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|  | | Title of Meeting: | **Rotherham PPG Network** |
| Time: | **14:00 – 16:00** |
| Date: | **Tuesday 27th November 2018** |
| Venue: | **Carlton Park Hotel** |
| Chair: | **Debbie Twell** |
|  | **Welcome and introduction:**  Debbie welcomed everyone to the meeting; this is her third week in post as the new NHS Rotherham CCG lay member with responsibility for public engagement. As such, she is the voice for the public at the CCG’s Governing Body. | | |
|  | **Updates and information sharing:** Helen reported back on a number of issues raised at the previous meeting   * **Use of the Community Health Centre (CHC) building** * People were concerned at the number of services that were no longer in the building, and that it could be closed. * Rotherham CCG is working with Rotherham Hospital to look at different options for services that could go into this building; we expect there to be some options to discuss very shortly * **There was interest in a separate one off additional meeting; possibly in January or February to discuss these options. Helen will email the network once the timescale is clear** * **Diagnostics –** the previous discussions and concerns over the move of diagnostics from the CHC Building toRotherham Hospital was raised. * The concerns raised by this group have been raised in a number of different forums; and Rotherham Hospital has been asked for a response in terms of how these issues will be addressed and mitigated. * **Update requested about the Urgent and Emergency Care Centre (UECC) – the question was** has it achieved what was wanted?   + The CCG constantly monitors the UECC; the plan has always been that the new systems and ways of working will be fully in place by 2020; we are still on track for 2020. We will keep this group updated as information comes available * **Advanced Nurse Practitioner** – explaining the roles and other new roles * **There are a number of different new roles**; different practice nurse roles, roles in pharmacy and others * **We will pull together a list and details of these and circulate them** * As possible, we will find people who can attend meetings and give brief overviews of these new roles * **Intermediate Care Centre at Badsley Moor Lane** – why has it closed?   + The service is being run differently; closer to people’s homes. Although the building has closed, the service hasn’t. A lot of the costs were in transport and providing meals.   + There was considerable concern that people relied on this service to prevent social isolation **– Helen and Debbie to feed this back to the commissioners/service leads** * **Health checks for 40-75 years. There was also a question on obesity and fast food outlets.** * These are areas that Public Health commissions; we could have a meeting dedicated to public health issues if agreed * **General agreement that this would be of interest; Helen to check availability for either the June or September meetings** * **PPG materials –** have been distributed to virtually all practices**;** Helen also has a small number of additional leaflets. * **PPG members would still like to have marked lanyards – Helen noted, and will seek to source some in the next few weeks** | | |
|  | **The Rotherham ‘App’ - Ash Vora from Substrakt attended to demonstrate the App**  Please see attached presentation. Following this, Ash took questions, key points are as noted below   * Concern was expressed by several people that this system was not for all; some people would never want to access services this way. Agreed – and noted that the App should help to free capacity for those wanting telephone and face to face access; this is fundamentally about choice**.** Noted that many older people use digital and online systems by choice as they see the benefits. The app can be accessed via a PC as well as tablet and smartphone * Practices do have some flexibility about the systems they use. * Concern that the result will be a two-tier system, and more appointments and a better service will be available to those accessing online – **Response – all practices will need to assure a balance of available appointments, and keep these under review, no-one should be disadvantaged by this; this is something that PPGs could potentially monitor or ask about?** * What has this cost the CCG – **figures not available at the meeting; but the aim is that in the medium to long term this will be cost neutral, as the expenditure will be offset through savings over time.** * **Digital Champions -**  a PPG member had trained as a digital champion, and PPGS could take this up, supporting patients in practice to get online and access service * In Birmingham takeup before promotion was 23%; aim was for take up of 40%. Generally with more uptake, then more services can be made accessible through the system * The three CCGs across Birmingham have taken this App up; another 3-4 will come online this next year after Rotherham. * This will be available faster than the national app, which is still under testing, and give a lot more access to local services and self-care. Substrak are working with the NHS nationally; so the systems will work together. * There is/will be a user group to check out developments and feed into the system; people asked to visit <https://substrakthealth.com/> to join. User testing has included people with sight problems, so it works with screen readers. There are reviews every 6 months, with a mixed patient group. It can work with different languages; 23 alternative languages are just being set up for Birmingham * Some people felt that this was not a good use of the Rotherham health pound | | |
