

Forest of Dean Health Forum
West Dean Centre, Bream
Tuesday 7th February 2017 – 7.00-9.00pm

Minutes

Attendees:

Albert Weager – Chair	Caroline Smith CCG
Linda Vaughan – Secretary	Jim Spiers – Treasurer
Di Martin – Committee Conderford TC	Terry Hale – Committee Newland PC
Peggy Jordan – public	Stephen Longton – Friends of LDH
Marie Fraser Griffiths – Friends LDH	Mary Thurston – Friends of LDH
Doug Battersby – public	Jennifer Thomson – Gov. 2Gether Trust
Hilary Bowen – Gov 2Gether & Barnwood Trust	
Pam Plummer – Action4OurCare	Neil Moffat –Presenter Telecare
Mary Matthews- Public	Clive Elsmore – Coleford TC

1. Welcome and Introductions

Albert Weager welcomed everyone and introduced our speakers. The agenda was changed in order to have updates before the presentation.

2. Apologies

Dr Peter Jackson, Jackie Jenkins, Anthony Midgely, Debby Gills, Mel Preston, Stephanie Bonser, Lynn Sterry, Roger Sterry, Lynn Teague.

3. Pam Plummer – Action4OurCare

Pam gave an update on the position with regard to the Cross Border issues. She explained the history behind the work Action4OurCare have done to enable equal choices for people living in England with a Welsh GP. She pointed out that the previous regulations imposed on these patients were unlawful and had taken 18 months to sort out. There is now a trial in place in several GP surgeries called the Referral Assessment Service (RAS).

The RAS is a Referral Assessment Service which means that English resident patients registered with GPs under contract to NHS Wales can be offered their legal right to choose between 3 providers for elective surgery (just as all other English residents patients can). It is operating for a 6 month trial period and is due to be assessed by NHS England and NHS Wales at the end of January 2017.

To date, the feedback that A4OurCare has had is that the RAS is working well for the patients and that the GPs are happy with the service and are hopeful that it will be signed off by the Welsh Government so that it operates on a permanent basis.

Action4Our Care is also waiting for the funding to be transferred to Glos CCG from NHS Wales so that Glos CCG can assume their legal responsibilities for commissioning our healthcare . Until the money is transferred these 10,000 English patients remain under the control of NHS Wales where they have no democratic representation and where the Aneurin Bevan University Hospital Health Board are still trying to restrict their choice but refusing access to private providers (used all the time by Glos CCG).

It was explained that there are reciprocal arrangements in place for Ambulance services between the two Health Boards.

4. Caroline Smith

Caroline thanked Pam for her support in working out the Cross Border problems.

With regard to the many meetings and discussion about the Forest of Dean Services, Caroline explained that the Sustainable Transformation Plan had to be part of the whole process of consultation and decision-making because of the huge gap between demand and resources. This, it is estimated, could reach £226m in 4 years. This has meant that the locality consultations have been delayed as the Forest of Dean impact has to be considered along with the STP. There will be a formal consultation later in the year which should be ready to roll out in July giving at least 12 weeks for a plan to be drawn up and published. There are still many concerns over our community hospitals and the possibility of a new hospital. The GP Cluster will also be involved as they look at plans and changes for the future.

5. Speaker: Neil Moffat – Quality and Improvement Team Leader Specialist Telecare Team

Neil explained that Telecare is jointly funded by Gloucestershire County Council and the Clinical Commissioning Group to provide residents with a wide range of equipment to support them in living independently and safely in their own homes. It is available to adults only in Gloucestershire at no cost if they meet the eligibility criteria. The equipment includes sensors to detect falls, wandering, taking medication correctly, Fire, Flooding, Carbon monoxide and gas leaks. All these are designed for people with physical disabilities, memory problems, learning disabilities and mental health conditions. The aim is to reduce the risk of hospital admission, delay going into a care home, reduce the need for domiciliary care, maintain independence with daily tasks and give reassurance to carers and family.

Neil brought along several items of equipment and explained their use and gave a power-point presentation which has been sent out by email separately.

