

Eastern Cheshire Community HealthVoice

Minutes 7

Wednesday 25th January 2013 10.00 – 12.00

Congleton New Life Church, Danesford Community Centre
West Road, Congleton, CW12 4EY

Name			Present:
Roger Farbrother - Chair	RF	Carer's Reference Group	✓
Barrie Towse	BT	Cheshire East LINK	✓
Bill Swann	BS	Carer's Reference Group	apologies
Caroline O'Brien	COB	CVS Cheshire East	apologies
Chris Campbell-Kelly	CC	Practice Manager Park Lane Surgery	apologies
Chris Godfrey	CG	Toft Road Surgery Patient Participation Group	✓
Dominic Anderson	DA	Policy & Development Manager, Age UK	✓
Eileen Talbot	ET	Senior Voice for Macclesfield	✓
Fiona Bates	FB	Macclesfield Resident	✓
Jacki Wilkes	JW	NHS Eastern Cheshire Clinical Commissioning Group	✓
Jacquie Grinham	JG	Citizens Advice Bureau (CAB)	✓
Jane Knowles	JK	38 ^o	✓
Jo Hawkins	JH	Alzheimer's Society Support Service Manager	✓
John Adams	JA	38 ^o	✓
Jo Rose	JR	Annandale PPG	✓
Laura Perkin	LP	Making Space	apologies
Linda Gill	LG	Deafness Support Network	✓
Marcus Tarrant	MT	3LCare	apologies
Matthew Cunningham	MC	NHS Eastern Cheshire Clinical Commissioning Group	apologies
Paul Bowen	PB	NHS EC Clinical Commissioning Group GP Chair	✓
Rae Greenwood	RG	38 ^o	✓
Rebecca Patel	RP	NHS Eastern Cheshire Clinical Commissioning Group	✓
Trevor Lerman	TL	Handforth Health Centre Patient Panel Chair	✓
Tony Firth	TF	Holmes Chapel Patient Panel Chair	✓
Veronica Phillips	VP	Crossroads Care, Carers Advisor	apologies
In attendance			
Karen Burton	KB	Clinical Projects Manager	✓
Dawn Wayne (note taker)	DW	NHS Eastern Cheshire Clinical Commissioning Group	✓

Item	Actions
Apologies were received as noted above.	
Welcome and Introductions	
The Chair welcomed the group and round the tables introductions were made.	

<p>Minutes of the previous meeting and matters arising</p> <p>The minutes of the last meeting were reviewed and agreed as an accurate reflection of the meeting.</p> <p>Page 2 – Cheshire & Wirral Partnership (CWP) Consultation. RF advised that he was currently engaged in correspondence with David Rutley, MP, and Sheena Cumisky, Chief Executive of CWP. RP advised that members will be given an update regarding the CWP consultation at the next meeting</p> <p>Page 2 Carers on the point of discharge from hospital. A meeting had been held between Sue MacDowell (ECT) and representatives from HealthVoice to discuss issues raised at the November HealthVoice meeting.</p>	
<p>Terms of Reference</p> <p>Amendments to the Terms of Reference had been circulated to the group. Further discussions took place and it was agreed that the Terms of Reference would be formally signed off at the next meeting following the inclusion of a review period.</p> <p>Action: RP to implement amendments and bring to next meeting for final sign off</p>	<p>RP</p>
<p>Chair appointment</p> <p>The 6 month interim period of the Chair’s appointment has now expired. Roger Farbrother was invited to continue as Chair for a further 6 month period. The motion was proposed by Trevor Lerman, seconded by Jacqui Grinham and a unanimous vote confirmed the appointment to July 2013.</p>	

