

A meeting of the Patient Council will be held on Wednesday 25 April 2018 at 6.00pm at The Core, County Way, Barnsley, S70 2JW (Please note the change of venue)

AGENDA

ITEM	SESSION	LEAD	TIME
1.	Welcome and Apologies	Chair	6.00pm
WORKSHOP			
2.	<p>Reducing prescribing of over-the-counter medicines for 33 minor short term health conditions</p> <p>Brief overview provided followed by table discussion regarding the recent NHS England guidance issued to CCGs following the recent national consultation on reducing prescribing of over-the-counter medicines and considering what this could mean locally.</p>	<p>PC18/04/02 Dr Mehrban Ghani – CCG Medical Director and Barnsley GP</p> <p>Chris Lawson – Head of Medicines Optimisation</p>	6.05pm
GENERAL			
3.	Actions and updates of the previous meeting held on 28 March 2018	PC18/04/03 Chair	7.15pm
4.	<p>Keeping in Touch</p> <ul style="list-style-type: none"> Changes to how we contact you 	Emma Bradshaw	7.20pm
5.	<p>Date and time of the next meeting: Wednesday 30 May 2018, 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p>Future meeting dates 2018: 27 June 25 July 26 September</p>		7.30pm Close

**Pre-reading for Barnsley Patient Council Members
for the 25th April 2018 Meeting**

**Reducing prescribing of over-the-counter medicines for 33 minor
short term health conditions**

Dr Mehrban Ghani, CCG Medical Director and local GP will be in attendance at the next Patient Council meeting alongside Chris Lawson, Head of Medicines Optimisation on Wednesday 25th March in order to provide an overview of the recent NHS England guidance issued to CCGs following the recent national consultation on reducing prescribing of over- the-counter medicines.

In preparation for the presentation and discussion at the meeting, please see below a brief introduction to the above topic 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

NHS England has now finished its consultation on **reducing prescribing of over-the-counter medicines** for 33 minor, short-term health concerns. On 29th March 2018 it published the findings and the guidance for CCGs and prescribers, which is [available here](#).

In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets.

These prescriptions include items for a condition:

- That is considered to be **self-limiting** and so does not need treatment as it will heal of its own accord;
- Which lends itself to **self-care**, i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.

Vitamins/minerals and probiotics have also been included in the consultation proposals as items of limited clinical effectiveness which are of high cost to the NHS.

NHS England partnered with NHS Clinical Commissioners to carry out a consultation after CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation.

Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs, aims to provide a consistent, national framework for CCGs to use. A series of implementation tools to support CCGs in implementing this guidance are under development.

What does this mean in Barnsley?

During the national consultation we encouraged people to feedback their views. We now need to consider what this guidance means for us in Barnsley. We have a local service called [PharmacyFirst](#), which encourages people to see their pharmacists, instead of their GP, for common conditions. We are currently reviewing the new guidance and will be asking for your feedback.

Date: 16th April 2018



Minutes of the Barnsley Patient Council meeting held on Wednesday 28 March 2018 at 6.00pm in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

PRESENT:

Chris Millington (Chair)	BCCG Lay Member for Patient & Public Engagement
Ben Cox	The Grove Medical Centre PRG
Lynne Craven	Hoyland Medical Centre PRG
Pat Durie	Patient / Service Carer User Board
Mel Dyke	St George's Medical Practice PRG
Jan Eldred	The Kakoty Practice PRG
John Gessler	Hoyland Medical Centre PRG
Alan Higgins	BHNFT Public Governor
Margaret Lindquist	Walderslade Surgery PRG
Janet Neville	Patient, Rotherham Road Medical Centre
Philip Watson	Patient, Hill Brow Surgery
Herbert Youel	Patient, Caxton House Surgery

IN ATTENDANCE:

Mike Austin	Primary Care Team, BCCG
Emma Bradshaw	Engagement Manager, BCCG
Jo Brooks	Choice Project Manager - Personalised Care Group, NHSE
Katie Popple	Executive PA & Secretariat Team Leader, BCCG (Minutes)
Catherine Wormstone	Senior Primary Care Commissioning Manager

APOLOGIES:

Adrian England	Healthwatch Barnsley / Monk Bretton Health Centre PRG
Ann Hart	Ashville Medical Centre PRG
Jill Marshall	Kingswell Surgery PRG
Margaret Sheard	White Rose Surgery PRG

Agenda Item	Note	Action	Deadline
PC 18/03/01	WELCOME AND APOLOGIES		
	The Chair welcomed everyone to the meeting and apologies were noted.		
GUEST SPEAKER / WORKSHOP			
PC 18/03/02	Patient Choice		
	The group received a presentation from Jo Brooks, Choice Project Manager, regarding Patient Choice and how the Personalised Care Group Team at NHS England are working with health and social care partners to raise		

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	<p>awareness of choice and how patients can shape and enhance their control of the care and treatment they receive to best suit their personal needs and preferences.</p> <p>It was hoped that Patient Council members would assist in raising further awareness at their PRG groups and feedback about best use of health literature therefore helping to inform future publications and work programmes.</p>		
	<p>The group were introduced to the NHS Choices Framework which explains:</p> <ul style="list-style-type: none"> • When a patient has a choice about their healthcare. • Where further information can be obtained to assist in choice. • How a patient can complain if they are not offered a choice. <p>Legally patients have a right to be offered the following:</p> <ul style="list-style-type: none"> • Choice of GP and GP Practice. • Choice to have a Personal Health Budget (if eligible). • Choice of provider for first outpatient appointment (elective services). • Choice to request a change of hospital for treatment within maximum waiting times (18 weeks & 2 week waits). • Choice to access required treatment in another EEA country. <p>Members were advised that NHSE were looking to include maternity services in the legal framework in the future.</p> <p>They were also asked to note that choices on mental health services were dependant on the services available locally to the individual patient.</p>		
	<p>When a patient has successfully been involved in decisions surrounding their care they should be able to agree with the five 'meaningful choice statements' below:</p> <ul style="list-style-type: none"> • I have discussed with my GP/health care professional the different options, pros and cons, including, where appropriate, whether to have treatment. • Following agreement to progress my care, I was offered choice of where to go for my first outpatient appointment or diagnostic test, as appropriate. • I was given an opportunity to choose a suitable 		

