

**WARRINGTON HEALTH FORUM**  
**Monday 24<sup>th</sup> September 2018, 1:00pm - 3:00pm**  
**Large Conference Room, The Gateway**

<b>Present:</b>	Kevin Goucher - Chair	Culcheth PPG
	Thom Stokes	NHS Warrington CCG
	Dr Ipsita Chatterjee	NHS Warrington CCG Clinical Lead
	Julie Cornwell	Midlands and Lancashire Commissioning Support Unit – WRAG Presentation
	Maggie Garsowick	Midlands and Lancashire Commissioning Support Unit – WRAG Presentation
	Audrey Fitzpatrick - Vice Chair	Fearnhead PPG
	Katie Horan	NHS Warrington CCG
	Jim Sinnott	Northwest Boroughs Healthcare Public Governor
	Alison Cullen	Warrington Voluntary Action
	Mark Moran	MyNDFUL
	Anne Robinson	Warrington and Halton Hospital NHS Foundation Trust Public Governor
	George Robinson	(Causeway) Great Sankey PPG
	Esstta Hayes	Warrington Disability Partnership
	John Davies	Member of the Public
	Mavis McDonnell	Member of the Public
	Andrea Machin	Warrington Parents and Carers
	Eileen MacDonald	Staying Connected
Vicki Blaylock	Member of the Public	
Dr Andrew Davies	Clinical Chief Officer – For Item 6	
<b>In Attendance:</b>	Tilly Dobbin	Minute Taking

**Declarations of Interest**

No declarations of interest were made.

**GENERAL BUSINESS**

**1. Welcome, Introductions and Apologies**

Apologies were received from Joyce Garner, Derek Shaw, Joanne Parry-Statter, Karen Drury, Gwen Lightfoot, Paul Mendeika and Pat Taylor.

Introduction were made, and Kevin Goucher welcomed attendees.

KG noted that Dr Davies will be attending the meeting later to update on the recent Warrington Guardian coverage as per the letter of no confidence signed by 16 Practices in Warrington in relation to Dr Davies and Dr Bunstone's positions within the CCG.

It was also noted that since the letter has been received, Dr Bunstone has tendered his resignation as Chair of the CCG, but it was clarified that this is not due to the letter of no confidence. Dr Davies will update further later in the meeting.

KG reported that Dr Davies has been very supportive during this time and that KG has attended meetings to offer his support of the CCG. KG noted that a full investigation was conducted by an independent body regarding the allegations made and nothing was found. KG stated that

	<p>everything has been processed correctly and robustly, in his opinion.</p> <p>Attendees requested more information regarding the situation in the next public Newsletter.</p> <p>KG requested that delegates note some of the GPs are now retracting their signature on the letter and feels that a follow up press release should be published to address this matter.</p>
2.	<p><b>Ground Rules</b></p> <p>The ground rules were outlined by the Chair and accepted by members in attendance.</p>
3.	<p><b>Previous Minutes</b></p> <p>The previous minutes were agreed as a true and accurate record with the amendment to the noted apologies.</p> <p>MM – Page 2 – Warrington Primary Care Collaborative feedback – on action log.</p> <p><b>Outstanding Actions</b></p> <p>The action log has been updated.</p> <p><b>18/05 – Closed.</b> Anne Robinson reported that at the last Governors’ meeting, the point was raised that the HF had lots of questions regarding what’s happening between Warrington and Halton and the potential location of the new hospital as well as difficulties of recruitment. An offer has been made by Deputy Chief Nurse to speak at the Health Forum; therefore, please give any questions in advance to give to him, to be able to answer fully at a Health Forum meeting at a later date.</p> <p>Questions were raised in regards to whether we’re going to have a walk in centre.  <b>Action: Katie Horan to look into possibility and potential plans around a walk in centre</b></p> <p>In terms of a Cancer Centre, it was suggested that people out of area are going to ask why they need to come to Warrington for treatment.          There is also an impact on Warrington Together that needs to be considered.</p> <p><b>18/12 – Is under CCG update on action log – closed.</b></p> <p><b>18/21 – Closed.</b> Same KPIs that we have with every other contract. KH suggested that Michelle Creed, who took over from John Wharton, can attend the Health Forum to explain what is in the contracts from a quality point of view – this was agreed by Health Forum members.</p> <p><b>18/22 – Closed.</b></p> <p><b>18/23 – Closed.</b></p> <p><b>18/24 – Closed.</b> Attending today’s meeting.</p> <p><b>18/28 – Closed.</b> Due to recent activity from Practices, Dr Davies can update on this when he attends today.</p> <p><b>18/29 – Closed.</b> Have an update - Andrew Donnelly is Warrington Together’s new Communications Manager.          The response received is raising more questions. The response will be sent with minutes of the</p>

