

**Healthwatch North Somerset Directors Meeting**

**Tuesday 12<sup>th</sup> July 2016**

**at**

**Hutton Village Hall, Church Lane, Hutton, Weston-Super-Mare BS249SN  
2pm - 3pm**

**MINUTES**

**Present:**

Georgie Bigg [GB] [Chair]  
Dick Whittington [DW] [Treasurer]  
Tim Evans [TE]  
Joanna Pritchett [JP]  
Celia Henshall [CH]

**In attendance:**

Eileen Jacques [EJ] [Chief Officer HWNS]  
Janice Walsh [Operations Coordinator HWNS]  
Karen MacVean [Engagement Officer HWNS]  
Angela Aspinall [North Somerset CCG]  
Sue Stone [Volunteer HWNS]  
Mike Lyall [Volunteer HWNS]  
Alan Rice

**01-16 Apologies for Absence**

Apologies were received from:

Lance Allen

**02-16 Declarations of Interest**

None stated.

03-16

## Public Participation

### **Question - ML**

Is HWNS keeping an eye on things regarding the Stafford Place Surgery closure? Transport for people is going to be an issue for a lot of people.

### **Response – EJ**

This month we have received intelligence about transport to GP surgeries and this will be picked up in our Prioritisation Panel meeting next week. We may need to ask for clarification from transport networks to see if any changes are planned to accommodate recent developments.

### **Response – GB**

GB on the board for the Joint Commissioning Committee and HWNS intelligence is on the agenda for the next meeting next week so that will raise awareness of the issue at a strategic level.

### **Comment – ML**

Walk in centre needs to be replaced in central Weston.

### **Response – GB**

GB still involved in Central Ward development work and this issue will continue to be raised. The previous centre supported a vulnerable part of the population and local surgeries such as Graham Road would have noticed a big impact from the closure. As independent businesses, GPs can ultimately make the decision about a closure.

### **Response – DW**

Think HWNS should take a greater strategic position on this issue.

04-16

## Minutes of Meeting 11<sup>th</sup> August 2015 - GB

The minutes of the meeting of 12<sup>th</sup> April were checked for:

- 4.1 For accuracy
- 4.2 For matters arising
- 4.3 Outcome of actions

The minutes were agreed as a correct record and there were no matters arising or actions.

## **05-16 Finance Report - DW**

DW gave a financial overview. Note that Quartet grant obtained at end of last year for work in Central Ward that was only started this year so shown as surplus for last year and may appear as an overspend this year but evens out overall. Currently awaiting final end of year accounts for 2015/16. Should be ready for next Board meeting and will be available at AGM in October.

Charity Commission and Company House now have a number of extra requirements and ask for additional information with regard to policies in place and justification of charitable status.

DW North Somerset Council have now provided confirmation of the 2016/17 grant figures but have continued to pay the grant at the higher rate of 2015/16 – this will require a reduction to compensate the overpayment through the year.

## **06-16 Annual Report**

GB formally thanked EJ and the team for all the work they achieved in 2015/16 which is showcased in the Annual Report, and to EJ specifically for her efforts in pulling the report together. Also thanked our volunteer team for their hard work.

CH asked where the completed report had been circulated. EJ clarified where it is sent. CH requested that all Board members refer to the report when in meetings to ensure the contents are reaching strategic level and if it is put on meeting agendas there has to be a formal acknowledgement and response to the report. DW suggests should go to all North Somerset councillors to demonstrate our value to this group. EJ agreed. CH said report should be made available to print/post hard copies to ensure a wide reach achieved. Could also include with report a letter and feedback request. CH wondered how it could influence Joint Strategic Needs Assessment. GB agreed there are certain parts of the report that challenge JSNA.

## **07-16 Chief Officer Report - EJ**

EJ presented the CO report to the Board and invited all in attendance to share comments or questions.

Heart of Weston work now complete. GB still involved.

Excellent feedback from Healthwatch England Conference, particularly about the engagement workshop.

PPG event well attended and good feedback from attendees.

Update on rural engagement project suggests inadequate public transport in some areas. Links have been made with a number of key groups and individuals in the rural areas that we can build on.

First Prioritisation Panel Meeting took place which highlighted on-line prescription services as an area that warranted further attention. Staff team now undertaking a piece of work around this specific issue.

Enter and View visits booked up for the next few months, one residential care home for people with learning difficulties and mental health issue.