|  | **Medicines management – Stuart Lakin**  Stuart, head of medicines management at Rotherham CCG attended to update the meeting on work that had taken place to date, that has been informed by this group, also to discuss items not now prescribed and available over the counter. He also wanted to share the potential next piece of work with the meeting.  Please see attached presentation  **Additional comments and questions on medicine waste and over the counter products**   * Following the changes to prescription ordering, and stopping pharmacies ordering (third party ordering); Stuart noted that we know better what medications patients are taking. With electronic ordering, items can be taken off that are on for ‘as and when needed’, preventing stockpiles accumulating. * The national consultation on over the counter medication was wordy and hard to complete, the local one (569 million reasons) has had over 10,000 responses, around half of these from Rotherham residents * GPs have stated that they think patients have an expectation that they will get certain things on prescription * However around 80% of people completing the survey have said that they will buy medications if told to do so by the GP * If there is a real need GPs will still be able to prescribe these medications – for example if people are in chronic pain, have several children and are on low income etc * **The message isn’t ‘we cannot prescribe’; but it is ‘buy if you can’** * Its cheaper to buy than prescribe – for example, vitamin D costs around £1 for 60 tablets; and around £7-8 on prescription; and paracetamol around £4 * Once any products- medicines, creams, bandages etc – have left the secure supply chain, they can’t be re-issued. There are strict regulations around this that cannot be changed, and must be followed; this is why we suggest that people check items in the pharmacy or as delivered. * We also need to tell people that generic (not branded) medication is just as good as branded makes – each item will have a PL (Product License) number- you can compare these to pick out generic items that are identical to the brands. This is on leaflets available in GP practices. * **Waste not tackled -**  care homes was suggested as an option to work on   - R**esponse** – The CCG have recently invested in an additional 3 pharmacy technicians to work on electronic ordering and care homes, so this is something that we will hopefully have an impact on   * One practice have noted at PPG meeting that there are around 6000 patients on repeat prescription, but no capacity to review all these – reviewing them could reduce prescription costs substantially. **People should get reviews, but these tend to focus on those with long term conditions, and not more minor ailments, for example people getting prescriptions for anti-histamines** * Example cited of a couple who receive a number of prescriptions, but don’t take them; this is concerning as it could lead to conditions worsening, and people taking medication all at once. **If people are aware of issues with stockpiled medication, or people not taking medication correctly, they should notify either the practice or the medicines helpline** * Some practices have stronger systems than others for repeat prescriptions   **Other issues**  Walking frames/other equipment - these are dumped, this is a waste   * A new provider is taking over the equipment service following a mandatory procurement exercise. They have a real emphasis on re-use and re-cycling   **Anti-depressants**  Stuart then introduced the next piece of work he is looking at. Rotherham prescribes more anti-depressants than other similar areas, and has for a number of years, despite the introduction of schemes such as talking therapies (IAPT). Stuart asked people to note that we are NOT saying we are stopping prescribing these medications in any way. We are holding a variety of conversations with lots of different people to try and understand why the local levels of prescribing are so much higher than other areas.  The meeting discussed these issues on tables – please see attached sheet for summary of this.  **Summary and next steps**   * There was a consensus that people would want alternatives before taking anti-depressants * Concern that young people will pick up on a ‘trend’; is one is taking AD’s; others may seek them also * Feeling that younger GP’s may be more likely to offer alternatives such as social prescribing * Direction to Samaritans seen as a good alternative   These conversations are continuing; we still want to talk with other groups of people; younger people and men, for example. Once we have some clear ideas around options we will bring these back to the meeting. | | |
|  | **Any other business:** No other business  **Date & Time of Next Meeting:**  Tuesday 26th February 2-4 - Please note that this is different to the date/time agreed at the meeting – that option was no longer available.  **Meeting closed** | | |