

Local Engagement Board
Wednesday 20th November 2013, 10.30am – 12.30pm

Gilley Law and Lakeside Community Centre,
North Moor Lane, SR3 3BD

A G E N D A

- 10.15 - 10.30 Registration and refreshments
- 10.30 – 10.35 Welcome and Introduction from David Gallagher
(CCG Chief Officer)
- 10.35 – 10.40 Any questions?
- 10.40 – 11.00 Update: mental health support services
- Hopewood Park (Ryhope)
 - Dementia Care Centre (Monkwearmouth)
- Tony Railton (Northumberland, Tyne and Wear
Foundation Trust)
- 11.00 – 11.10 Questions on mental health service developments
- 11.10 – 11.25 Re-procurement of the GP Out of Hours Service
Presentation and Questions (David Gallagher)
- Please tell us your preferences***
- 11.25 – 11.35 Repeat Dispensing - How can this be improved?
Dr. Zahra Irannejad (Chief Pharmacist, Sunderland CCG)
- 11.35 – 11.55 Group discussion: how to improve repeat dispensing?
Dr Zahra Irannejad & Cath McClelland (Senior Medicines
Optimisation Manager)
- 11.55 – 12.05 Sunderland 'Highlights'
- 12.05 -12.15 Final questions and closing remarks

GP Out of Hours Service

David Gallagher
Chief Officer



Background

Review of Sunderland Urgent Care Services in 2012 resulting in a public consultation supporting the following outcomes:

1. Development of a new integrated urgent care centre at Sunderland Royal Hospital, leading to the closure of the minor injury and illness unit at Grindon Lane Primary Care Centre
2. Development of GP Led Urgent Care Units, formally MIUs, across the city at Houghton, Bunny Hill and Washington Primary Care Centres

[To support outcomes of the urgent care review and public consultation further patient and public involvement has recently been undertaken within the Emergency Department \(1:1 patient interviews\)](#)



GP Out of Hours

Following the Sunderland Urgent Care Service Review an opportunity has arisen to review and procure the GP Out of Hour service ensuring it interfaces with other changes within our urgent care system and national policy e.g. UCUs (MIUs), ED integrated urgent care centre and GP Extended Hours.

To do this we need to involve the PUBLIC in the re-design of the service



GP Out of Hours

The GP Out of Hour service currently provides:

- Access to a GP from 6.00pm – 8.00am 24/7
- ‘Centre’ appointments
- Home visits
- Telephone advice/consultation



GP Out of Hours

We want you to provide:

- Your experiences of the GP out of hour services
- Good, bad and what may be improved
- Suggestions for improvement moving forward



How you can get involved

- **Questionnaire**
 - Survey Monkey <https://www.surveymonkey.com/s/GPOutofHoursconsultation>
 - Stall (LEB Today)
- **Locality Patient Groups**
 - Sunderland East – 17th December (10:30 – 12:30)
 - Sunderland West – 27th November (10:30 – 12:30)
 - Sunderland North - TBA
 - Coalfields – TBA
 - Washington – TBA
- **Members of public to join the project group**
- **Sunderland CCG Contact:**

David Britton

(david.britton2@sotw.nhs.uk) Tel: 0191 5128407



Repeat Dispensing

Local Engagement Board



Repeat Dispensing

This is where a ‘batch’ of prescriptions is authorised by the doctor, for people to get their repeat prescriptions directly from the pharmacy, for up to one year, without having to contact the GP surgery.



Does anyone get their repeat prescriptions directly from the pharmacy?

(Without contacting the GP practice to order)



Have you noticed any changes in how you get your prescriptions from the pharmacy?



What is good about getting your prescriptions in this way?



**Are there any
disadvantages to
getting your
prescriptions in this
way?**



What could be improved about how you get your repeat prescriptions?



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Gilley Law and Lakeside Community Centre

Sunderland Highlight Topics

Winter Flu Campaign

CCGs across Northumberland, Tyne and Wear, Durham, Darlington and Teesside have developed a new winter campaign.

