

**PAPER A**

Minutes of a meeting in public of the Healthwatch Rutland Board held on 8<sup>th</sup> November 2017, at the Rutland Community Hub, Land's End Way, Oakham LE15 6RB

**Present**

**Healthwatch Rutland (HWR) Board:**

Jennifer Fenelon, Chair  
Sarah Press  
Jacqui Darlington  
Bart Taylor-Harris  
Miles Williamson-Noble  
Sean Williams  
Christine Stanesby  
Bart Hellyer

**In attendance from HWR:**

Sarah Iveson  
Tracey Allan-Jones

**HWR Volunteers:**

Christine Spark  
Frances Salt  
Margaret Demaine

**Other Organisations, HWR members and members of the public:**

Lindsay Henshaw-Dann, VAR  
Sarah Furness  
Sandra Taylor, RCC  
Brenda White  
Sue Venables, WLCCG  
Stuart Briggs, TASL  
Julia Bryan, WLCCG  
Luvjit Kandula, LLR Local Pharmaceutical Committee

**17.63 Welcome and apologies for absence**

The Chair welcomed Board Members, volunteers, members of other organisations and the public. Apologies were received from Judy Worthington, Nicola Darby, Alf Dewis and Janet Seden.

**17.64 Declarations of interest**

None received.

**17.65 Minutes of the previous meetings**

The minutes of the previous meeting held on 14<sup>th</sup> July and the Annual Meeting held on 15<sup>th</sup> September were received and agreed as a correct record.

**17.66 Progress Log**

The progress log was received and noted.

## **17.67 Matters Arising not covered by the agenda / progress log**

None raised.

## **17.68 Spotlight on Primary Care Services in Rutland**

### **(a) Mental Health**

Discussion was deferred until the next Board Meeting at which time it is hoped that LPT & CCG representatives will be available to participate.

### **(b) Non-urgent transport**

The Chair welcomed Stuart Briggs, Regional Director from TASL and Sue Venables from West Leicestershire CCG and invited Stuart to give an overview of the operation of the non-urgent patient transport service that TASL has been providing for LLR since October 1<sup>st</sup> 2017 (presentation slides attached).

In response to questions about service levels, Stuart Briggs acknowledged that the first month of the contract had been characterised by long waits when patients were trying to get through to the call centre by telephone. TASL were moving call traffic through an LLR hub to reduce pressure on this bottleneck.

Shortcomings in the initial data handover between the previous supplier Arriva and TASL had caused significant problems with missed appointments and drivers turning up for appointments that were not required, in the early weeks of the contract. Regular weekly meetings with hospitals, and daily conference calls have now been set up to improve information exchange and understanding of patient flows (eg. discharge timings etc.)

The Chair raised concern over whether onward transport from Peterborough is available for qualifying Rutland patients who were referred on to other hospitals (for example Cambridge). Julia Bryan from WLCCG confirmed that transport is available for qualifying Rutland patients with LE postcodes but could not confirm that the same applies to Rutland residents with PE postcodes. Julia would look into this and report back to the Chair.

The Deputy Chair voiced the concern of several of the audience regarding the lack of clarity around the eligibility criteria for patient transport, for instance it is difficult to find information about the criteria online. Stuart and Sue acknowledged that more needs to be done to clarify and publicise this and the Chair suggested that HWR would be able to help spread the word when suitable material is provided. Sue would provide a link to detailed eligibility criteria that could be referenced by HWR in Newsletters and on the website.

In response to Sarah Iveson's question regarding whether patients are allowed to be accompanied by carers/family members, Julia confirmed that this was indeed addressed in the questions asked during eligibility screening to determine where an escort is required and to ensure that appropriate transport arrangements are then available.

The Chair thanked Stuart and Sue for the candid overview of the early weeks of the contract and re-iterated HWR's continuing interest in monitoring progress and improvement activities.

It was agreed that HWR would assist in publicising arrangements ,especially clarification over eligibility criteria and PE postcodes.

### **(c) Community Pharmacy**

The Chair noted that the Primary Care survey had given praise to community pharmacy services and she welcomed Luvjit Kandula, Chief Officer of the Leicestershire and Rutland Local Pharmaceutical Committee who presented an overview of the work and challenges in local community pharmacy.

The draft Pharmaceutical Needs Assessment for Rutland is currently out for consultation and indicates that quantity and quality of service is above average in Rutland. Luvjit Kandula said this is welcome news against a backdrop of national funding cuts that would impact all community pharmacies. The Court of Appeal has listed the appeals by PSNC and the NPA for hearing in the period January to March 2018.