GP Missed Appointments Questionnaire. Has about 30% response from GPs. CH asked if Mary Adams could help by providing some kind of endorsement of the questionnaire/project? AA will raise with Mary Adams. AA also advised speak to Cath Payne about the monthly GP Practice Manager's meeting. Team had basic media training and now more confident to tackle press releases. Press getting to know us as we're sending them press releases monthly.

## **08-16 Any Other Business**

GB said after a shake-up, the People and Communities Board (which incorporates the Health and Wellbeing Board) they have 'appreciative enquiries' sessions. The session held last week started looking at new People and Communities strategy in workshop which included a wider range of people than the Board. The proposal is for the draft strategy to be agreed by the People and Communities Board at their public meeting on the 26<sup>th</sup> September and then it will go out for public consultation. Final sign off of the Strategy is proposed by March 2107.

### ***ML***

ML requested public feedback to take to BRI patient experience group meetings. EJ agreed and was under the impression ML was already receiving it. Requested ML let us know dates of the meetings and we'll ensure he gets any relevant information.

## **09-16 Date of Next Meeting: Tuesday 11<sup>th</sup> October [AGM]**

## Action Log

Action Number	Start Date	Details of Action	Person	Date to be Completed
1	12.07.16	Check if figures from NSC incorporate recent reduction in funding.	DW	
2	12.07.16	Annual Reports to be sent to all Councillors.	EJ	
3	12.07.16	Contact Mary Adams NS CCG about endorsement of GP Missed Appointment Questionnaire.	EJ	
4	12.07.16	Ensure ML receives intelligence to support representation at meetings.	EJ	

<b>Approved</b>	
<b>Date</b>	

## Speaker Notes Tuesday 12<sup>th</sup> July 2016

### Electronic Prescription Service [EPS]

**Speaker: Jo Howells – Pharmacy Manager, Tower House Pharmacy, Nailsea**

Jo gave an overview of the electronic prescription service.

Every pharmacy has a contractual obligation with the NHS to provide the electronic prescription service.

GPs log onto system and produce an electronic prescription. This gets sent to the main operating system or hub.

If a patient has nominated a pharmacy, whether a community pharmacy or on-line pharmacy, the prescription will then **automatically** be directed to that location and the nominated pharmacy will be able to pull it down from the hub and action it.

If a patient has not nominated a particular pharmacy they can go to any pharmacy to collect the prescription. In this case the pharmacy in question would find the prescription in the hub and pull it down to their location.

#### **Question – What is your opinion of this system?**

Overall it should be a good thing. Information should be safer, stored better and there's a trail of what has happened that can be tracked back.

#### **Question – Do you think there is still some confusion about the system?**

Yes. The electronic prescription service is to do with how the GP gets the prescription to the pharmacy it is not to do with how a patient orders a prescription.

#### **Question – What if you had an urgent prescription and your chosen pharmacy doesn't have it in stock?**

In that case the chosen pharmacy can reject the prescription, the prescription will then go back to the hub and an alternative pharmacy that does have it in stock can pull it down from the hub. This does rely on the patient being able to get to an alternative location.

#### **Question – What do you think are the advantages and disadvantages of the on-line pharmacies?**

They are all regulated by the same regulatory body that community pharmacies are regulated by, the General Pharmaceutical Council. They must meet all the same requirements so they are a valid alternative. The advantage is that you don't need to leave the house to get your medications as they are posted out. In most cases they don't have to be signed for so you don't need to be at home to receive them.

The advantage of a community pharmacy is that you have access to real professionals who can give advice free of charge. Staff at your regular high street pharmacy can get to know you over time and you can talk things over and clarify things. It's a personal service, which is something that you can't get from an on-line pharmacy.

Also, some community pharmacies do offer a delivery service for medications, which is not a service covered by NHS funding and so comes directly out of the profit. All pharmacies are businesses and look for a competitive edge.

It might be that community pharmacies end up with more of the bitty or more complicated prescriptions and the on-line pharmacies deal with the straight forward things as the more complicated prescriptions would inevitably take more time and experience to process.

**Question – Do you get things like a medicines review if you use an on-line pharmacy?**

No, those are the kind of things that would not be available from an on-line pharmacy.

**Question – What about medicines waste?**

There's a lot going on about medicines waste at the moment but we are not contracted to reduce waste so although most of us in the industry want to do that and look for ways to reduce waste, there is no contractual obligation and therefore no motivation to do so. GPs are contracted to reduce medicines waste but not pharmacies.

**Question – Do you think it's up to community pharmacies to promote themselves better?**

Yes, definitely. People in the pharmacy world are generally not naturally good at getting out there and shouting about themselves but we do need to change to succeed.

DRAFT