The campaign focuses on self-care and the main winter respiratory illnesses that can be looked after at home or with advice from a pharmacist.

It uses the key message ***'keep calm and look after yourself'*** and incorporates messages about discouraging people from using antibiotics.

The campaign starts on November 18, 2013 and coincides with national Self Care week and European Antibiotic Awareness Day.

We have examples of various posters and A5 information booklets here today. Please leave us your contact details if you would like any of these sent onto you.

**Local Engagement Board (LEB)
Event Summary**

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Wednesday 20th November 2013, 10.30am – 12.30pm

Introduction

The Local Engagement Board (LEB) is a public meeting, for all in Sunderland, who have an interest in health. It is held 5 times a year and aims both to inform the people of Sunderland what health initiatives are being developed and to gather public opinion and preferences with respect to these developments.

Agenda

Please refer to the attached agenda. This meeting covered the following:

- Update upon mental health support services, Hopewood Park (Ryhope) and Dementia Care Centre (Monkwearmouth)
- Re-procurement of the GP Out of Hours Service
- Repeat Dispensing - how can this be improved?

Attendance

The meeting was attended by 25 people. This includes 11 members of the public and representatives of different organisations including: Sunderland Clinical Commissioning Group (CCG); Northumberland Tyne and Wear NHS Foundation Trust (NTW); Sunderland Carers Centre; Sunderland Healthwatch; Gentoo; Sunderland People First and local medical suppliers.

Discussion content

The following comments and queries were raised:

Mental health support services (NTW)

Q. If new houses are to be built next to the Ryhope centre is there a security risk for the public?

A. No more than has been so for 120 years. The same type of patients have been treated at this site for a long time there is not a new 'category' being brought to the area.

Q. There is no increase in the number of beds. Will this match for demand?

A. There is a different way of working now and a move to providing many more services in the community. The beds are only for those who are very ill and our modelling shows this will accommodate need. There is also an expansion zone incorporated into the site to accommodate 2 additional wards without the need to seek planning permission.

Q. is there sufficient parking?

A. Yes, parking has been designed to cater for the use of the expansion zone also.

Monkwearmouth Hospital

This will provide a 24 bed (2 wards) facility for short term treatment (length of stay, approximately 11 weeks). It will open on Monday 25th November 2013

Q. Given the scale of dementia is this facility sufficient?

A. This is a treatment centre not a home from home. People will get better and leave. There are 2 other facilities for 'intermediate care' as some people can't leave hospital and go straight home.

Comment: transition from own home to treatment to residential care is not always as smooth as you would wish as a relative.

Agreed – it's not always been as good as people and service providers would like.

Q. Will there be place for families to visit their relatives?

A. There will be places out of the wards, but not out of the building, for people to sit more quietly. The courtyards are also designed to provide more private spaces. There are also small sitting rooms that could be used by a family.

Q. Can people go outside the building?

A. Absolutely. If the person is well enough, the family will be supported to make outside visits.

Q. What is the age group?

A. The service is for any age (dementia has been known in 30 year olds) but most people are elderly.

Q. What are the support services for the 'rest of the iceberg'?

A. As mentioned earlier, many services are now provided in the community. NTW has 70 staff looking at how community services can be developed (pathways). NTW also works closely with other partners out of the hospital environment: voluntary sector, GP, social workers etc.

Q. Will new staff be interviewed?

A. They would be in accordance with NTW policy and procedure. However, with this service the staff will move with it so continuity can be maintained for patients and staff.

Re-procurement of the GP Out of Hours Service - OOH (CCG)

The presentation is attached. There will shortly be a website presence for people to comment upon this and contact details will be on the website to enable people to become further involved, should they wish.

