

Patient and Client Council

Your voice in health and social care

Minutes of the sixty-first meeting of the Patient and Client Council held on Tuesday 17 May 2016 at 1.00pm in the Conference Room, PCC, Ormeau Baths, 18 Ormeau Avenue, Belfast BT2 8HS

Present:

Dr Maureen Edmondson (Chair)	Mr Garrett Martin
Mr Brian Compston	Dr May McCann
Mr Bill Halliday	Mrs Seána Talbot
Dr Sheila Kelly	

Apologies:

Mrs Liz Cuddy	Professor Hugh McKenna
Mrs Joan McEwan	Cllr Martin Reilly

Other Apologies:

Mrs Lynne Charlton, Head of Nursing, Quality, Safety and Patient

In attendance:

Mrs Maeve Hully, Chief Executive, Patient and Client Council (PCC)
Mrs Louise Skelly, Head of Operations, PCC
Mr Sean Brown, Head of Development and Corporate Services, PCC
Mrs Helen Mallen, Board Secretary, PCC
Mr Deepak Samson, Advice and Information Services Manager, PCC
Mrs Suzanne McKenna, Research Manager, PCC
Dr David Ross, GP, GP Federations
Dr Sloan Harper, Director of Integrated Care, Health and Social Care Board (HSCB)

27/16 INTRODUCTION

Dr Edmondson welcomed everyone to the Board meeting of the Patient and Client Council (PCC) and reminded everyone that the Board Meeting is held in public, but is not a public meeting. She explained the unusual order of the agenda, namely the presentations from guests who were time bounded followed by the discussion of minutes etc.

28/16 ANNOUNCEMENTS

- a. Mrs Fiona Brady
Dr Edmondson announced that Mrs Fiona Brady, PCC Patient and Client Support Officer, had sadly passed away on the 23rd April.

Condolences and sincere sympathy have been passed to her husband and family. She will be greatly missed by all her friends and colleagues in the PCC.

b. Cllr Colin McGrath

Cllr McGrath had resigned as a member of the PCC Board in April as he was standing for election in May. The Chair had conveyed our collective thanks to Cllr McGrath for his hard work and commitment to PCC. He has since been elected to the NI Assembly.

c. Research Manager

Dr Edmondson welcomed Miss Suzanne McKenna to the meeting. Miss McKenna has recently taken up the post of Research Manager at the PCC.

29/16 CONFLICTS OF INTEREST

There were no declared conflicts of interest in the items to be discussed on the Board meeting agenda.

30/16 PRESENTATION ON PCC PANELS ON STROKE, DIABETES AND RESPIRATORY SERVICES

The Board had previously been informed about the process used for undertaking the first PCC Panel discussions. This presentation outlines the main outcomes of the Panel discussions. PCC Panels are made up of service users and carers in each of the five Trust areas, in this case, with experience of stroke, diabetes and respiratory services. They were asked about specific condition related services and generic services in their Trust area.

Mr Samson provided detail of the findings as follows:

Main areas highlighted from PCC Panels on Diabetes Services

1. Review Appointments for Diabetes service – Service users want consistency in review appointments
2. Eye Screening – Service users would prefer not to duplicate eye tests and have a preference for high street opticians.
3. One-Stop Shop – Service users prefer one-stop shop for Podiatrist, Dietician, Nurse Specialist and Doctor
4. Self-Management courses – Service users felt there should be more training opportunities, including online training.

Main areas highlighted from PCC Panels on Stroke Services

1. Discharged too soon – Why only 6 or 12 weeks? Need on-going specialist intervention;
2. GP Access and GP Awareness – Difficult to access GP surgery and some GPs not fully aware of stroke survivors' needs;
3. Social Isolation – Need to look more holistically at support groups, better outcomes for Activities of Daily Living (ADL);
4. Access to Allied Health Professionals – especially Physiotherapy and Speech Therapy.

Main areas highlighted from PCC Panels on Respiratory Services

1. Good Hospital Care – Acute care is good but needs better links into community care;
2. Aftercare - Maintenance classes, leisure centre classes, etc. are of enormous benefit to patients and there is a strong preference for more of such initiatives;
3. Information needs – Need better signposting to third sector support groups;
4. Access to GP service – This is a big issue for this group of patients

In discussion about wider issues in HSC people mainly raised concerns about:

- Access to GP services
- Access to hospital services/waiting times

Dr Edmondson thanked Mr Samson for his presentation and asked that questions from Members be held until Dr Ross and Dr Harper had completed their presentation.

