

NHS LWCCG Patient Assurance Group (PAG)

Wednesday 7 May 2014
17.30 – 19:30

Thornton Medical Practice (Library) 15 Green lane Leeds 15
Minutes of Meeting

Membership	Initials	Group Role	Present	Apologies
Angie Pullen - Chair	AP	Governing Body Lay Member	✓	
Jayne Garnett	JMG	Programme Support	✓	
Chris Bridle	CB	Engagement Lead	✓	
Kevin Bray	KB	Patient Representative – Highfield	✓	
Lynda Burt	LB	Patient Representative - Highfield		✓
Logie Kelman	LK	Patient Representative - Burton Croft		✓
Sally Morgan	SM	Healthwatch Representative	✓	
Ashley Rawlings	AR	Patient Representative – Fountain	✓	
Tracey Ross	TR	Patient Representative - Hyde Park	✓	
Malcolm Rutt	MR	Patient Representative – Ireland Wood	✓	
Trevor Thewlis	TT	Patient Representative – Ireland Wood	✓	
Robert Turner	RT	Patient Representative – Yeadon HC		✓
Russell Turner	RT	Patient Representative – Yeadon Tarn MC		✓
Edward Wilson	EW	Patient Representative – Thornton MC		✓
Guests				
Tim Sanders	TS	Integrated Commissioning and Transformation Manager	✓	
Jayne Bathgate	JB	Commissioning and Development Manager	✓	
Russell Harte-Davis	RHD	Head of Quality	✓	
Tricia McKinney	TM	Observer	✓	
Natasha Noor	NN	Observer	✓	
Matthew Wallace	MW	Observer	✓	

Item	Description	
1.0	<p>Welcome and apologies The Chair welcomed everyone to the meeting and introductions were made.</p>	
2.0	<p>Minutes of the last meeting (09.04.14) Approved as an accurate record of the meeting.</p>	
3.0	<p>Matters Arising</p> <ul style="list-style-type: none"> • Early Discharge Scheme update – CB advised that the project was ongoing and an update will be brought to a future meeting • Year of Care engagement plan – JMG advised that this item is also ongoing and will be updated at the June meeting • PAG Development Day - JMG advised that the date and location had been booked and an agenda will be completed in the near future • Press release re Governing Body held in public – TT emailed suggestions for the Governing Body press release. These suggestions were noted and the 7 May press release was amended to reflect these comments. ACTION JMG to send email correspondence and press release to PAG members 	<p>CB</p> <p>KN</p> <p>JMG</p> <p>JMG</p>
4.0	<p>Dementia Proposal</p> <p>TS attended the meeting to introduce the proposal for Living with Dementia in Leeds.</p> <p>Dementia describes a set of symptoms which include loss of memory, mood changes and problems with communication and reasoning. The risk of developing dementia increases with age, however most people will not develop it.</p> <p>Based on research evidence there are an estimated 8,500 people who have dementia in Leeds and approximately 4,600 are on GP records with a diagnosis of dementia.</p> <p>There are different types of dementia:-</p> <p>60% is caused by Alzheimers Disease 25% is caused by vascular dementia (damage to blood vessels in the brain) 15% is caused by mixed and rarer types.</p> <p>Dementia is probably more prevalent in communities where there is more high blood pressure, cardio-vascular disease and diabetes.</p> <p>In 2011, Leeds City Council (LCC) began developing a local strategy which had good engagement with the voluntary sectors but a dementia survey sent to patients, families and carers in 2012, had a low response. Therefore involvement of patients, public and carers became a priority.</p> <ul style="list-style-type: none"> • Carers Leeds advertised for carer representatives - there are now 3 who share attendance at Leeds Dementia Board • In-depth interviews were held with 40 individuals relating to 28 people living with dementia. The findings from these interviews were used to run a 	

workshop which 8 people with dementia and their carer's, attended. This has led to creating the role of 'Eldercare Facilitator' although the feedback is that 'Memory Support Worker' may be a more appropriate name. There will be 13 posts to link to GP practices, who will support people before and after diagnosis.

- Leeds Alzheimers Society and LIP are working together to build a group of people living with Alzheimers to sit on the Leeds Dementia Board.
- Commissioning proposals for improving diagnosis and early support were taken by Leeds Involving People (LIP) to individuals and focus groups, starting with an event at Leeds Civic Hall in May 2013.

Patients, families and carers made the following comments and observations:-

- Too many barriers to getting a diagnosis, including long waiting times
- Diagnosis doesn't always lead to support and it would be helpful for people to have a point of contact
- Leaflets were given out, however some people were not able to use the leaflets when they returned home
- Communication regarding diagnosis, scans, results etc was not always clear
- People are discharged from services too quickly and feel they are left to fend for themselves
- What really helps people is activity and meeting with people who are in the same situation

Changes are already happening, including

- Increased funding for the memory clinic, which has reduced waiting times to first appointment from 12 weeks to 3 weeks
- Changes in the Leeds memory service, so that old age psychiatrists and memory nurses will run clinics in GP services on a monthly basis. From 2015, support will depend on need rather than prescribing with more non-drug treatment and education being offered
- Piloting 3 dementia liaison roles to work with community nurses and social workers
- Producing a Leeds leaflet that will be handed out at the time of diagnosis

Q. The group asked if using feedback from the 8 people who attended the workshop, was enough engagement for this proposal?

A. The engagement report was based on the feedback from 40 people in total, who along with carers and clinicians identified similar needs required for people living with dementia. Qualitative Research methodology was used, meaning that when themes are repeated and saturation reached then a bigger sample is not needed.

