Time/Date/Venue:	Monday 17th July 1-3pm at North Reddish Community Centre, North Reddish Park, Longford Road West. SK5 6ET
Responsible Officer:	Shirley Hamlett – Community Engagement Officer
Details of Organiser:	Bev Sellen - 07986 682 125

Type of Engagement						
X Open Meeting	☐ Focus Group	☐ 1:1 interview	☐ Postal survey	☐ Phone survey	☐ Email survey	☐ Online survey

Attendees
Dr Vicci Owen Smith, Clinical director of public health Approximately 5 group members

Demographic Breakdown of attendees	
Age:	30+
Disability:	Not known
Gender:	Mixed
Race:	Mixed
Religion:	Not known
Sexual Orientation:	Not known

Comments and Proposals:

Vicci Owen-Smith, 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 North Reddish Community Centre. This was followed by an interactive session to gather public views, questions and feedback.

Questions were invited at the end of the session and these have been summarised below:

I feel you need to capture the voices of local people who don't use services. You should be working with places such as Vale View Primary school to encourage people to give their views otherwise we are in paradox where meetings like this are informed by those who know how to play the system but we don't hear from those who really need them who leave things until they are at crisis point. We should be working with Head teachers to ask them to encourage all their parents to come to these meetings and there should also be a message that they have a responsibility. Although this is not a criticism.

In one of our Business Cases which is published, the Neighbourhood Business Case, these talk about supporting communities and the exact population you are describing. There are a number of pilots going on in local areas related to Stockport Together, so we can understand exactly what their needs are. You are absolutely right we are not getting to that population yet.

Can we not get GPs to do some more information gathering when talking to patients?
GPs are doing this informally. Some of our practices do have patient representative groups.

Patient Reference Groups should be more active and actually meet, most are virtual groups. I am a member of my practice PRG but I have never heard anything from them. This is the thing public meetings like this need to know.
We do have a number of practices that do have groups that meet for instance, Heald Green**,** Springfield Practice and Heaton Moor.

I feel the slides were good in describing the work that's going on but I do feel they are discriminatory – the first line is about the <u>older</u> population. I think subliminally this is a message that keeps being fed at other meetings so the ageing patient population is seen as bad as it's a drain on resources. Can I suggest you put the 'ageing' population to the bottom and use 'growing' population?

You talk about the Mental Health crisis team, it is really good but after 2 days you are on your own. It is not 7day working, again this is not a criticism but If we do offer something it needs to be there and followed through otherwise people lose faith in the service.

The changes you've spoken about with regarding to seeing a GP and specialist, I don't understand why more appointments are not done by Skype as most people have a computer now. I'd be

You talked about if you need to see a GP or Consultant, that's great but once the money is stripped out of one part of the system it does not materialise in the other part of the system, it just disappears and that's why a lot of people are reluctant to change.

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If money is being moved we need to be transparent and see where the money has gone.
We have tried to model all of the changes into the system and you are right we have to make sure we don't take money out of the system. Before we ended up in this market place where we had a purchaser and a provider and we paid by activity. We want to provide a gold standard service so have been talking to consultants and GPs who know their patients and so can together design a clinical service that works.

Some patients are very traditional but we are trying to educate patients and encourage them to take more responsibility. We want to work with patients to help them manage their conditions. We have two excellent self-care courses, the Expert Patient Programme and Diabetes Xpert patient. One of my colleagues attended one recently and said how much more in control she felt afterwards and made her feel in control again. This is what we want patients to do and this is quite a big challenge.

I feel worried that people are being lulled into a false sense of security, I'm not sure this is going to work. I don't think it's a better system than you have already.
The five main organisations have agreed financially to share the risks and benefits. It is quite unusual to get finance directors to work like that. Historically they would negotiate a contract. Torbay have done something similar but there the money did not go to the right places and the organisation ended up in a mess. Here the finance directors have said we will invest this money collectively and will equally share the risk. I recommend you read the exec summary of the Neighbourhood Business Case – as a you would think wow if this works it will be fantastic. As a patient you will The issue is could we do it without having the agreement between the three organisations.

I think we have three things going for us in Stockport. The Greater Manchester monies will help us to reshape especially by signing up of financial risk and benefits.
It's about saying what does the patient need. People's needs are different what matter to some is that they want to take control with regard to their lifestyle such smoking and weight.
For others whose lifestyle is more chaotic it's about support, it's about benefits, getting their kids clothes for school, food etc. We need to start asking patients 'What matters to you', not 'What's the matter?'. Currently the system is so strained the patients are just pushed through it.

Why have you not piloted some of these services in deprived areas?
We have run some pilots in Marple with older people because the Marple GPs and Care Homes have got together to work on that area and there are lots of pilots going on all over. As part of our Healthy Communities work we are also working closely with heavy alcohol users. They are a small number of people but it's about finding out what matters to them in terms of their health.

Brinnington I believe has the highest rate in Great Britain if not Europe, for domestic violence.
I'm not sure if domestic abuse is specifically mentioned in our Business Case. We need to ensure that we have considered that and take it back as an issue as part of our whole population needs. We also need to think about it in terms of staff training to ensure they are asking the right questions. It's about working in new ways. It's also about people supporting each other and knowing that it's ok to tell someone about the abuse.