31/16 DR DAVID ROSS, GP FEDERATIONS AND DR SLOAN HARPER, DIRECTOR OF INTEGRATED CARE, HSCB.

Dr Edmondson welcomed Dr Harper and Dr Ross to inform the PCC about the work of GP Federations.

Dr Harper requested copies of the Panel work (reported above) for use in the HSCB work assessing the difference Integrated Care Partnerships (ICPs') are making for patients.

Dr Harper outlined the context for the GP Federations being developed by the British Medical Association in liaison with the Royal College of General Practitioners. The GP Federations are an initiative aimed at reducing pressure on individual GP practices, through aligning clusters of practices into Federations that can work together.

Across the UK, Federations are being hailed as one solution to the pressures that GP services are facing.

The DOH has asked the HSCB to provide support for GP Federations with some start-up funding to:

1. Help stabilise GP services, particularly in rural areas;
2. Reform services. There are lots of new service models and Minister Hamilton was supportive of GP Federations;
3. Improve development and education. Practice based learning and interaction with the wider system will be made easier with GP Federations. The work of ICPs is made easier in working with GP Federation leaders rather than individual practices.

Dr Ross explained the challenges that GPs' are facing, which include:

- Workload;
- Workforce planning. Reviews over the last 10 years show that there are not enough GPs trained in Northern Ireland (NI). There has been an increase in places for GP training this year but it is likely to be 2019 before the extra fully qualified GP places will be of benefit;
- Protocols and information overload which is sometimes not in the best interest of patient care and services;
- Specialisation and sub-specialisation. This leads to an increase in the number of people involved in patient care with the GP left to be responsible for holistic care;
- Multiple providers and disintegration of primary care teams in Trust areas which make it impossible to work in a joined up fashion and decreased communication between teams; and
- Increasing waiting lists.

GPs' wanted to identify a process that would reduce bureaucracy, ensure a safe service for patients, deliver more services than could be achieved by an individual practice. GP Federations have started in the Down, East Belfast and Derry/Londonderry areas.

Dr Ross outlined the structures of the GP Federations which are GP Practice owned, GP financed and GP focused. The Federation Board is made up of a representative from each practice within the Federation. They are co-terminus with the ICPs'. There are 8 Federations who all use a uniform approach and who receive support from a not for profit management company.

In moving forward the challenges for the GP Federations are:

- Practice based pharmacy. There is variability in prescribing across practices. A business case is being developed to have a pharmacist

- in every practice in NI over the next 4 years. A pharmacist would be aligned to a GP practice with professional and practice support.
- The Belfast Federation is leading on looking at enhanced care at home;
 - Practice Based Learning (PBL) for doctors, nurses and pharmacists which will be essential to service design. Revalidation for practice nurses is also being introduced.
 - Improving Interaction with the third sector. A bid to the Big Lottery for Federations to employ a co-ordinator to signpost and develop relationships with the third sector;
 - A scoping exercise is planned in liaison with the Chief Nursing Officer (CNO), PHA and Royal College of Nursing to examine how the work of Primary Care Practitioners (PCPs') could fit into GP Federations;
 - To review waiting lists in liaison with ICPs' with view to redesigning the referral process for treatment;
 - Possibility of extended hours for practices, which would be difficult to facilitate given the current size of the workforce;
 - A public health message highlighting the pressure on services and asking people to think about their personal health and how they can use services appropriately.

Following the presentation Dr Ross and Dr Harper took questions from the Board. Key points made were:

- it is hoped that the DOH will support this initiative with funding when the benefits of this new model of care are recognised.
- GPs' are really concerned about the UK wide workforce problems and the future impact for people being able to register with a GP.
- The out-of-hours call back times are increasing. This service needs to focus on those with the greatest need.
- while yet to be tested it is hoped that Federations can provide a more uniform, consistent and better general practice service.
- the need for service providers to initiate an 'appropriate use' conversation with the public. However there is a crucial need for a proper community infrastructure if people are to be referred back into the community from EDs' and wards.
- GP Federations are a GP provider arm of ICPs' and every practice is part of an ICP. It is premature to know how the ICPs' are of benefit to patients.
- Recruitment of pharmacists for 6 of the GP Federations is already underway.
- Federations offer single handed GPs' a support mechanism by providing cover for sessions from an alliance of GP practices within each GP Federation.