Q. What is this about appointments at a centre?

A. GP appointments at say, a Primary Care Centre, can be an option for an OOH response.

Q. Can you only talk to a GP if 111 says so?

A. At the moment yes, this might change.

Q. How will this be presented to people with learning disability? They can't always understand lots of words.

A. The CCG would like to work with Sunderland People First so they can be advised on how to get it right.

Q. What is the time frame for this consultation?

A. Firstly, it is not a consultation, which has a very specific legal meaning in the NHS. It is very much a listening and hearing exercise so the CCG can judge what is important to people in their OOH service. This information will inform the design of the service specification. It is then up to providers to demonstrate how they will meet the specification.

However, it will go out to tender in April 2014 and it is intended to involve the public in the procurement process.

Sunderland Healthwatch will be involved with the process and a meeting is set up to see how this will best work.

Discussion took place about the closure of the Walk in Centre (WIC) element (**ONLY**) at Grindon Primary Care Centre (PCC). **ALL** other services will stay in the PCC and probably more will be added when the WIC is not taking up the space.

It was explained that the changes afoot, which have been widely consulted upon in the last year, are to make services equally accessible across all of Sunderland and to move to a system where GP's lead the services. Sometimes it has been nurses and they can't offer all that a GP can.

It was agreed that car parking at City Hospitals was a concern and they will develop a new multi story car park.

Q. Are we going to look at / learn from the 'Manchester System' which seems to have been a great success?

A. We get ideas from all over but we then want to tailor them for Sunderland.

Q. Didn't Manchester get about 2 million pounds to develop their system?

A. They did. Sunderland developments are also financially supported through the CCG. We will look at getting national money but it is unlikely it will be available.

Q. Will there be enhanced training for health professionals, so you don't get sent from place to place?

A. This is the entirety the point of looking at urgent care and OOH services as whole. People will get the best services in the right place and know where to go. 111 will help with this as they will direct people to the most appropriate services and make appointments for them where this is needed.

Repeat Dispensing - How can this be improved (CCG)?

The presentation is attached. If people have comment they wish to add they can do so by contacting the CCG via the website: <http://sunderlandccg.nhs.uk/>

Discussion took place regarding what people understood by repeat dispensing (RD) and who received medication in this way. More general comment and questions were also voiced.

- A number of people used repeat dispensing, some had no experience of this.
- Someone who used to collect their medicine from the pharmacy now has it delivered, much better.
- RD doesn't work with changing medication. The GP will only use RD if it is suitable for the patients condition(s).
- The benefit of RD is that the patient can check it out with the pharmacist each month. If necessary the pharmacist will report to the GP.
- An experience of receiving tablets with foreign language on was reported. The recipient then thought this was not their tablet and consequently wouldn't take them. Comment was made that the pharmacist should cover this with an English label.
- If people have difficulty knowing when to take which medicines, it might be better to use the 'bubble packs' (which the pharmacy pre-pack for each day & time to take). This will only be done for a medical need, rather than preference.
- The good elements of RD that people identified included: developing a relationship with the pharmacist; not having to go to the GP; no appointment is needed; flexibility – arranging dispensing to meet the needs of the patient e.g. print size; get to know the driver and healthcare assistants; the pharmacist checks to see what you want; if necessary will go back to the GP
- Elements that were not so good: how do you get people to understand what this is; how to raise awareness; people don't realise what the pharmacist can do; the choice is limited (not open Saturday and Sunday); if you don't need something for 2 months then you have to back to the GP anyway, as it comes of the prescription – should leave on for 12 months
- If the prescription is not collected does the pharmacist chase this us? e.g. person in hospital / ill
- People could add more comments if this session was followed up.
- Need clear information on what RD is – how would you recognise it?

- Sunderland People First are happy to advise on what adjustments could be made to assist people with learning disability.

Event Evaluation

7 people completed an evaluation of the event. The words used to describe the experience were largely: interesting, useful, worthwhile. However, 3 people felt the event was rushed.

Next Meeting

Thursday 13th February (10.30am -12.30pm)

Washington Primary Care Centre, Princess Anne Park, Park Way, Washington,
NE38 7QZ