NHS LWCCG Patient Assurance Group (PAG)

Wednesday 8 January 2014 17.30 – 19:30 St Peters Morley & All Saints, Room Lane, Morley LS27 9PA

Minutes of Meeting

Membership	Group Role	Present	Apologies
Angie Pullen - Chair (AP)	Governing Body Lay Member	✓	
Jayne Garnett - Minutes	Programme Support	✓	
Chris Bridle	Engagement Lead	✓	
Malcolm Rutt	Patient Representative		✓
Ashley Rawlings	Patient Representative	✓	
Robert Turner	Patient Representative	✓	
Trevor Thewlis	Patient Representative	✓	
Logie Kelman	Patient Representative	✓	
Tracey Ross	Patient Representative	√	
Sally Morgan	Healthwatch Representative	✓	
Guests			
Bryan Power	Joint Medical Director	✓	
Nicola Shaw	Care Homes Pharmacist	✓	
Helen Whiteside	Care Homes Pharmacist and Independent Prescriber	√	
Sinead Stanley	Development Manager		√
Chris Mills	GP and Clinical Lead for transformation of Hospital services		✓

1.0 Welcome and apologies The Chair welcomed everyone to the meeting and introductions were made. 2.0 Minutes of the last meeting (4.12.13) Approved as an accurate record of the meeting. 3.0 Matters Arising • BP updated the group on the Individual Funding Request (IFR) engagement. The group had previously asked if there would be a patient representative on the IFR appeals panel in addition to patient representation on the original IFR panel. BP advised the group that IFR appeals were heard by NHS Leeds West Clinical Commissioning Group's Chief Officer and the lay person for governance on the governing body. As the appeal process simply involves ensuring that the process has been followed correctly it was agreed that a lay member on the appeals panel was appropriate. BP assured the group that if new clinical information about a case became available, then a new application could be submitted. • JMG advised the group that the dates for future PAG meetings are being finalised and will be sent out to members in due course. ACTION JMG to send out dates in due course • CB advised the group that engagement plan for Year of Care will be finalised in due course. CB will bring this to the PAG when it has been completed. • CB updated the group on the Type 2 Diabetes Structured Education Project. At the previous meeting the group suggested contacting PALS to see if they had feedback about type 2 diabetes which might inform the project. CB explained that he had been in touch with PALS and they had
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shared two diabetes contacts in the last year. The issues were regarding access and the branding of tablets, both of which were not relevant to the project. • CB updated the group on the progress of the Anticoagulant engagement and advised that this was now live on the website here: http://www.leedswestccg.nhs.uk/getting-involved/consultations-and-engagement.htm • At the last meeting the group discussed how Citywide engagements were managed by the CCG PAGS. CB agreed to bring the minutes of the last PAGs held at NHS Leeds North and Leeds South and East CCG. There have been some difficulties in accessing previous minutes. ACTION CB to bring minutes of the other CCG PAGS to the next meeting • ACTION AP/CB to meet with other CCG PAG Chairs to discuss how we work in partnership • JMG advised the group that Wifi is available for all meetings at WIRA House and where possible codes will be available at other venues ACTION JMG will send the Wifi code for the venue with the agenda.

4.0 In Vitro Fertilisation (IVF) Policy Review (verbal Update) – Bryan Power

BP attended the group to inform members about a review of the IVF policy for NHS Leeds West CCG. Following new NICE guidance the ten CCGs in Yorkshire and the Humber have supported the following age extensions:

- The minimum age for NHS IVF treatment has been lowered from 23 to 18 years
- The maximum age for NHS IVF treatment has been raised from 40 to 42 years

This regional approach avoids a 'postcode lottery', however each individual CCG will adopt and implement the changes locally.

The group discussed whether it was necessary to carry out engagement on this decision.