In conclusion Dr Edmondson said that the PCC welcome any initiative that will make things better for patients and hopefully we will start to get confirmation of the benefits of ICPs' and GP Federations soon. She said that a serious conversation needs to take place with the public who can understand the situation and current pressures if given the correct and timely information.

Dr Edmondson thanked Dr Harper and Dr Ross on behalf of the Board, for their informative presentation.

Dr Harper and Dr Ross left at 2.25pm.

32/16 PCC PANELS, BOARD PAPER NO. 425

Referring back to Mr Samson's earlier presentation and the supporting Board Paper No. 425, Dr Edmondson asked Members if the findings support the recommendations being made.

Mrs Hully explained that the first PCC Panels had looked at some of the conditions that have been the focus of change under the ICPs'. The public will not necessarily be aware of the work of ICPs' but should be starting to see the benefits of this new way of working. Unfortunately at this time a number of the planned changes have not been implemented yet and there is no consistency within HSC Trust areas.

On discussion Members agreed that the work with service users and carers through PCC Panels has provided valuable information on current patient experience and demonstrates the benefits of using this new method of patient involvement to hear from people in the different HSC Trust areas.

Members agreed that the detailed findings in the presentation should be included in the Board Paper as an appendix, to ensure that the valuable information gathered is appropriately summarised.

The next steps agreed for the PCC will be to:

1. Add the detailed findings as an appendix to Board Paper No.425;
2. Expand on findings in the report to highlight:
 - a. how people are treated by one specialty without consideration of co-morbidities;
 - b. that people are experiencing slippage of review appointments due to pressures; and
 - c. the need for better use of services available from third sector through improved referral and signposting of patients;

3. Report the findings back to the PCC Panels involved;
4. When discussed with Panel members, share the final report with the HSCB, Trusts and PHA;
5. To follow up on actions being taken within the system as part of outcomes work.

The Board thanked Mr Samson for his work with the first PCC Panels which have undoubtedly been a successful method of public engagement.

Board Paper No. 425 was approved pending the agreed amendments.

33/16 MINUTES OF THE LAST MEETING

a. Minutes of the last meeting

The minutes of the meeting held on the 15th March 2016 were agreed as an accurate record of the meeting and signed by the Chair and Chief Executive.

34/16 MATTERS ARISING

The following items were discussed:

a. Item 18/16 (b) Restoration of Myalgic Encephalomyelitis (ME) Services
Mrs Skelly said that discussions about ME services are on-going and updates will be provided to the Board when progress is made.

b. Item 14/16 Board Membership
Dr Edmondson confirmed that paperwork to appoint 10 Members by April 2017 is being refined but agreement to proceed with an appointments process will have to be agreed by the new Minister when he/she takes up post.

c. Item 20/16 PCC Business Plan
A letter confirming sponsor branch approval of the PCC Business Plan has been received from the CNO.

d. Item 21/16 (a) Budget Letter
The letter confirming the PCC budget for 2016-17 has been received.

35/16 OPERATIONS

a. Annual Operations Report 2015-16, Board Paper No. 426

Mrs Skelly presented the Annual Operations Report for 2015-16 confirming that all objectives were achieved. This report will form part of the PCC Annual Accounts.

The paper was discussed and the following noted:

1. Objective 2.5. In relation to the work done with women who have experience of miscarriage, Mrs Skelly was asked to make it clearer in the report that the Pregnancy Loss Steering Group was made up of women who had experienced a miscarriage and that women were being empowered to further develop the Miscarriage Support Group in NI;
2. Objective 1.2 (a). In relation to funding to support carers to plan for the future, Mrs Skelly to confirm if this section relates to carers with a dependant who has a mental health illness or a learning disability.
3. Objective 2.1 will be followed by a further piece of work being carried out this year to understand people's experience of end of life care (EoLC) in NI. The RQIA report issued in January 2016 on the 'Review of the Implementation of the Palliative and End of Life Care (EoLC) Strategy (March 2010)' will be relevant to the next piece of work on EoLC. Dr Edmondson said that Dr Kelly's Members Report submitted to the Board in March 2016, provides a useful summary of the RQIA report and she thanked Dr Kelly for providing this.

