NHS
East Lancashire
Clinical Commissioning Group

Burnley Patient Participation Network Meeting
Minutes of the meeting held on Wednesday 20 March 2013 at 17:30-19:00

PRESENT:	**Practice Representing:**
Gordon Howley	Chair
Dianne Gardner	Burnley Locality Manager
Edwina Foote	
Richard Aslin	Yorkshire St
Joanne Jacques	Rosegrove
Lynn Lonsdale	Burnley Wood
Heather Mulley	Parkside
Walter Park	St Nicholas
Heather Hodson	Oxford Road
Anne Fittock	Medicine Optimisation Lead, ELCCG
Tricia Brindle	Groundwork Pennine Lancs

Min No:		ACTION
	Apologies Apologies were received from Marina Buckley, Nora Myles, Malcolm Beck, Roger Creegan, Richard Twiddy, Mrs Cunningham, George Fort, Marilyn Hawke	
	Welcome & Introductions Introductions were made around the table	
	Minutes of the Last Meeting-5 December 2012 The minutes were agreed as a true record.	
4.	**Matters Arising** • Expert Patient – Meeting held at Yorkshire St to discuss roll out. Agreed to promote dates of programmes across all Burnley Practices plus review if there is a shorter programme that could be implemented. • Health Improvement Mapping – would benefit from a report being produced in easy read version. Once produced circulate report and members to take to PPGs. • BPPN to meet in different practices – GH to investigate opportunities. Need to ensure minutes go to all practices. GH to attend a Practice Manager meeting to discuss.	GH
5.	**Medicines Management** Anne Fittock, Medicine Optimisation lead, was in attendance to answer member questions. All practices have medicine management input and they link into all Locality Steering Groups. *Medicine Managers:* 8 of the 17 Burnley practices have a medicine manager and there are issues around training and development of these posts. Other localities have agreed different ways of working to address the inequity across practices. This is currently being considered in	

	Burnley. *Medicine Waste:* Extremely complex. Approximately £300m a year nationally is spent every year on medicine waste. To address this in East Lancs the Medicine Management Team currently: -Working with medicine managers in practices to synchronise medication for patients. -Care homes to review systems around repeat prescriptions. -Repeat dispensing, under clinical medication review. 80% don't pay prescription charges so no disincentive to have a repeat prescription. -Working with the domiciliary service to help review patient need. -Moving patients onto generics. -Practices have a repeat prescribing policy -Community Pharmacy offer a repeat ordering service (valued service if follow good practice). This has been reviewed and incorporated into EL policy so they understand good practice. The policy is very clear that patients should be asked10 days before they order their repeat prescription if it's needed (they stamp to evidence the patient has been contacted). RA updated the group that Yorkshire St practice had written to Boots asking what they could do to address the problem of medicine waste, and they responded saying that they can't address it as they do not have time to contact patient. AF responded that if they don't follow the good practice / EL policy that a sanction can be used. If there are 3 significant events then the practice can write to the chemist explaining that they no longer accept repeat prescription forms from them. GH thanked Anne for attending the meeting to update.	
6.	**Off Shoots & Active Spaces** Tricia explained she was here today to discuss Off Shoots and Active Spaces with the group and ask for their advice around how to get the service better known to patients via GPs and practices Based at offshoots, 12 years, voluntary transferred site, staff employed by groundwork. *Offshoots:* is a permaculture site that's been in development for 12 years (in Towneley Hall grounds). There are 3 areas of work: Earth Care, Fair Shares, People Care. The train volunteers and work on a large range of activities including backyard gardens, growing, using grown produce to promote eating more healthily, beehives, wild meadow sites etc. *Active Spaces:* runs in Burnley and Rossendale and includes guided walks, biking and triking, rusty riders, Tai Chi etc. Weekly heath walks- some well attended, others less. Would benefit from patients asking their GPs about the active spaces programme, as well as for GPs to know about the opportunities.	

	Ideas from group for opportunities moving forward: • Could we put info in practices? • Incredible Edible- at practices led by patient group • Can we identify people to train as walk leaders? **Actions for practices:** a) Put on websites b) Display board circulated to practices e.g. when they have a busy time such as flu clinics d) Patients on BPPN take back and discuss in their PPGs e) Put contact details on minutes: tricia.brindle@gwpl.co.uk tel: 01254 669017 f) Ask for volunteers for the programme Tricia updated the group on other planned activities: - The Burnley Way Challenge which is a 3 day walking challenge. Details can be found on the Burnley Council website. -Pendleside Hospice Midnight Walk-8 June. Training Sessions for this on Saturday mornings from 13th April meeting at Towneley gates at 10.00am.	ALL TB ALL ALL
7.	**Retreat & Recover** The Retreat and Recover centre opens up in the centre of Burnley on a Friday and Saturday evening to support revellers who may be struggling if they are drunk etc. There are street pastors, nurses, police etc. all working together to help people as well as reduce demand on ambulance costs, attendance at A&E / Urgent Care etc. It has been agreed to fund the centre for one year from innovation funds to implement a clear performance framework and establish outcomes. The group supported this development.	
8.	**Pendle Community Hospital** Members were asked to discuss with their PPG members if anyone had any feedback about Pendle hospital that could feed into evidence being collated following the CQC audit. Please send any experience stories to your practice manager who can then send through to marina.buckley@eastlancsccg.nhs.uk for collation. Walter updated the group around the PLACE assessments which are patient led inspections which start from 1 April and will include Pendle Community Hospital.	ALL
9.	**Innovation Fund** Discussed innovation fund for Burnley for 2013/14. Suggestions from the group: -Need better information to patients around 111 and OOH -Priorities could include alcohol and mental health -Any ideas for innovative projects that would benefit Burnley please let us know.	ALL
10.	**CCG Update** DG updated the group on the current Clinical Commissioning Group (CCG) structure and that the commencement date is the1st April . The	

	CCG will take over most of the roles of the PCT. RA asked how the restructure and introduction of CCGs would be a benefit to patient. GH responded emphasising that the CCGs have more clinical leadership and input and GPs have a better understanding of patient needs and local services. RA felt that we need to promote the new CCG more.	
11.	**PPG Issues** Election of Chair - due to large number of apologies the group agreed that this would be the first agenda item at the next meeting.	
12.	**Any Other Business** The ELCCG Public Membership Scheme was mentioned – need to find out more about it and how it links to this group.	MB
	Date: 5 June **Time: 5:30 – 7:00pm** **Venue: Voluntary Service Offices, Yorkshire Street**	

East Lancashire Clinical Commissioning Group

Better Care Fund stakeholder engagement event: 21 January 2014

Turf Moor Football Ground, Burnley.

1 Introduction

The Better Care Fund (formerly the Integrated Transformation Fund) is made up of existing budgets which are to be ring-fenced to provide transformational integrated health and social care, planned around the needs of patients and carers.

Engagement with key stakeholders is key to the development of the East Lancashire Better Care Fund plans for 2014/15 and beyond. This event was planned to engage with stakeholders who are patients and carers and/or members of GP practice Patient Participation Groups at an early stage in the planning process. The objectives were agreed to be:

- To share the plans for delivery of health and social care "Out of Hospital" enhancing GP and wider primary health care team services
- To receive feedback from you on our initial ideas
- To discuss what "it" will look and feel like for you and your family
- To discuss current concerns and solutions

The event covered the following areas:

1 Introduction to and overview of the Better Care Fund and the Lancashire approach to integrating health and social care.
2 An opportunity for patients, carers and members of GP practice Patient Participation Groups to ask questions, raise concerns and offer ideas and solutions.
3 Discussion of how effective integrated care would be experienced by the patient and their carer(s) with feedback to inform the change and commissioning process.

2 Overview

The event underlined how important it is to patients, carers and the public that care is co-ordinated and delivered effectively. Patients should be at the heart of care planning and there was a lot of support for the principles of care at or as close as possible to people's homes. A summary of the main points from the feedback is included below.

3 Themes

Analysis of the feedback from the various case studies demonstrated the following themes, in priority order (based on number of times mentioned):

Co-ordinated care

People felt that the most important thing of all was for care to be better co-ordinated, with one named contact person, who should be a qualified professional with knowledge of the various types of support available. There should be continuity of care, with regular reviews and adjustments of care to meet changed needs. Care plans should be holistic, catering for all the various needs of the patient in a variety of ways. Duplication should be avoided. There are opportunities for better use of resources.

Patient-focused

Patients should be at the centre of care planning. Organisations should ASK what the patient wanted and LISTEN to the responses. Patients should be treated with respect and dignity and cultural differences should be respected. Patients should have a good quality of life and, above all, be safe. Options should be presented to patients in a clear way which was easy to understand. Several groups highlighted the best outcome as being:

The patient feels happy and supported, with their needs considered.

Carers

People felt that carers and family should be involved in planning for the patient's care. There is a requirement to consider carers' needs and the needs of any children or other dependents should also be taken into account.

Care plans

Care plans should be compiled using a wide range of possible services, ranging from health and social care, through to the voluntary sector and other possible support, such as building adaptations, befriending schemes and social support.

Care plans should be considered earlier in the process and should include contingency planning.

Communications

Communications needs to improve. It needs to include a greater awareness of the services available, a greater knowledge between organisations of each other's roles and responsibilities, clear language (including appropriate language to meet the patient's communications needs) and a clear care plan which can be accessed by the patient, care co-ordinator, carers and care providers. IT could effectively be used to improve communications.

There needs to be a list of all available services.

IT

There must be shared data which care co-ordinators and providers can access.

IT could also be used to facilitate and support patient care, such as by using Skype, iPhones and iPads, Telecare and for monitoring patient safety, reminding them of timings for medication and so on.

Hospital discharge

Care plans should be agreed early in the process (preferably before or on admission) and put in place before the person is discharged. There must be a focus on keeping the person safe.

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Burnley Patient Participation Network Meeting
Minutes of the meeting held on Wednesday 4th June 2014 (17:30-19:00)

PRESENT:	**Practice Representing:**
Kirsty Slinger	Locality Manager, ELCCG
Nora Myles	Thursby Surgery
Richard Aslin (Chair)	Yorkshire Street Medical Centre
Alan Whittaker	Briercliffe Surgery
Neil Beecham	Briercliffe Surgery
Edwina Foote	Padiham Medical Centre
Heather Mulley	Parkside Surgery

Min No:		ACTION
14.21	**Apologies** Apologies were received from Heather Hodson, and Roger Creegan	
14.22	**Welcome & Introductions** Introductions were made around the table.	
14.23	**Minutes of the Last Meeting – 4th December 2013** The minutes were agreed as an accurate record.	
14.24	**Matters Arising** The group had a general discussion regarding medicines waste, KS updated the group that this is being addressed through a prescribing initiative scheme being led by the CCG and on a locality basis. Richard Aslin asked specifically that minutes of the meetings are distributed as soon as possible following the meetings and to ensure that they are sent to all practice PPGs for information. The group also discussed how we can recruit additional PPG members within practices.	
14.25	**CCG Update** Kirsty Slinger gave a CCG update regarding Integrated Neighbourhood Teams (INTs), explaining that there are three neighbourhood teams in Burnley; East, Central and West. Patients are keen for continued updates via this group. As above, Kirsty Slinger fed back on the locality initiative prescribing scheme and the focus on reducing medicines wastage, not only on a locality footprint but across the CCG, specifically following the recent audits carried out in the Pendle and Hyndburn localities.	
14.26	**PPG Issues** ***14.26.01 Minutes and future meetings*** The group agreed that the BPPN minutes be distributed to all practice PPGs via Practice Managers. There was a feeling that BPPN meetings should be publicised in practices, possibly via the Think	

	Campaign which has gone out to all practices across East Lancs. It was suggested that future meetings be held in the Burnley Community Fire Station. **Action** KS to speak to PMs re encouraging attendance at BPPN - using PPG meetings *14.26.02 Mobility Aids* The group discussed the wastage issues of not being able to return mobility aids. Kirsty agreed to pursue why mobility aids cannot be returned and will check the contract with Andy Laverty. The group felt passionate that items should be returned. *14.26.03 Dementia Awareness Event* Edwina Foote asked about a stand at the recent event who were advising they would take mobility aids. Kirsty to explore who the provider was, and whether they were an NHS or Independent sector provider. *14.26.04 Briercliffe* There is a high rate of Do Not Attends (DNAs) at Briercliffe Surgery and the group discussed how these could be reduced. *14.26.05 Thursby Surgery* The practice has noted a high level of inappropriate attendances at UCC possibly due to capacity issues in primary care. *14.26.06 Yorkshire Street* No problems with capacity issues. *14.26.07 Appointment s* Patients feel that being asked what their problem is when trying to book an appointment is intrusive and would like to see a change in the system. The group had a general discussion regarding patient expectations, education & frustration with access issues. *14.26.08 Steering Group Patient Representative* Heather Mulley – introduced herself as the new patient rep on the steering group and explained what her involvement has been to date since being appointed. Kirsty advised that there remains a vacancy on the steering group and Healthwatch are managing the recruitment process. Closing date for applications is 6th June – however KS advised that she would contact Healthwatch as it appears that several PPG members have not received application packs to date. *14.26.09 Midwives in Practice* Concerns were expressed regarding the midwife being removed from Briercliffe practice. KS advised that this is already being addressed through a small task and finish group led by the locality.	**KS**

14.27	**Any Other Business** None	
14.28	**Next Meeting** **Date: Wednesday 3rd September 2014** **Time: 5:30 – 7:00pm** **Venue: Burnley Community Fire Station (TBC)**	

Appendix 1: Feedback from case histories/detailed comments

Alice's Story

Alice is 90 years old and lives alone in a terraced house with an upstairs bathroom in Rossendale. Her house is difficult to heat as it has single glazed windows and no roof insulation. Alice owns her house but has no significant savings. She has recently been diagnosed with dementia and has suffered 2 serious falls in the last year. The most recent of these resulted in a broken hip which she had surgery to treat 3 months ago. Alice went into residential rehab care for 3 weeks after she was discharged from hospital but she is now back home. Alice has carers who come in to see her 4 times a day, but receives very few other visitors as her family do not live locally. Both she and her family, are currently reluctant to consider residential care as an alternative option for her.

- Getting permission from patient to share information
- Financial implications – owns house, bring money back into system
- Care plan and co-ordinator (to start before hospital)
- Co-ordinator must have continuity
- One number – links to GP
- Look at the whole need not just how people fit within the current system, i.e. benefits advice,.
- System too complicated
- Too many people, not enough social workers.
- Self-care and education
- GPs, social care, community services, money management, physio, OT, local builders etc.
- Working earlier and effectively in the system
- Alice is happy and feels supported
- Dedicated named person on duties
- House adaptation
- Health assessment
- Social review
- Care navigator to pool resources
- Suitably qualified persons
- Joined up communications and working together
- Social services and all healthcare agencies, housing department, voluntary services would all need to work together
- IT monitoring
- Define roles and responsibilities, including care plan and action plan
- Shared access to data
- Regular reviews and multidisciplinary meetings
- Alice is engaged and her needs are met. She is kept safe.
- To enable Alice to have quality of life and care to be expected in 21st century
- Alice should be listened to – healthcare and housing
- Named care contact

- Experience of care discussed
- Co-ordination across all services
- Befriending service
- Care pathway delivering what is needed
- Planning earlier
- Education on self-care given earlier
- Behaviour change – communicating
- Review of plan
- Use of technology, e.g. alerts, Skype for patient
- Talk to patient
- Presenting realistic options 'easy to understand'
- Listening and understanding the patient's own wishes and needs
- Consider using advocacy services/voluntary
- Look at state of house, heating, lack of insulation, upstairs bathroom
- Consider releasing equity in house
- Talk about experiences of rehab with Alice
- Look at social needs, day care etc.
- Consider support from neighbours
- Needs care coordinator in place
- Consider alternative housing, e.g. sheltered accommodation. Visit residential home
- Agree short-term respite care while home improvements carried out
- Social (day care services), voluntary, advocacy (statutory/voluntary), health, housing, falls prevention service
- Communicate!
- Alice is happy and content and it was her choice
- Improve the choice of alternative care, more sheltered housing options in their own area.
- Offer regular respite care to encourage patient to enjoy communication, regular meals and warmth and comfort. She may have a fear of 'homes' generated over the years by hearsay/
- Make sure the house is fully insulated (government grants available)
- Is it possible to build a wet room downstairs?
- Commence with a meeting at her home with all parties, including family, for full assessment of patient and home.
- Discuss patient's needs and suggest solutions. Elect a co-ordinator.
- Access charities that can help e.g. Age Concern, OT, safety expert, to prevent falls etc.
- If family reluctant to consider residential care, they should take over her care – move in or move her to live with them.

