

# Kings Lane Medical Practice & Church Road Medical Practice

## Patient Participation Service

Minutes of Joint Meeting PPG Group

Date: Thursday 3<sup>rd</sup> December 2015 – 3.30pm (Higher Bebington Health Centre)

Attendees KLMP: Jon Develing, Suzanne Broster (SB), Robbie Howard (RH), Helen Rae (HR), Cynthia Draper (CD), Glenys Jones (GJ), Tracey Hardcastle (TH)

Attendees CRMP: Sue Hawkins (SH), Anna Fernandez-Corugedo, Kevin Starkey (KS) Susan Wilding (SW), Christopher Wilding (CW)

Circulation: All PPG Members, Virtual Members & Robbie Howard Practice Manager

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Robbie Howard and Sue Hawkins Practice Managers made introductions of the PPG members present to Jon Develing.

Jon Develing provided background information for those present, he has been in the NHS since 1980 and started as a nurse at Clatterbridge Hospital, then went to be a Psychiatric nurse in Manchester. He also ran a nursing home in Port Sunlight for three years, then moved into management and commissioning. He was also the Regional Director for Performance and Operations in Leeds and was involved with the NHS response to Hillsborough and the Ebola crisis.

He has worked for the CCG previously for 12 months, and has been in his current position as Chief Officer for the CCG for 7 months now. JD stated that his role is to try and stabilise systems and make the systems open and transparent and do things once for Wirral. JD also went on to say that there are difference inequalities on the Wirral.

He said that he has five years to address the equalities and have a joined up Wirral with a single approach, but obviously this is dependent on the needs of the practice and circumstances.

JD went on to say that there are huge challenges ahead with health equalities; the Wirral population is older than the rest of the country with the national life expectancy being 75/79 and the Wirral being 79/81. The population of over 65's will increase by 20% in the next 10 years.

JD stated that the financial challenge is we will need an additional 150 million if it is not addressed in the next 5 years.

**Plans for the future** – JD explained that they have formed Vanguard with the support of Healthily Wirral and that Wirral are one of 29 sites in the Country to be successfully chosen, the government have given 5 million for this financial year to look at how we can change. JD said that he saw us “double running” for the time being as existing services could not just be removed and test services would be run alongside these.

One of the main focuses for the NHS is aiming to keep patients out of hospital and caring for them in their own homes where possible. JD stated patients are more likely to fall or get infections whilst in hospital.

JD says that he has no exact plans for the future, but handed all present a Healthy Wirral leaflet with what is hoped to be achieved. JD stated that instead of saying “what is wrong with you?” it should be more “What matters to you?”

JD says the NHS want people to live longer, healthier, happier lives regardless of where they live on the Wirral.

JD went on to say that Insight Groups have been set up with members of the public to give their experiences especially when co-morbidities are involved. Eg diabetes. JD said the average age for people with co-morbidities surviving has increased to 74 and it was 69 10 years ago.

JD also mentioned that he was in talks with the Chamber of Commerce to discuss how they can help keep people in their jobs.

JD said that they had run 2 day course to try and get Health Wirral Champions to sign up. The first day was for Staff only and approximately 150 staff signed up on the second day it was open to the public and approximately 70 members of the public signed up.

There will also be specific focus groups that will look in to relevant illnesses eg: diabetes and feed back to the overarching group so that the bigger picture for what is needed can be seen.

It was asked by a member of the PPG “What is the PPG role in the CCG” as at present the CCG are only getting the consensus of the patients who are in the groups.

The Primary care teams make a bigger impact through the help of PPG’s?

Care plans are breaking down. A&E are not meeting deadlines of being seen within 4hours.

KS stated that the patient voice representatives of the PPG do discuss at meetings.

JD said what matters to the PPG is not population we need to engage with the people who don’t see their GP and hard to reach groups.

CW – asked if the 70 people who had signed up as champions are they a good representation of the public?

JD replied that working with Healthwatch to reach the harder to reach communities and using the 70 informed champions they can ask the public the questions that need to be asked for example:

Quality of care

Where they would like their care - Locality

What expertise we should be using

As a high quality fully thriving Arrowe Park Hospital is not happening at the moment. JD said patients experiences in hospital are so varied and we need more consistency.

JD stated that the CCG budget was 440 million – Social care budget 800 million – at a rough estimate £91,000 an hour!!

JD also stated that globally in one year prescribing for Paracetamol cost the NHS 3 billion.

HR – Asked what the time scale for all this change is/

JD responded with that they have 3 years to proof the concept and that they are evaluating as they go. Areas of concern are:

Diabetes (45% of UK population are undiagnosed)

Asthma

Respiratory

KS stated that there was a major flaw in the lack of communication, how do we get this out to the public.

JD Acknowledged this was a problem and they the “WinterWell” campaign would have a wraparound the Wirral Globe, this does not deliver to all households so they will also be advertising on buses and sides of fire engines – 7 different ways and 7 different methods.

KS asked if Twitter was being used as this would reach younger population.

JD explained that they had done a twitter test and had some positive feedback. JD went on to mention that they are also looking to use voluntary groups to help for example smoking cessation posters in bingo halls/pubs.

JD stated that it cost on average £3,400 per patient to go to A&E and have an overnight stay. He said that he was looking at how we can keep these people out of the hospital and at home, maybe a community nurse twice a day would be enough and cost less or if the person was lonely / not eating as long as no medical intervention was required we could look to us the voluntary sector.

SW asked if the percentage of people without a GP was known. JD said that they had started to collect that data 6 months ago.

CW asked would it not be possible for staff at A&E to signpost the patients elsewhere. JD stated that they have to deal with them, if patient wants to go to hospital they have to take them.

JD went on to say they are looking at how people present at A&E and they are looking at a “Single Front Door” at present there are several doors at Arrowse Park – walk in, pharmacy etc and this is extremely confusing for people so the “Single Front door” would include a primary care nurse/ triage and GP and they could divert to correct place. The 111 service is ment for people who need help but it is not an emergency.

JD explained that there are 210 pharmacies on the Wirral and we should push people to utilise their local pharmacy.

HR asked what is happening to Direct Access Diagnostics; money had been spent on increasing this would it continue?

JD replied that the waiting times were not bad but A&E waiting times were poor. He went on to explain that it was a PCT policy to allow other providers to provide scans/ x-rays etc and there were 9 providers across the Wirral, unfortunately they do not communicate with one another which can waist time and money. What JD wants to try and achieve is a seamless service for the patient with providers who work together which means you only have to give your story once. So he is looking at setting up the contracts differently so the provider has to sign up and work together.

JD also said the Wirral Care Record – which would be relevant patients GP data to be shares with hospitals, they are currently consulting with the groups to come up with a proposal.

KS asked does the CCG have the budget to integrate the systems across the Wirral.

JD responded they have the money to test for 3 years.

RH thanked JD for coming to speak to us and for his time.