

**MINUTES OF THE LINK STEWARDSHIP GROUP MEETING**  
**Held in the Conference Room HQ Building,**  
**30th March 2011 6.00 p.m.**

**Attendees**

CB (Chair)  
Dot Throssell  
Joe Dunn (Vice Chair)  
Julie Paget  
Dot Throssell  
Gennifer Gomez  
Peter Woodley  
Vicky Shipway (Host Team)  
Karen Morse (Host Team)  
Christine Breckell (Minutes)  
Sally Parker (Patient & Public Involvement lead)  
Sharon Palser (Director of Development)

**Apologies**

Geoff Marks  
Barry Lucas (Vice Chair)  
Fred Morton  
Lois Lloyd  
John Miskelly  
Jake Paget

**Agenda Items**

**1. Welcome**

CB welcomed everyone to the meeting and introduced Sally and Sharon to the stewards. The meeting was then handed over to Sharon for her to explain developments in changing the way in which health services are to be delivered in Plymouth.

Sharon began by defining her role: she is lead on the design of healthcare planning for the Primary Care Trust. An NHS Quality document was circulated for distribution by LINK at events, and a handout detailing future Primary Care Trust plans was distributed. Sharon explained that over the years GPs and hospital doctors have developed separate treatment systems, which need to be amalgamated. The aim is for a more holistic approach to be taken, with a single point of access. Therefore, all Derriford referrals from Plymouth, West Devon and East Cornwall are to be processed through Sentinel, who will quality check to ensure all preliminary checks are carried out by GPs prior to the patient seeing a consultant to allow a swift diagnosis. G's will be having more responsibility to ensure that these checks are carried out before the patient goes to Derriford.

Planned Care – Sentinel is the single point of access for this, calling patients to ask them to choose where they would like to receive their treatment. Consultants have been going through the referrals at Sentinel with the GP and have been making decisions about best treatment – this has led to more patients being treated in the community, including by their own GPs, using advice from consultants. This information caused comment from several of the stewards:

- CB pointed out that when people are contacted by Sentinel, they are asked to choose with no information on the different sites. Sentinel should provide guidance for patients to make an informed choice.
- Some information is in the public domain, but is not always easy to find – the PCT should improve public access to information, particularly as not everyone has access to, or is proficient in, the use of a computer.
- Julie Paget pointed out that a patient's first choice of venue is binding for the entire length of treatment, and the public is unaware that they can carry out research before making their choice, feeling that they have to make an immediate choice. Sally Parker said that she would note this point for investigation.
- The difficulties of those whose first language is not English were also pointed out, with many patients not fully understanding what is expected of them or knowing how to access a service in the first place. The use of Language Line is to be discussed with Sentinel to assist in this.

- CB asked whether the new systems were leading to decreased capacity at Derriford, and Sharon replied that they are.

Sharon informed the group that Sentinel is now giving out information on out of area venues available to patients to assist them in making their choice – this news was welcomed by the stewards.

Sally then asked the stewards to list their main criteria in choosing a treatment centre: reputation, speciality in the required area, infection rates and ease of access were all cited.

It was suggested that Neil Parsons and Michelle Fog from Sentinel be invited back to address the LINK on the new systems now in place.

Discussion then took place about the computer systems for GPs and Derriford being incompatible with each other; Sharon informed the stewards that 2011 has been designated for this situation to be improved although this would take more than one year to complete. This would help reduce e.g. duplicate tests. Care will be provided in less specialist settings where this was appropriate, and on the basis of information available locally and nationally, this would mean that many more people would be given treatment in primary care and community settings. Sentinel is receiving near immediate feedback from clinics to inform of appointment spaces. Talks are being held to explore how clinics can be increased or reduced if a different level of service is required in one area. Positive feedback has been received about the professionalism of Sentinel, which has recently taken responsibility for mental health provision. This is revealing large gaps in services for mental health service users, which is being forwarded to the PCT for action.

Risk assessments are being conducted on patients with chronic, long-term conditions, to try to predict whether they are likely to be admitted, based on their past history. This would allow the PCT to plan for their care, which would hopefully lead to less unplanned admissions.