Julie's Story

Julie is 50 and has recently suffered a dense stroke with right sided weakness; she is currently on the stroke ward at Blackburn Hospital. Julie lives her daughter Sharon and her two grandchildren Ethan (5) and Ella (7) in social housing in Nelson. Sharon works full time at Poundland in Burnley and before she became ill, Julie looked after both Ethan and Ella in school holidays and after school. It is clear that Julie will need significant rehab and support on discharge from hospital. Adaptations may also be needed to her house to enable her to continue to live there with her family. Sharon is very worried that she may have to give up work if her mother can no longer provide childcare. They are both in debt to local money lenders.

- Needs one co-ordinator on an ongoing basis to assess changing needs.
- NHS, LCC, childminders, Carers Link, community wardens, CAB/welfare rights/national debt advisory service, rehab, physio stroke Association and others could all be involved and need to work together.
- Ongoing communications is needed – better and regularly
- Documentation should be clear and understandable
- CRB checks on voluntary sector workers?

- Treat people with respect and respect cultural differences
- Share information
- **Humanity and common sense**
- All-agency and community approach – coordinated
- People and care are more important than tick boxes and statistics.
- ASK Julie what she wants and needs – what is her prognosis? Debt issues. Stress. Benefits advice? Childcare support. Sharon is a carer - what does she need? Mental health support. One point of contact
- Plan before discharge and as early as possible
- Proper written discharge plan involving the patient/carers. There is pressure to vacate hospital without proper discharge or social care support.
- Need to talk to carers. Don't make assumptions about support.
- Needs can chance
- Care should depend on what Julie wants to regain as much independence as possible with the right support
- Listen to Julie and what she wants.
- Treat her with humanity, understanding, empathy and compassion
- Support across the board, including mental health, debt issues, childcare, housing, welfare rights, worker, whole family's issues addressed
- Care plan before leaving hospital, talking to both patient and her family
- Assessment – need to be aware of whole services
- Engagement with all services
- Listen to carers
- Coordination between professionals
- Shared records/IT
- Joint working

- SAFAR – veterans' organisation/third sector
- Care package/one point of contact
- IT systems (patient records
- Account for differences in culture
- Care co-ordinator – regular visits and updates, avoid duplication, effective communication, IT solution
- OT, SW, HU, DN, WR, physio, CEDA,
- Care plan while in hospital
- Communications re her fears, children's needs, daughter's needs, financial needs
- Holistic assessment of all problems, as above, voluntary organisation for debts, physical and emotional
- Daughter needs to be involved and info given for her needs (holistic)
- List of links for all available services
- Contact number of primary carer
- Home with all care for her problems so she is an independent as possible
- Stroke organisation (voluntary basis)
- Safe discharge
- Continuous assessment in community with changes in care as needed

Bisma and Umar's Story

Bisma is 75 years old and lives with her 80 year old husband Umar in a large Victorian house in Accrington. Bisma and Umar own their house but all of their cash savings have been invested in a family corner shop business run by their son Arif. No significant work has been done on Bisma and Umars's house for many years. Both the kitchen and bathroom badly need modernising and the roof currently leaks badly in heavy rain. Bisma suffers from osteoarthritis of the spine cause pain which is managed by morphine. A history of falls has caused anxiety and she is now afraid of bathing on her own. There is currently no shower in the house. Umar has been recently diagnosed with type 2 diabetes and is significantly overweight. Bisma and Umar receive regular visits from their extended family who live nearby but they are now struggling to provide the types of care which both Bisma and Umar now require. Bisma and Umar do not currently claim state benefits of any kind other than the basic state pension.

- Need a care coordinator
- Green Dreams Project
- Regular visits and updates
- Avoiding duplication across specialities
- Better use of resources
- Effective communication
- Database where all issues are stored
- Not judgmental
- Social services (occupational therapy), befrienders, faith pathway, NHS departments, voluntary sectors, third sector, neighbourhood/community working (all needed – not in order of importance)
- They feel supported and happy

- Trusted services i.e. build up trust with co-ordinator
- Regular visits from co-ordinator
- Good care package to pool resources
- Their needs are complex and wide-ranging (medical, mental health, social, financial, domestic, family) Be mindful of cultural and language issues,
- Care package arranged by coordinator after consultation with family and service providers. Needs highlighted at this stage – reflecting needs e.g. independence (outcome)
- One point of contact for all concerned.
- Compatible IT systems – patient record.
- Social care money used efficiently
- Support for family
- Qualified help
- Co-ordinated support, everyone with a designated role – case conferences
- Support care workers
- Family supported and feeling safe
- In-house support desirable when necessary
- At the moment – family not aware of support available; organisations that support are not aware of what other support organisations there are; lack of co-ordination/capacity/experience;
- Trying something new always takes time but need professional approach.
- Home and repair services, GP practices, LCC, DN (BME sensitive), pharmacy, falls team, age Concern, financial advice, Help Direct, fire service
- Integrated role can galvanise/secure support services
- Family support – helping/advising/assisting
- Greater awareness of each organisation's role and capability – sharing information
- Co-ordination/direction/governance around organisations that are supporting – authorisation (approved lists)
- Accountable roles – CCG and LCC
- Meeting to discuss/organise/recognise what is best for Bisma and Umar regularly
- One named contact but some variation
- Health needs being addressed
- Living in safe environment
- Feeling their concerns are being addressed.
- Family informed on how to support or where to look for support – signposting
- Qualified caring taking place
- Supported by carers with qualifications
- Peace of mind
- Simplified advice

Tom's Story

Tom is 75 and has worked as a dairy farmer all of his life in the Ribble Valley. He lives with his wife Sue aged 71 on a farm near Chipping. Tom has been suffering from asthma and chronic bronchitis and chronic airflow limitation for many years. His condition has been exacerbated by long term

exposure to farm dust. Tom has been admitted to hospital for serious respiratory illness twice during the last year.

Tom and Sue are reluctant to move from the farm but both are becoming increasingly concerned about access to health care and other local services when one or both of them becomes unable to drive as public transport services where they live are very limited. As both of their children have moved away and live in London they are also becoming increasingly socially isolated as many of their local friends are also now having mobility issues. Tom and Sue do not have any current financial problems but they are worried about the potential cost of residential/nursing care fees, reducing the amount of money that they will be able to leave to their children.

- Dignity
- Listening
- Access to agencies
- All agencies involved with patient and family
- End of life plan – patient aware
- Use IT – iPad, Skype, Telecare
- Care packing (including day care)
- Communication
- Involving family
- Condition education
- Named lead professional
- Key worker – contact point
- Specialist nurse – for follow-ups after discharge
- At home care delivery – with option of going to see service at site
- Involvement of carers organisation – provision of outings with support (emotional and physical)
- Long-term care plan
- Communications between institutions regarding meetings re patients, who organises this, who attends?
- Who holds funding?
- Who kicks this off? Key worker, hospital, social services etc.?
- Social workers who have a high workload.
- Age UK
- Carers Contact
- Mental disability agencies
- Union involvement if there are legal issues
- Respite homes
- Hold initial meetings with all parties involved to plan Tom's care, including Tom and wife.,
- Care at home with full support
- Ensuring open communication with Tom, his wife and children so all are aware of care plan and future plans (end of life etc.)
- Key worker to take over
- Difficult to get initial people needed to help together
- COPD nurse. Social worker, Age UK

- NFU welfare
- All agencies and Tom and wife to decide
- To move somewhere nearer amenities.
- To spend children's inheritance if that is what they want or recognise reality?
- Ensuring Tom and family are happy and satisfied with care plan
- Tom should take responsibility for his situation. Would have to look at how realistic it would be to support Tom at home.
- Not cost-effective for the vision to be applied – too many long-term conditions
- Use the care package to see if they can stay at home
- Day care – road into care home.
- Cost of delivering home care
- Longer GP hours
- Voluntary services
- Co-ordination of services, social worker
- Multi-agency involvement
- Better communication with other organisations
- Patient transport services
- Social workers – work and hospitals/GPs
- Meals on wheels (depends on area)
- Use technology – e.g. Skype, Telecare, Facetime, iPhone, iPad
- Ensure good care package includes day care, better communication, contingency planning, volunteer befriending service
- Education – management of his condition, bleeper to remind him to take meds
- 'Team around the family – adult'
- Named lead professional to co-ordinate whole are package

John's Story

John is 35 years old and lives alone in social housing in Burnley. John was discharged from the British Forces on medical grounds in 2010 having served two terms in Afghanistan. A helicopter crash in Afghanistan has left John with chronic back pain, which prevents him from participating in the type of sports activities which he previously loved. John is also suffering from depression and has turned to drinking to relieve his symptoms. John has found it difficult to find work since leaving the Army and is currently unemployed. John currently lives totally on state benefits. He finds it difficult to manage his finances and is in debt to a payday loans company. He has recently been referred to the Burnley food bank by staff at the Job Centre. John finds it difficult to accept help from others and spends most of his time alone in his flat. John has two children who live locally but he sees them rarely since his divorce from his wife in 2012. John has attended the Urgent Care Centre in Burnley ten times during the last year.

- Funding
- Improved quality of life
- Integrated care plan
- Buddy system
- Integrated funding

- Current system not integrated and disjointed
- Veterans' association, CAB, welfare rights, referred to mental health services
- Listen to and respect all the organisations working with John
- Continuity
- Compassion
- Social housing – is this Council housing/rented accommodation?
- Military support – service arms for ex-servicemen
- Support their needs through Royal British Legion
- Co-ordination role
- What services does John access? Has he got a GP, DN etc.? Does he attend , repeat prescriptions etc.
- Financial support – benefits? Military pension?
- Aspire (drugs and alcohol service – GP can signpost to)
- Referral to pain clinic, services to help with isolation i.e. Burnley College sports programmes
- Need co-ordinator to support patients to utilise services available, but not over-use services i.e. urgent care. 'Invest to save' better quality for patient
- Identification of lead professional to join up John's care – most appropriate professional
- Technology
- Weakness – pressure on district nursing services as care co-ordinator.
- Need central system for information and one person shared record
- Befriending services/
- Care co-ordinator to signpost and support his care package.
- How do we provide services for those who need it but refuse to receive services? 'Want to maintain independence'. What alternatives can we link with to assist?
- Mindset – how do we change it? Support to growing number of widows – practical assistance.
- Co-ordination between services – joined up to provide John's care plan
- Improve isolation
- Improve contact with children
- More social contact leading to increased self worth
- Effective pain relief management
- Change in lifestyle – improved diet.

Appendix 2 Questions and answers

Q **Is every GP in East Lancashire a member of the CCG?**

A Yes, GPs have to be a member of the CCG otherwise they cannot practice. All the practices have very active members. (Dr Mike Ions)

Q **To take more responsibility for understanding a patient's needs, care managers will need more time. How will they do that? What will happen to the other work they currently do?**

A This will part of what everyone in the system, does need to do. It is about going back to how things used to be done to a large extent about being a more consistent contact for an individual so we get to know the whole needs of the person – not necessarily delivering absolutely everything but a single contact who co-ordinates and ensures that they get everything they need. If we get it right first time, the workloads will reduce. (Alex Walker)

In any neighbourhood, we will be looking to try and identify the people at most risk of losing their independence and going into residential care or hospital. In the current situation, there is a lot of duplication so we want to get to the stage where someone who knows the patient can commission support themselves. Removing some of the duplications and blocks in the system will help.(Mike Banks)

The voluntary sector also navigate the system very well. There are a number of condition-specific areas where we have got navigation working quite well.

Q **'Sam' is an older person and more and more we are hearing about older people being a drain on the NHS. They are increasingly being used as a prop and there are more cuts to come. How will that affect care?**

A The vast majority of older people are contributing significantly to the economy by providing voluntary care and they are an asset as volunteers, so there is a rounded picture. Long-term conditions are increasing with age in terms of needs but also older people are a massive asset. (Alex Walker)

Within the plans, there is an element of protecting essential services which promote people's good health. Some of the investment has been in reablement services and intermediate care services; this fund will protect some of those. We're not cutting services contributing to people remaining in their own home. Working in a more integrated way means we can share management costs.

This wraparound feel of working, with the voluntary sector, is really important because we need to make an impact on isolation and avoid people going into long-term care or hospital. (Mike Banks)

Q **It does look like this is targeting older people. What about other types of people – are you looking at co-ordinated care for them?**

A As well as older people, we are looking at a range of people with long-term conditions and will be looking at mental health and children with complex needs. (Alex Walker)

Q **There are a lot of people in East Lancashire who might be vulnerable or isolated, they may be transient or have specific communications or other needs. How will you target them?**

A We are already planning work to engage with people from different backgrounds, including younger people, people from black and ethnic minority communities,, the travelling community and others. We are also committed to using plain English. (Dr Di van Ruitenbeek)

Q **Will you be able to finance the extra district nurses needed to cover what you are proposing? How will you be able to provide cover seven days a week?**

A Funding this is going to be very difficult but it is all about using the resource we have got much more efficiently. There is lots of duplication in the current system. Doing it once, doing it properly and doing it in an agreed formal way will help us achieve that. (Dr Mike Ions)

Q **Will patients still have the same choice of where to receive their treatment? E.G. Airedale**

A Patient choice will stay exactly as it is now. It is really important that services are flexible and people have the choice of where they go for treatment. (Dr Mike Ions)

Q **I am an advocate of integrated care, who has worked in the NHS for 30 years. We have heard this rhetoric before. How do we know it will happen now?**

A In simple terms, the pressure we are under gives us no option. The only solution now is to work in a proper integrated way. (Alex Walker)

Q **How can we get continuity of care?**

A The possibility of sharing information across different systems is now more tangible and possible. So the opportunity to look at somebody's care plan and share that is now within our grasp. (Mike Banks)

Appendix 3 – List of attendees

Barnoldswick Health Centre
Barnoldswick Medical Centre
Barrowford Surgery
Briercliffe Medical Practice
Brierfield Medical Centre
Brierfield Road Surgery
Colne Corner
Critical Friends
Dill Hall Surgery - Hyndburn
Dr Bhats - Oswaldtwistle
Dr Philips - Colne
Dr Philips - Pendle
Dr PK Joseph's Surgery
Earby surgery
Facilitators
Fairmoor Medical Group
Haslingden Health Centre
Health Watch Lancashire
Horsfield Medical Practice
Hyndburn Over 50s
Ightenhill Medical Group
Irwell Medical Practice
Kiddrow Medical Practice
Kiddrow Medical Practice
Lancashire County Council
LCSU
NHS ELCCG
Oswald Medical Centre
Padiham Group
Padiham Medical Centre
Parkside Surgery
Peel House Practice - Hyndburn
Pendle Valley - Pendle
Pendle View Medical Centre
Richmond Medical Group
Rossendale Over 50's Forum
Rossendale Valley Medical Group
Rossendale Valley Medical Practice
St Nicholas Practice - Burnley
The Medical Centre, Withworth - Rossendale
Thursby Surgery
Waterfoot Group of Doctors
Whalley Medical Centre
Whitworth Medical Centre