Surely, if Nice guidelines are implemented then GPs should be asking patients about anything that isn't easily explained, such as 'Do you have an issue, Is there anything you want to talk to me about'.
New Nice guidelines that come out are systematically reviewed by providers of care. With NICE guidance for GPs we talk to a number of key GPs to try and get a benchmark in general practice. Or if there are key issues that GPs need to be aware of we may audit practices as that's a really important piece of guidance to see if it's a question they are asking as they will be recording it in some way. I know a number of the GPs in Brinnington and I'm sure it w- should be a major thing being asked.

Would GPs get together and raise that?
They do have regular practice meetings so I would be surprised if they had not had the conversation. Brinnington are particularly good at is they see something in their population as a need then Brinnington has an excellent Practice Manager who can write excellent protocols that interface with the GP system that would pop up to prompt them to ask the question.

Will this model of care pick up those who are being abused?
Across Stockport as a whole we think the majority have a GP even our homeless through a service that is provided.

Reddish and Brinnington have a transient population due to the number of homes being rented, who probably don't register with a GP.
Yes, they probably use A&E more frequently. We could actually do some work with private landlords to raise the issue.

You could that with Stockport Homes?
I'm 99% sure they do that already.

Some patients are not registered with a GP in the area they live. Would you expect people to move to a GP in their area?
No and that's the beauty of the GP system we have in England where you can register with a GP of your choice. The council has responsibility for all those who live in Stockport, and Stockport Clinical Commissioning Group is responsible for all those registered with a Stockport GP. Those who live on the borders don't quite fit in terms of getting access to physio and DNs.

Formal response: Members of the public can choose a GP practice in whose catchment area they live. If they leave that area many practices continue to register them to ensure continuity of care. However this is already at the practices discretion. Whilst this remains the same the reality is that as their needs increase the support they need from neighbourhood teams will not be as accessible and therefore patients may want to consider moving to a practice closer to home

I did some work with Public Health about 6 month ago. I worked in Heaton Norris on cancer awareness and every single person that came to Heaton Norris practice for their flu jab lived in Offerton. They have moved from Heaton Norris to Offerton and did not want to lose their GP
I'm not sure we have given any thought to those people who live in a different neighbourhood. Problems may arise if there is a handover of say DN or Social Worker teams needed. And I'm not sure how far we have looked into that as an issue. I know there are some complexities around the borders. I will take that back.

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How is this paid for?
Some areas will do something called cross charging in some cases – others let it go as 'quid pro quo' I'm not so bothered about the money – it's the patients - if we are building this gold standard service but not everybody in Stockport can get because they live on the borders or their GP lives 3 miles away - I do think I need to take this back and raise it.

What is available overnight for patients, is it a GP surgery.
We have a service based at the hospital that is staffed by GPs who are used to dealing with people acute flare ups of chronic diseases such as COPD. We used to have and a service called the Early Intervention Service which had the same sort of workforce. This service used to help stabilise people sometimes with something like a nebuliser or drugs to help avoid them going into hospital. We have a number of emergency medicine GPs who work alongside the emergency doctors. When patients come into hospital now they are sometimes sent to Ambulatory Care or Accident and Emergency so we are trying to stream people to get to the right place at the right time.

It seems to be a good model where people don't automatically think ED.

I have to wait for a GP appointment for up to 2 weeks although I do think GP response times are getting better. If more nurse practitioners were at the front end with all this information sharing I think this is a good model. I do think it's also about educating people about what to expect. I do think there is a massive investment needed into the system.

One of the issues is to take some of the workload off GPs. In one of our business cases we talk about where a receptionist can now connect you to the physio service so you don't need to see the GP. We are also looking at the medicines management side of things as this takes up a lot of GP time. We are looking at using the skills in practice in a different way. In this way GPs can concentrate on their more complex patients and are able to offer longer appointments of up to 20 minutes.

When you talk of a falls prevention service, you need to use the third sector to go into people's homes. They have the flexibility, willingness and resources. The third sector brings an added dimension, they pick up extra things. I feel the third sector lead on prevention too. The third sector can play a great role in educating people about medication. People have a real fear of telling anyone if they have fallen as they think services will be 'brought in' and they worry about the cost of these.

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Is Falls prevention work is hard to measure?
We are currently commissioning an evaluation of the whole programme. There is a North West exercise which involves a complicated evaluation where we are using a University to work alongside the services. It is crucial to us to know if it's worked.

Within the new Falls Service we want to look at much more at prevention, things such as have people had an eye test recently, have they had a bone scan; should they be

on medication to help them have stronger bones, do they need any aids and adaptations to help them manage at home better. We know from evidence it's much more effective to spend money on prevention.

Will this 'plan' work?
Yes we believe the quality of care will be better, patient outcomes will be better and patient experience will be better.

Two years ago a consultant would see a patient and be able to refer on to colleagues in another speciality, now they have to send patients back to their GP and recommend someone that the GP can refer on to. This was about 2 years ago so not sure if it's changed. This does seem to put extra pressure on the GPs?
Simon Stevens in the 5yr forward view has brought out some guidance and said that that practice has to stop and we should allow consultants to refer to each other under new NHS Guidelines. And actually it's a pain for patients.

Comment: Well that is really good news.

What is the purpose of Kingsgate House as I know of a number of people including myself who believe their services are used to get you out of the system and to get you out with no treatment?
There are a number of community services are housed in Kingsgate such as Community Dental, Orthopaedics, Dermatology and Wheelchair Service. I think you may be talking about the Orthopaedics Service. It is right that they are offering alternatives to surgery as not everyone is better after surgery.