A meeting of the Patient Council will be held on Wednesday 27 June 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.	**Home visiting in primary care** Overview and workshop discussion	**PC18/06/02** Dr Kathryn Horridge, GP - Hill Brow Surgery Siobhan Lendzionowski, Lead Commissioning and Transformation Manager – NHS Barnsley CCG (BCCG) Marie Hoyle, Chief Executive – Barnsley Health Federation (BHF)	6.05pm
GENERAL			
3.	Actions and updates of the previous meeting held on 30 May 2018	**PC18/06/03** Chair	7.20pm
4.	**Date and time of the next meeting:** Wednesday 25 July 2018, 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY. **Future meeting dates 2018:** 26 September 31 October 28 November		7.30pm Close

For enquiries please contact:
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Pre-reading for Barnsley Patient Council Members for the 27 June 2018 Meeting

Improving Home Visiting for GP's and Patients

Siobhan Lendzionowski (Lead Commissioning and Transformation Manager, BCCG), Marie Hoyle (Chief Executive, Barnsley Healthcare Federation); Dr Kathryn Horridge (Clinical Lead - Home Visiting and GP Brow Hill Practice) and Lucy Hinchliffe (Commissioning and Transformation Project Co-ordinator, BCCG) will be in attendance at the next Patient Council meeting.

They will be providing members with an overview of the recent work being undertaken on improving home visiting for GP's and Patients across Barnsley.

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

The GP's in Barnsley are right at the start of looking at how they can have more time to only see patients who need a GP. One of the ways they are looking at doing this is by reducing home visits by GP's, to people who do not need to see a GP. This will also help reduce the number of overnight admissions of people to hospital, which was due to a person's home visit being very late in the afternoon.

This work is also about improving the care people receive and making sure the person sees the right person. The people attending the meeting are working on this on behalf of Barnsley GP's and the CCG.

The team have already:

- Carried out 2 workshops with a working group – the people who attended were staff from health, social care services, and the voluntary sector. Chris Millington attended one of the workshops.

- Looked at what other areas have been doing to see what we can learn from them. For example: Wakefield; Gateshead; Fylde and Wyre/Blackpool

- Found out about what new work in this area was going on already in Barnsley. For example: using a paramedic; advanced nurse practitioner attending instead.

- Talked to GP's and Practice staff

- Via a survey to GP Practices have found out how many home visits take place; when they take place and who has them

The team now want to talk to you about the work and hear your suggestions on how they can talk to more patients about this work.

Date: 20 June 2018

Minutes of the Barnsley Patient Council meeting held on Wednesday 30 May 2018 at 6.00pm in the Boardroom, Hillder House, Barnsley CCG, 49/51 Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington *(Chair)*	Barnsley Clinical Commissioning Group Lay Member for Patient & Public Engagement
Ian Batty	Kingswell Surgery PRG
Val Batty	Kingswell Surgery PRG
Ben Cox	The Grove Medical Centre PRG
Lynne Craven	Hoyland Medical Centre PRG
Pat Durie	Patient, The Dove Valley Practice / My Barnsley Too
Adrian England	Healthwatch Barnsley / Monk Bretton Health Centre PRG
John Gessler	Hoyland Medical Centre PRG
Alan Higgins	Barnsley Hospital Public Governor
Jill Marshall	Kingswell Surgery PRG
John Marshall	Kingswell Surgery PRG
Janet Neville	Rotherham Road Medical Centre
Margaret Sheard	White Rose Surgery PRG
Philip Watson	Patient, Hill Brow Surgery

IN ATTENDANCE:

David Brannan	Barnsley Hospital Partner Governor
Colin Brotherston-Barnett	Equality, Diversity & Inclusion Lead, Barnsley Clinical Commissioning Group
Katy Hyde	Engagement Lead, South Yorkshire and Bassetlaw Shadow Integrated Care System
Katie Popple *(Minutes)*	Executive PA & Secretariat Team Leader, Barnsley Clinical Commissioning Group
James Scott	Senior Programme Manager, South Yorkshire and Bassetlaw Shadow Integrated Care System
Joe Unsworth	Patient / Penistone Town Council
Kirsty Waknell	Head of Communications & Engagement, Barnsley Clinical Commissioning Group
Brenda Worsdale	Citizen's Panel, South Yorkshire and Bassetlaw Shadow Integrated Care System

APOLOGIES:

Jan Eldred	The Kakoty Practice PRG
Eileen Hall	Huddersfield Road Surgery PRG
Garth Heyworth	Wombwell Surgery PRG
Margaret Lindquist	Walderslade Surgery PRG
Tom Sheard	White Rose PRG
Trevor Smith	Citizen's Panel, South Yorkshire and Bassetlaw Shadow Integrated Care System
Elaine Staley	The Kakoty Practice PRG
Colin Wilkinson	Park Grove Medical Practice PRG

