

STOCKPORT TOGETHER						
Time/Date/Venue:		10:00, 26 th June 2017, Brinnington Community Centre				
Responsible Officer:		Louise Hayes – Stockport Together				
Details of Organiser:		Mrs S Clare - Brinnington Community Centre				
Type of Engagement						
<input checked="" type="checkbox"/> Open Meeting	<input type="checkbox"/> Focus Group	<input type="checkbox"/> 1:1 interview	<input type="checkbox"/> Postal survey	<input type="checkbox"/> Phone survey	<input type="checkbox"/> Email survey	<input type="checkbox"/> Online survey
Attendees						
Tim Ryley – Director Stockport Together Louise Hayes – Head of Communications and Business Support, CCG Shirley Hamlett – community engagement office, CCG Approximately 5 group members						
Demographic Breakdown of attendees						
Age:		40+				
Disability:		Not known				
Gender:		Mixed				
Race:		Not known				
Religion:		Not known				
Sexual Orientation:		Not known				
Comments and Proposals:						
<p>Tim Ryley representing Stockport Together gave a brief overview of the work to date and the plans that are being proposed to transform health and social care in the borough. The 'listening event' was held at Brinnington Community Centre. Before an interactive session to gather public views, questions and feedback were invited following the brief presentation. These have been summarised below:</p> <p>Can you tell us more about the changes you have spoken about? All of the statutory services are now working together. One of the changes we are making is to increase access to the time GPs will be available. We will do this by using other professionals doing some of the work GPs now do. For instance if you currently want to see a physio you have to ring the GP who will then refer you to a physio which could be a long wait. Under the new system the receptionist will book you in directly with the physio who will advise you on the best course of action.</p> <p>You gave an example of how a GP receptionist would be able to refer a patient directly into the physiotherapy service. How will a receptionist know who to refer to physiotherapy? Currently a GPs time is taken up doing a lot of tasks that other professionals could undertake. If we take an example of Medicines Management – pharmacists can now pull up and review a patient's medication, this is something that a pharmacist is trained to do. Currently doing this for a number of patients takes up a lot of a GPs time, time that could be spent seeing more complex patients.</p>						

Some people need support such as mental wellbeing where patients do not need to see a GP, but someone who has been trained to be able to offer support and signposting. These will be lower level staff and this is being trialled as we speak in the Brinnington surgery now.

There is a set of people using GP a lot but for social issues.

All staff will be given appropriate training to allow them to triage.

What are the changes going to be to the Hubs?

Looking at each neighbourhood, professionals are now working together as a team. In the new world this could be a social worker, physiotherapist, district nurse, psychologists all based together, it's good practice to be able to chat across a desk to resolve problems.

When we talk of hubs this will be office space not a number of mini-hospitals. Hubs are a number of practices working together but certainly not forcing mergers of GP practices. If they come together in the same building this is called a hub.

These hubs will be shaped by neighbourhoods and communities. There is not a plan to put everyone in one building.

What about GP appointments – what will change?

There will be no change about having to ring your GP for an appointment. Some practices do offer a triage system, such as Gatley while others do not.

I am 70yrs + and if I want breast screening I will be referred to Macclesfield - why?

I think Public Health England have responsibility for screening on a Manchester wide footprint, so not sure why it is in Macclesfield. I will find out and get back to you on that one.

In Stockport there are a large number of privately owned care homes which have been classed as inadequate. With a great number of vacancies and a high turnover of staff what sort of training is being given to staff?

This is a national issue and one that is relevant to Stockport also, and we are looking to change this. We have been for example looking at Frimley Park hospital who working with their local council have started a new scheme to recruit through the hospital. Here staff will receive the same training as on a career pathway. The hospital then provides the workforce to the care home. Currently a lot of care home workers are underpaid with no career prospects and here in Stockport we want to look at that.

Who looks after patients when they get home?

We have recently published a patient story of a local patient called Esther. This is a good example of someone who needed hospital treatment; she received this promptly and then went through the discharge to assess service which assessed her needs and made sure all this was in place ready for her return home.

Who is involved in the EQI Team?

Nurses, Social Care experts, Adult Safeguarding all support care homes.

CQC – can they opt in?

All homes have to be registered. The EQIT support homes to be the best they can be.

What is care marketing going on?

Opportunity for care homes/Care at home to tell the local authority what they need to shape care.

All transformation plans are national – Will you still be able to shut beds and still maintain quality of care?

The £19m that Stockport was given allows double running to see if it has an effect. Last year most places had a growth; in Stockport we didn't have that growth. Now seeing apparent growth again but because of ambulatory care units where in the past people would have been in hospital for 3 days.

We have got the money to pump prime which allow us to test the impact of services before permanently changing things. Clear we can't reduce safety of the system. Can only do this when we invest money upfront.

Where will you be if it doesn't work? You can't improve without investment?

We have a choice of cutting bits out or reworking the current system to be cost effective as can be. In Stockport 30% more admitted compared to peer group.

Why? Health outcomes are the same?

We think our starting base is gives us a greater opportunity.

There have been delays in hospital appointments. Need to make an attempt to use this money.

Gave examples of IBD – long waits significantly reduced by team from hospital, general practice and other community staff. No extra money has been invested – we need to change the system, with the rising demand this has to be the answer.

How do we know Stockport won't be next to have money cut – the government want to reduce the NHS?

This is about national policy – I have already answered this.

Our task is to make sure the most vulnerable in our society are cared for in the best way with money we've got.

You are in a position to influence people. It looks great very positive but needs to be more transparent.

Our plans are all published on line and make it clear it does not fully address the financial challenge. We of course continually flag our concerns open to us as managers and doctors in the NHS and Care system.