WIRRAL HEALTH COMMISSIONING CONSORTIUM
Patient Forum
Minutes of Meeting

Date: 12th February 2013
Venue: Education Room – Main Building – Victoria Central Hospital

Present: Roy Lawrence (RL) Maureen Palmer (MP)
Peter Bullock (PB) Lynda Roughley (LR)
Stanley Mayne (SM) Winnie Cooke (WC)
Pauline Sutton (PS) Keith Lewis (KL)
Alec Wood (AW) Angela Carter (AC)
Norma Howgate (NH) Brian Knight (BK) Interim Chair

In Attendance: Andrew Cooper WHCC
Jenny Shaw WHCC
Keith Farroll VCAW

<table>
<thead>
<tr>
<th>Ref No</th>
<th>Minute</th>
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<tbody>
<tr>
<td>1.</td>
<td>PRELIMINARY BUSINESS (CHAIR)</td>
</tr>
<tr>
<td>1.1</td>
<td>Welcome and Introductions</td>
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<tr>
<td></td>
<td>Brian Knight welcomed everyone to the meeting</td>
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<tr>
<td>1.2</td>
<td>Apologies for Absence</td>
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<tr>
<td></td>
<td>Kay Hitchmough Milly Wright</td>
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<td></td>
<td>Jessie Hughes Sandra Wall</td>
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<td></td>
<td>Geoffrey Prince</td>
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<tr>
<td>1.3</td>
<td>Minutes of Previous Meeting</td>
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<tr>
<td></td>
<td>Minutes were ratified as a true record.</td>
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<tr>
<td>1.4</td>
<td>Matters Arising</td>
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<tr>
<td></td>
<td>Items covered in the agenda.</td>
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<tr>
<td>1.5</td>
<td>Declarations of Interest</td>
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<td></td>
<td>None</td>
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Draft Minutes of the Patient Forum – 12th February 2013
## GROUP BUSINESS

### 2.1 Proposal for Patient Forum members on the Business Development Meeting rota and update

Brian Knight explained that at present there are three members available to attend.

BK will continue to attend for continuity.

AC and SW will attend on a 6 month rota basis.

PB may be available on occasion to attend on the rota basis.

BK said that it will be available for any of the Patient Forum members to join the rota in the future.

The group agreed with this proposal.

BK mentioned that the BDM minutes and agenda should be forwarded to KF prior to the Patient Forum meeting in order that the group could receive them for their perusal.

### 2.2 Proposed Volunteer Request Form approval and Long Term Conditions QIPP Project example

BK explained the background and reason why this is required. It was deemed necessary in order that the individual members clearly understood what they were volunteering, any details of the project/task and what was required.

PS asked what QIPP acronym was.

SM asked for clarity on QIPP.

Andrew Cooper gave a detailed explanation on QIPP. He said that it was Quality Innovation Productivity and Prevention. This means that there is a process in place, to look at services and to assure that the commissioned service is providing quality, efficiency and overall a better experience for the patient. It can help to redesign future services.

RL asked if acronyms are used in future that they have a definition after the abbreviation.

JS said she would supply a list of acronyms that are commonly used within the health sector.

### 2.3 Presentation on National Initiatives and discussion

JS gave an example of one such initiative; 111 service

The background to this new service was to allow the public access via the telephone to a dedicated call handler who in turn would be able to direct the call to the appropriate service provider after an initial assessment. For many patients, their GP will still be their first choice, and the 999 emergency services are still in place. There will still be a local GP out of hours service.
The key components of the service were discussed at the meeting, including clinical assessment, staffing training, the local directory of service and issues such as a language line and staff training. JS has agreed to raise the questions highlighted by the group to NHS 111.

There will be a local advertising campaign to raise awareness of the service followed by a national campaign later in the year. She mentioned that she has undertaken a lot of preparation work with stakeholders and service providers to make them aware of the changes. JS will update the Forum regularly as to the progress of the service.

### 2.4 WHCC Update

Andrew Cooper gave the members an update. The CCG is going through its authorisation process and had a visit from the National Commissioning Board before Christmas. He mentioned that they had 58 red indicators and the aim is to provide evidence to turn these red indicators to green. He stated that the number of red indicators had reduced to 19 following the visit and work was ongoing to turn as many of these green before April.

There are some areas highlighted from the authorisation report that will require work in the 6-12 months after April; however, this is common amongst a number of CCGs and will not impact on the CCG being authorised on the 1st April 2013.

He said that there will be a public consultation regarding the Strategic plan.

He also identified that they are in the process of visiting all member practices with a view to sharing best practice across the consortium.

The commissioning intentions for the next 12 months will be looked at with a view to having a clear direction as to which pilot services have improved patient care and should be continued.

NH asked what they had learned from their visits to the GP surgeries.

AC said that they had good positive meetings and that they have gained and shared local knowledge of services provided across the consortium.

He said that GP’s are meeting with practice staff regularly to exchange knowledge and experience as well. All of this is beneficial for the patient experience.

WC asked if patient choice should always be an option and gave an example of where this has not happened.

Andrew said where there is a choice of service providers this should be offered to the patient.

SM mentioned that GP’s do not always make the best choice with referrals for patients.

AC replied that choice of service should be discussed with the patient and considered along with the clinical advice of the GP. However, the final decision lies with the patient and this is reiterated in the new legislation.
and the CCG constitution. If there are specific concerns regarding individual case then these can be raised with the Practice Manager of the practice and also discussed in general terms at the practice PPG if appropriate. He was also asked whether patients are entitled to a second opinion and replied that patients can make this request to their GP.

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<tr>
<th>3.</th>
<th>ITEMS FOR INFORMATION/ANY OTHER BUSINESS</th>
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<tbody>
<tr>
<td>3.1</td>
<td>Any other Business</td>
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<td>None</td>
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<tr>
<th>3.2</th>
<th>Next Meeting</th>
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<tr>
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<td>Tuesday 12th, 6pm, Education room 2nd floor, VCHC</td>
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### Summary of Actions

- **WHCC** to forward minutes and agenda to **KF** for distribution to Patient Forum members prior to their meeting.
- **JS** to forward list of acronyms commonly used within the health sector to **KF** for distribution to members.
- **JS** to forward 111 service presentation to **KF** for distribution to members.
- **JS** to feedback at next meeting the process in place to deal with foreign language calls to the new 111 service.
- **VCAW** to distribute BDM minutes and agenda to PF members on a monthly basis.
- **KF** to distribute list of acronyms to PF members.
- **KF** to circulate 111 service presentation to PF members.