North Edinburgh Public Partnership Forum Steering Group

Notes of Meeting
Wednesday 29 November 2011 : 2.00pm to 4.00pm
NHS Lothian Headquarters, Waverley Gate

Present:
Irene Garden   Convener
Mary Cameron   Local community member
Betty Shorthose  Local Community Member
Madge Ebbs   Pilton Health Project
Iris McMillan   Local Community Member
Jim Brown Delegate on Edinburgh Community Health Partnership (ECHP)
Sub Committee & Performance Management Group
Joan Turner   Scottish Pensions Association
Helen Sims   EdMESH
Sasha Cunningham  CEC & Health and Social Care Department
Ruth MacLennan   Care for Carers
Willie Hardie Delegate on ECHP Sub Committee, Community Council
Al Garden   Pilton Health Project
Lyndsey McLennan Edinburgh Community Food Initiative
Margaret Brown   Local Community Member
Alison Davis   Saheliya

In attendance:
Lesley Baxter Public Involvement Coordinator, (Notes of meeting)
David White Assistant General Manager, Edinburgh Community Health Partnership
Susan Austin Scottish Health Council Local Officer
Jim Kendall SEPPF Chair
Paul McKenna NHSL MRSA Screening Project Manager
Fiona Dick NHSL MRSA Screening Project
Frances Cameron NHSL Infection Surveillance Nurse
Dorothy Hill Client Manager, Communications, City of Edinburgh Council

Apologies
Sylvia Boal NEPPF representative on Quality Improvement Group
Marian McIntyre Parkinson's Disease Society
Anne Munro Pilmeny Development Project
Errol Stratthdee Deafblind Scotland
Joan Kerr   EdMESH
Stan Eadie Leith Central Community Council
David Belfalll
Penny Richardson PROP
Item 1
Welcome, introductions, apologies and matters arising not on the agenda
The convener welcomed everyone. Everyone introduced themselves for the benefit of new members and visitors.

The convener informed the members of the sad news of the death of Stewart Blaik, the vice convener of the NEPPF. She spoke about the many groups that Stewart had supported over many years of community work and how much he was valued and how much he would be missed. The members held a minute’s silence.

Matters arising not on the agenda
Lesley and David had a couple of items which would be covered under new topics.

Item 2
Presentation and discussion (slides attached / enclosed)
Paul McKenna, MRSA Screening Project Manager
Fiona Dick, NHSL MRSA Screening Project
Frances Cameron, NHSL Infection Surveillance Nurse

1. MRSA stands for Meticillin Resistant Staphylococcus Aureus. MRSA are varieties of Staphylococcus aureus that have developed resistance to meticillin (a type of penicillin) and some other antibiotics.
2. MRSA surveillance was set up in 2001 and is specifically focused on patient safety.
3. The screening project is about managing the situation and not about eradication.
4. MRSA is carried by many people on the skin and in the nostrils. For a healthy person this doesn’t cause any problems but following surgery it can colonise and cause infection.
5. Infection can be caused if a patient has MRSA has it on their skin as it can be transferred into the body or the organs during an operation.
6. MRSA screening helps to identify patients who may be at higher risk. Unless an operation is an emergency, these patients can be treated with nasal ointments, throat spray or gargle and a daily bath or shower with antiseptic lotion. Infections caused by MRSA can be treated with antibiotics which are effective against this germ.
7. The biggest weapon against MRSA is good hand and body hygiene.
8. Screening is proving effective. In October, 1,100 patients were screened using an initial questionnaire, 314 were identified as at risk but only 26 were positive.
9. The current screening project will be handed over to the infection control surveillance team in March 2012.

Issues raised by the members and responses given
1. MRSA is only one of many bacterium – what is done to screen for the others? Other departments deal with other organisms and the screening required.
2. Taken in a national context, screening programmes have resulted in massive reductions in MRSA cases.
3. One member was interested in the international context which Paul will find out about and report back to Lesley.
4. Paediatrics and obstetrics are not part of the MRSA national screening programme as they have their own screening programme that is appropriate for their client group.
5. Intravenous drug users have a higher incidence of MRSA.
6. Nurses very often display better hand hygiene skills than other health professionals. Medical staff (including GPs) are happy for patients to ask them to wash their hands.
7. Hand wash gel wasn’t available during a recent visit to the out patients at the Western General.

Electronic versions of the leaflet handed out at the meeting are attached to electronic notes. Copies can also be found on the NHS Lothian website as follows. http://www.nhslothian.scot.nhs.uk/MediaCentre/Publications/SupportAndAdvice/Pages/default.aspx

**Action 1**
1. Paul McKenna to report back about the international context of MRSA to Lesley who will feed back to Saheliya.
2. Frances and Fiona to check up on lack of hand wash facilities (gel dispensers) in the out patients department in the Western General Hospital.