Further work is being undertaken to try to ensure that the contributions of local community pharmacy can be embedded into Sustainability and Transformation Plans (STPs) as part of integrated healthcare.

Luvjit Kandula went on to clarify progress on the use of the Electronic Prescription Service (EPS) which has had a poor uptake by GPs nationwide. The EPS offers GPs the opportunity to adopt Electronic Repeat Prescribing & Dispensing. Patients with long-term conditions on stable therapies can have a repeat dispensing regime planned by the prescribing GP and managed electronically with the pharmacist. The repeat prescription is time-managed so that patients may only call-off medicine supplies at intervals determined by the prescriber. During the dispensing process the pharmacist is required to ask relevant health questions about how the patient is doing and has the option to refer back to the prescriber if they or the patient has any concerns. The electronic process offers benefits to GPs in reducing the time spent in managing repeat prescriptions, automates the process for pharmacies to receive reimbursement for their drug purchases, and obviates the need for patients to visit GP surgeries regularly to collect paper prescriptions.

Luvjit answered several points that were put during the subsequent discussion:

Sarah Iveson asked that we get a definitive statement out to the public about how repeat prescriptions should work since pronouncements on changes by CCGs have caused a lot of confusion. SI would forward a list of Rutland GP practices involved to Luvjit who undertook to encourage the CCG to get a generic process published.

Several present mentioned that they have no problems with repeat prescription dispensing from their GP practice and Luvjit Kandula confirmed that recent changes refer to community pharmacy's role in repeat prescriptions, and not to dispensing GPs

The Chair thanked Luvjit warmly for presenting to the meeting.

### **(d) General Practice**

Discussion was deferred until the next Board Meeting at which time it is hoped that CCG representatives will be available to participate.

### **17.69 Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Plan (STP) and associated projects**

#### **(a) STP:**

It was reported by the Chair that the all three Clinical Commissioning Groups (CCGs) were due to meet on 28<sup>th</sup> November to receive the latest draft of the STP. Prior to that on 21<sup>st</sup> November, the Chancellor was expected to be making announcements about capital funding in his Autumn Statement.

#### **(b) Continuing Health Care (CHC) / Settings of Care Policy**

The proposed policy changes had been discussed at a Public Accounts Committee hearing in early November when representatives of the Continuing Care Alliance and others had made representations about the proposed reduction of £855m in CCG Continuing Healthcare expenditure by 2021. Simon Stephens had responded for NHS England and it was hoped that the resulting PAC report on the topic would be issued before Christmas.

### **17.70 Healthwatch Rutland Community Interest company Governance & contract 2017**

(a) A report from the Audit Committee under the chairmanship of Sean Williams stated that all HWR systems and policies have been found to be functioning as appropriate. The Committee's report was received and noted.

(b) Management Accounts to September 2017 were received and noted.

(c) An update of the tendering process for Healthwatch Rutland was received and noted that the Rutland County Council Cabinet had agreed to report the outcome of public discussion on the future provision of Healthwatch services for Rutland.

### **17.71 Chief Executive Update**

A report was presented by Sarah Iveson, CEO, covering the following topics;

#### **Task Groups:**

- East Midlands Ambulance Service
- Adult Mental Health
- Transfer of Care
- Rutland Primary Care Survey
- Long Term Conditions

#### **Potential Future Projects**

- End of Life
- Maternity
- Young Healthwatch Rutland
- Complaints Processes

**Listen and Watch Groups**

Dental  
Dementia  
Military  
Physical Disability  
Carers

**Working Groups**

Sustainability and Transformation Plans (STP)  
Young Peoples' Mental Health  
Enter and View  
Information Technology  
Cross Border Liaison  
Engagement  
Signposting  
Governance  
The report is attached to the minute book.as Paper G.

**17.72 Questions from members of the public**

None raised.

**17.73 Any Other Urgent Business**

None raised.

**17.74 Dates for future formal HWR Board Meetings**

- Wednesday January 17<sup>th</sup>
- Friday March 16<sup>th</sup>
- Wednesday May 16<sup>th</sup>
- Friday July 13<sup>th</sup>
- (Wednesday 19<sup>th</sup> September – provisionally, Annual Meeting, venue TBA)
- Wednesday November 14<sup>th</sup>

All Board meetings will take place in Tinwell Room of Rutland Community Hub from 1.30 to 4pm unless otherwise stated.