Predictions of the effects of the changes:

- A drop across the board is predicted in acute hospital care.
- Increase in community based services
- Decrease in staff numbers due to better organisation of services. This was challenged by DT, who believed that staff numbers should be maintained. However, the PCT has decided to keep moving ahead with their plans (these plans are jointly owned with the hospital) and allow positive messages to be spread by those who have experienced the new services for themselves. Sharon did admit that this point was a hard sell to the public.
- The risk in the change is getting the community schemes and the hospital to move at the same rate. Sentinel is being very helpful in achieving this. Groups from Sentinel, PCT and Derriford meet regularly to synchronise services.

JP questioned whether there are adequate funds for these changes – Sharon replied that the PCT has made funds available to cover necessary changes e.g. IT system improvements. These funds have been allocated from elsewhere in the existing budget. JD expressed a concern about the confidentiality of patient records as they are transferred between GPs and the hospital, but was assured that access is restricted to relevant staff only, and data is transferred through secure ports, which is the main problem in compatibility. CB expressed surprise that information transfer should be such a problem, as multinational companies sorted the problem out years ago.

CB commented that in order to make the changes work, the people of Plymouth needed to support them, and therefore the PCT and Derriford should be publicising the positive elements, such as seeing consultants in local clinics rather than the hospital, and offered that the LINK could assist in this.

The green card system was discussed, where people with chronic conditions who know their condition well choose to access their doctor when they feel unwell, rather than attending set clinic dates, which they may not need. The role played by specialist nurses was discussed, focussing on how they free up consultants' time, and the value placed on the relationships they build with patients.

The value of health drop-in centres in the city centre was discussed, but research has shown that they tend to increase demand, as they are mostly used by the worried well. Of more use is the suggestion of locating a GP type service in A&E departments, to deal with less urgent cases. Derriford is currently involved in a piece of work to investigate why A&E is used so much.

As time had run out, Sally Parker offered to come back to a subsequent meeting to discuss issues about disenfranchised elements. VS asked her for an email update about this and clustering, which could be circulated to the stewards for information.

Sharon thanked the group for their positive reception and reaction to her talk, and said that the comments of Plymouth LINk were found useful by health care providers. CB also thought that the meeting had been positive and productive.

Sally Parker and Sharon Palsler then left the meeting, which continued in its usual format.

## **2. Minutes and matters arising**

- ★ The minutes of the Stewardship Group meeting of the 17<sup>th</sup> February 2011 and 8<sup>th</sup> March 2011 were agreed as a true record.
- ★ A skills audit was circulated to the stewards who were asked to complete it in the meeting, or take home and post back to the office for completion.
- ★ There were no matters arising.

## **3. Election of the Chair and Vice Chairs**

No other stewards had put their names forward to stand as chair/vice chair, and the current post holders had indicated that they were willing to continue in their roles. Therefore, Chris Boote was re-elected as Chair with Barry Lucas and Joe Dunn as joint Vice-chairs.