Board Paper No. 426 was approved pending the agreed amendments.

b. PCC Homelessness Event 30-11-15. Board Paper No. 427

This paper provides a summary of delegate views captured at the PCC Homelessness Event held on 30 November 2015.

This paper was discussed and it was agreed that in relation to the next steps, the report will be shared with:

1. the PHA who are responsible for leading on implementation of the Homelessness Strategy for NI 2012-2017;
2. the Council for Homelessness in NI (CHNI) who were a partner in this work; and
3. other key stakeholders including the Minister, DOH, HSCB, Trusts, Children's Commissioner, Voluntary and Community Groups and the Lord Mayor of Belfast who hosted the event.

It is recognised that tackling homelessness will require cross

departmental working and it is hoped that this joined up working will be part of the Programme for Government being agreed by the NI Assembly.

The Board thanked everyone for their work on this important piece of work, with particular mention to Mrs Joanne McKissick who managed this project.

Board Paper No. 427 was approved pending the agreed amendments.

36/16 ANNUAL RESEARCH COMMITTEE UPDATE 2015-2016, BOARD PAPER NO. 428

This Report by the Chair of the Research Committee, Professor McKenna, provides assurance to the Board on the quality and substance of research throughout the year. Dr Edmondson asked that the Board's thanks be noted to Professor McKenna, Dr McCann and Mrs Talbot for their work on the Research Committee.

Miss McKenna reported that she had attended a recent workshop on the Implementation of the new Research and Development Strategy and there is particular focus on having the patient voice heard.

Board Paper No. 428 was approved.

37/16 CHAIR'S REPORT

- a. CIPFA NI Post-Election Review
Dr Edmondson had attended this meeting on 13 May. One of the speakers referred to the governance arrangements in Great Britain and Northern Ireland. He said that the amount of audit and scrutiny often seems disproportionate to the resources held. This is something that the PCC has raised a number of times.

The Chair's report was noted.

38/16 ANY OTHER BUSINESS

- a. Register of Interests
Members have recently updated their Declaration of Interest forms that must be done at least annually. Dr Edmondson reminded members that they must inform the Board Secretary if there are any changes throughout the year so that the PCC Register of Interests can be updated.

- b. Review of Whistleblowing Procedures
Mr Halliday reported that RQIA are carrying out a review of whistleblowing procedures in response to recommendations made in the Donaldson report. He and Mr Brown had attended a high level meeting at RQIA and had a very interesting discussion about the work of the PCC and the PCC whistleblowing policy and accessibility arrangements.
- c. Regional Staff Survey
Action: Mr Brown to share the highlights of the Regional Staff Survey results with the Board.
- d. New format for record of consultation requests
The list of consultations considered by the PCC is provided each month to the Board as an Information Paper. This is the first month the new format for recording has been used. This format was agreed by the Board and Dr Edmondson asked Members if they are content with the new format. Members agreed the additional information is useful.

39/16 INPUT FROM MEMBERS OF THE PUBLIC

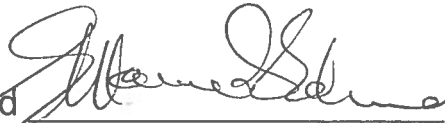
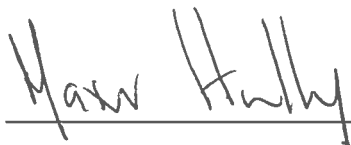
There were no members of the public present.

40/16 DATE OF NEXT MEETING

A Board Workshop will be held on 16 August 2016.

The next Board meeting will be held on the 20th September 2016 in the Conference Room, Ormeau Baths, 18 Ormeau Avenue, Belfast BT2 8HS.

The meeting closed at 3.30pm.

Signed  Signed 

Date 22/6/16
Maureen Edmondson
Chair of PCC

Date 21/6/2016
Maeve Hully
Chief Executive of PCC