Agenda Item	Note	Action	Deadline
PC18/05/01	**WELCOME AND APOLOGIES**		
	The Chair welcomed everyone to the meeting and apologies were noted.		
GUEST SPEAKER / WORKSHOP			
PC18/05/02	**Overview and feedback from the independent report of the South Yorkshire & Bassetlaw hospital services review.**		
	James Scott delivered a presentation informing the group that over the past 12 months an independent review had occurred across South Yorkshire and Bassetlaw's hospitals. The review took place between June 2017 and May 2018 and focused on the most challenged services. Liaising with medical directors and senior managers across the trusts and members of the public, they established which services required their concentrated efforts. They identified five key areas which are facing some of the biggest challenges. These 5 key areas were: • Urgent and emergency care (A&E) • Maternity • Acutely ill children • Gastroenterology & endoscopy • Stroke *(hyper acute stroke has already been assessed independently across the region however the team wanted to look at the stroke services as a whole)*		
	He explained that the NHS was facing major challenges both nationally and regionally with an aging population and people surviving longer after illness raising the need for services. People's needs and dependencies are increasingly changing and workforces are overstretched and unable to grow at a matching rate. Technology is also advancing each year allowing care to be provided both inside and outside of hospitals which couldn't happen previously.		
	The group were informed that as part of the engagement process there had been clinical working groups involving doctors, nurses, therapists, managers (operational and commissioning) and other professionals from the hospitals		

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	and wider care teams, including the ambulance service to incorporate patient transport. In addition to this, there had been a number of events for people living across South Yorkshire and Bassetlaw, a telephone survey and other engagement sessions to include members of the public from the outset. Three main areas of challenge were determined: • Workforce – colleagues are working long hours, local NHS organisations are competing for the same staff, filling the staffing gaps when training happens and patients are reporting that care sometimes feels rushed. • Clinical variation – despite national standards, care and interpretation of the guidance varies dramatically across all 5 hospital trusts (6 including Bassetlaw). Trusts need to learn from one another and embed clinical practices and protocol so everyone has a shared approach. • Innovation – overall not making best use of technology. IT infrastructure requires improvement to enable interoperability so when a patient's care transfers across the system, their medical history can be accessible at all sites.		
	The review was guided by the following principles: 1. There will continue to be a district general hospital in each of the areas. 2. Most patients will continue to receive the majority of their hospital-based care in their local district hospital. 3. There are no planned redundancies – staff are needed more than ever. They may need to work differently but such changes are about retaining employees and improving services to attract and boost recruitment.		
	The independent review found that fundamentally two types of solutions were formed. Firstly, how to get hospitals to work together in a more collaborative way and secondly where resources (of any kind) cannot stretch to see how we can do things differently.		

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	It was proposed that shared working could be through hosted networks with each trust being responsible and providing a lead role for each area; for example the region already has a specialist children's hospital. It is about deciding how best to make use of professional expertise and ensuring everyone is working in the same way and receiving the same care. At times of increased need, this new approach may allow for employees to move across the region from low to high pressurised areas to ensure balance and reduce areas of major risk.		
	The criteria used to measure each option considered within the review was workforce, affordability, access, quality and interdependencies. It was noted that the team were not yet at the stage of looking at the impact this would have on each individual town.		
	The review's proposals were as follows: <u>A&E</u> • Maintain 6 consultant led A&Es (plus the consultant led paediatric A&E at Sheffield Children's Hospital). <u>Maternity</u> • Increase choice: e.g. home births, midwifery-led units. • All hospitals have midwifery-led services for low risk women. • Women with higher risk pregnancies cared for in larger consultant-led units. • Could replace 1 or 2 obstetric units with midwifery led units. *NB. More work on-going as team believe maternity needs looking at in more detail.* <u>Acutely ill children</u> • More care for children at home / in the community. • Seriously ill children cared for in units with more specialists. • Explore focusing on 24/7 paediatric units on fewer sites: 1 or 2 could become Paediatric Assessment Units open 14/7. <u>Stroke</u> • Standardised approach to an early supported discharge, TIA and rehab services.		