**Item 3**
**Notes of meeting, action notes, new topics**
The notes of the previous meeting were agreed

**Action Notes**

**Discharge Planning Project – workshop event planning**
1. The importance of the project was discussed. Currently this information may be getting fed back to the services involved by community groups or carers or patients themselves but there is no recognised, structured format and the responses and trends aren’t being recorded in one place. Anecdotal evidence is widely available but this isn’t good enough if patient experience is going to help to develop this process.
2. Lesley had circulated a list of potential speakers, two possible dates and a possible venue for the workshop event.
3. Date has been agreed as 8 February. Lunch will be served from 12.00noon to 1.00pm. The workshop will finish around 4.30pm.
4. The workshop will allow health and health and social care staff and PPF members to develop and finalise the reporting form together. One outcome of the workshop will therefore be to agree the content and format of the reporting form to be used to record the experiences of people discharged from hospital.
5. The reporting form will be produced on survey monkey to make it possible to complete it both in hard copy or electronically.
6. The NEPPF members agreed that members of the Edinburgh Equalities Network should also be invited to attend the workshop event.

**Action 2**
1. Lesley to organise speakers, venue, refreshments and all necessary paperwork and information.
2. Lesley to develop the recording form.

**PPF Web Pages Development**
1. As agreed Lesley had discussed changing the routes into the PPF pages on the NHS Lothian Internet site with colleagues from East, West and Midlothian and the Head of Patient Focus & Public Involvement.
2. It was agreed that the two current “Get Involved” links would remain on the front page of the NHS Lothian website but one click would take a visitor straight to a link for PPFs.
3. The content for the PPF pages will now need to be updated as discussed by the sub group.
Action 3
Lesley and sub group to keep working on content.

Efficient use of medicines group
Action 4
The next meeting is on 1 December – member will report back at next meeting.

Audiology
Lesley circulated a response to the PPF questions which had just been received from the new head of audiology (see attached / enclosed). It was agreed that the new head could be invited to NEPPF meeting to discuss the issues and expand on his responses.

Action 5
Lesley to contact new Head of Audiology to discuss attending a NEPPF meeting.

Change Fund – Reshaping Care for Older People
Will be covered by presentation by Dorothy Hill

Physiotherapy NHS24 Triage – Posters and wallet cards
1. Thanks were received for the feedback received from the PPFs on the posters and cards from the Clinical Specialist Physiotherapist.
2. She also asked if members could have a look at the list of places where they would be displayed and suggest any other places where they could be situated.
3. Members to send any ideas direct to contact on the information circulated with the agenda.

Action 6
Members to send any ideas direct to contact on the information circulated with the agenda.

Item 4
New Topics
(Items not on the agenda)

Request from Tim Montgomery, Director of Services, Royal Edinburgh Hospital and associated services
Tim Montgomery is interested in discussing with community members how to provide the best possible care for older people who have to go into hospital for surgery or treatment. Two members suggested that Tim could attend their community groups to discuss – Lesley will give him contact details.

Action 7
Lesley to give Tim Montgomery contact details of PPF members who volunteered their help.
GP Practices Protected Learning Time – PPF involvement
1. Lesley told the group that following on from the Scottish Government’s Better Together GP practice survey, PPF members had provided practices with ideas for improvements, based on patient feedback.
2. During this process, an SEPPF member (an organisation) offered to deliver training for practice staff during a regular protected learning time session (dedicated training sessions for GP practices) which proved very successful. Two other PPF member organisations said they would also be interested in offering their services.
3. An information sheet has now been sent to all practices (see attached / enclosed).

Action 8
Lesley will update members on progress with protected learning time sessions.

Strike Action Day – 30 November
1. David informed the members that the Edinburgh CHP has taken many steps to make sure that patients care is continued for those in need.
2. A Sunday service is being run and Sunday plus services for services such as cancer treatments and renal dialysis.
3. Business continuity arrangements have been made and are in place.
4. Some GP practices may also have reduced staff.
5. The Edinburgh CHP is working in partnership with trade unions to make sure that patients are safe.
6. PPF members were requested to inform the CHP if any issues occurred in the community as a result of the strike action.

