89. CONDUCT OF THE PATIENT COUNCIL**

The Patient Council shall conduct its business in accordance with the Nolan Principles, the Clinical Commissioning Group Conflict of Interest Policy and in accordance with the Equality Act 2010.

| **910. REVIEW**

| ~~These Terms of Reference~~ This Charter will be reviewed at least once a year or sooner if required.

| ~~July 2015~~ January 2018