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| **South East Staffordshire District Patient Group**  **Meeting held on Thursday 21st November 2013**  **Boardroom, Merlin House, Locality Offices, Ventura Park Road, Tamworth** |

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| **Present:** | Ann McCarthy, Aldergate PPG  Edward Hammer – Laurel House Surgery PPG  Fleur Fernando, Engagement & Partnership Manager, SES and SP CCG  Rosemary Crawley, SES/SP Lay Member  Roy Ellwood- Fulfen practice PPG  Terry Jones, Wilnecote Practice  Karen Berrow, Aldergate  Irene Davies, Wilnecote  Noreen Boland, Stonydelph  Elizabeth Kilgallon, Westgate  In attendance: Sherry Samaan – Administrator |  |

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|  |  | **ACTION** |
|  | **Apologies**  Geraldine Emery  In the absence of the Chair, the deputy Chair Ann McCarthy chaired the meeting.  1.1 Pre meeting discussion:  Ann McCarthy updated the group with the sad news of the death of Geoff Shuttlers  and suggested a voluntary collection to send the charity of his choice if  members are happy for her to do that.  She also added that with Geoff passing away, the group is left with a vacant Chair post and asked FF to lead the conversation on that item. FF suggested that since AMc has been acting Vice Chair for the past few meetings and doing a good job in representing the group in internal & external matters to nominate her as a Chair. The suggestion was well received by members. EH quested elections for both Chair and Vice Chair posts on the next meeting to ensure that all members have got the opportunity to nominate themselves if they wish to. **Action,** FF to email out members asking them to express whether they are interested or not to nominate themselves for the Chair and Vice Chair vacant posts prior to the next meeting to be held on 16th January 14, where a vote will be held.  A suggestion to hold AGM for the next meeting was proposed, **action** FF to take the proposal to CCG for decision. | **FF**  **FF** |
|  | **Minutes**  The minutes of the meeting held on 19th September were approved as an accurate record of the meeting. |  |
|  | **Matters Arising**   * Terms of reference, it was agreed for FF to add an election process in the terms of reference and recirculate the updated version to members. * Meetings Frequency, TH opposed on the agreed decision of holding meetings bimonthly. AMc explained that that it was agreed to do the meetings bimonthly bearing into consideration that if any pressing issues arise an adhoc meeting could be arranged to discuss it. RE suggested to retake voting on the matter and the majority of members agreed on holding the meetings bimonthly. * Samuel Johnson car parking, AMc shared SJ response to her letter with members. Action, AMc to rewrite to SJ asking for the contact details of the limited mobility users group. * New members, FF welcomed Elizabeth Kilgallon from Westgate and Noreen from Dr. Yannamani’s Surgery to the group. * Dementia, MAC memory clinics has been closed and the South Staff memory clinics currently operating in Cannock. FF to investigate and feedback. | **FF/SS**  **AMc**    **FF** |
|  | **Healthwatch**  Katy Warren gave a brief presentation on Healthwatch and shared information packs including membership forms with all members.   * She is a community Engagement lead with Healthwatch Staffordshire who covers Lichfield, Tamworth and South Staffs and got a thematic lead for children, young people and family across the county. * Healthwatch comes under the health and social care act. There is a local Healthwatch in every council area, there is also nationally Healthwatch England which they feed information into and receive guidance from. * Healtwatch is an independent body to act the champion for uses of health and social care. Their role is to seek the views i.e. collective voice of people using health services or social care services use that feedback and information to work back with these organisations providing/commissioning those service for service change. * They engage with the public to get their feedback in different ways such as community groups of interest, conducting promotional events and activities or carry out specific consultations through, issues and experiences they want to share with them. They work very close with CCG so if there is a consultation that CCG wanted they would get it out through their network and contact. * In order to be a Healthwatch member all you need is to fill a form with your contact details and areas of interest and you will receive Healthwatch newsletters twice a week for updates. * Since last September they had 145 members in Tamworth and 45 members in Lichfield.   KW urged members to help raise the profile and spread the word to get more local people to increase Healthwatch membership.  RE queried who fund Healthwatch, KW responded that they are funded by the government but the contract of health has been engaging with community Staffordshire so although their fund stream come from the government they still and they have income generate. |  |
|  | **Feedback from Patient Council meeting** – TJ & RE updated the group as follows:   * The meeting was held on 5th of November at Codsall * A code of conduct has been produced by FF and put forward for agreement in the next meeting * It was agreed to invite Chris Welch, Chief Executive, Community Council of Staffordshire to give an overview about Village Agents in the patient council next meeting. * **Lesley Allbrook a patient council member** presented an assessment summary of service user questionnaire for September/October 13 (attached) developed, distributed to 3 of Lichfield special needs schools and collated by herself. The survey questionnaire focused on the following services and community hospitals: * Samuel Johnson & Robert Peel Community Hospitals * Orthotics * Wheel chair service * Community paediatrician * Speech and language therapy * School nurses and learning disability nurses * Occupational therapy service * Physiotherapy services   The assessment results were well received by all the members. FF followed up the results with the Service Development Manager for Children, Young People and Maternity Services.   * Alli Cary explained to members that part of her role as communication officer is to review all the different communications channels the organisation currently has, and look at areas where improvement is needed. The website has formed a large part of this piece of work. AC encouraged the members to send her any suggested ideas/thoughts and forward them to herself at [allison.cary@northstaffs.nhs.uk](mailto:allison.cary@northstaffs.nhs.uk). **Action**, AC to send members the key areas for improvement she has identified in a report. * Had an update on leadership training and the work of the area team from Tracey Shewan – Area Team whoexplained that NHS England area team cover Shropshire and Staffordshire, they look after primary care and assurance of clinical commissioning groups.  They directly commission GP services optometry, dentistry and pharmacy.  They are also the lead commissioner for health and justice for west midlands including prisons, and sexual assault referral centres. * Both Roy and Terry re stressed that members need to share with them any issues/problems that could be resolved through the patient council. | **AC** |
|  | **Feedback on PPGs**  Fulfen:   * Flu clinics has been completed, they had 300 results out of the survey. Still have some concern about the acquisition. The building is still in a bad state, the practice is aware of it and will act toward that. RE brought their new practice leaflets to share with the Group.   Wilnecote:  They collected their survey and had 320 returned out of 400. Irene shared survey report with members, overall the results of the survey were found to be satisfactory. Action plan, improving waiting time to see clinicians.  Laurel House Surgery:   * Nothing to report till next meeting   Aldergate:   * Nothing to report till next meeting.   Laurel House:   * Nothing to report till next meeting.   **Westgate:**  EK updated the group that Westgate has got over 20,000 patients populated. They have a virtual PPG group of which they target teenagers as well as elderly people. At Westgate they produce quarterly newsletters and include updates on their group activities. Recently they had a CQC inspection who queried about their PPG and were passed the details of 40 members of which 9 has been contacted and asked specific question.  **Stoneydelph**  NP informed the group that her practice has got neither a virtual nor actual PPG but the practice manger promised to look into it after Christmas. NP added that she attended a CQC listening events along with FF and TJ in Sutton, the event was meant to cover patients from Goodhope, Heartlands and Solihul. Unfortunately, the listening event felt hidden due to lack of advertising , there was 16 inspectors and 6 patients altogether.  TJ added that he attended the East Staff CCG listening event with FF and NB at Burtnwood Golf Club which much more organised and had more patient involvement than the CQC event. |  |
|  | **Engagement Model/Call to Action**  FF has delivered a presentation on the CCG engagement model (attached). The presentation covered the following points:   * Our communication and engagement strategy * Why meaningful strategy * Who are our stakeholders? * How do we best involve you? * The participation waterfall * Our existing model of engagement * Opportunities for engagement * The new model for engagement * A call to action and its aims * Next steps forward   FF updated the groups that the CCG will conduct three events in February, posters will be produced and distributed to promote this event. The first event will take place by end of January. FF urged members to share the posters with their practices and PPGs and encourage as many people as they can to attend. Action, FF to circulate more details on the events upon availability. | **FF** |
|  | **Grants Process**  FF has delivered a presentation on new grants approach (attached). FF pointed that it is open to all kind of groups and encouraged members to share the consultation. The presentation covered the following points:   * Historical funding * Priorities for grants funding * Timescales for the grants process * Our criteria and toolkit   FF stated that the consultation period starts from 22nd October – 6th December and that members could access the application materials at [https://consultation.staffordshire.gov.uk/public-helath-and -wellbeing/d753b4c7](https://consultation.staffordshire.gov.uk/public-helath-and%20-wellbeing/d753b4c7)  FF added that additional support on funding application can be gained from:   * Local Support Staffordshire Branch on 0300 777 1207 * Local district or borough council funding officer * VAST   RE pointed to members that he has already raised the question with FF in the Patient Council last meeting whether they as PPG would be entitled to part of this grant if they fit the criteria and FF response was as the PPG is part of their practice there would be a conflict of interest unless PPG’s were set up independently as groups. |  |
| **9.** | **Any Other Business**  Intermediate Care Event – 27th November  FF updated members that the South East Staffordshire and Seisdon Peninsula CCG, East Staffordshire CCG and Staffordshire County Council are exploring the possibilities for developing intermediate care and care for frail older people in the South East and East Staffordshire areas through an event that will be held on 27th November. This event is for existing and new providers, patients, carers, patient representatives, representative groups and others to share their stories and views to help to identify opportunities and ways of doing things differently. FF encouraged members to attend and informed them that they could register their attendance by email to **janet.carr@staffordshirecss.nhs.uk** |  |
| **9.** | **Meetings schedule and date of next meeting**  The next meeting will take place on 16th January at 12.30pm- 2pm at Boardroom 2, Merlin House, Tamworth. |  |