SEPPF chair and vice-chair
1. David briefly outlined the position of the CHP regarding the SEPPF chair and vice chair.
2. David reminded the members that when the South Edinburgh PPF was re-established a chair and vice chair was appointed by the CHP which has served very well to build up the re-established SEPPF. It was envisaged that future chairs and vice chairs would be elected.
3. The CHP takes the PPFs very seriously. There is now a line of accountability from the chair and vice chair to the CHP chair which makes it important to have an open and transparent appointment process.
4. The CHP position is that the roles will be advertised and will be open to anyone who wishes to apply (including current PPF members).
5. This process would be something that David would like to discuss in more detail with the NEPPF members at a later date with a view to considering adopting it.

Comments from the group.
1. In favour of bringing in talent from outside.
2. The community has incredible expertise and experience but it’s also essential to ensure that a chair has the relevant chairing skills and objectivity.
3. Slight concern about bringing in a chair who doesn’t ‘know’ the group.
4. An equalities impact assessment may be useful.
5. This isn’t about compliance but more about tightening up accountability.
6. It was agreed the further discussion would take place at a future meeting

New topics on the agenda
2012 dates
The dates and times were agreed.
Carer support service (hospital discharge)
1. Information was circulated with the agenda. A PPF member is being sought to sit on an implementation group to support two new posts created from Change Fund monies. The post holders will work in hospitals and support carers with the discharge process for the cared for person.
2. Two members were interested. They will try to make sure that one or the other attends the meetings.
3. It was agreed that these were important posts and that this project must be linked to the PPF discharge planning project.
4. One member wondered why the only carer representative was to be nominated by VOCAL.

Action 9
1. Lesley to give contact details of interested PPF members to the service manager.
2. PPF members to feed back to the meeting

Item 5 – Presentation and discussion (slides attached / enclosed)
Change Fund – Reshaping Care for Older People
Dorothy Hill, City of Edinburgh Council

1. It is not sustainable to continue to deliver care as it is being delivered – services need to be creative and ambitious.
2. Scottish Government established change fund of £70m for 2011-2012 (Edinburgh’s share is £6.013m).
3. 2012 – 2013 is to be £80m and 2014 – 2015 is to be £70m
4. Funding for Edinburgh is being used to build on Live Well in Later Life, the ten year Joint Older People’s Capacity Plan and Joint Commissioning Strategy. In developing the proposals, the emphasis has been on expanding existing service areas that work well.
5. Each local authority area has developed its own action plan. Edinburgh’s action plan used the considerable engagement and consultation work done by the ‘Live Well in Later Life’ strategy as well as the 3,000 responses received about the joint commissioning strategy. The action plan for Edinburgh was submitted to the Scottish Government earlier this year and agreed.
6. A core group made up of the various stakeholders was put together to implement the change fund and the older people’s Checkpoint Group is involved.
7. Engagement will be ongoing and the PPFs will be kept informed and involved
8. The changes that are required to meet future requirements will require cultural and behaviour change.

An overview of the Edinburgh plan is as follows.
- Reablement (the intensive home care service): £1.145m
- Home Care / Care at Home: £600k
- Home Care overnight service: £300k
- Medication training for home care and care at home staff: £120k revenue £44k non-recurring
- Community therapy services: £1.069m
- Day services: £134k
- Community nursing: £97k
- Enhanced supported discharge*: £118k
- Equipment and adaptations: £206k
- Transport and support (community based staff): £100k
• Telehealth: £120k
• Telecare: £180k capital+£105k revenue
• Support for carers of people with dementia: £410k
• Pharmacist medication review: £60k
• Anticipatory care through case finding and management: £90k
• Community connecting: £400k
• Carers support: £100k
• Community transport: £150k
• Innovation Fund: £553k

**Comments and questions from NEPPF members and responses**

1. The sum of money in the third year is lower than the second but it is not known why this is the case.
2. Events and engagement activities will be shared with the PPFs.
3. A request was made to highlight where specific changes to services will be made. This relates to changes rather than add-ons to existing services or improvements, etc.
4. It was felt that some specific problems were not being recognised or addressed. For example, the stigma of mental health conditions in some BME communities is very bad therefore dementia diagnosis is extremely poor. This leads to patients becoming progressively worse and scared and it needs to be flagged up with health professionals.
5. What services have been cut back? How can people tell what changes have been made? People don’t want cutbacks but they would prefer to be told what has been cut back.

Dorothy produces a newsletter with updates on developments. She will send this to Lesley who will circulate to PPF members.

The Joint Improvement Team website has links to various many developments supporting service improvements and developments including reshaping care for older people. [http://www.jitscotland.org.uk/](http://www.jitscotland.org.uk/)

**Details of next meeting**

Date: 24 January 2012  
Venue: NHS Lothian Headquarters, Waverley Gate, Waterloo Place  
Time: 9.30am to 11.30am