Appendix 4: Presentations

Please see separate attachment

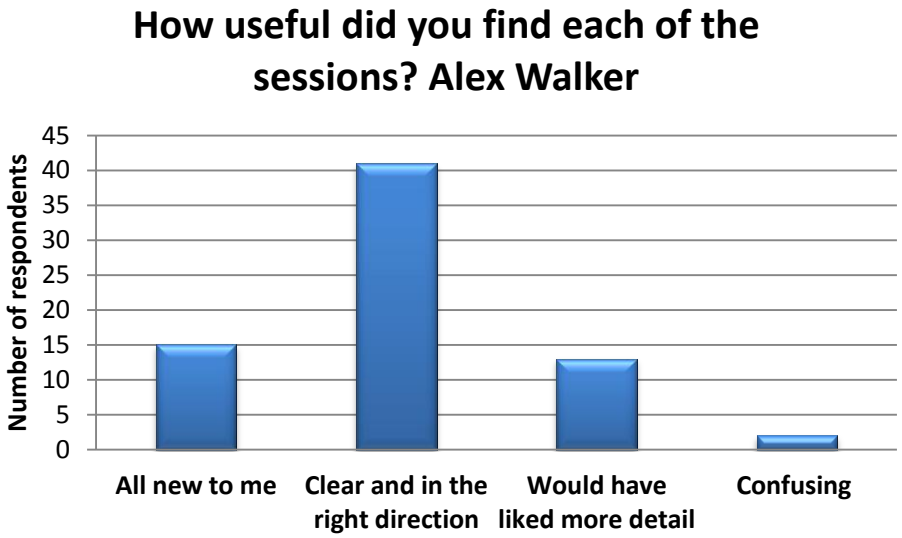
Appendix 5: Delegate evaluation feedback

Please see separate attachment

Evaluation Form Feedback
Better Care Fund PPG Event
Tuesday 21st January 2014

Overall 101 patients from patient participation groups, senior groups and members of critical friends attended the event. A total of 66 people completed the evaluation form giving a 65% response rate. The evaluation form provides the following feedback of the event:

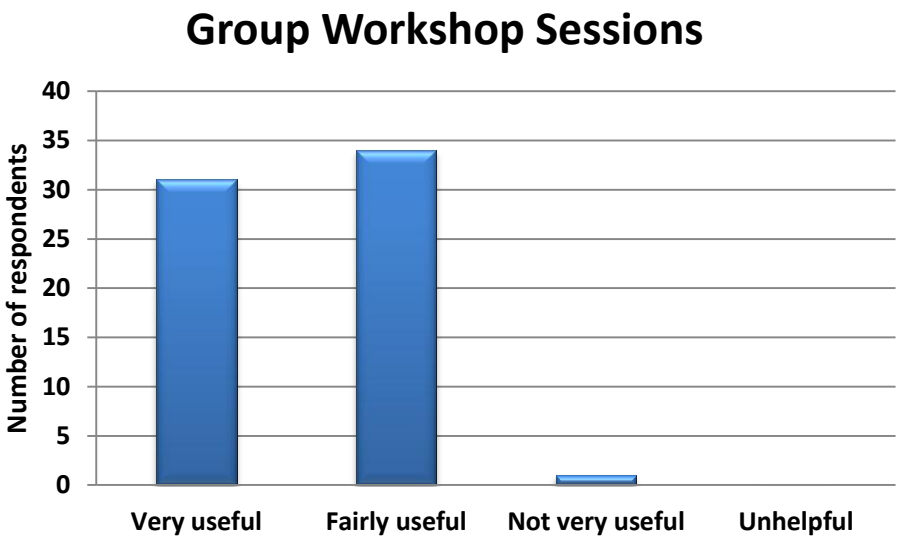
Q1. How useful did you find each of the sessions? (tick all that apply)



Other comments:

- Given an insight into the CCG vision.
- The talks need to encompass all age groups to make it accessible for the younger generation who help to provide the carer support.
- I would have liked to hear about how other groups will gain from this new approach i.e. mental health, younger people.
- Eye opener.
- Useful introduction - hand-outs would be most useful.
- Sounds a really good scheme, concerned it may be very difficult to achieve, heading in the right direction.
- Trying to do too much and cover too many issues at once. Pick certain issues to concentrate on.
- Mental health issues not mentioned and it is still a taboo subject.
- Would like copies of the points on screen.
- Wonderful vision but we need to hear more about the how?
- Very interesting event with wide and varied conclusions. Explanation of changes in ageing groups. Would like to have had paper copy on the table.

- Would have liked more information about funding issues e.g. how much money there is and how difficult decisions are made when priorities conflict.
- Excellent discussion. Hope everything comes together long term.
- Interesting, would love to be more.
- Interesting, enlightening and thought provoking.
- Social care and hospitals joint up very needed.
- Some more detailed pre-reading would have been useful perhaps. Copies of PowerPoint should have been in the welcome pack. Please don't forget to e-mail to participants.
- Great to meet patient participation members.
- Had to be a little hurried.
- First heard of vision at Rossendale locality CCG. Second time much clearer more supportive of the initiative.
- Although I think there is going to be a need of a lot of re training and education within social service and health services to make this work.
- Well-presented and informative.
- Sheets of PowerPoint presentations would have been useful.
- Use less jargon.
- Won't work.
- Similar to practice in hospitals.
- I keep up to date with social problems, but the group was very useful.
- Informative and welcome changes and come to fruitation.
- Needs detailed investigation and special trained facilitator.
- Too much "jargon" used in presentations. Too long introductions.
- Right direction.

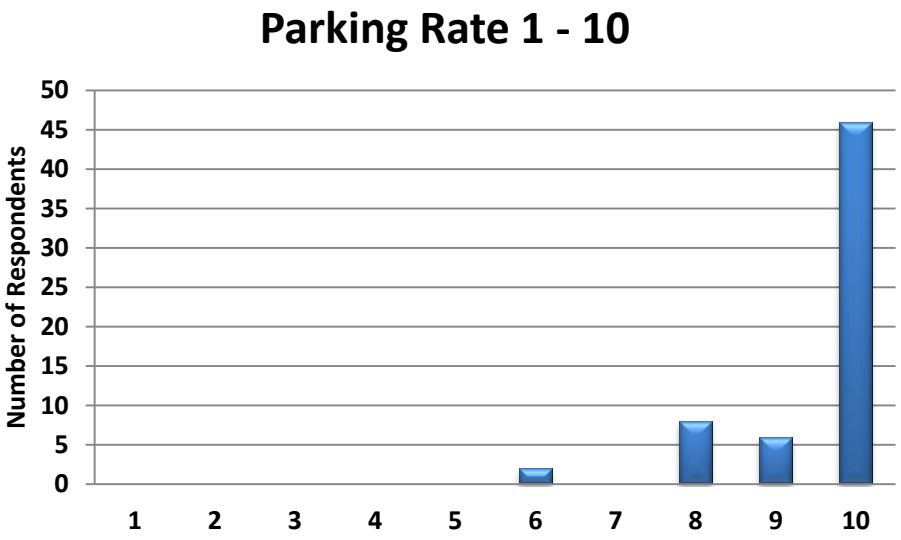


Other comments:

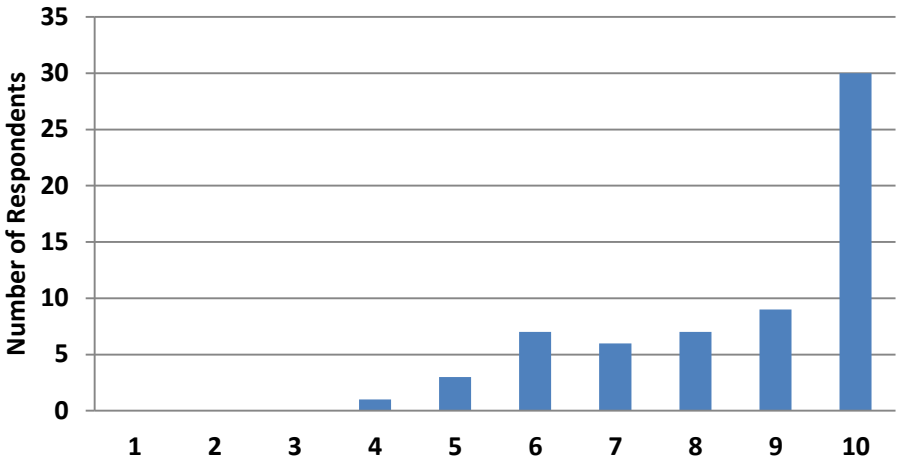
- In an ideal world our outcomes would improve client care. Integrated care means integrated communication.
- Team around the family - lead professional, with meeting outcomes and goals.
- Useful however these discussions are very emotive and there possibly need more time to discuss the issues.
- Started with a clean sheet, learned a lot.
- Very noisy - difficult to hear around the tables. Not enough time!
- Very good to hear other points of view over good age range.
- Missed many basic issues.
- Good spread of ideas.
- Finding out information that you didn't know existed.
- I am very interested as I am a full time carer for my husband and have experienced major difficulties when I was admitted for emergency surgery. Also had to make arrangements.
- Brings home very firmly that this vision has a lot.
- Common view running throughout is to have a co-ordinated human approach to all issues surrounding care issues.
- Some voices insisted on over-riding others issues. Much like the overall underlying factors trying to be changed today!
- Good feedback from groups.
- Good to talk about what could happen in the NHS etc. If is does it will be wonderful and I won't mind getting old!!
- Rather noisy and had to strain to hear what was saying at own table.
- Hearing other ideas. Hopefully having a background could and understand problems.
- Needed surgery longer for debate.
- Better perceptions of what changes they are to introduce.
- Much needed work to be done.
- Perhaps too great focus on patients/individuals living in deprived circumstances. People are in crisis in all parts of society. I felt the case studies imply stereotypes.

- Group discussions on the "example cases" went on far too long, but most of the comments made were quite conservative.
- Interesting to hear others ideas and solutions.
- Group work difficult when groups are so close together. Too much background noise.
- Difficult to hear at times around the table, due to the noise of other tables in background.
- Good that the information gained through each table is going to be acted on.
- Not really long enough to fully discuss.
- One case study is not enough.
- People would not listen to one another.
- As long as these will be put into practice in reality.
- Good discussion. Meeting different people and views.
- More time to work through.
- Group was mainly professional people, not the average patient!
- These groups always too short.
- All scenarios were too similar. Some from the table were healthcare professionals and used this instead of being a patient. It was difficult for all to take part as these people dominated.
- Good to have different views.

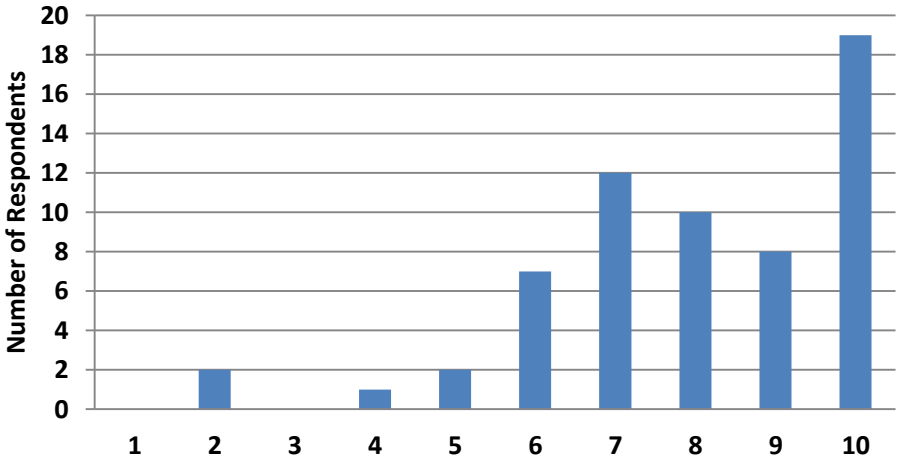
Q2. How did you find the Venue? (Rate 1 – 10)

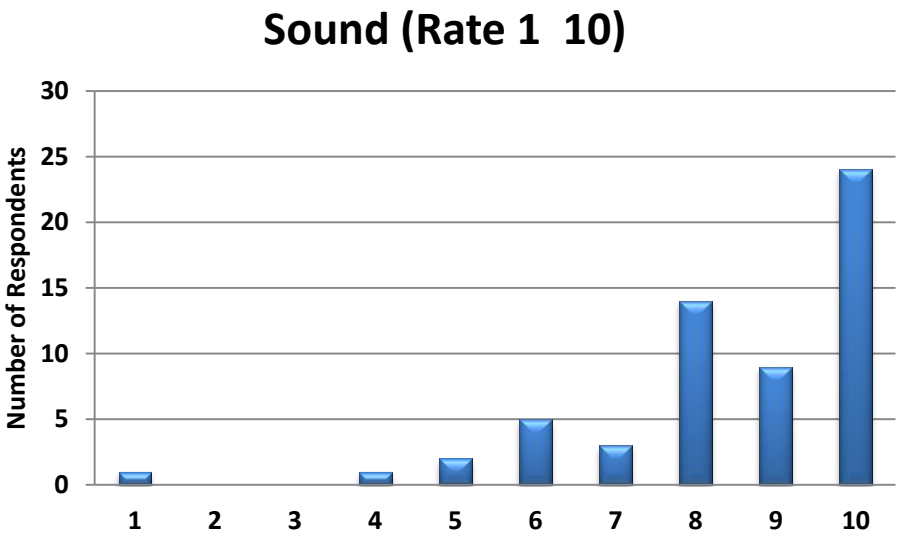


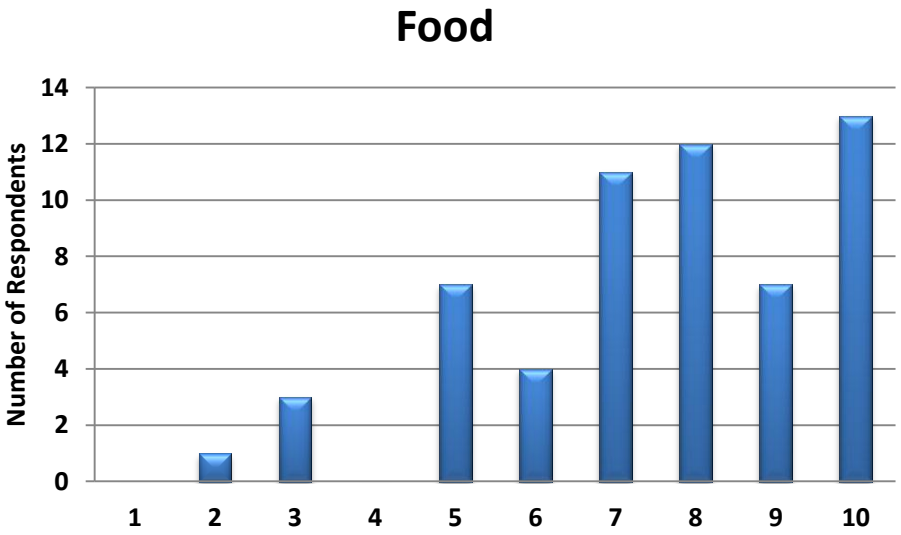
Temperature (Rate 1 - 10)



Visuals (Rate 1 - 10)







Any other comments:

- Too hot.
- Would like to take part in future meeting with CCG.
- Too warm.
- Not bad.
- A rather poor choice of food, especially if you don't like/eat bread!
- Please be aware some people do not want any input from any services and they have to be left, therefore the services should not be held liable.
- Address more basic problems and face the brutal facts irrespective of upsetting people and organisations.
- Good information. Seemed to be well received.
- A long way to walk when disabled.
- A well balanced overview of all issues with some grounded suggestions. Would be interesting to see how this new concept in care etc unfolds.Thank you to all.