The contact number for Telecare is 01452 426868

6. Matters Arising - nil

7. News Updates and correspondence

- SWAST – patient group – Albert and Linda to attend a working group to look at the information that should be given to patients after a visit from the ambulance service that did not result in admission to hospital
- Car park charges – Dr Jackson has replied to this query and it will be taken to the next meeting.
- Lydney X-ray – the building work for the new x-ray at Lydney Hospital to be signed off on Weds 8th March.
- Crossroads Carers lunch – 3rd March Tel 01594 823414
- A letter has been received from Mr George Maller from the Orchard Trust. This explains that, following investment and upgrading, the Hydrotherapy Pool is now available to the public. If anyone is interested in finding out more you can contact Orchard Trust on
<http://www.orchard-trust.org.uk/learning-centre/swim-gym>

8. Chair's report

Albert reported on his visit with the Rapid Response Team, meetings with the A&E Delivery Board and a meeting with the Gloucestershire Health Community Task Group. He mentioned the ongoing problems with information technology and delayed transfers. A new Onward Care team replaces the Integrated Discharge Team. Admission avoidance is a priority and the ambulance service have systems in place to support this. Mental Health has a liaison team which will provide night time support. A copy of the report is attached.

9. **Treasurers Report**- Balance as at 2nd January £919.89. A motion was put forward for the Forum to purchase its own projector. There were no objections and the committee will get some quotes for consideration.

10. Members Reports - Nil

11. Future meetings:

Members were asked if there were any topics they would like the Forum to cover or any speakers the members would like to meet. It was agreed to ask the Fire Service and Healthy Lifestyles to talk about their community work.

12. AOB - Nil

Chair's Report to the Forest of Dean Health Forum February 7th 2017.

Since the last meeting I have attended three meetings of the A&E Delivery Board (A&E DB), a meeting of the Gloucestershire Health Community Task Group and have been out with the Rapid Response Team (RRT) to visit patients receiving care at home.

The RRT experience was very enlightening and enabled me to see examples of first rate integrated care being given to patients. The cooperation of GCS staff in enabling my experience is very much appreciated.

The Health Community Task Group is part of the ongoing work of the West of England Academic Health Science Network's (WEANS) focus on patient safety through the use of National Early Warning Scores (NEWS) News is a standardised way of assessing patients and is used by the RRTs. It is partially used within the hospitals trust and may roll out in community hospitals. It has been noticed that some GPs are reluctant to use NEWS (why?) These scores are of benefit to both patients and the system.

Some general themes running across my meetings have been information technology, onward care and delayed transfers of care (DTC)

There are continuing difficulties within GHT with Trak Care and Electronic Patient Care Records (EPCR) these have been around log on access which can compromise patient safety. I have raised this matter and actions are in hand.

A new Onward Care team has been emplaced for some three months, to replace the Integrated Discharge Team (IDT) which had become dysfunctional. The new team is seeking to educate health care professionals (hcps) to a level of understanding which will produce a commonality of performance throughout the patient journey. A main focus of this work coming from a series of 'Breaking the Cycle' events has been on discharge processes and procedures, through daily ward rounds. This is now happening and feedback is awaited. My own expressed reservations have related to the apparent lack of a person 'in charge' ensuring that decisions made are carried out efficiently and effectively.

Admission avoidance is at the forefront of planning and activity as hospital bed occupancy reaches record levels within the acutes and community hospitals. The ambulance service 'Hear and Treat' 'See and Treat' performance leads the way and the work of the RRTs supports admission avoidance. RRT is recruiting additional staff and from April 3rd South West Ambulance Service (SWAST) will be offering an enhanced service with primarily Double Crewed Ambulances (DCA) with a significant presence of specialist paramedics who have replaced Emergency Care Practitioners (ECP).

Mental Health is receiving attention and a liaison team goes live on Feb.13th and GHT will receive night time support with a high intensity worker visibly impacting on frequent attenders. There is ongoing work with the county council around the availability of mental health professionals.

The general view of the health and care community is that, so far things have gone better than 2015/16, although there is no room for complacency as a focus on where performance was poor will concentrate minds.

The system as a whole and the individuals within it very much recognise the difficulties and are working together to surmount these.