	<p>meeting – if there are questions, please send them to Kevin Goucher, Katie Horan or Tilly Dobbin. Mark Moran noted that he has been asked to bring together a People’s Panel (12 people), of all ages, all areas, etc.; therefore, he has been canvassing members and will be going back to Warrington Together with them next week.</p> <p>It was noted that there are 5 members of staff that make up Warrington Together; further to this there are some other members that are involved with Warrington Together.</p> <p>Kevin Goucher challenged John Davies’ tone, stating that it had become “aggressive”. This issue was addressed and KG apologised for using the adjective “aggressive”.</p> <p>KH noted that she has also invited Carl Marsh, Chief Commissioner to update what the CCG and Council are expecting from Warrington Together. The draft perspective is available, but is not finalised. This may give more clarity of what can be expected from Warrington Together.</p> <p>Questions were raised in regards to who Talking Matters are.</p> <p>It was clarified that Talking Matters are within IAPT, a service that sits in Primary Care for Mental Health for patients unless they have gone into crisis; their primary approach is Cognitive Behavioural Therapy for children and adults and is CCG commissioned. The THRIVE model is supporting this for Children.</p> <p>Some new materials will be available soon. The same number is being used. No official press release has been made yet, but this can be expected.</p> <p>Dr Chatterjee suggested that Claire Hammill can attend to update on this.</p>
	<p><b>Matters Arising</b></p> <p>Page 4 – KH noted that the contract for Warrington Healthwatch is now being managed by a different organisation - Lydia Thompson, Healthwatch Manager, has been requested to attend the Health Forum to provide an update; however, they are currently short staffed so have agreed to attend when they can.</p> <p>KG stated that there has been no update from Healthwatch this year, whereas there were constant updates when managed previously – continuity is needed.</p> <p><b>Action: Katie Horan to feed this back to the Local Authority</b></p>
<p><b>4.</b></p>	<p><b>Topic: Warrington Referral Assistance Gateway (WRAG)</b></p> <p>Thom Stokes (TS) delivered a presentation to outline WRAG.</p> <p><b>Action: Tilly Dobbin to distribute the presentation with minutes of the meeting</b></p> <p>It was reported that a lot of changes have been made since the last update at the Health Forum.</p> <p>Thom explained that the previous provider moved their base from Manchester to Oldham in July 2018; this initiated staffing issues as team members were unable to accommodate the move and therefore capacity issues arose. Further to this, there was new management implemented which resulted in a high staff turnover.</p> <p>Feedback from patients was overall good in terms of experience; however, waiting times were a massive issue.</p> <p>From this, recommendations to improve were made to NHS Warrington CCG Senior Management Team and agreed; from this a transition workgroup came together to focus on transitioning the new team – from the decision to terminate the contract and move over to the new provider, it took 4 weeks. Midlands and Lancashire Commissioning Support Unit (MLCSU) are now the provider. It was noted that this move took a monumental effort from MLCSU, Accenda and GTD.</p> <p>Although the wait times are now being recorded in seconds, rather than minutes, it is expected for the times to come down further with the recruitment of more staff.</p> <p>Contact details were provided:        Same number: 01925 377 520 or 0800 652 6926        Email: <a href="mailto:contactus.wrag@nhs.net">contactus.wrag@nhs.net</a></p>

[complaints.wrag@nhs.net](mailto:complaints.wrag@nhs.net)

It was reported that the KPIs will remain the same as set out to the previous provider. As GMSS weren't able to perform against them, the decision to decommission was taken and they will continue to be reported against.  
 One of the few times known to decommission mid-contract.

**Questions**

- **Why were they awarded the contract to begin with if they were so bad?**

When the decision was made to commission GMSS (first provider), the service was run well and used as a good practice example around the country. From then, there were staffing issues that affected the running of the service when the team moved to Oldham – as a result of this, they were then unable to perform against the KPIs and the decision was made to de-commission and a provider was awarded the contract who are now able to better provide the service.  
 The same KPIs are implemented for MLCSU and they will continue to be monitored monthly.