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	• Consultants on sites which will have Hyper Acute Stroke Unit support services on those sites which have an Acute Stroke Unit. <u>Gastroenterology</u> • Explore consolidating evening and weekend cover onto 3 or 4 sites: so that all sites have formal access to 24/7 gastro intestinal bleed care at all times, if necessary on another site.		
	It was reiterated that the system would like to consult and continue to engage with people right across the region throughout the on-going process. Brenda Worsdale was introduced to the group as a member of South Yorkshire and Bassetlaw's Citizen's Panel. She explained how the panel acted as a 'critical friend' to the Integrated Care System offering advice and support to effectively engage with the 1.5 million people across the region and in which manner, e.g. venue, timings, delivery method, to encompass as many as possible. They help to solicit feedback which is importantly fed into presentations to shape options the NHS may have in the future and mitigate any concerns that the public, patients or carers may have. She also informed that where possible and where appropriate, members of the panel have a role to challenge too. The group noted that the full Hospital Service Review could be accessed on the Health and Care Together website.		
	In response to specific questions and comments the following responses were noted: <u>"The population is aging but this is in an unhealthy way, the responsibility needs to be shared with the public to age healthily"</u> • The team recognised that life expectancy across Barnsley changed dramatically from East to West and that there were challenged areas of deprivation and health expectancy across the whole of South Yorkshire and Bassetlaw; as a result a profile of each area had been completed. <u>"The team need to make sure information is accessible"</u> • Voluntary groups have been asked to be involved to help reach seldom heard groups and ensure literature and events were accessible to all.		

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	"What areas of Barnsley did you approach for research?" • To market engagement opportunities, public events and online surveys were advertised through CCGs, Healthwatch and other organisations such as councils and large employers e.g. bus companies. Following each public event an evaluation, which includes the number of attendees from each area, was published; the cohort from Barnsley always being one of the highest turnouts. Katy Hyde, sICS engagement lead, let Patient Council members know she was keen to attend general practices to collect views of patients regarding the recommendations. PPG members were encouraged to highlight this offer to their practices. "How will you ensure access is maintained if moving services?" • It was acknowledged at the events held in late 2017/18 that the main priority for the public was access. Subsequently the engagement team have commenced the production of a Transport & Access Group. They intend to include South Yorkshire Passenger Transport, Stagecoach, Northern Rail and smaller voluntary groups that offer taxi services to patients. Over the summer they will map out the difference in travel times should the recommendations be implemented. "It will require a large education to teach the population to attend the right departments and not panic and arrive at the nearest A&E" • Educating and training the community to attend the right department is essential. Hospitals can never legislate against somebody turning up when sick, however they can ensure protocols are in place to transfer the individual to the most appropriate service. "Why have the team not started their consultation with the patient and then worked out?" • Although the team have tried to keep patients at the very forefront throughout the process, without concentrating on employees the trusts are unable to manage services in the way they are currently configured and patient care can potentially suffer as a result. This process is about delivering equitable care to all patients. It was explained that some service are often filled with temporary staff and the	**All**	

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	workforce position will continue to worsen as trusts struggle to retain trainees. Hospitals are currently piloting apprenticeship programmes and different styles of training as an alternative to the routine degree programme, without reducing clinical standards.		
	Members of the Patient Council fed back the following: <u>Training</u> The group felt that the presentation suggested that staff members were not trained and therefore practice was unsafe, the team reassured that this was not the case but instead that trusts have limited numbers of employees and in order to deliver training resources are often stretched elsewhere; with locum or agency doctors frequently employed resulting in a lack of consistency. It was requested that the slides were updated with that clarification for transparency. <u>Maternity</u> During the consultation it was recognised that the public were concerned by the travel implications of midwifery-led care in emergency situations, as they felt problems can occur at any stage in women's pregnancy even if they are not deemed high-risk. The group were informed that 'Better Births' guidance was written primarily by professionals in consultation with women and that there is good evidence supported by obstetric professionals and midwives that midwifery led services are safe when robust transport protocols are in place. Services must allow women to make informed choices.	**JS**	
	James Scott thanked Patient Council for their questions and feedback and reminded members that changes would not be implemented without clinical and professional evidence to support it.		
	The Chair concluded discussion advising members to share knowledge from today's meeting with their Patient Participation Group and to get in touch if they would like someone to come out and talk to their group or to other patients at their practice. James Scott, Katy Hyde and Brenda Worsdale were thanked for attending.	**All**	

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	The group received copies of the detailed presentation for future reference.		
GENERAL			
PC18/05/03	**MINUTES OF THE PATIENT COUNCIL HELD ON 25 April 2018**		
	The minutes of the previous meeting held on 25 April 2018 were verified as a correct record of proceedings.		
PC18/05/04	**ANY OTHER BUSINESS**		
	There were no items of any other business to discuss.		
PC18/05/05	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Patient Council will be held on Wednesday 27 June 2018 at 6.00 pm, in the Boardroom Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY. **Future meeting dates 2018** 25 July 26 September 31 October		