Bullet Point Messages from Cannock Chase District Patient Group
2 August 2018

Apologies
Apologies were received from Gordon Alcott, Ron Myatt, Cresta Garner, Chris Groves and Trevor Clarke.

Feedback from PPGs and patient stories:
Jeanagh Punter – Sandy Lane
- Patient attended County Hospital on 26th February 2018 for tests. Visited doctor at the end of July about a different matter and was advised that they should have had a follow up appointment. Patient was unaware as they had not received a letter or a follow up call from the hospital.

Action: there has been a failure in the process, this is to be logged on Datix.

- Patient had an appointment at the rapid access chest pain clinic at County Hospital, when patient called for a follow up appointment they were advised that the Consultant was behind with follow up appointments and that they weren’t booking for the whole of August. Appointment has been given for 4th September, six months after the original appointment. Patient has had side effects from the prescribed medication so no longer takes them.

Action: this item is to be logged on Datix.

- Patient regularly has podiatry appointments cancelled by Cannock Booking Centre. Patient requires regular 4-week appointments, which must be booked 3 months in advance. This means that when appointments are cancelled there are no suitable appointments available.

Action: This item to be logged on Datix

- Flash glucose monitoring freestyle libre is not available in this area.

Dr Huda advised that freestyle libre is not routinely available as it is not appropriate for all patients. If it is recommended by a specialist consultant and is deemed an appropriate form of treatment, an Individual Funding Request can be made to the CCG.

Margaret Price – Dr Rasibs Practice
- Asked if Cannock network are invited to the District group? Adele Edmondson assured her that they are.

Jean Waller – Horsefair Practice
- At the PPG meeting on 19th July the practice advised that the tender was being submitted on that day. However, the GP advised that they did not know what the projected new build population will be.
Action – CCG to request that Primary Care Team provide a response.

- Jean shared that she is a member of the County Hospital user group and that Angela Grocott Head of Patient Experience had raised issues about the coordination of dressings between the fracture clinic and the community so the clinics are under less pressure and patients don’t have to travel to hospital unnecessarily.

Action: this issue will be raised through Datix
Action: a detailed response from GH regarding dressings is to be circulated with the bullet points.

Sue Gittings – Aelfgar Surgery
- Patient injured his arm and attended Samuel Johnson hospital in Lichfield, where he was triaged and referred to Burton. At Burton he was referred to Derby and by this time 5 hours had passed. Poor communication between Burton and Derby meant that there were long waiting times. This happened on 1st July 2018.

Action: This item to be raised on Datix.

Pat Martin High Street
- Thanked Adele for attending the PPG meeting to discuss soft intelligence with the group.

- PPG have invited a speaker from the Carers hub to attend the next meeting.

Nominations for Chair and Vice Chair
- Paul Gallagher thanked both Gerry Barton and Jean Waller for the work that they have both done over the past 12 months and prior to that with the Rugeley Patient Engagement Network their input will be sadly missed.
- Sally Young also expressed that she personally appreciates the work that both Gerry and Jean have done over the past 12 months to improve patient experiences in the South Staffordshire District area.
- Sally Young shared with the group that this is a challenging role, whoever takes on the role of chair needs to have real passion for improving patient experiences and be able to put personal issues aside.

Action: please send nominations in to Clare Plant by 30th August 2018.

Paul Gallagher shared that there is so much value in chair being a patient who is independent from the CCG and hoped that there would be members who felt able to step up to the role.

- Gerry and Jean gave their thanks to the group and shared that other commitments meant that they were no longer able to give the time that they previously had.

- Paul Gallagher and Gerry Barton also shared that they are happy to discuss the role with anyone who is interested – please contact Clare Plant who will provide contact details.
Representation at Commissioning Patient Council
Members asked to send nominations to Clare Plant by 30th August 2018 for discussion at the next meeting on 6th September.

Feed back from Commissioning Patient Council
PG shared that as there were no representatives able to attend from the group that he had shared the
- retendering of two Rugeley Practices
- Xray services at Samuel Johnson
- Warfarin treatment services

GP Appraisal, Revalidation and Performance
Dr Anne Marie Holder, Assistant Medical Director and Claire Gooder NHSE, gave a presentation about the GP Appraisal, Revalidation and Performance scheme.

Appraisal and Revalidation for GPs was introduced, as a professional developmental process allowing doctors to discuss their practice performance and plan their professional development.

The revalidation process has a five year cycle, where information from appraisals and local governance systems is considered by the Medical Director NHSE and a recommendation is made whether to renew a GPs license.

PAG shared that he is a Lay member – this is a well balanced service to ensure that doctors and dentists are dealt with fairly and offered the support that is required

Action: Members to share with their PPGs, there is a robust process in place to ensure GPs are monitored and are delivering the best clinical service within their practices.

Burton Hospital Foundation Trust / Royal Derby Hospital Merger.
Duncan Bedford, Executive Managing Director advised the group that the merger between Royal Derby Hospital, Queens Hospital Burton, Samul Johnson Hospital - Lichfield, Sir Robert Peel Hospital – Tamworth and Derby London Road hospital went live on 1st July 2018.