KG stated that the voice of the Health Forum was important in getting these problems heard and changes made in order to be run successfully.

Mark Moran stated that the team should be commended for coming out of a contract so early and implemented so quickly.

- **Due to learning from the risks presented with the previous WRAG provider, what is the contingency plan going forward?**

Julie stated that the service has been open since 2006 and work across a wide footprint, delivering the same service successfully in other areas; therefore, it was clarified that the team has not been set up especially for Warrington. A department was already in place to deliver this and there was capacity; furthermore, as it is a big team, there is flexibility to be able to pick up work if staff issues such as sickness or leave affect the regular team.

A business continuity plan is in place with MLCSU as well as other contingency plans within the team to ensure that they can provide the service if issues arose.

TS clarified that if these plans didn't deliver the right solutions and there was inability to perform against the KPIs, then we would go down the same route and an alternative provider would be considered.

TS stated that it was ensured that processes didn't change i.e. contact information remained the same, for the benefit of both Practices and Patients.

It was also noted that the enthusiasm of the Health Forum was important in being able to give TS the mandate to decommission a service, which is not common. TS has been involved with WRAG for 4 years and stated that he made a commitment and has been a difficult process, but he believes we are in better position now.

KG stated that this proves that the patient voice does get heard through the Health Forum to the Governing Body, and is listened to.

It was acknowledged that there are still improvements to be made, but on track and is being delivered better.

- **One of the issues raised was about the smart cards – some practices weren't linked to WRAG – has this been addressed?**

It was noted that the points of failure were outside of the control of the WRAG team and sat within practices. JC stated that when she first met with ST following the handover of the service, JC sent what she thought was full list to the new team, but 6 people didn't have Warrington roles. JC has now been assured that this has been rectified.

TS requested that if there are any other issues, to please raise them straight away as teething problems can be expected in the first few months, but they can be addressed.

KH confirmed that all practices are signed up.

	<p><b>Action: Katie Horan - Put WRAG on PPGN agenda</b></p> <ul style="list-style-type: none"> <li>• <b>As MLCSU already cover St Helens and Knowsley, does Warrington present any different issues?</b></li> </ul> <p>No dissimilar issues have arisen, but it is acknowledged that the team need to focus on building relationships with Community Providers i.e. Bridgewater, Hospital, etc. in order to be successful; JC feels that this will develop over time as providers need reassurance WRAG are working with them, so anything attendees could suggest for WRAG to attend, please let the team know.</p> <p>Attendees stated that Maria Austin previously promised a quarterly update on WRAG, which has not yet been implemented and asked that this be commenced. It was agreed that any information can be sent through Tilly Dobbin or Katie Horan. AR asked that if there are any hiccups re: community bodies, please include in quarterly report so that the Forum can be made aware - TS stated that this can be done.</p> <p>Health Forum thanked for attending.</p>
<b>5.</b>	<p><b>Feedback:</b></p> <p><b>Patient Representative</b></p> <p>Kevin Goucher (KG); NHS Warrington CCG Governing Body (GB)          Due to quoracy issues, Governing Body wasn't able to be held; therefore, there is no report.</p> <p>To confirm 3 GPs have left the Governing Body (one advising this was due to workload, one resigned (reason being confidential) and one has been removed from the position following a Conflict of Interest issue. One GP Member has remained.</p> <p>It was reported that as per the resignation of Dr Dan Bunstone as Chair of NHS Warrington CCG, the Governing Body GP members need to appoint the replacement Chair and therefore, recruitment for the 3 GP members needs to be completed in the first instance.</p> <p>The Forum expressed their gratitude to Dr Bunstone as Chair.</p> <p><b>Public Governor</b></p> <p>Anne Robinson – NHS Warrington and Halton Hospital Foundation Trust          No update.</p> <p>Jim Sinnott – Northwest Boroughs Healthcare          No update.</p> <p>Paul Mendeika – Bridgewater Community Healthcare NHS Trust          No update.</p> <p><b>Healthwatch Warrington</b></p> <p>No representation.</p> <p><b>PPG Network</b></p> <p>No update. Next meeting is scheduled 3<sup>rd</sup> October.</p> <p><b>Third Sector Network Hub &amp; Third Sector</b></p>