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	<p>alternative provider when I was going to wait longer than the maximum time specified in my legal rights.</p> <ul style="list-style-type: none"> Information to help me make my decisions was available and I knew where to find it in a format that was accessible to me. I was given sufficient time to consider what was right for me. 		
	<p>It was discussed how the benefits of enabling patients to feel empowered in making decisions about their care included:</p> <p><u>Patient Benefits</u></p> <ul style="list-style-type: none"> Greater involvement and control over treatment. Treated sooner if waiting times prioritised – ability to select any hospital in England for an elective procedure means many patients can be seen quicker if decide to prioritise waiting times over locality. It also means they can choose to be closer to family should they require any additional care following a hospital appointment / stay. Greater control over hospital appointment date and time – ability to select a convenient appointment that may fit better with personal and / or work commitments. Better experiences. <p><u>System Benefits</u></p> <ul style="list-style-type: none"> Better patient experiences and reported outcomes. Smoothing & reducing demand (Primary Care). Improving efficiency and quality. 		
	<p>Currently a number of publications are available from NHS England (NHSE) relating to Choice which includes easy read guides. These include the NHS Choices Framework and legal rights, however NHSE want to produce a larger range of resources and improve access to such information especially for people who have low health literacy.</p> <p>The Personalised Care Group Team is also working with NHS Digital to improve the NHS Choices website, which includes using less complicated and technical language to allow all audiences to understand the content. The website allows patients to compare hospitals, including waiting list times, to allow the individual to make an informed choice. Travel planners are incorporated into the website for those who choose to attend a hospital out of area.</p>		

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	<p>Many members of the group were concerned how individuals with limited digital access would manage to access the e-referral system and how the team would reach individuals who struggled to understand health literature. They were keen to ensure there were no inequalities across the board.</p> <p>Jo confirmed that NHSE have a Health Literacy Team working alongside the Personalised Care Group Team and that digital concepts shouldn't be seen as a barrier but as a tool to help speed up processes. For individuals who are unable to access online facilities, should family / friends / carers be unable to assist then they can link in with practice admin staff. A patient should be able to walk out of their GP surgery with either a hospital appointment or login details to complete the booking themselves.</p>		
	<p>Patient Council members shared their experiences of Patient Choice and the following points were noted:</p> <ul style="list-style-type: none"> • Some were completely unaware of the ability to choose. • Some had felt pressured into making a decision immediately – were not aware they could go away and think about their options. • Some had appointments automatically chosen by the practice secretary; many of which were unsuitable. • Some had received patient letters stating “Thank you for choosing Barnsley Hospital”, however no choice had been given, including when care had been transferred to an alternative provider. • Some had felt under pressure to transfer if moved out of area. 		
	<p>The group were informed that NHSE were working on three areas of improving knowledge of Patient Choice with Primary Care practice staff:</p> <ol style="list-style-type: none"> 1. Active Signposting – proven to reduce workflow of practices. 2. Social Prescribing – enabling practices to refer non-clinical needs of patients onto voluntary and community sector service. 3. Support Self Care. <p>In light of this most CCGs have been asked to produce a Patient Choice policy to further raise awareness.</p> <p>The Senior Primary Care Commissioning Manager for</p>		

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	<p>Barnsley CCG advised that approximately 150 frontline practice staff members would have received further training in customer care / building patient relationships by the end of March 2018. She explained that it would be likely that admin staff would complete referrals rather than GPs and therefore it is acknowledged that the upskilling of colleagues and investment is required to improve retention of knowledgeable employees to ensure a consistent approach across practices.</p> <p>Jo informed members that she had set up Care Navigator 'packs' to demonstrate to practice staff how content can be accessed and how they can best help patients. The Senior Primary Care Commissioning Manager agreed to liaise with her further to ensure these were used at the forefront of Barnsley Primary Care services.</p> <p>All agreed that, if possible, dedicated "advocacy" roles supported by the CCG would be beneficial, along with a structured programme for successful incorporation into all health, social and community services.</p>		
	<p>The Chair thanked the speaker for her presentation and encouraged the group to share the discussion with other fellow PRG members.</p> <p>Any supplementary feedback can be emailed to england.choice@nhs.net</p> <p>All agreed that should further opportunities arise for people to be involved then they would welcome additional discussion.</p>		
GENERAL			
PC 18/03/03	MINUTES OF THE PATIENT COUNCIL HELD ON 28 FEBRUARY 2018		
	The minutes of the previous meeting held on 28 February 2018 were verified as a correct record of proceedings.		
PC 18/03/04	PATIENT COUNCIL CHARTER		
	Members were reminded to feedback any suggestions or concerns for the previously proposed changes to the meeting's charter to Katie Popple or Emma Bradshaw via email or phone within 14 days.		

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PC 18/03/05	ANY OTHER BUSINESS		
	There were no items of any other business to discuss.		
PC 18/03/06	DATE AND TIME OF THE NEXT MEETING		
	<p>The next meeting of the Patient Council will be held on Wednesday 25 April 2018 at 6.00 pm, in the Boardroom Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p>Future meeting dates 2018 30 May 2018 27 June 25 July</p>		