## **4. Information Update**

- ★ *Young People Seeking Safety, Sherwell Centre, North Hill 31 March* – KM and GG attending.
- ★ *Armed Forces Day, Plymouth Hoe* – JD and FM are involved in this. KM asked for more volunteers as she is hoping to have an exhibition of health care in Plymouth in times of conflict, and has asked the public for the use of any pictures or information on this subject. The organiser of Armed Forces Day has become very interested in this, and the exposure given to the exhibition is increasing. LINk is involved together with PIPS and care providers for those suffering with Post Traumatic Stress Disorder. JP, GG and PW offered to help during the day.
- ★ Chris Hall distributed LINk literature and leaflets over a wide area of the city, which is now starting to trickle back into the office.
- ★ Copper Beeches care home has contacted the office to ask for a member of staff to visit and speak to residents and their families about the work of the LINk. This could provide a regular, ongoing source of feedback.
- ★ *Vestival 5<sup>th</sup> March* – since attending this event, LINk has been receiving calls from young people under 20 asking about volunteering opportunities. To date there is a possibility of 3 definite volunteers.
- ★ *Leaving hospital survey* – more responses are being received in the post after the closing date, but as they contain relevant comments, they are being included in the report. Two trends in delay have become apparent: pharmacy and discharge paperwork not being completed. However, there have also been many positive comments made about the hospital and staff.
- ★ *End of year contract monitoring* – we have smashed our feedback target by over 2000 pieces.
- ★ *Website* – A document was circulated detailing all of the information, and showing that we have received hits from the USA and Australia on Twitter. There is a lack of patient involvement in the USA, and a body is being set up in Arizona on our model. Floating doctors who treat patients from a boat on the Florida Keys are also following us on Twitter. This shows that we are reaching unanticipated areas and people. All of the consultations we have taken part in are being shown on the website, and links placed on Facebook and Twitter. The website is currently being revamped to improve access. VS explained that this will be a costly exercise as it has to be outsourced. The quote from our current web

designer/host is £1100, but other companies are being approached, due to service issues with the current supplier. KM will update the stewards at the next meeting on progress.

- ★ *Toolbox for community activists - 18<sup>th</sup> April - training* organised by PIPS and has 5 spare places. Training covers meetings, conduct, and getting things done. GG will attend.
- ★ A template form was distributed for stewards to use when they attend meetings to keep the LINK team informed. KM will email stewards the pro-forma for their use.
- ★ The Peninsula NHS Treatment Centre has emailed requesting LINK representation on their patient forum. The first meeting is to take place on 19<sup>th</sup> April 5.30 p.m. JP volunteered, and KM is to email her details.
- ★ The southwest ambulance trust and the primary care trust have both requested LINK assistance in prioritising their quality accounts. VS took 5 copies of each document to the meeting for the stewards to take away. CB commented that LINK was being viewed as a key element in the feedback.
- ★ VS asked the stewards to assess the usefulness of the weekly update bulletin – positive comments were given.
- ★ It was agreed that the entire stewardship group would attend an equality and diversity training refresher course later in the year, in view of the events at the Wiltshire LINK and the probable increase in public exposure as LINK becomes HealthWatch. CAB will investigate dates in October and report back to the group.
- ★ Bulletin costs – A document was circulated detailing costs; after discussion it was decided that LINK bulletins would be produced in a 4 page format every 8 weeks. Any extra information can be included on a flyer. JP suggested that we offer to distribute health authority information with the bulletin, and charge them to cover postal costs. This option is to be investigated by VS.
- ★ CB gave feedback on the Derriford never events – a second visit has been made by the CQC and the situation has improved. Full details are to be made public on 31 March.

Steve Waite has been appointed as chief executive of Plymouth health commissioning. CB believes this to be a good appointment. CB has emailed NHS Plymouth and thanked them for including LINK in the appointment process.

## **5. HealthWatch Consultations**

LINK has now forwarded all of its responses to consultations.

## **6. Staff update**

- ★ VS told the group that Chris Hall has now left, and that the team is refocusing its activities. VS suggested that KM does not need to attend all Stewardship Group meetings, as it is not a good use of her time. Instead, it was proposed that she lead on the Issues meetings. CB did not agree with this, and JP suggested that KM attend to give feedback on specific issues; after discussion, it was decided that the stewards would consider the proposal for consideration at the next meeting. VS pointed out the changes in workload, which are now having to be absorbed by a smaller team.

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## **7. Any other business**

- ★ CB reminded the stewardship group about the letter we had received last month from Devon LINK voicing concern about the position being adopted by NALM as representing LINK organisations nationally, and asking for our support. Plymouth LINK had not made an official response to Devon LINK regarding the contents of the letter, which has now been sent without Plymouth LINK being mentioned as a co-signee. CB said that he thought this was probably for the best, as although he does not approve of NALM, its written output is very professional.

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## **10. Next meeting date**

**Stewardship meeting Wednesday 27th April 6.00 p.m. PLEASE NOTE CHANGED DATE**