	No update.
6.	<p><b>CCG Update</b></p> <ul style="list-style-type: none"> <li>• <b>Resignation of Dr Dan Bunstone as NHS Warrington CCG Chair</b></li> <li>• <b>Vote of No Confidence press article</b></li> </ul> <p>Dr Andrew Davies attended to provide this update and began by explaining his role within the CCG as Clinical Chief Officer, which was described as the equivalent of a Chief Executive.</p> <p>Dr Davies thanked the Health Forum for inviting him to provide this update and stated that KG consistently provides support to the CCG, as well as recently providing useful feedback at the Annual General Meeting. It was explained that some misinformation has been published and this has been addressed formally at the AGM.</p> <p>Dr Davies explained that GP Practices are members of the CCG. It was reported that NHS Warrington CCG have gone from “Requiring improvement” to “Good” in the Improvement and Assessment Framework (IAF) in this past year as we have scored highly in all areas. Due to this, the letter of no confidence signed by Practices was unexpected. It was reported that the things included in the letter, which has been published in the media, have never been raised via the formal routes through the CCG and a number of GP Partners across the town have since stated that they weren’t fully aware of the implication of the letter stated that the letter was suggested to be a letter of concern rather than of no confidence, and have since expressed their regret with signing.</p> <p>Dr Davies reported that a voting member of the Governing Body who is a GP within Warrington also Chaired a Committee, at which a declaration of interest was not made when he, with other GPs, took on a position within a private company. Due to the failure of declaring this conflict, the difficult decision was taken at Governing Body that the individual could no longer deliver their role within the CCG as a voting member. This decision is what triggered the letter from Partners.</p> <p>Dr Davies stated that he acknowledges that the CCG is not perfect, but staff have been upset by the comments and allegations as they have not been raised within the CCG before they were sent to the media for publication. Due to the lack of raising these concerns via the formal routes, there has been no chance to investigate properly against the allegations.</p> <p>Further to this, it was reported that Dr Dan Bunstone, Chair of NHS Warrington CCG was approached in April 2018 by <i>Push Doctor</i>, a private company that provides online consultations. When Dr Bunstone considered taking on this role it was discussed with the CCG to identify whether there would be any conflict with his position as the Chair of the CCG – the interest was registered properly, but no conflict was identified as <i>Push Doctor</i> did not hold any NHS contracts as the time. It was agreed then that if this were to change and a conflict were to arise, then Dr Bunstone would have to come forward with this for the interest to be reassessed. Since Dr Bunstone took his position in <i>Push Doctor</i>, the company have been awarded an NHS contract that is out of area. As this was felt to be a <b>potential</b> conflict, Dr Bunstone made the difficult decision to tender his resignation as Chair of the CCG. Dr Davies reported that Dr Bunstone is upset by this and regrets the timing due to potential confusion of the reasoning behind his resignation.</p> <ul style="list-style-type: none"> <li>• <b>How do you see things developing following the letter of no confidence?</b></li> </ul> <p>Dr Davies states that he has had conversations with some GPs who have expressed regret in signing the letter as they believed it was a letter of concern, which they have reported signing in support of a GP colleague.</p> <p>In terms of ability, it does present some constitution issues, in terms of quoracy at Governing Body and CCG Committees; however, there remains to be 3 registered GP members who can sit within the Governing Body and the Terms of Reference of sub-committees, <i>i.e. Quality Committee</i> can</p>

be redrafted in the interim to in order to continue to take place.

In the instance that this was not an option, NHS England would step in and put us under the directorship of a neighbouring town; Dr Davies stated that this would likely be Halton and that he holds the same post as Clinical Chief Officer for NHS Halton CCG.

It was reported that the CCG are drafting to have a 3<sup>rd</sup> lay member and are looking to reorganise governance to ensure that committees have adequate representation from all disciplines.

It was stated that the NHS is changing the way it wants to do things as per the NHS Act which establishes how CCGs need to run, so we need to make changes as well, as are other CCGs.

Audrey Fitzpatrick stated that it is a shame that it has come to this and that our GPs are well respected, well-educated individuals who have behaved in a child-like manner.