- Re-organising the demographics of the audience. The powerpoint slides were small font and therefore difficult to read.
- Every sandwich contained dressings of some description which left only crisps and lettice for lunch. I did ask for no mayo or dressings. Thanks.
- Good venue. Indepth meeting but enjoyable.
- Very good venue.
- Thank you for being here.
- More precise directions (a map) to venue would have been helpful. Difficult hearing table companions against noisy background.
- More plain English and less management speak. They are problems not challenges!! Finding the solution is the challenge.
- I would like to know what the East Lancs CCG's policy is regarding infertility treatment as I understand national regs are to be devolved locally, leading perhaps to a postcode lottery.
- How will you monitor the quality of services you commission?
- If you want to reach young people, talk to the further education colleges - Accrington, Rossendale, Nelson & Colne and Burnley about arranging events to inform and gain opinion from a cross section of 14-18 years and adults.
- Venue - clearer directions would have been helpful to locate exactly where the venue was. (Spent at least 15 mins trying to locate).
- Some members of the table struggled to hear due to noise in the room. This needs to be considered for future events.
- Didn't spot directions to the James Hargreaves suite. Had to get directions to rear from main road entrance.
- A very useful exercise very interesting to see the CCG's and the councils vision. I just hope this time it can be done.
- Well organised event. Would like copies of the presentation please. edwina@greendreamsproject.co.uk.
- A very interesting afternoon with plenty of new information to take back to PPG.
- There is a need to support the community.
- Acoustics poor.
- Use of language that can be understood by lay persons.
- Difficult acoustics when in groups.
- Food too much Carb!
- Very good and interesting.
- Very good choice of venue. Interested in working with you actively. Frank.turfmoor.clifford@hotmail.com.
- Timing of event not conclusive to encompass working people.
- Food just sandwiches and salad - pies.
- No fruit - (5 a day) healthy eating.
- Difficult during group workshops as too noisy. Better to have been further apart.
- Quite good and reasonably presented.

NHS
East Lancashire
Clinical Commissioning Group

Burnley Patient Participation Network (BPPN) Meeting

Minutes of the meeting held on Wednesday 28th January 2015

Burnley Community Fire Station

PRESENT:	**GP PRACTICE:**
Kirsty Slinger	Locality Manager, ELCCG
Richard Aslin (Chair)	Yorkshire Street Medical Centre
Allan Whitaker	Briercliffe Surgery
Neil Beecham	Briercliffe Surgery
Heather Mulley	Parkside Surgery
Margaret Mills	St Nicholas Health Centre
Roger Creegan	Parkside Surgery
John Fifield	Colne Road Surgery
Heather Hodson	Oxford Road Medical Centre
Malcolm Beck	Yorkshire Street Medical Centre
Christine Bradley	Oxford Road Medical Centre
Nora Myles	Thursby Surgery
Sandra Whittaker	Kiddrow Medical Practice

Min No:		ACTION
15.01	**Apologies** Apologies were received from Roger Creegan (Parkside Surgery), John Fifield (Colne Road Surgery)	
15.02	**Welcome & Introductions** RA welcomed everyone to the meeting and introductions were made around the table.	
15.03	**Minutes of Previous Meeting – 3rd December 2014** The minutes were agreed as an accurate record of the previous meeting.	
15.04	**Matters Arising** The group had a general discussion regarding the primary care access project. There was some concern that the summary document received was too large for the group to digest and a short summary feedback was requested. KS to action. MB provided an update for the group on the primary care access project as he has been the Burnley patient representative on all the focus group work sessions to date. RA requested that mobility aids is kept as a regular agenda item, the patient group feel strongly that the CCG could look at how equipment could be returned, recycled or reused as appropriate to avoid waste. It has been advised by the previous CCG Chair at a recent Yorkshire Street PPG meeting that the contracts were due for renewal in the	**KS**

	near future, and a suggestion made that a clause could be written into the contracts to ensure that providers take equipment back to recycle or reuse as appropriate or another possible solution would be to advise patients that acquire their aid from a contracted agency to return it to a central point. KS to look at other CCGs and potential solutions/options and pursue within CCG.	**KS**
15.05	**CCG Update** Kirsty Slinger gave a CCG/locality update regarding the over 75s proposals in the locality, namely the Specialist Nurse Practitioners to support patients in nursing and residential care homes. The group were very supportive of the scheme and felt it would support primary care capacity and free up GP time. Effective communication was discussed in detail and the group reiterated that in order for all services to work effectively, communication is key between teams and providers, e.g. ELHT, GPs, social services… AW requested feedback on the redesign of the virtual ward. KS to provide feedback at next meeting. Heather Mulley gave an overview of the locality steering group meeting, in particular provided feedback on the public health initiative 'Burnley FC in the Community' and the group felt that this could be publicised locally. Heather also advised that the Rossendale PPG representative, Ronnie Barker, has asked if he could join the next meeting to gain an overview of how the patient network meetings run. The group were in agreement and Heather agreed to invite Ronnie to the next meeting in April. Heather suggested that the over 75s nurses should attend a future meeting as part of their induction to the locality, as a 'meet and greet' and the group were in agreement, KS to action when the nurses commence in post. Post-meeting Heather advised that the group seemed engaged by the meeting itself and found the discussion content informative and useful. Heather will provide an update at the next meeting and all members are asked to provide suggestions in anticipation of the next meeting. MM suggested inviting a representative from the Cancer Team to a future meeting to provide an awareness raising session. KS to action.	**KS** **HM** **KS** **HM** **KS**
15.06	**Any Other Business** Richard Aslin advised that not all practices appear to take up the quarterly patient newsletter, KS to look at whether all practices engaged. The group also suggested using a section of the newsletter to update on BPPN meetings and discussion topics. Future meetings as follows, to be held at Burnley Community Fire	

	Station, 6:30pm-8pm as follows:- • Wednesday 29th April 2015 • Wednesday 22nd July 2015 • Wednesday 21st October 2015	
15.07	**<u>Next Meeting:-</u>** **Date: Wednesday 29th April 2015** **Time: 6:30 – 8:00pm** **Venue: Burnley Community Fire Station**	

NHS
East Lancashire
Clinical Commissioning Group

Burnley Patient Participation Network (BPPN) Meeting

Minutes of the meeting held on Wednesday 22 July 2015

Burnley Community Fire Station

PRESENT:	**GP PRACTICE:**
Richard Aslin (Chair)	Yorkshire Street Medical Centre
Allan Whitaker	Briercliffe Surgery
Heather Mulley	Parkside Surgery
Margaret Mills	St Nicholas Group Practice
Malcolm Beck	Yorkshire Street Medical Centre
Nora Myles	Thursby Surgery
Sandra Whittaker	Kiddrow Medical Practice
Peter Hughes	Kiddrow Lane Surgery
Peter Tiernan	Thursby Surgery
John Dobson	Oxford Road Medical Centre
Norman Lawrence	Rosegrove Surgery
Jayne Tebbey	Interim Locality Manager (ELCCG)

In attendance

Helen Collinge	Macmillan Pennine Lancashire Cancer Improvement Partnership Project Facilitator (ELCCG)

Min No:		ACTION
15.17	**Apologies** Apologies were received from Roger Creegan (Parkside Surgery), Christine Bradley (Oxford Road Medical Centre), Doris Fawley, (Rosegrove Surgery), Joanne Jacques (Rosegrove Surgery), John Fifield (Colne Road Surgery)	
15.18	**Welcome & Introductions** RA welcomed everyone to the meeting and introduced Jayne Tebbey as the interim Burnley Locality Manager. JT gave the group an overview of her experience in the NHS having just come from the Unscheduled Care Team as a Commissioning Manager dealing with A&E, Urgent Care Centres, Walk-in Centres and also the North West Ambulance Service (NWAS). JT has also worked in the Commissioning of Scheduled Care which covers outpatient appointments.	
15.19	**Minutes of Previous Meeting – 29 April 2015** The minutes were agreed as an accurate record of the previous meeting.	
15.20	**PPG Issues** The members discussed the purpose of the PPN meetings and agreed that any issues from individual PPG that need to be discussed could be brought up in AOB. The mechanism for feedback from the PPG and subsequently the PPN would be discussed under item 15.22 in conjunction with the Terms of Reference being developed by Michelle Pilling CCG Lay Advisor.	

15.21	**Cancer Update – Helen Collinge** Helen explained that she was there to feed back on the Cancer project she is involved with but if the members had any questions relating to other areas she would make a note and follow them up. The Cancer Improvement Programme is a 3 year Partnership between East Lancashire, Blackburn with Darwen CCGs Macmillan, Blackburn with Darwen Council and Lancashire County Council. It is a million pound project to improve outcomes for cancer patients and also patient experience. There are 3 key work streams: 1) Primary Care – lead by Dr Neil Smith Each GP practice nominated a lead GP, nurse and admin for Cancer. Improve screening uptake for areas such as bowl cancer. Look at instances where patents have seen a GP then subsequently gone to A&E as an emergency and diagnosed with a form of cancer see where lessons can be learnt. This work stream ran for 12 months ending in March 2015, an event is being pulled together to look at the outcomes. 2) Acute Work Stream – lead by Lorraine Keogh based in Royal Blackburn Hospital and Burnley General Hospital. I. Implementation of Holistic Needs assessment – done on all cancer patients at point of diagnosis and at any point in their cancer pathway where their need change. It covers physical, emotional, spiritual, psychological and financial needs; a care plan can then be developed. II. Treatment summary – completed by the doctor at the end of treatment to document what treatment a patient has had including medication, any needs they have and possible effects of the treatment. This is sent to the GP and is useful if a patient subsequently presents at the practice with a problem and also informs the cancer care review which patients are invited to participate in. III. Redesign of follow-up services for cancer patients, initially looking at breast cancer. Including a rapid re-access pathway for those needing to go back into the system but not have to follow the 2week wait pathway. There is also a redesign of the survivorship element of the pathway, what happens when treatment is over, how and where should follow-ups be conducted and how can support services be accessed. There are 2 years to go on this part of the project. 3) Social and Community Work stream i) The Macmillan Community Cancer Information Service builds on the work done by the cancer pods in Royal Blackburn and Burnley General for cancer patients to access help and information from providing more access points in the community; 19 in all across East Lancashire and Blackburn with Darwen; In Burnley there is one situated in the Boots store in the town centre. There are trained volunteers in these locations	

	that patients can make an appointment with to help with all types of help and support and where appropriate signpost patients to other forms of help. ii) Macmillan Move More Project – A physical activity coordinator, Beth Sutcliffe, primarily working with breast cancer patients at the moment but this is being widened to include colorectal, head and neck and prostate cancer patients. Beth supports and signposts patients referred to her into appropriate physical activities run by the exercise referral team or will work with patients herself. Evaluations are done at 6 and 12 weeks and patients have the opportunity to continue with this activity or try other things. Activities can include Tai Chi, aqua aerobics, fly fishing, and archery. This project has been extended until August 2016 and is hoped to be mainstreamed following a robust evaluation at the end. iii) Macmillan Cancer Solutions Project – volunteer led project utilising existing volunteers to support people affected by cancer in their own homes. Support could come in the form of transport to appointments, gardening, walking a dog, domestic chores or providing a listening ear. Service User Involvement underpins all this , there is a Coordinator, Nazmun who has been very effective in engaging with those affected by cancer. There is an East Lancs Cancer Experience panel which is service user lead which meets 4-6 weekly and aims to challenge the strategic cancer improvement group and also give a patient voice in to everything so that services are co-designed. When asked if this model was being used in relation to other disease groups Helen explained that although she was not aware of any other clinical areas using this model it had been designed with the intention of it being adaptable for other areas.	
15.22	**Terms of Reference TOR** Michelle Pilling Deputy Chair of the CCG and Lay Advisor for the CCG with special interest in Patient engagement. Michelle has been approached to help set up Terms of Reference for locality network groups to ensure a clear line of reporting to and from the CCG. The document provided with the agenda is a draft and comments are invited to develop the detail. Not all localities have a network at the moment but Michelle's intention is to encourage this. PT asked if similar documents had been developed elsewhere in the country by other CCG's, JT suggested that Michelle may have looked at this when developing this TOR. **Action:** JT will ask Michelle if similar documents are available and have been utilised in the development of this document. The group suggested that instead of Locality Network for Burnley the name of this group should be Burnley Patient Participation Network. NL enquired under Purpose, bullet point 2, if wider issues than health could be included, the group provided examples activities which weren't necessarily part of the health service but affect patients such	**JT**

	as patient transport, walking aids and the activities included in the cancer briefing. JT will feed this back to Michelle. Under bullet point 3 it was agreed to suggest that this should be two sentences, one dealing with CCG commissioned services and the other with locality health issues. Under bullet point 4 RA suggested that communication should work both ways, if the network feed ideas into the CCG then feedback should be received on whether the suggestion is possible and if not why not. JT informed the group of a new interactive membership scheme that Michelle and the CCG are developing which will seek the views and experiences of those who live and work in East Lancashire and provide bulletins and information on what is happening with healthcare in East Lancashire. The name of the scheme is undergoing a change at the moment as the original name was the same as a GP communication scheme already in place. As soon as the re-branding has been finalised information will be sent out to members, there is no firm date yet but will hopefully be before the next BPPN meeting. During discussion regarding the election of the Chair the group discussed the membership of the group and who should be eligible to vote in the Chair. The Vice Chair will not be the Locality Manager as the group have already nominated Malcom Beck to fulfil this position. Under Locality Manager it was suggested that instead of there being mention of 59 practices it should just refer to the 17 practices of the Burnley locality. The group asked if the process for recording and checking the minutes of the meeting are included in the document and the reporting paragraph is simplified as it is difficult to understand in its current form, and that the quarterly report is shared with the membership prior to it going to the Patient Reference Group. The group agreed with the principles of the Code of Conduct as it I detailed in the document. **Action:** A copy TOR showing amendments suggested by the group will to be sent to Michelle Pilling and also attached to the minutes for information. N.B. This will not be the final form of the TOR but an amended draft to be further considered.	**JT/LSO**
15.23	**Heather Mulley update** **BFC in the Community** A presentation by Burnley Football Club was done at the Burnley Locality Steering Group. HM explained about the content of the presentation and suggested that an electronic be circulated to the group and asked if members could put it up on PPG notice boards and also make their respective PPG aware of the work being done by Burnley Football club **Action**: A copy of the BFC presentation to be circulated with the minutes.	**LSO**

15.24	**Jayne Tebbey – CCG & Locality Update** INT - There are 3 in Burnley represented by a clinician from each practices and representatives from the Hospice and community teams such as the district nurses, therapies and the Specialist Nurse Practitioners currently working in Care homes. The meetings are set up by INT administrators and the case management of patients with complex needs are discussed and allocated to a lead practitioner. There are 2 Specialist Nurse Practitioners are currently in post and another 2 are commencing on 17 August 2015, the final 2 posts are going out to recruitment again. The 2 in post have been visiting care homes in Burnley and taking some pressure off GP's by seeing patients they would normally have been called out to see. Practices are continuing to undertake the annual Health and Wellbeing assessments on all over 75 patients. Dementia is a priority area in the locality for 2015-16 which involves the development of a Dementia Action Alliance and Dementia Friends training. There is a local GP Dr Alice Mervin from Parkside Surgery, involved in this development although it is not clear yet what role JT will have in this, the group will be kept informed of developments. **Acton:** A copy of the information held by JT to be attached to the minutes. **Primary Care Access Event** In the afternoon there had been an event held around Primary Care Access which HM & MB attended. Events have been held previously with patients to ascertain how they would like to access healthcare services going forward and this event which included patient representatives GP's practice Managers, various healthcare partners from the acute and social care was to start to look at how this could be achieved. Following presentations by CCG Executives, Michelle Pilling and Lisa Cunliffe each locality had a break out session to discuss what it means for their particular patient population. MB noted that in the Burnley group there were some heated discussions and an element of alienation among some of the clinicians present. There needs to be change in order to provide ever increasing demands on healthcare services within the constraints of current funding. Services need to work more collaboratively to provide more streamlined and efficient services in the most appropriate location. It is a case of balancing what patients want with what they need and using the resources available in the most effective way.	**LSO**
15.25	**AOB** At the previous meeting in April the members had asked RA to write to the Chair of the CCG to express their disappointment that there hadn't been any locality representation at that meeting. Following communication from Kirsty to RA regarding the issues raised it was decided not to continue with this and that plans were in place to ensure representation from the CCG at subsequent meetings.	