	<p>Q. Some people are discharged following diagnosis with information and contacts but then are not in a position to use that information. How will these people be assisted?</p> <p>A. Memory screening is performed on all over 75 year olds who are admitted to hospital, unplanned. If required the GP is informed of the assessment. In 2013, 1500 people over 75 who were admitted to hospital were diagnosed and 800 were referred to their GP's for support.</p> <p>Q. In care homes there will be people of different ages, some diagnosed, some not. A medication review proposal came to the PAG in January 2014, could this service be used along with support workers?</p> <p>A. All 3 Clinical Commissioning Group's(CCG) are working to provide enhanced GP services in care homes, working alongside multidisciplinary teams including support workers.</p> <p>Q. Following on from the interviews and focus groups, how will people, families and carers be involved in monitoring the information.</p> <p>A. A project is to be set up which will monitor, evaluate and feedback the results</p> <p>JB advised that one of NHS Leeds West CCG priorities is dementia and asked the question what else do we need to do?</p> <p>The group advised they would like to be involved in the work going forward particularly with regards to the ongoing monitoring and evaluation of the service. It was asked if a member could sit on the steering group?</p> <p>ACTION TS to consider how this could be achieved ACTION JB to update on above action ACTION JB To bring forward plan to Aug PAG meeting</p>	<p>TS JB JB</p>
<p>5.0</p>	<p>Leeds CCG's Quality Framework</p> <p>RHD attended the meeting to introduce the Leeds Clinical Commissioning Groups Quality strategy 2014-17 to gain opinions from members on its approach and to identify any gaps highlighted.</p> <p>The significant breaches in standards of care at Mid-Staffordshire Hospitals and the subsequent findings of Sir Robert Francis's Inquiry are a stark reminder that safe, effective person-centred care cannot be taken for granted. There has been a seismic shift in how care is provided and quality monitored and since the original report in 2009, commissioners and providers have undertaken a great deal of work to ensure that there can be no repeat of the circumstances that led to the breaches of standards. National reports on quality and safety of care have been published by Sir Bruce Keogh, Don Berwick and Jane Cummings and as a result, quality of care is at the very top of the NHS agenda.</p> <p>The strategy was set up to address recommendations from all 4 reports and develop an action plan to address any areas where standards are not being met.</p> <p>RHD advised the group that the CCGs have a responsibility to provide a high quality healthcare, that's free at the point of need and can be accessed by all, as outlined in the NHS Constitution. Further information can be accessed here:</p>	

<http://www.leedswestccg.nhs.uk/about-us/nhs-constitution.htm>

The NHS Outcomes Framework(NOF) sets out the national outcomes that all providers of NHS funded care should contribute to and these are grouped around 5 domains

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Quality is system wide and ensuring that patients received a high quality of care relies on a complex set of roles, responsibilities and relationships between the CCG, professionals, provider organisations, other commissioners, local authorities and other national bodies. It is not the responsibility of any one part of the system alone and no one player holds all the available intelligence.

Q. On writing this strategy, how did you determine the standards?

A. Standards are nationally set, the strategy outlines the actions required to secure the quality of services we commission.

Q. I tried to read the document but found there was just too much information and it was hard to read. Is there a way to condense the information or could you produce an executive summary as well?

A. RHD acknowledge this and agreed that an executive summary would be produced

Q. Quality strategy implementation – what does the CCG need to do?

A. Work needs to be done to demonstrate that we hear what people are saying and that we are seen to make changes.

Q. Organisational Culture and Leadership – there is nothing about whistle blowers. What is your strategy on this?

A. RHD acknowledge this was an important point and advise that there would be a section included on this topic

Q. Do we need to explain how we prioritise the 58 NICE Quality Standards for review in commissioning services?

A NICE Quality Standards are a set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. The standards are derived from high quality guidance such as that from NICE or other sources accredited by NICE; these standards principally set out aspirational but achievable care and are not targets, and are not mandatory. There are currently fifty-eight standards, with more in development.

The CCG wishes to use the quality standards as templates of best practice when commissioning new services, or as references when reviewing current

	<p>services. In assessing its performance against the standards the CCG will need to prioritise which of the standards are to be assessed first. This will be informed by commissioning leads in accordance with current and future commissioning programmes</p>	
6.0	<p>Development Day for PAG members</p> <p>JMG advised the group that the date and location has now been confirmed as Thursday 19 June at Hinsley Hall, Leeds and that an agenda would be available in the near future.</p> <p>ACTION JMG to send members an agenda shortly</p>	JMG
7.0	<p>AOB</p> <p>Urgent Care – CB advised that NHS Leeds North CCG had invited members of NHS LWCCG PAG to attend a presentation around urgent care.</p> <p>ACTION JMG to send details to PAG members 08.05.2014</p> <p>Pulse Article – CB advised that NHS Bristol CCG was being forced to defend a legal challenge against Protect our NHS, a patient campaign group, who are alleging that the CCG had failed to adequately consult patients in its procurement decisions. The outcome could prove significant in establishing the extent to which the CCG's have to consult the public when commissioning services going forward.</p> <p>ACTION – JMG to forward the article to PAG members</p>	JMG JMG
	<p>Date and Time of next meeting</p> <p>Wednesday 4 June 2014 17:30 – 19:30. WIRA Boardroom WIRA House, West Park Ring Road Leeds, LS16 6EB</p>	