<p>Hearing Services within Eastern Cheshire</p> <p>Karen Burton, Clinical Projects Manager, Eastern Cheshire Clinical Commissioning Group (ECCCG) was invited to update the group on the new Direct Access Hearing Service for Age Related Hearing Loss.</p> <ul style="list-style-type: none"> • Any Qualified Provider (AQP) is intended to extend choice for the GP and patient • All providers are paid at the same rate whether NHS or independent and will provide the same level of service • Up to 30% of people with hearing loss do not regularly use a hearing device. • Outcomes that providers are required to achieve are; increased patient choice, shorter waiting times, personalized care, higher proportion of people continuing to use hearing aids thus reducing social isolation and improving quality of life • NHS hearing aids will remain free to eligible patients irrespective of the provider <p>LG advised the group that the Deafness Support Network welcomed the introduction of AQP and reassured the group that the specifications for providing the service were very tight. Private companies providing services under the NHS contract will have their contracts continually monitored and any feedback from users would be welcomed by commissioners.</p> <p>The Deafness Support Network had offered free deafness awareness training for GP surgeries but there had been very little response from Practice Managers. TL suggested that Handforth Health Centre would take up the offer to be a 'Centre of Excellence' to champion services for the deaf within GP practices.</p> <p>The question was raised about how long hearing services would remain free. It was stated that currently there were no plans for imposing charges particularly for age related hearing loss which is linked to long term conditions. A question was raised with regard to users being unable to purchase an additional hearing device, it was advised that there was provision in the current contract for a free replacement due to loss or damage to the hearing device but the contract did not allow for purchase of NHS supplied devices.</p>	<p>Report also attached to Minutes</p>
<p>Progression of HealthVoice</p> <p>Following the survey circulated in December the group discussed the format of future meetings. Some concerns were raised about accessibility and public transport if the venue was moved to other locations. JG suggested the attendees may be able to share lifts if members are finding transport difficult. It was felt that it would be counterproductive to have separate sub-meetings in each locality adding another level of bureaucracy and delay. The group agreed to trial having 2-3 meetings per year in different localities.</p> <p>The group discussed the possibility of publishing a HealthVoice Newsletter for use in GP surgery waiting rooms, with the aim of communicating the work of the group to a wider range of the general public.</p> <p>It was noted that the group would like to have sight of Governing Body papers prior to the meetings in public.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. RP to source an alternative venue for the next meeting and advertise mainly through PPGs and communication links. 2. Add Governing Body papers as an agenda item for future meetings. 3. Circulate a HealthVoice newsletter to surgeries by April 2013 4. Circulate Governing Body papers to HealthVoice circulation prior to the 27th March Governing Body meeting 	<p>RP</p> <p>RP</p> <p>RP</p> <p>RP</p>

<p>Update on 28 day Prescribing Policy</p> <p>Paul Bowen acknowledged the positive contribution that HealthVoice has made to the document which had been produced and circulated to GP surgeries giving guidance on the 28 day prescribing scheme. Any feedback from members would be welcome. The guidance can be found on the ECCCG website at</p> <p>http://www.ec3health.co.uk/repeat-prescription-and-medication-review?site_locale=en</p> <p>Handforth Health Centre PPG was thanked for bringing this item to the attention of the CCG via the HealthVoice group.</p>	
<p>111 Service – What it means for you</p> <p>The group was advised of the new 111 Service, a free telephone advice service to replace NHS Direct. The call handlers will follow agreed algorithms and NHS pathways and if necessary transfer the caller through to medically trained personnel. The service will be launched in this area from 21 March but initially the number for NHS Direct will transfer to the 111 service automatically so users will still be able to access the service from the old number. The national launch will take place in August 2013 when all areas will have been transferred to 111. It was noted that there may be some confusion arising from the new Police number 101 but the group were assured that the call handlers will have the facility to transfer to either service.</p>	
<p>Eastern Cheshire Clinical Commissioning Group Update</p> <p>Public Engagement Events – 3 events have been planned in the Eastern locality to talk about the new NHS system. Events to be advertised via the GP Surgery PPGs, utilising existing networks and existing links.</p> <ul style="list-style-type: none"> • 23rd January at Wilmslow Library – event was well received although it was suggested that different days/times for events would give people more choice. • 13th February at Congleton Town Hall, Bridestone Suite, 7.00-9.00 • 20th February at Macclesfield Town Hall, Silk Room, 7.00-9.00 <p>Any feedback from these events would be welcome.</p>	
<p>Governing Body Meetings in Public – in response to feedback, the Governing Body have introduced a Question and Answer section to the early part of the Agenda to address questions raised from members of the public prior to the meeting or questions appertaining to items already on the Agenda.</p> <p>Everyone Counts: Planning for Patients 2013/14 - This is a National Commissioning Board publication which sets out what the CCG has to focus on, how it intends to achieve its aims and how it will engage with patients.</p> <p>Action: RP to email document and executive summary to group</p> <p>National Voices: – A leading coalition of health and social care charities has been asked by the National Commissioning Board to create a narrative for coordinated care, feedback by mid-February to:</p> <p>http://www.nationalvoices.org.uk/coordinated-care-0</p>	<p>RP</p>