Why the merger matters
- The best way to retain a vibrant district general hospital at Burton. The clinical model at Burton Hospital Foundation Trust was not sustainable without the merger
- Combined catchment population will enable the development of specialised services for the benefit of local people
- University Hospitals of Derby and Burton will work with the Staffordshire and Derbyshire STPs to help deliver more care closer to home and make best use of our community hospitals in Lichfield, Tamworth and Derby.
• Underpinned by a clinically-led strategy maximising benefits for patients
• The new organisation will deliver better care at less cost

**Patient Benefits**

• Compelling benefits for our patients across our combined catchment areas – the driving force behind the merger
• A selection of specialties have been chosen where there is a more urgency to bring people, skills and best practice together:
  i. Cardiology
  ii. Orthopaedics
  iii. Stroke services
  iv. Renal
• For the benefit of patients support teams are being brought together, with the aim of streamlining services.

**Projected savings**

• The merger will save £23m by 2022/23

Questions below were raised by the group:

1. Why was neurology not chosen as one of the compelling clinical cases for change?

   Good example of where patients will benefit – the hospitals have extremely knowledgable nurse practioners, and we will be utilising their skills to bridge the gap in services. As a consequence of the merger, more neurologists are interested in applying for vacancies and Burton is now taking new referrals for the first time in over 12 months.

2. Will patients from Rugeley get the choice of where they would like to go for Neurological appointments?

   Duncan responded that he hoped they would, he advised that they are building the service but need to ensure that it is not swamped. Duncan understands that there are issues regarding patients travelling long distances for appointments which is why more dedicated nurse practitioners are being trained to keep services local.

3. Will cardiologist consultants travel to Burton to bridge the gap in Services?

   Yes they currently are and now that the hospitals are running as a combined trust hopefully more applicants will apply for vacancies.

4. When will patients start to see a noticeable change in services at Community hospitals?

   Duncan responded that this will take time, it is not a quick process. Services are currently being developed in the local hospitals which include:

   • Endoscopy service
   • Improving day based surgeries
   • Frailty hub in Lichfield
- The ambition to develop urgent treatment centres.
- Spinal services in Tamworth.

5. Burton has been aligned as part of the Staffordshire STP, which STP are you now aligned to?

Duncan advised that his role sits outside the trust and that although Burton will now be aligned with the Derbyshire STP they will still be heavily involved with the Staffordshire STP.

6. How often do patients have to travel Derby and what is the travel time? Tamworth is just under an hour away from Derby and is about 45 miles in distance. The ambition is that as many services as possible are provided locally and that only the specific, complex, elective, procedures would be done at Derby.

Paul Gallagher – Lay Member for Patient Participation and Engagement
- Complimented Burton Hospital on meeting its A&E targets for the whole of July.
- Shared that Neurology services at Burton are an ongoing concern that is raised each month in the Quality Committee.

7. Will the merger help reduce waiting times in ophthalmology services?
Duncan acknowledged that this service has had well publicised issues in the past but that he is confident that the service is now improving. Derby have a stable service and staff team and discussions are ongoing regarding support that they can give to Burton. The CCG are rightly challenging the service, they want to see a clear trajectory that issues are being addressed and waiting times are being reduced.

8. Pharmacists are referring patients in for a scan at Samuel Johnson but these aren’t being accepted unless signed off by the GP.
Duncan provided the email response below from Joy Lacey Radiology Superintendent after the meeting:
Pharmacists would not routinely request x-rays, but all non-medical referrers need to have done an IRMER course, and we need to see the certificate as evidence that they have attended and then they need to work to a set protocol. All non-medical referrers are on a list that the radiology department keep and we also need to have a copy of their signature for reference.
We did have an incident a month or so ago when a locum GP got a pharmacist to sign the forms as he did not know the procedure, I believe we did not accept that.

9. Are you looking at partnerships with travel organisations?
Duncan responded that the hospital have a team looking at travel plans, they recognise there are issues and are looking at resolutions.
10. Communications to GPs are very slow coming through from Burton compared to other hospitals. Are you aware of this?

Duncan advised that he is aware that there is a potential issue, the trust is focussed and are working on this.

**GPFV - Extended Access**

The panel met on 9th July, which included patient representatives where potential providers submitted their bids to deliver the service. The bids have been received from existing providers, as this is an extension to the core service and is list based.

Resources are being developed to raise awareness about the new models including how patients access them. A paper poster for practices and other venues, a digital poster for those with screens, a stakeholder briefing, a newsletter article and a tweet script. These will be available from 20th August, ready to go live on 1st September 2018.

**Action:** Members to share with their PPGs.

**Cannock AGM**

Cannock AGM was held on 5th July 2018, a link to the presentation, Annual Report and the CCG Forward View is shared below:

[Annual General Meeting (AGM) 2018 - NHS Cannock Chase CCG](#)

Paper copies of the CCG Forward View were also shared on the night of the meeting

**Action:** Members to share with their PPGs.

**Developing effective PPGs workshop - updated PPG toolkit**

As a result of the PPG workshop an updated PPG toolkit has been developed for the six CCGs across the whole of Staffordshire. Its purpose is to support PPGs from the initial set up through to giving advice about the aims of the groups, membership, focus, ground rules and terms of membership.

Paper copies were made available to the group at the meeting and it will be available on the intranet when the PPG website pages are set up, which is expected to be by September.

**Action:** Clare Plant to circulate electronically to the group.

Updates will be given at district groups regarding functionality – we will be encouraging all members to use this site.

Adele Edmondson confirmed that funding has been secured to support groups regarding setting up Facebook groups, this will be shared with District Groups at meetings during September and October.
Action: Members to share with their PPGs.

Minutes from meeting:

- The group were advised that formal minutes would not be completed for future meetings as there was a duplication between the bullet points and the minutes. The group were happy to accept this.