

Wirral Patient Voice Group

MINUTES OF MEETING

Tuesday 20th September 2016-6.00pm-8.00pm
Duncan Room, Old Market House

Present:

James Kay	St Catherine's Health Centre (Chair)
Dave McGaw	Blackheath Medical Centre (Vice Chair)
Esther McGaw	Blackheath Medical Centre
Bob Giles	Cloughton Medical Centre
Monica Price	Devaney Medical Centre
Terry Sullivan	Earlston and Seabank Medical Centre
Alec Wood	Eastham Group Practice
Mike Sleeth	Gladstone Medical Centre
Pauline Sutton	Heswall and Pensby Group Practice
Colin Derby	Holmlands Medical Centre
Paul Golding	Leasowe Medical Centre
Lynn Collins	Marine Lake Medical Centre
Stanley Mayne	Marine Lake Medical Centre
Derek Timmins	Marine Lake Medical Centre
Emma Roper	Miriam Medical Centre
Will Eborall	Moreton Health Clinic
Margaret De Wolf	Moreton Medical Centre
Boyd Tennent	Prenton Medical Centre
Sybil Tennent	Prenton Medical Centre
Margaret Harland	Spital Surgery
Pam Gilfoyle	St Catherine's Health Centre
Milly Wright	St Georges Medical Centre
John Howe	St Georges Medical Centre
David Bowe	St Hilary Group Practice
Steve Howe	The Village Medical Centre
Betty Hodgson	Townfield Health Centre
David Peate	Villa Medical Centre
Brian Knight	West Wirral Group Practice

In attendance:

Mike Chantler	Head of Communications and Engagement
Emma Sheppard	Communications and Engagement Manager
Iain Stewart	Head of Direct Commissioning
Jayne Davies	Phlebotomy Manager, Wirral Community NHS FoundationTrust
Tracy Orr	Divisional Manager-Urgent and Primary Care, Wirral Community NHS Foundation Trust

Sarah Lynch Administrative Assistant

No	Item
1.1	Welcome and Introductions James Kay (JK) welcomed everyone to the meeting. He informed the group he has recently attended a meeting of Marine Lake Medical Centre's PPG, GPW Federation,

	<p>and is due to meet with Spital PPG.</p> <p>An extraordinary Patient Voice meeting will take place on the 25th October 2016 at Old Market House on an upcoming CCG public consultation.</p> <p>JK informed the group he recently received a letter from a Patient Voice member requesting his individual opinion on the Sustainable Transformation Plan (STP) for Wirral. JK added that he has not yet responded to this letter, however does not feel his role as Patient Voice Chair is to make public comments on political matters.</p>
1.2	<p>Apologies for Absence</p> <p>Apologies were noted by Terry Wallace, Ron Abbey, Wendy Sheen, Brenda Bell, Lynda Roughley, and Gemma Ahearne.</p>
1.3	<p>Declarations of Interest</p> <p>Betty Hodgson declared that herself and Emma Roper are non-voting patient members on the GPW Federation Board. The Chair thanked BH for making the declaration and asked that this be recorded in our register of interest.</p>
1.4	<p>Draft Minutes of 12th July 2016 meeting</p> <p>The minutes were agreed as an accurate representation of the meeting.</p>
1.5	<p>Matters Arising</p> <ul style="list-style-type: none"> • Fiona Johnstone was due to present at this meeting however; this agenda item has been postponed to allow for the Phlebotomy item to be added to this meeting her presentation has been deferred to the next meeting. • JK reported that he had some discussions within the CCG and with HealthWatch but was not yet able to report progress on a support scheme for PPGs. He will however continue to try to promote a support system for PPGs in practices struggling to establish these.
2.1	<p>Community Phlebotomy Service</p> <p>JK explained that he has received feedback from a number of Patient Voice members regarding the changes to the Community Trust Phlebotomy Service. Iain Stewart, Tracy Orr, and Jayne Davies have been invited to attend the meeting to explain the commissioning process of the Phlebotomy procurement and the operational changes to the service.</p> <p>IS informed the group about the commissioning process for procuring services. The Phlebotomy contract was previously held by Wirral Community Trust and they were awarded the tender again in July 2014 after a procurement exercise took place.</p> <p>TO introduced herself to the group and apologised to patients for the difficulties some have had in accessing the Phlebotomy service while they have been going through a period of change. She explained that demand has increased significantly meaning that the cost of the service to the community trust has doubled, therefore a new model needed to be developed. Managers of the service met with practice managers in July 2016 and devised a model based on practice list sizes; however this model encountered a number of difficulties in its operational delivery. It was agreed that until a new model was decided, the service would return to its prior service model agreed when the contract began in July 2014. The Community Trust and CCG are meeting with practice managers again the day after the Patient Voice meeting to discuss next</p>

	<p>steps with a specific focus on where there is waste in the system. The Community Trust discussed a new delivery model with the group, part of which included a number of hubs for drop in appointments. TO made the group aware that nothing had been finalised and this new model is being presented at the stakeholder meeting the following day.</p> <p>JK invited members to share their experiences and ask questions: Q: Our practice has an in-house Phlebotomy service, why can't all practices do the same? A: As the numbers have increased some practices can't absorb extra patients. Some practices are struggling with numbers whereas others can't fill appointments.</p> <p>Q: We have no problem in our practice, however in Liverpool the Royal has a drop in service and there are always queues. A: The Community Trust has evaluated all options for a new Phlebotomy delivery model; the predominant focus has been on the reduction of waste i.e. reducing DNA's.</p> <p>Q: Have practices been consulted? A: Yes all practices have been consulted.</p> <p>Q: Why has this happened? Is the procurement process robust enough? Why have you changed the initial service model put in place? A: The previous model was not sustainable based on the increase in demand. IS explained that most contracts are 3 years in length and can be extended by 2 years. The contract started in July 2014; there were no significant issues with the delivery of the service until this year with the increase in demand for appointments.</p> <p>TO added that the consultation process for changing the model started in June, and practices were consulted about the launch date.</p> <p>Q: What percentage of patients DNA? Is there a clause in the contract for variation? Manchester use a reminder system by texting patients. A: 10% of appointments are not used,-either the appointments are not booked or patients DNA. The contract is a fixed price. The provider is given an agreed fixed financial allocation to provide the service. TO explained that the intention is that if the proposed service model is implemented, the Paediatric service would also be delivered by the hubs and more domiciliary appointments should be available.</p> <p>TO committed to provide further feedback to Patient Voice after the stakeholder meeting described above.</p>
<p>3.1</p>	<p>Individual Issues raised by PPG's</p> <p>JK asked the group for suggestions for future agenda items and the following were raised:</p> <ul style="list-style-type: none"> • Concerns about Inclusion Matters Counselling Service • Primary Care Support Services-Medical Record Delivery (Primary Care Support England) • Sustainability and Transformation Plans • NHS tendering process • Phlebotomy – invite Community Trust leads to provide update • Clinical priorities <p>JK agreed to work with Dave McGaw and Emma Sheppard to plan the agenda for the next meeting.</p>

	Date and Time of Next Meeting Tuesday 13 th December 2016 6-8pm Old Market House

DRAFT