	There was a discussion around virtual ward and the IT issues associated with it. AW expressed dissatisfaction with the whole virtual ward system and concern that those who require services from social care and mental health would not get the appropriate help at the point is needed. At a recent policy meeting attended by some of the members it was felt that not having sight of the presentation given at the meeting was disappointing and that some of the language used needed to be simplified. The term Pennine Lancashire had been used at the meeting which members were confused by, JT explained to the group that Pennine Lancashire refers to East Lancashire and Blackburn with Darwen working in collaboration. RA brought up the issue of medicines on discharge and patients having to wait hours for prescription from the hospital. RA asked that JT feed back to the CCG that patients should have the choice of where they fill a prescription written by the hospital. JT explained that the issue had been going on for quite some time but East Lancs Hospital Trust is working on resolving the issue. The recycling of walking aids was brought up by RA who made the group aware of Homewise, a recycling centre in Accrington which sells reconditioned items at a much lower price than new. RA asked if there was any way that the CCG could link in with LCC to try and tackle the problem of equipment being thrown away rather than reused. JT will link in with Michelle Pilling to discuss the issue. Information on Homewise is to be included in the August patient newsletter.	
15.16	**<u>Next Meeting:-</u>** **Date: Wednesday 21 October 2015** **Time: 6:30 – 8:00pm** **Venue: Burnley Community Fire Station**	

NHS
East Lancashire
Clinical Commissioning Group

Burnley Patient Participation Network (BPPN) Meeting

Minutes of the meeting held on Wednesday 27 April 2016
6.30pm – 8.00pm

Meeting Room, Burnley Community Fire Station.

PRESENT:	**GP PRACTICE:**
Neil Beecham (Chair)	Briercliffe Surgery
Malcolm Beck	Yorkshire Street Medical Centre
Nora Myles	Thursby Surgery
Doris Fawley	Rosegrove Surgery
Peter Tiernan	Thursby Surgery
John Dobson	Oxford Road Medical Centre
Margaret Mills	St Nicholas Group Practice
Norman Lawrence	Rosegrove Surgery
Sandra Whittaker	Kiddrow Medical Practice
Debra Sofia Magdalene	Rosehill Surgery
Allan Whitaker	Briercliffe Surgery
Edwina Foote	Padiham Group Practice

In attendance

Amanda Hughes	Burnley Locality Support officer
Wendy Laycock	EPaCC's Clinical Coordinator, ELHT
Kirsty Hamer	Burnley Locality Manager, ELCCG

Apologies

Richard Aslin	Yorkshire Street Medical Centre
Heather Mulley	Parkside Surgery
Fiona Dobson	Oxford Road Medical Centre

Min No:		**ACTION**
16.11	**Apologies** Apologies were submitted as above	
16.12	**Welcome & Introductions** NB welcomed everyone to the meeting.	
16.13	**Electronic Palliative Care Coordination System (EPaCCS) – Wendy Laycock** • Wendy explained the above title may be simplified to "My Choices Records" and went through the presentation sent out with the agenda. • She supports professionals dealing with End of Life. Preferences for future care and treatment can be recorded in a patient's record and be shared and updated by professionals involved in their care should they be diagnosed with a life limiting illness or are at the end of their life. • If a patient does not want to have this conversation their wishes will be respected and this recorded to inform other professionals. • Permission to allow access to records will be sought from the patient or their advocate. • The aim is to have such a sensitive conversation once rather than repeat the same information to everyone involved in the patients care.	

	Information and instructions however can be reviewed and changed depending on how things progress. • It is important that GP Practices are informed that one of these conversations has taken place so that the correct codes can be entered on the system. • There is an Advanced Care Planning Guide which is linked with this that GP practices have access to that explains the process and can be completed in conjunction with the GP, patient, family and carers. (**attached**) **Action:** Copies of the Advanced Planning Guide to be brought to the next meeting. • Details of any Living Wills are recorded as part of the Advanced Planning Guide. • There is a Dying Matters website which has links to leaflets and resources www.dyingmatters.org Wendy noted that she would be happy come and speak to practice PPG's about this and raise awareness Wendy.laycock@elht.nhs.uk 01254 73441 (office-answerphone)	**KH/AH**
16.14	**New Models of Care – Lisa Cunliffe & David Rogers** • Lisa explained about the background behind the New Models of Care proposals and the work done with patient representatives over the last 18 months. • The details of the current patient consultation were provided at the meeting (**attached**) • Access to patient records is a key element, consent to view notes will be obtained at point of contact not just assumed. • An independent body has been tasked to receive the responses to the paper and on line surveys and will provide an analysis of the responses received which include both tick boxes and free text. • Each GP practice is receiving posters about the consultation and 200 copies of the survey with return envelopes and information sheet. For those with language difficulties there is a member of the Communications team that speaks a number of Asian languages who can help. • The Burnley Express, Colne Times and Nelson Leader have done a front page spread on the proposals. There are plans to have a pull out supplement in the local press as well. • Social media has been involved with Facebook and at the time of this meeting there had been 400 clicks on the survey and information. • David suggested that PPG members could help by going through the survey with patients in practice and he would be happy to assist PPG's with this. NM noted that many PPG's are going virtual and there isn't a lot of engagement with some members. David noted that the patient Partners Board are proposing to assist PPG's with setting up Facebook pages and provide training on social media. • Meetings are being attended with a number patient and other groups to promote the consultation including local MP's and Councillors. • David explained that there are 4 podiums which could go in Health centres which patients could complete the survey on. • Concerns were raised about whether the Hub could cope with patients from 17 Burnley practices. Lisa explained this is being looked at, it is important to get as many views as possible about what is needed and how accessible they should be. Parking at St Peters was raised as an issue	

	which would need to be looked at if it was a Hub. • Would the GP practices be able to cope with the extra calls, Lisa explained that telephony was being looked at and also the training of staff on reception to direct patients to the correct service. • The hubs are due to be operational by April 2017 but nothing will happen until the results of the consultation have been considered. These results will inform the final model and the CCG are working with providers to shape how the model will look. Lisa noted that some localities may operationalise faster than others. • The group felt it was important for the location of Hubs to be advertised to patients, David offered to come back to the BPPN after the consultation to explore how best to do this. • The funding for the new model is long term but the model itself may develop over time. • The capacity of GP practices and the welfare of staff with the extra calls to surgery were raised, Lisa explained that the CCG are working with GP practices to look to support them and find a way to make the model possible. David and Lisa encouraged members to complete the survey and give their thoughts on the proposals in the consultation documents. Information link: http://www.eastlancsccg.nhs.uk/improving-gp-access/ Survey link: https://www.snapsurveys.com/wh/s.asp?k=146055276144	
16.15	**Minutes of Previous Meeting – 27 January 2016** The minutes were agreed as an accurate record of the previous meeting. **Dementia:** KH is in contact with Rob Dobson, David Rogers noted that Rossendale have a lot of materials on Dementia, he will keep in contact with KH and Rob regarding the Dementia work in Burnley. **Medicines Managers:** This has been raised again at the CCG. **Closed**	
16.16	**PPG Issues** EF asked members how often PPG's usually meet? Some groups meet quarterly while others are virtual; EF explained that she was hoping to set up a PPG meeting at Padiham Group Practice instead of being virtual. DSM enquired if there were any guidelines for setting up PPG's available? **Action**: KH/AH to speak to Practice Managers to find out what information is available & also send out Terms of Reference for this Group. **Further information:** Following the meeting Lisa Cunliffe advised that there is a National Association for Patient Participation (NAPP) which provides information on how to set up a PPG and develop it www.napp.org.uk .	**KH/AH**
16.17	**Locality & CCG Update** KH explained to the members about the Burnley Delivery Plan which shows what the priorities are in Burnley and how they are progressing. **Action:** Members asked to look at the Delivery Plan and bring comments back the meeting in July. (**attached**) The plan is a work in progress as priorities develop and progress, it will be looked	**All**

	at during the monthly Burnley Steering Group meetings.	
16.18	**Future Possible Items for the BPPN meetings** • Burnley Delivery Plan • Invite to local MP • The importance of good nutrition & Cancer	
16.19	**AOB** NB gave the group details of a good experience Richard Aslin had had with discharge medication recently. Having had a stay in hospital his medication was ready for him the day before his discharge which the group saw as encouraging. DSM raised the issue of waste medicines in relation to unopened packs of medication having to be destroyed rather than returned and used elsewhere. Unfortunately there is a legal directive that once medication has left a pharmacy it cannot be returned and reused, there is the possibility that having left the pharmacy the medication could be tampered with. However a lot of wastage is also due to the over ordering of medicines by pharmacy under repeat dispensing. This issue has been raised at the CCG; pharmacies in Burnley have been issued with instructions on the correct procedure for ordering repeat medication.	
	Next Meeting:- **Date: Wednesday 27 July 2016** **Time: 6:30 – 8:00pm** **Venue: Burnley Community Fire Station**	

NHS
East Lancashire
Clinical Commissioning Group

Burnley Patient Participation Network (BPPN) Meeting

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6.30pm – 8.00pm

Meeting Room, Burnley Community Fire Station.

PRESENT:	**GP PRACTICE:**
Neil Beecham (Chair)	Briercliffe Surgery
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In attendance

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Wendy Laycock	EPaCC's Clinical Coordinator, ELHT
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	Next Meeting:- **Date: Wednesday 27 July 2016** **Time: 6:30 – 8:00pm** **Venue: Burnley Community Fire Station**	

NHS
East Lancashire
Clinical Commissioning Group

Burnley Patient Participation Network (BPPN) Meeting

Minutes of the meeting held on Wednesday 27 July 2016
6.30pm – 8.00pm

Meeting Room, Burnley Community Fire Station.

PRESENT:	**GP PRACTICE:**
Neil Beecham (Chair)	Briercliffe Surgery
Allan Whitaker	Briercliffe Surgery
Malcolm Beck	Yorkshire Street Medical Centre
Richard Aslin	Yorkshire Street Medical Centre
Nora Myles	Thursby Surgery
Peter Tiernan	Thursby Surgery
John Dobson	Oxford Road Medical Centre
Fiona Dobson	Oxford Road Medical Centre
John Fifield	Colne Road Surgery
Margaret Mills	St Nicholas Group Practice
Norman Lawrence	Rosegrove Surgery
Barry Pixton	Rosegrove Surgery
Sandra Whitaker	Kiddrow Medical Practice
Sonia Rawlinson	Kiddrow Medical Practice
Janet Dandy	Kiddrow Medical Practice
Debra Sofia Magdalene	Rosehill Surgery
Heather Mulley	Parkside Surgery

In attendance

Amanda Hughes	Burnley Locality Support officer
Kirsty Hamer	Burnley Locality Manager, ELCCG
Chris Hyde	Community Resuscitation Manager, NWAS

Apologies

Doris Fawley	Rosegrove Surgery

Min No:		**ACTION**
16.20	**Apologies** Apologies were submitted as above	
16.21	**Welcome & Introductions** NB welcomed everyone to the meeting.	
16.22	**Community First Responders** Chris Hyde from the Northwest Ambulance service (NWAS) was in attendance to talk to the members about a scheme run by the NWAS utilising volunteers from the community. These Community First Responders (CFR's) are deployed by NWAS to attend specified emergency calls prior to an ambulance arriving; commencing lifesaving assistance and consequently improving a person's chances of survival. (**presentation attached**) • Lancashire has about 350 public access Defibrillators in public access. • Recruitment is promoted via newspaper campaigns, Facebook, Twitter and	

	posters. Copies of posters promoting becoming a CFR are being provided for practices to display in their waiting rooms. (**attached**) • Volunteers do not need to have prior medical training but will go through a comprehensive training program with NWAS, volunteers come from all areas of the community. • CFR's do not have to volunteer for a specified number of hours, they can decide when they are available to be called upon. In the future there may be a pull towards asking for a certain commitment in order to avoid skills decay. • Anyone wishing to apply to become a CFR should contact cfr.recruitment@nwas.nhs.uk further details on the CFR scheme can be found at http://nwas-responders.info/ .	
16.23	**Minutes of Previous Meeting – 27 April 2016 & Matters Arising** The minutes were agreed as an accurate record of the previous meeting; however Margaret Mills noted she was not on the attendance list, name to be added. NB updated the group on the about the New Models of Care Consultation which had been discussed at the recent Patient Partners Board. (**Update attached**). MB noted that although locally 7 days a week access is not popular this is still being planned as it is a directive from government. MB expressed concern about where the GP capacity for this initiative was going to come from. In relation to the section on PPG's, NB brought in posters and leaflets about PPG's, AH also provided copies of the documents on the NAPP website on how to set up a PPG.	
16.24	**PPG Issues** • RA raised an issue regarding electronic prescriptions and warfarin. For repeat prescriptions done on the electronic transfer system to pharmacies the patient still needs to go to the practice to get a copy of their warfarin book before the prescription can be dispensed. RA asked if this could be improved in some way either by commissioning the GP's to do the blood tests or improve the connectivity of systems between the GP's and the hospital. • From discussion in the group it became clear that this was not an issue with all practices, KH noted that by the end of the year the GP and Hospital computer systems would have greater connectivity. **Action:** KH will liaise with the practice manager at Yorkshire Street Medical Practice to check their processes in regard to this and also request that it is discussed at the Practice Manger Forum. • MB expressed concern that some PPG's were still not meeting in person and how patients in these practices were being engaged with; this issue has been raised at the Patient Partners Board. KH explained that Locality Managers have been asked to find out what type of PPG's their practices operate for Michelle Pilling. • NM & PT noted that their practice admin had explained there is no interest in a face to face meeting but that no dates had been offered to patients. Members felt that the Practice Managers should do more to support these meetings and suggested that where practices do not actively engage with patients to promote PPG meetings the BPPN and CCG could send a letter to encourage them to do so. • HM explained that following the last meeting she had attended a PPG meeting at Rosegrove to look at how they operate and took her experience	**KH**

	back to her practice, there are plans now to have a meeting at Parkside instead of being virtual. HM encouraged members to be proactive when seeking to instigate PPG face to face meetings. RA noted that the time of meetings also needs to be considered, membership of this group has increased since the time was changed to 6.30pm enabling those who work to attend. This may be why many PPG's operate on a virtual basis. BP suggested that when encouraging people to join a PPG it would be useful to try and attract people who can provide some IT or organisational skills to help develop the PPG. • DSM noted that she had tried to get a copy of a TOR from the NAPP website but that only members of the organisation could do so. BP had access to a copy and agreed to pass this on. (**attached**)	
16.25	**Locality & CCG Update** KH explained that a Burnley specific report will be produced for Burnley following the New Models of Care consultation with patients and a copy of this will be shared with the group when it is made available. MB mentioned the Transformation Programme which was discussed at the Patient Partners Board, This involves work being done across Lancashire and in particular collaboration in Pennine Lancashire which incorporates East Lancashire and Blackburn with Darwen. Information regarding will be made available in the future regarding any developments. The Over 75's Specialist Nurse Practitioners who currently provide support to those residing in nursing/care homes are looking at ways to extend provision to those over 75's who are housebound in their own homes.	
16.26	**CCG Patient Representative Update – Heather Mulley** • HM explained that as a Patient Representative for Burnley she sits on the Burnley Locality Steering Group which aims to guide the development of the locality. The group consists of 5 local GP's, 2 Practice Managers, the Locality Manager, herself as lay rep and representatives from Burnley Council, CVS and Public Health. • Heather's role on the group is to provide a patient perspective to the items being discussed, give opinions and ask questions. • The Burnley Delivery Plan (attached) which holds details of what is being worked on in Burnley and the progress made is monitored by the Steering Group. The BPPN comes under item 7 of the Delivery Plan but only mentions that meetings are held with representatives, HM asked if anyone had any ideas of development items to go under the BPPN they should be sent to the Locality Manager. • David Rogers from the Communications and Engagement team at the CCG spoke to the Steering Group recently about the education side of the New Models of Care, the aim is to ensure that all patients know what the changes are and how to access healthcare. David is keen to find out what suggestions have about what would work getting the message out and will be in contact in the future. • Pam Smith the Chief Executive Officer at Burnley Borough Council attended a recent Steering Group and understands the challenges facing Burnley and those with health problems. She is working with CVS and the Department for Work & Pensions to try and get people back into work and improve health. She is also keen to improve the work force in Burnley and encourage people	