- **Q.** How long has the existing policy been in effect?
- A. The existing policy was agreed in 2010
- Q. Why have we not carried out engagement for this review?
- **A.** Robust engagement with patients and staff was carried out when the existing policy was agreed in 2010. This review has enhanced the existing service.
- **Q.** Given that many women are having children later in life and divorce rates are increasing should we be considering offering NHS IVF to women over 42?
- **A.** Consideration will have been given to this when NICE reviewed the guidance in 2013. NICE have come to the conclusion that the IVF success rate in women over 42 is significantly lower and therefore not currently justifiable on the NHS.
- **Q.** Can people appeal the decision?
- **A.** Yes. Individuals can use the IFR appeals process to prove exceptionality.

The PAG members agreed to accept this policy review.

5.0 Pharmacy Medication Review in Care Homes – Nicola Shaw and Helen Whiteside

NS and HW attended the meeting to introduce the above project and share the engagement plan.

A medication review is a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste.

A recent study recommended that care homes should commission an independent review of their medication processes by an outside person, possibly a pharmacist, who could provide an overview of the effective running of the whole medicines system in the home, and of links with the associated GPs, supplying pharmacists and the PCT.

In response to these findings, NHS Leeds West Clinical Commissioning Group has commissioned a pharmacy care home medication review service. The service delivers comprehensive pharmaceutical care to patients in care homes. Specialist pharmacists working with GPs will monitor and adjust medicines so that long term conditions can be managed safely and effectively and medicine-related admissions to hospital are reduced.

The aim of this engagement is to gather feedback from patients, families and care home staff on medication reviews in care homes in order to develop a business case to extend the work of the project.

Q. Will this service work alongside the Enhanced Care Homes Project? **A.** Yes, although it is not yet clear how they will work together as they offer different levels of review.

Q. Why are families not involved in treatments?

A. It is not always possible for family members to be present due to other commitments, however after the review a letter is detailing the review is sent to the patient/family/carer

Q. Will you engage with geriatric consultants?

A. We will engage with Geriatric Consultants but the engagement will focus on patients, families and carers.

CB apologised for not providing members with the engagement plan for this project prior to the meeting.

ACTION – CB to circulate the engagement plan for this project

CB

6.0 Early Discharge Scheme – Sinead Stanley and Chris Mills

SS and CM were unable to attend the meeting and CB shared the engagement plan with members on their behalf.

CB gave a brief overview of the early discharge schemes and advised the group that medical treatments that were once provided in hospital are being increasingly administered in the community. Within health systems, there is a renewed focus on delivering general health care in the community, freeing hospitals to provide more complex, specialised and emergency care.

The proposal is to develop a GP-led integrated (Early Discharge) community team which is able to accept early discharge patients from hospital. This will support discharge planning and ensure a seamless, high quality and safe discharge from hospitals. This pilot project will initially work with patients on elderly medical wards at LTHT.

The aim of this engagement is to gather feedback from elderly patients in the hospital and who have been recently discharged to the community in order to develop a business case to start the pilot project.

CB apologised for not providing members with the engagement plan for this project prior to the meeting.

	ACTION – CB to circulate the engagement plan for this project	СВ
7.0	Call to Action – Jayne Garnett	
	No time for this item ACTION - JMG to circulate and update on the Call to Action engagement	JMG
8.0	Targeting Mental Health in Schools (TaMHS) – Angie Pullen	
	No time for this item ACTION – JMG to forward the business case in due course.	JMG
9.0	PAG Recruitment – Chris Bridle	
	CB updated the group on the progress to recruit new PAG members. Eleven people have shown an interest in becoming members of the NHS Leeds West CCG PAG. They will be invited to attend an informal selection event at the end of January. This will give members an opportunity to ask about the PAG and meet senior members of staff. Following the event AP, JG and CB will select members for recruitment.	
	CB informed the group that in the spring we will hold an even for all PAG members to look at the development of the group and training needs.	
	SM offered to organise a member of staff from Healthwatch Leeds to attend the PAG to talk about the role of the organisation. ACTION – SM to discuss with Healthwatch	SM
	Date and Time of next meeting Wednesday 5 February 2014 at Wira 17:30 – 19:30	