<p>Any Other Business</p> <ul style="list-style-type: none"> • LiNK are holding an all-day event on learning disability and autism on 31st January at New Life Church, Congleton • PB advised the group that he is a member of Cheshire East's Health and Wellbeing Board and has had some concerning news from organisations expected to deliver against the objectives set by the Health and Wellbeing Strategy that their funding is being cut. PB requested organisations to contact him with their concerns so that he can progress these through the Health and Wellbeing Board. 	<p>All to note</p>
<p>Date and time of next meeting</p> <p>Friday 8th March 2013</p>	<p>All to note</p>

Aim and Objective

The aim of of Any Qualified Provider, a national scheme is to extend choice enabling patients (over the age of 55) with age related hearing loss who are referred by their GP to choose from a range of qualified providers and select the one that best meets their needs.

Any Qualified Provider

Any Qualified Provider services can be provided by a range of qualified providers, including NHS providers and the independent sector, and all are paid a standard price.

Evidence Base

The impact of hearing loss in adults can be great both at a personal and a societal level leading to social isolation, depression, loss of independence and employment challenges.

Assessing the hearing needs of patients with hearing loss, developing an individual management plan and providing appropriate interventions can reduce isolation, facilitate continued integration with society and promote independent living.

The ageing population means that demand for both hearing assessment and treatment services is set to rise substantially over the coming years. However, a significant proportion of this client group will have routine problems that do not require referral for an Ear, Nose and Throat (ENT) out-patient appointment prior to assessment. These patients would benefit from direct access to adult hearing care services with a referral being made directly from their GP enabling timely diagnosis and treatment.

One in six people in the UK have some form of hearing loss. Most are older people who are gradually losing their hearing as part of the ageing process, with more than 70% of over 70 year-olds and 40% of over 50 year-olds having some form of hearing loss.

Around 2 million people currently have a hearing aid, however, approx. 30% of these do not use them regularly, and there are a further 4 million people who do not have hearing aids and would benefit from them.

In addition we are faced with an ageing population, where there will be an estimated 14.5 million people with hearing loss by 2031. The World Health Organisation predicts that by 2030 adult onset hearing loss will be a long term condition ranking in the top ten disease burdens in the UK, on a par or perhaps exceeding those of diabetes and cataracts.

How we are using Any Qualified Provider to improve services for patients in Eastern Cheshire

NHS Eastern Cheshire Clinical Commissioning Group view Any Qualified Provider as an opportunity to drive the innovation and the service change that is needed to ensure the following outcomes:

- Increased patient choice and control as to where and when their treatment is delivered – providing on-going care closer to home
- Short waiting times - Timely access to hearing assessment, fitting and follow-up
- Personalised care for all patients accessing the service
- High proportion of patients continuing to wear hearing aids
- High levels of satisfaction from patients accessing the service
- High levels of satisfaction from GPs referring into the service
- Reduced social isolation and consequent mental ill health (i.e. depression and onset of dementia)
- Improved quality of life for patients, their families/carers and communication partners
- NHS hearing aids and hearing aid services remain free to the patient.

Patient Engagement

To ensure that NHS Eastern Cheshire Clinical Commissioning Group's commissioning decision for Adult Hearing Services was informed by knowledge of the patient experience the CCG consulted with the Deafness Support Network.

Procurement Process – Any Qualified Provider

A rigorous national and local qualification process was undertaken during 2012/13 Providers were tasked with demonstrating how they will ensure that patients receive the expected outcomes, improve the patient experience and service quality at the same time guaranteeing high clinical standards and value for money.

Up to 14 providers across high street and hospital locations have been approved (subject to contract) and will deliver a national service specification to ensure consistently high standards of care. The new service will become operational on the 1st April 2013.

Karen Burton
Clinical Projects Manager
22/01/13