	to come and work here. There is an approved landlord scheme operated by the council to make sure that landlords adhere to a specified standard of accommodation for tenants. For the next generation, Pam wants to ensure that all children come out of school with a decent education. • At the Steering Group the Public Health representative often provides updates for the group, HM asked the group if they would find it useful to receive these updates. **Action:** Public Health updates to be forwarded to the members when received. MB noted that at the Patient Partners there had been a presentation by some of those involved in the Integrated Neighbourhood team work, KH will ask the Burnley INT Coordinators to come and speak to the Group once they are in post, probably at the January 2017 meeting.	**LSO**
16.27	**National Association of Patient Participation (NAPP)** BP explained to the group that the cost of joining the association is £60 initially then £30 in subsequent years. Without being a member you cannot see the full website but a contact in Great Harwood Practice has access to it and reports that it has some very useful ideas. Rosegrove's Practice Manager is going to look at what it has to offer. **Action:** BP to provide an update at the next meeting.	**BP**
16.28	**Future Possible Items for the BPPN meetings** KH explained that following a request from DSM she had been attempting to find a suitable representative to come and talk to the group regarding healthy eating, such representatives have to be work within NHS guidelines. The Dietician attached to the CCG Medicines Management Team has offered to speak to the group but suggested that January would be a better time to come as there are new guidelines coming out that could affect the information she would provide. DSM asked that the Dietician be invited to the October meeting.	
	AOB • The newsletter previously produced for Burnley is no longer available, AH explained that the Patient Partners Board through the Communications and Engagement team of the CCG now produce a quarterly newsletter which has a section for CCG news, one for Locality news and a section that practice PPG's can populated with information that is relevant to their practice. A copy of this is sent to PPG leads involved in the Patient Partners Board and also to Practice Managers. • NP raised the issue of the confusing road signage for the Urgent Care Centre in Burnley. Signs indicate it is a Minor Injuries Unit as Urgent Care Centres are not recognised for signage purposes. In November BP raised the issue with the MP Julie Cooper but has not had any feedback from her apart from that she has spoken to the Department of Transport head and asked for the term Urgent Care Centre to be recognised.	
	<u>Next Meeting:-</u> **Date: Wednesday 19 October 2016** **Time: 6:30 – 8:00pm** **Venue: Burnley Community Fire Station**	

NWAS First Responder

North West Ambulance Service NHS
NHS Trust

Delivering the right care, at the right time, in the right place

North West Ambulance Service Community First Responders and the Burnley Locality

Chris Hyde

Community Resuscitation Manager

Cumbria and Lancashire Areas

Introduction to NWAS

- The Trust currently has 1400 Active Community First Responders
- 156 teams throughout the region.
- Attending approx. 10,000 incidents per year.
- More than 70 Field Trainers
- Approx. 1000 Community Public Access Defibs (CPAD)
- 6000 Public Access Defibrillator (PAD) sites - Airports, Railway Stations, Police Stations, Shopping Malls and Sports Centres;
- Training over 1900 staff at these sites

History of Community Resuscitation Team

- Late 1990'S- CFRs first started in Cumbria and Lancashire

  Appointment of 2 non clinical staff to support CFRs
- 2004– NWAS was created from 5 legacy Ambulance Trusts – appointment of Clinical Manager to support CFRs for NWAS
- 2009 – BHF funded 3 Community Resuscitation Development Officer (CRDO) posts across NWAS to support Community Resus
- July 2011 – NWAS agreed new Community Resuscitation team structure
- Aug 2011 – Complimentary Resource Strategy agreed
- Jan 2012 New Team and structure in place
- Jan 2016 Across NWAS – 3 Managers, 7 CRDOs, 2 Admin staff and 1 Trainer

Complimentary Resources

- Resources that are not fully employed or part of the Trust Operational Resource profile.
- Directly deployed by NWAS to emergency incidents to provide direct contact patient care.

- *Community First Responders*
- *Staff Responders*
- *North West Air Ambulance*
- *Co-Responders*
- *Voluntary Ambulance Services*
- *Medical Responders*
- *Mountain Rescue Teams*
- *Establishment Based Responders*
- *Defibrillators in public places*
- *Community Public Access Defibrillators (CPAD)*
- *Defibs in Health Care Locations*

Delivering the right care, at the right time, in the right place

CFR Team Structure

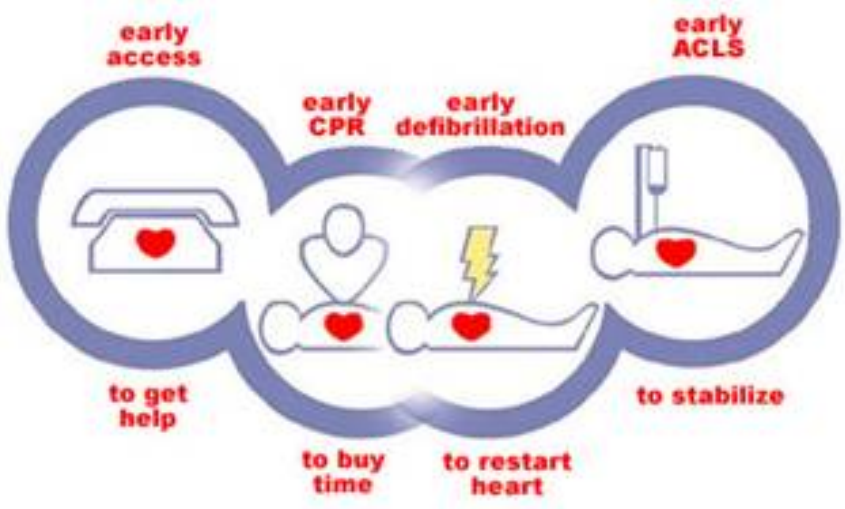
- Community Engagement Manager
- Community Resuscitation Manager
- NWAS Clinical Lead Community Resuscitation Development Officer (CRDO)
- CFR Regional Rep (meet every 6 weeks)
- Team Leader (Meetings held quarterly)
- Deputy Team Leader
- Field Trainer (4 update sessions a year)
- eCFR
- CFR

The Role of the CFR

- Responding to emergency incidents on behalf of North West Ambulance Service NHS Trust
- To provide emergency care until the Ambulance arrives.
- Providing patient care within a scope of practice
- Provide early intervention in the local community
- Behave professionally and responsibly

The Role of the CFR

- Responders provide immediate care to their own local community



- Community responders can provide the first 3 links in the chain of survival

Delivering the right care, at the right time, in the right place

Recruitment

- NWAS Recruitment policy
- Application form – online or paper application format
- eDBS – Reviewed every 3 years
- Interview
- 2 references (covering minimum 3 year period)
- Right to work in the UK checks
- Health questionnaire signed and stamped by GP including Hepatitis B vaccination (advised)
- Driving licence, MOT, Car insurance check – reviewed annually
- Signed off by HR or department manager
- Minimum 20 hrs training
- Formal Assessment by EMT 2 or Paramedic

What do CFRs respond to?

- Any medical emergency where a responder can help enhance patient care.
- Responders do not go to Trauma or to children under the age of 12
- Do not attend incidents where scene safety isn't guaranteed
- Must never break the speed limit responding and follow all road regulations at all times
- Never sent knowingly to incidents involving alcohol or drugs who are conscious

Delivering the right care, at the right time, in the right place

Training and Assessments

- Initial training
- End of course assessments
- Mandatory training
- Annual Reassessment
- Observational shifts
- E-learning completed on CFR website

www.nwas-responders.info

CFR Training

Unit 1	Unit 2	Unit 3	Unit 4	Unit 5
Introduction to NWAS	Basic Life Support (BLS)	Oxygen Therapy	Management of choking patient	Keeping yourself safe
Aims of a CFR	Use of AED		Management of conscious patient	Travelling/arriving at an incident
Introduction to NHS	Suction		Chest Pain	Safe Driving
Recruitment	Recovery Position		Breathing Difficulties	Communication
Training & Skills			Hyperventilation	Patient Report Form
Incidents			Control of Haemorrhage	Adverse Incident Reporting (IRF)
Accountability & Responsibility			Management of fitting patients	Critical Incident Debriefing
Confidentiality			Management of diabetic emergency	Moving and handling
Equipment			Management of unconscious patient	Infection Control
			Management of stroke patient	

Delivering the right care, at the right time, in the right place

Communications and Dispatch

- Responders are activated to emergencies by Airwave and Analogue Pager/ Mobile Phone
- Auto paged based on pre determined criteria and location

- CFR DESK

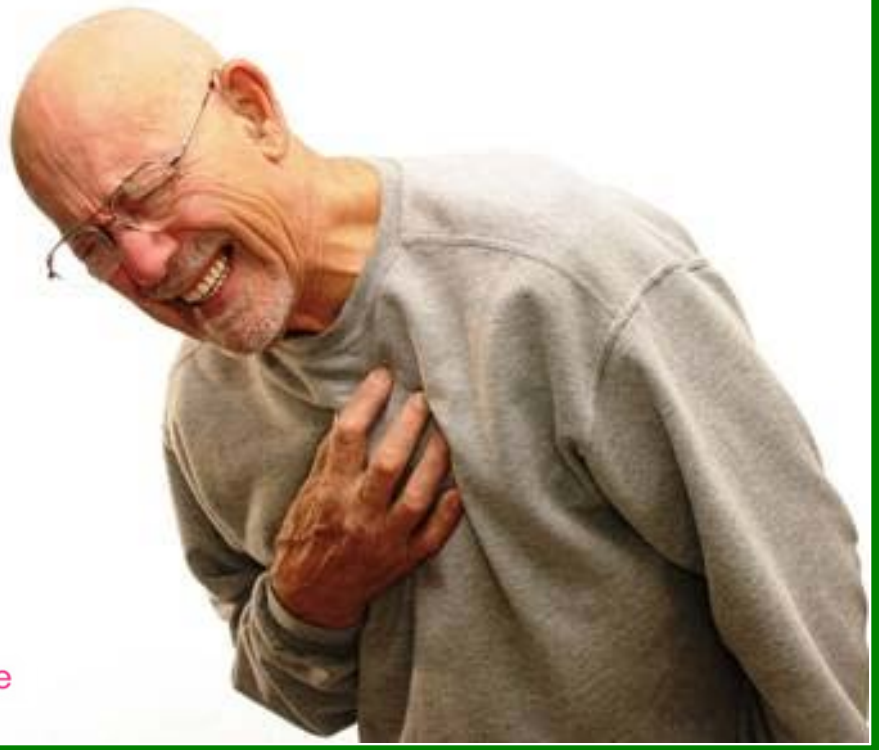
Communications and Dispatch

Resource Dispatcher

- Responsible for all dispatch decisions related to CFR's
- Co-ordinates CFR response
- Manages day to day CFR welfare issues
- 24 hour coverage

Incidents a CFR may attend

- Allergic reactions
- Breathing problems
- Cardiac/Respiratory Arrest
- Chest pain
- Choking
- Convulsions/Fitting/Fainting
- Haemorrhage/Lacerations
- Diabetic emergencies
- Collapse/Unconscious



Levels of CFR

Community First Responder

- Pulse Oximeter
- Oxygen
- Defibrillator
- Suction
- Dressings

Levels of CFR

Community First Responder

- Carry out basic assessment of pulse and oxygen saturation levels.
- Administer oxygen as required
- Provide early intervention and defibrillation in cardiac arrest
- Deal with minor cuts and bleeding.
- Identify CVA and provide support to patients whilst awaiting the arrival of an ambulance

Levels of CFR

Enhanced Community First Responder (ECFR)

- The ECFR courses takes 6 months to complete
- The majority of work being carried out online in an e-learning format to provide flexibility for those taking part.
- 6 days of practical delivery and assessments to ensure the correct standards have been reached

Levels of CFR

Enhanced Community First Responder

- Pulse Oximeter, Thermometer, BP machine, BM kit, Pen torch
- Oxygen, Entonox, Dextrose Gel and Aspirin
- Defibrillator
- Suction
- Dressings including WaterGel Burns Dressings
- Cervical collars

Levels of CFR

Enhanced Community First Responder

- Carry out a full primary and secondary survey.
- Administer oxygen as required
- Provide early intervention and defibrillation in cardiac arrest.
- Deal with a full range of wounds and bleeding
- Assess and treat CVA, TIA, Diabetic emergencies, Falls, Breathing difficulties and cardiac related conditions

Accountability and Responsibility

- Professionalism at all times
- Patient Confidentiality
- Remain within scope of practice
- Road Traffic Act and Highway Code

The Future

Lancashire Fire and Rescue Community First Responders

Delivering the right care, at the right time, in the right place

East Lancashire and the Burnley Locality

- The population estimate of Lancashire is 1, 176,000 people, expected to increase to 2,228,600 in 2021.
- Has a number of socio-economic indicators for Lancashire which have been compiled by the three CCGs
- Early mortality rate from cardiovascular disease are significantly higher than the national rate.
- Emergency admissions for Coronary Heart disease are significantly higher than the national average
- Stroke rates are similar to the national average.

(NWAS Community Needs assessment 2014)

The Chain of Survival

Mission Statement

"Our aim is to reduce the mortality and morbidity associated with Out of Hospital Cardiac Arrests by improving health and wellbeing and reducing health inequalities in the North West of England by establishing partnerships within communities."

Delivering the right care, at the right time, in the right place

NWAS Complimentary Resource Strategy

- The Chain of Survival team works closely with the Community Resuscitation Team in the utilisation of complementary resources.
- The Chain of Survival team aims to increase the extent to which NWAS works with its communities, volunteer networks, and partner organisations in order to achieve increased levels of satisfaction and improves clinical outcomes for patients across the North West.
- These resources include Community First Responders (CFRs), Staff Responders, Co Responders, Establishment Based Responders and Community Public Access Defibrillators (CPADs).

External Organisations, Resources and the Chain of Survival Partnership

Area	Initiatives
• Lancashire Wide	First Responders
• Lancashire Wide	HeartStart Initiatives
• East Lancashire	Rossendale CPADS
• East Lancashire	Pumping Marvellous Foundation
• North Lancashire	The ADAM Appeal
• South Lancashire	Hearts for Hearts
• South Lancashire	Defibrillators for Sports
• West Lancashire	Lancashire Defibrillator Campaign
• West Lancashire	Douglas Cardiac Trust

Priority Areas

- The areas where work will be prioritised within Lancashire chosen from the results of our needs assessment are; Lytham, Blackpool, Fylde Coast, Lancaster and Morecambe, Fleetwood, Blackburn with Darwen, Barnoldswick and Burnley

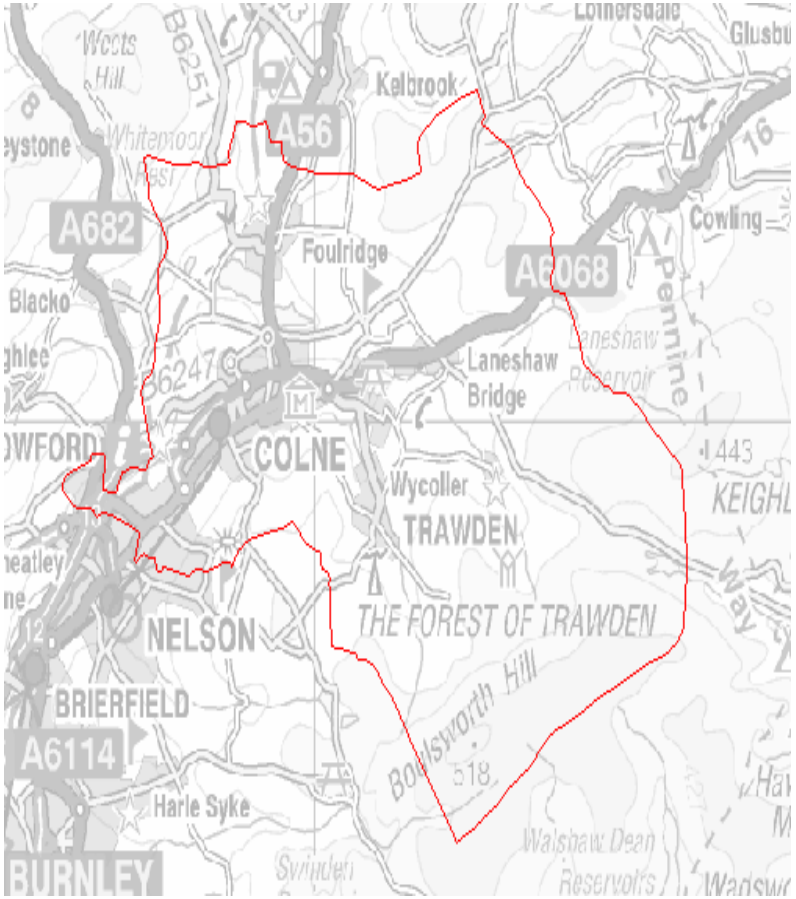
NWAS Incidents in the Burnley Locality BB11

- Cardiac Arrests - 68
- Red Calls (not including Cardiac Arrests Calls - 2128)
- Average Red Response time 6 minutes 34 seconds

Data correct 01/04/14-31/03/15 supplied by NWAS

Hotspots

- Colne 454 CFR appropriate incidents 2014/15



Community First Responders AEDs and CPADs

- 6 CFRs – Accrington
- 8 CFRs – Barnoldswick
- 9 CFRs - Blackburn
- 10 CFRs – Burnley
- 16 CFRs – Clitheroe
- 2 CFRs – Colne
- 2 CFRs – Darwen
- 0 CFRs - Nelson
- 2 CFRs – Padiham
- 1 CFR - Read
- 29 CFRs – Rossendale
- 2 CFRs – Sabden
- 1 CFR - Slaidburn
- 0 CFRs – Trawden
- 4 CFRs - Whalley

Recruitment

- 2 new applications received
- 3 due for interview
- 4 post interview – providing documentation
- 3 awaiting training

Community First Responders AEDs and CPADs

- 9 CPADs Burnley
- Approximately 59 AEDs in and around Burnley

The Future for East Lancashire

- CCG involvement
- £78,000 investment
- Structured media campaign for recruitment
- 16 new CFRs
- 16 new ECFRs
- Expansion of CPADs across East Lancashire
- Burnley Locality involvement to improve OOHCA survival rates

Any Questions?

Would you like to make a difference...

...to your local community by doing something that is incredibly rewarding and challenging? Then why not volunteer with North West Ambulance Service NHS Trust?

As a volunteer you will receive extensive training to respond to emergencies in your local communities and will often arrive before the ambulance service.

You'll deal with patients in life-threatening situations such as cardiac arrests, chest pains, difficulty breathing, allergic reactions, diabetic and epileptic collapses and choking.

Apply now – to join your local team of life savers visit www.nwas-responders.info or call 0845 112 0 999 (local rate) to receive an application pack.

Community First Responders can and do save lives.

Community First Responders

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East Lancashire Primary Care Consultation – Initial Headline Results July 2016

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Consultation Overview

- 12 week public consultation undertaken between April and July 2016
- 2,129 responses received via an online survey as well as paper surveys and interactive podiums in GP surgeries
- Some paper responses are still being returned by GP surgeries and will be included in the final analysis
- Additionally, 130 responses from ELMS service users and 84 Fairmore users to inform provider contract reviews

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Approach

- Pre-consultation engagement in March 2016 in Hyndburn
- 12 week public consultation undertaken between April and July 2016
- Editorial in every newspaper and local magazine (approx total readership: 165,000)
- All three radio stations in the area featured the consultation (approx audience reach: 315,000)
- Social media reached over 16,000 Facebook followers (with EL postcodes), and 3, 935 Twitter followers
- 13,000 Paper Questionnaires distributed to 58 GP practices (200 questionnaires each)
- Advertising in every newspaper with questinonaire supplements
- Repeat editorial (press release encouraging responses)
- Presentations at PPG networks, PPGs and locality groups
- Presentations to stakeholders (Healthwatch, Local authority OSC, H&WBB, Older Peoples Forum)
- Face to face drop-ins to health centres (16) in each area
- Promotion on CCG and partner websites and through social media
- Online podiums (4) situated throughout the area in GP and health centre waiting rooms
- Ad-hoc and direct comments from patients and the public via phone, email, online and face to face

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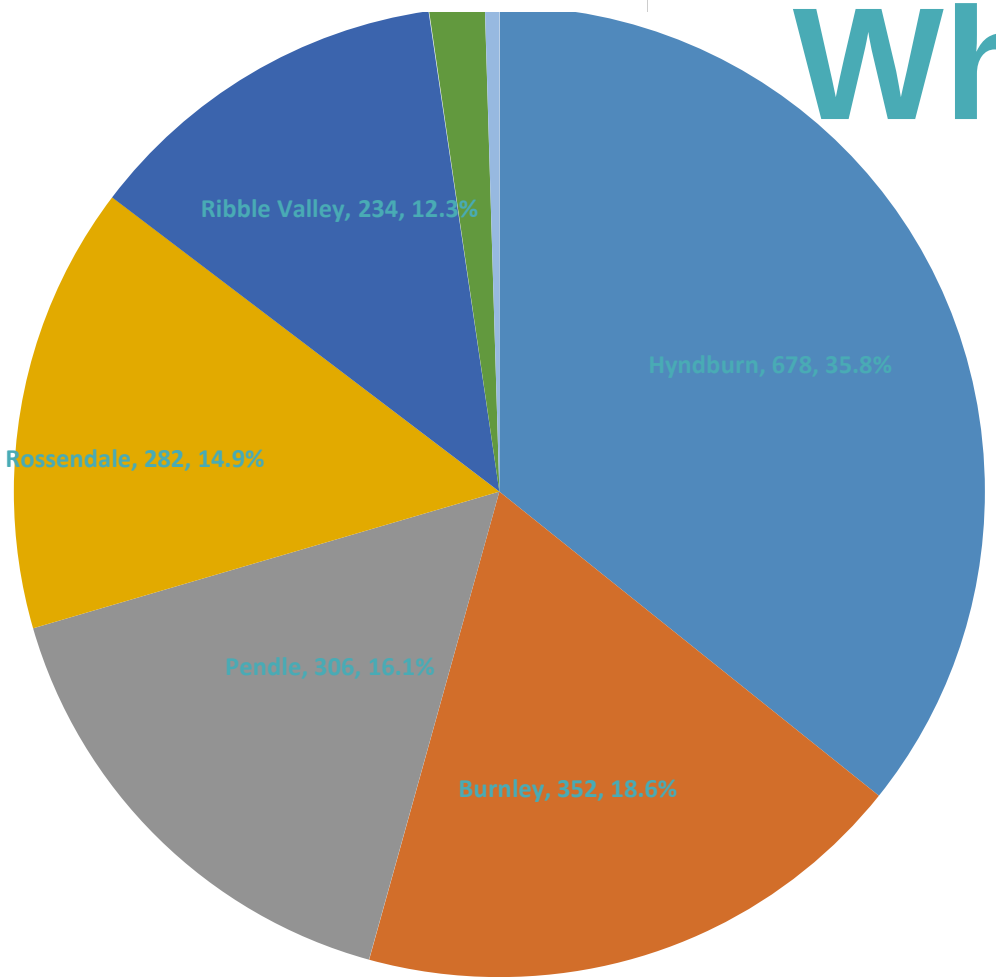
Who Responded?



Analysis of home postcode – includes actual number of responses and % of total consultation response

- Over a third of responses were from Hyndburn residents
- A small proportion of responses came from people who live in Blackburn with Darwen or other areas outside of East Lancashire

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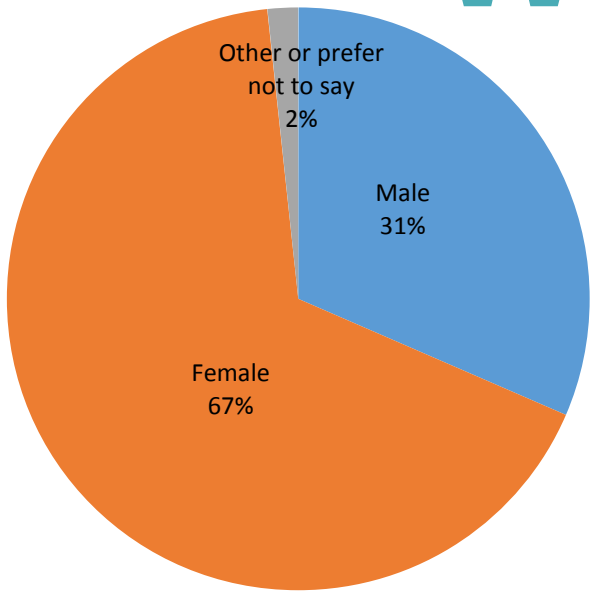
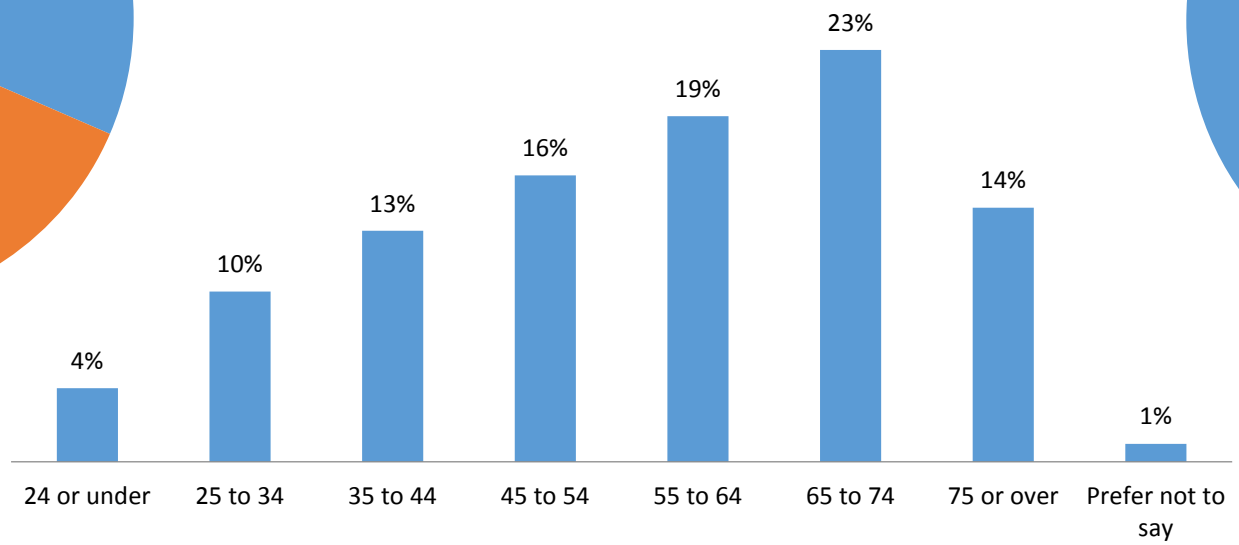
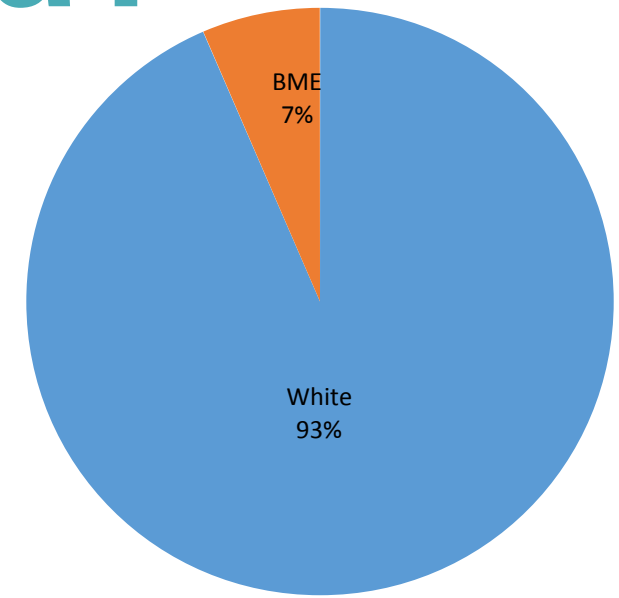
Who Responded?



Gender



Age Groups



Ethnicity

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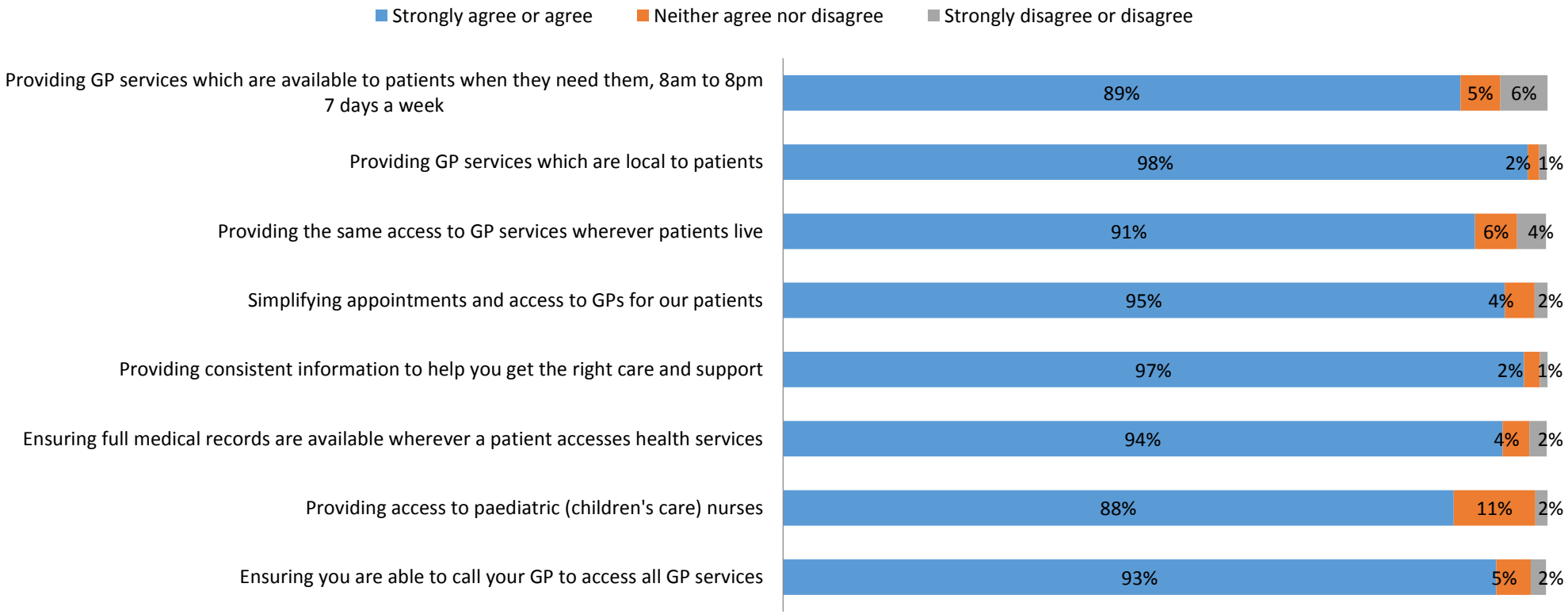
High levels of agreement with the principles which have informed the Primary Care model



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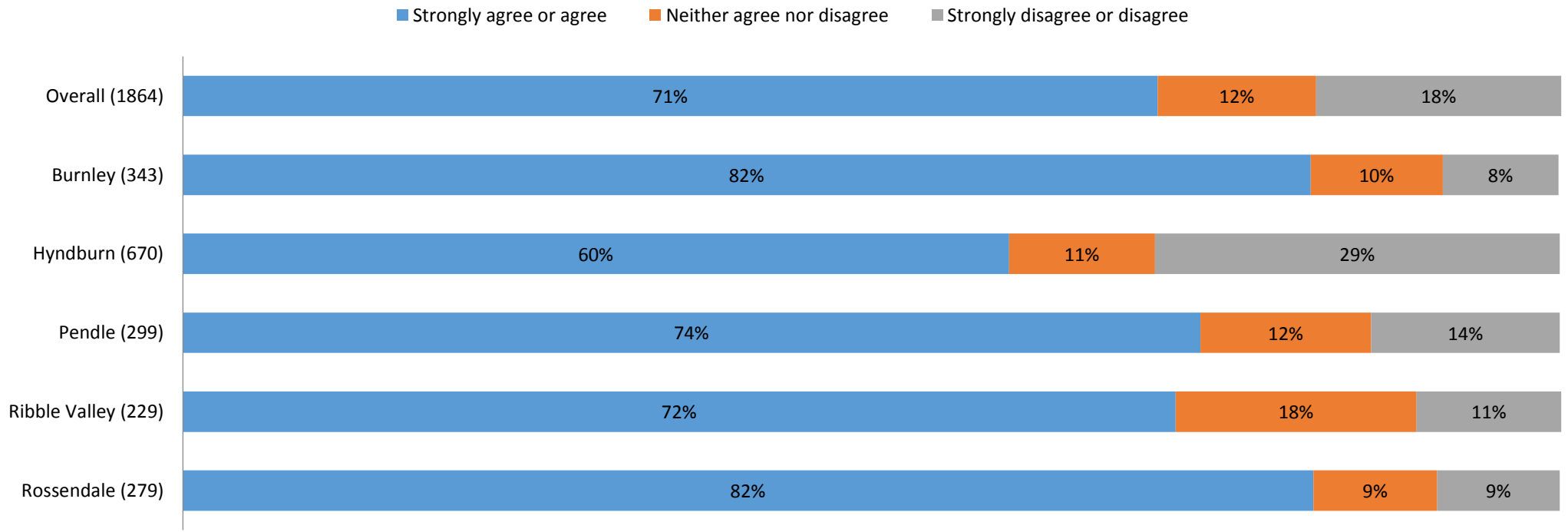
7 in 10 residents agree with the proposed Health Hubs model as an alternative to the current HAC arrangement



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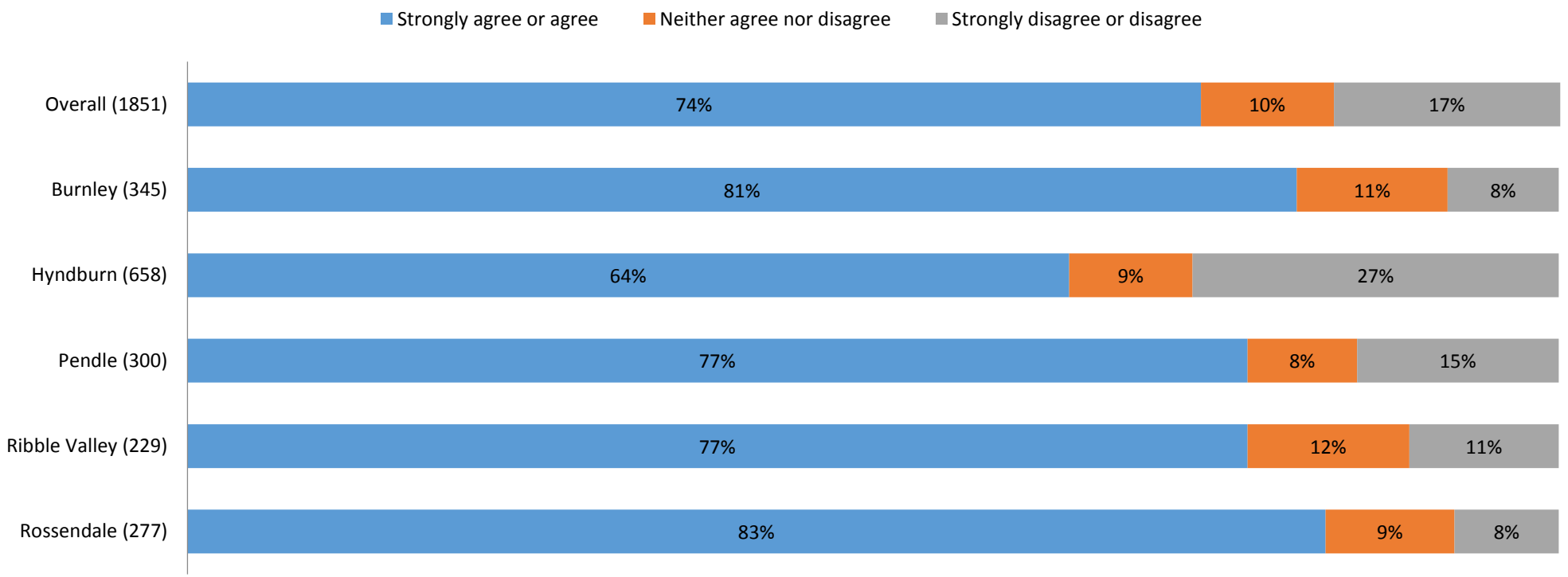
3 in 4 residents agree with the proposed new model of Primary Care in East Lancashire



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Key themes from comments

- Positivity about the proposal, focusing on support for access to appointments outside of current working arrangements
- Access to local services, GPs and staff is very important to residents
- Some frustration with the current system for contacting GPs in the morning and joining the queue and the implications of this for the proposed service
- Some praise for the current walk-in centre arrangements and strong views that it should not close

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Next steps

- Thank you PR and correspondence to media, PPGs, practice staff, public and patients for their contributions
- More detailed analysis of the data including cross tabulation of data for specific locality reports
- Qualitative analysis of the large volume of comments from a variety of sources
- Full consultation report for September Primary Care Committee and Governing Body

PATIENT PARTICIPATION GROUP
TERMS OF REFERENCE

1. Title of the Group

The Group shall be known as the Rosegrove PPG

2. Purpose of the Group

The purpose of the Group is to give a voice to patients of Rosegrove Surgery; to promote co-operation and communication between the Practice and its Patients.

PPG Members to assist the surgery to disseminate any new practice information to other patients.

3. Membership of the Group

Membership of the Group shall be open and free to all registered Patients and staff of the Practice.

4. Activities of the Group

The Group will:

4.1 Contribute to practice decision-making and act as a forum for consultation on service development and provision;

4.2 Provide feedback on patients' needs, concerns and interests and challenge the practice constructively whenever necessary. This will include reviewing the Practice's annual local patient survey in order to inform the Group's priorities and work programme;

4.3 Serve as a 'safety valve' for dealing with any issues about the practice by representing patients but also helping them to understand the practice's viewpoint;

4.4 Communicate information about the wider community which may affect healthcare;

4.5 Give patients a voice in the organisation of their care;

4.6 Promote good health and higher levels of health literacy by encouraging and supporting activities within the practice and promoting preventive medicine.

4.9 Give feedback to NHS trusts, commissioning bodies etc on consultations via the Practice.

5. Meetings of the Group

The Group will hold meetings every three months, and will meet at Rosegrove Surgery. The practice may need to hold interim meetings if it considers these to be necessary.

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Clinical Commissioning Group

Burnley Patient Participation Network (BPPN) Meeting

Minutes of the meeting held on Wednesday 9 November 2016
6.30pm – 8.00pm

Meeting Room, Burnley Fire Station.

PRESENT:	**GP PRACTICE:**
Malcolm Beck (Chair)	Yorkshire Street Medical Centre
Allan Whitaker	Briercliffe Surgery
Richard Aslin	Yorkshire Street Medical Centre
Nora Myles	Thursby Surgery
Peter Tiernan	Thursby Surgery
John Dobson	Oxford Road Medical Centre
John Fifield	Colne Road Surgery
Margaret Mills	St Nicholas Group Practice
Norman Lawrence	Rosegrove Surgery
Debra Sofia Magdalene	Rosehill Surgery
Heather Mulley	Parkside Surgery

In attendance

Amanda Hughes	Burnley Locality Support officer
Kirsty Slinger	Burnley Locality Manager, ELCCG
Lisa Cunliffe	Primary Care Development Manager
David Rogers	Head of Communication & Engagement

Apologies

Doris Fawley	Rosegrove Surgery
Neil Beecham	Briercliffe Surgery
Fiona Dobson	Oxford Road Medical Centre
Barry Pixton	Rosegrove Surgery
Barbara Marshall	Parkside Surgery

Min No:		ACTION
16.30	**Apologies** Apologies were submitted as above	
16.31	**Welcome & Introductions** MB welcomed everyone to the meeting and explained he would be chairing in Neil's absence.	
16.32	**New Models of Extended Access** • David Rogers and Lisa Cunliffe were in attendance to give an update on the New Models of Extended Access since the consultation which ended in July. • Over 200 responses were received in a variety of ways i.e. paper questionnaire, email, telephone, face to face and social media. As East Lancashire has a population of over 370,000 this is a small sample however the responses/comments can be taken note of when developing how the model will operate. • 18% of the responses were from the Burnley population, with women providing the majority of responses. It had been hoped that as this was looking at future	

	provision of services that there would more responses from younger people however most of the responses came from the older section of the population. There is an outreach programme commencing with Accrington College to engage with young people regarding health. • 82% of the Burnley respondents were in favour of the model proposals. David has looked at the data from Burnley with Dr Davis and a patient representative from Burnley Wood Medical Centre to pull out the key themes. One of the major themes identified were around accessibility and location of the Hub i.e. in the vicinity of public transport/parking. In addition patients were concerned about the capacity of GP's to run the Hub considering the staff issues currently being faced. • Education regarding the changes and how patients should access appropriate healthcare was also a key theme, David explained that he was keen to come and work with the group on how best to educate patients and change the culture of accessing healthcare in an inappropriate way. • Comments that just said the model was good or bad were discarded for consideration as they would not provide any workable insights. DSM enquired if these comments could be split down to show how many were positive or negative. **<u>Action:</u>** ***David Rogers will split the negative and positive comments discarded and provide details of the numbers.***	**DR**
	• Lisa explained that following the co-production of the principles for the model with stakeholders including patients the next step is to work with GP Practices on the detail of the model and how it can be delivered. The original message form Government that routine care should be available 8am – 8pm 7 days a week has softened slightly. This means that East Lancs are still looking at 8am – 8pm routine appointments Monday to Friday with urgent access only over the weekend which fits in more with what came out of the co-production events. • The plan is for 4 Hubs in East Lancs providing access up to 8pm Monday to Friday with 2 Hubs open Saturday and Sunday. One Hub will be located in Burnley. • Whatever is developed needs to be sustainable and ideally an extension of General Practice. This is not possible over 57 practices hence the move to using Hubs in the locality. • Hyndburn will be looked at first due to the added issue of the walk-in centre closing, the new model is needed to replace the walk-in centre, and there will then be a phased rollout across the other localities. • No decisions have been made yet on the location of the Hubs and staffing is a concern but the intention is to look at using a greater skill mix i.e. Nurse Practitioners, Pharmacists, Care Navigators etc. to aid GP's. There are some GP's who wish to do extra sessions, the CCG has a training programme for GP's in practices who hopefully will remain in East Lancs once qualified. • Once the detail of the model has been developed in conjunction with practices, communicating the message to patients is key. This is where the Patient Network can be involved, looking at what would work best and be most effective. David expressed that he would be keen to return to a meeting next year to explore this with the group. • Concern was raised over whether funding was available to sustain the model. Lisa explained that there is definitely funding in place for the next 3-5 years. There is a local commitment to making this work and sustainable with the aim of providing more and more services from the hubs and pull financial resource out of the hospital. The first step is to get GP services in the hub and then build on this with other services. • Further concern was raised regarding whether an outside company would be coming in to provide the service, using the example of Pharmacies being able	

	to provide NHS Flu jabs rather than GP's and thus affecting GP funding. There was a worry that this would destabilise the practices and take further funding from them. Lisa explained that the hope is to commission a collaboration of GP practices to provide the service and have taken legal advice to ensure that the rationale behind this cannot be challenged under procurement regulations. • The aim is for the clinical staff in the Hubs to be able to access a patients record and provide the same level of services their GP practice does, patients will be asked when they attend the Hub if it ok for the clinician to consult their records, if they wish patients can refuse consent. • The group expressed major concerns regarding the provision of Flu jabs by pharmacists, in particular that a record of the jab is not communicated with the GP to avoid duplication. The feeling amongst many in the group was that the Flu jabs should be administered by a GP practice. **Action: *LM/LSO to find out how much an NHS Flu jab are reimbursed at.*** ***Further Information:*** *Following the meeting AH contacted NHS England Public Health who commission the Flu vaccination service to enquire about the amount paid to practices to deliver the service; the payment for each vaccination is £9.80.* • DSM noted that prevention is missing from the model as it has been outlined and that there should be some provision for promoting good nutrition and health & wellbeing, David and Lisa took note of this suggestion.	**LM/LSO**
16.33	**Minutes of Previous Meeting – 27 July 2016 & Matters Arising** The minutes of the July meeting were accepted as an accurate record of the meeting. • **Warfarin Prescriptions –** The medicines Management team have confirmed that in the coming months GP practices will be able to access Warfarin level details form the ICE system to aid in completing prescriptions for patients. • **National Association of Patient Participation –** Barry Pixton was not able to attend the meeting, his update on progress at Rosegrove surgery is deferred to the next meeting.	
16.34	**Patient Participation Groups** • MB informed the group that a seminar for PPG members was being arranged in the New Year. MB has been looking at the PPG sections of practice websites and was only able to find 5 practices that attached minutes of PPG meetings to their website. He noted that it most practices seem to rely on patient questionnaires and having virtual PPG's. • Michelle Pilling who heads up the Patient Partners Board is doing a review of PPG's in East Lancs, looking at how they operate i.e. face to face meetings or virtual via email or both. • DSM suggested that a closed Facebook page would be useful way to share information from the Burnley Patient Participation Network; KS noted that this was a good idea and would mention it to Michelle Pilling. DSM offered to look at setting a Facebook page up for the group. **Action: *KS will provide contact details to DSM for Marc Schmid who leads on Communications & Engagement using social media across Pennine Lancs. Marc will be able to advise how to get the best out of Facebook.***	
16.35	**Over the Counter Medicines** This item was not discussed at the meeting but members confirmed they had received all the information.	

16.36	**Locality Update** KS explained that HM who had been the patient representative on the Burnley Steering Group had decided to step down; KS thanked her for her valued input into the group. The CCG is looking at how Steering Groups will run across East Lancs going forward, with a view to developing them more like a health and wellbeing board. When the changes have been made the patient representative vacancy will be recruited to. **<u>Action:</u>** ***Due to the meeting over running KS agreed to send a locality update with the minutes.***	**LM/LSO**
16.37	**Newsletters** MB explained to the group about the patient newsletter which used to be available via practices funded by the CCG. This newsletter was no longer being produced, MB noted that his practice Yorkshire Street were still intending on providing the newsletter. AH noted that the previous newsletter had been provided by the Locality Support Officer for Burnley with spaces left for individual practices to populate and then send for printing, paid for by the CCG. Out of the 17 practices in Burnley on average 5-7 practices took advantage of this newsletter. The Patient Partners Board decided to provide a quarterly newsletter for all localities which would include news about the CCG, Locality and a space for the Practice/PPG to include relevant information. This newsletter is sent to all those involved in the Patient Partners board and is being sent to Practice Managers so that the Practice/PPG information can be added. The suggestion to practices is to complete the relevant section and email it out to PPG members, put it on the website and have copies visible in the surgery for patients to read. **<u>Action:</u>** ***Attach a copy of the Newsletter sent out for practices to populate to the minutes.***	**LSO**
	<u>Next Meeting:-</u> **Date: Wednesday 18 January 2017** **Time: 6:30 – 8:00pm** **Venue: Burnley Community Fire Station**	