Dr Davies stated that we need to take some learning from this and acknowledged that it feels like there are two camps between the 16 practices who have signed the letter which is not a sustainable approach for the town. Dr Davies stated that he too is frustrated with behaviours, as he is committed to the NHS and Warrington as a town and that this has affected his trust and confidence in some primary care colleagues.

Dr Davies reported that it is expected that a couple of individuals have coordinated this and misled some other members into signing something that hasn't been fully understood, who also believed that the letter would be sent directly to Dr Davies, not for the intention to be published.

- **Do you believe that the Partners who signed the letter under the belief that it was a letter of concern will stand up against the opinions actually expressed as a letter of no confidence?**

Dr Davies stated that the situation is still raw at the moment and for those who have been misled, it is for them to resolve; if Warrington can get what it needs from their NHS the reputational implication against the CCG should be reinstated as we can be shown to be delivering what we need to and how we need to. The CCG want the membership to be engaged, and thought they were. A number of Practices who signed the letter don't have a Clinical Lead attached to their practice to have that close contact with the CCG and for the Practices that do have a Clinical Lead, they have stated that they didn't want to sign the letter, but there has been an acknowledgment that it is on behalf of *all* Partners in practice.

John Davies stated that he knows that Dr Davies is committed to what he is doing in his role in the CCG and that he feels it is a privilege to speak with him. Forum attendees agreed that Warrington are lucky to have Dr Davies in post and Essta Hayes stated that during her previous role, when working with Dr Davies and Dr Bunstone, they were always positive and championed the patient voice which is what you want from a Chair and Clinical Chief Officer.

KG agreed that both Dr Davies and Dr Bunstone have always been open and honest with him and this has continued through this current situation.

Dr Davies stated that he believes the fall down to be lack of communication internally to GPs and agreed that information needs to be cascaded through Primary Care – as a result of this, a link manager within the CCG Management Team has been discussed to ensure that this doesn't happen again.

Furthermore, Dr Davies stated that considering what has been published in the paper, there has been an influx of support from colleagues, partners and patients and he took this opportunity to thank members of the Health Forum for their continued support.

Attendees thanked Dr Davies for the update.

*Dr Davies left the meeting.*

- **Home Visit Policy**

There have been two new policies developed one by the South cluster with their PPG involvement and the other by the East cluster. We are now looking at combining them to make a Warrington

wide policy. There is an initial meeting to discuss this on 26.09.18. Anne Robinson will be attending as the patient representative. This will be discussed in more detail at the PPG Network meeting next week.

Eastern Sector Cancer Service Transformation – pre-engagement on this has now been started with targeted engagement. Three panel sessions have been organised which will meet to co-design the model for Warrington the Health Forum representatives are Kevin Goucher, Anne Robinson, Audrey Fitzpatrick and Eileen MacDonald. Reps also include Cancer Nurse Specialists, LiveWire, Healthwatch, John Holt Cancer Support Foundation and St Rocco's. More information can be found on the CCG website <https://www.warringtonccg.nhs.uk/Images/Page%20Images/get-involved/cancer.htm>

KG suggested a cluster development manager attend the Health Forum regularly to update in and out of the forum.

KH doesn't believe that a development manager would attend monthly due to the nature of their work; it also needs to be considered that there are other areas of the CCG and Primary Care can't be singled out. The forum agreed that this is a valid point and it wouldn't be appropriate.

The Forum agreed to request reports or quarterly updates from Cluster Development Managers and it was agreed that this could be covered under CCG updates.

KH requested that this discussion continue at the PPGN.

George Robinson stated that Dr Rajkumar has offered the medi-centre as a venue to hold PPGN meeting.

**Action: Katie Horan to ask for attendance from Cluster Managers, or alternative updates on a quarterly basis**

KH reported that another Cluster Development Manager has been recruited who will be starting in the next few weeks.

- **Eastern Sector Cancer Service Transformation**

KH stated that this is the start of what can be expected to be a long journey and that an existing NHS site is likely to be utilised. KH clarified that this will be for non-surgical services i.e. chemotherapy.

- **Procurement of GP 5 Year Forward View Update**

As you are aware the CCG has a requirement to meet the GPFV and the timescales for and in the procurement and the specifications were directly linked to this. The Procurement process identified the priorities that the bids needed to be assessed against and agreed pass/fail/minimum score requirements for certain questions.

Having gone through the process, disappointingly the CCG cannot award a contract as none of the bids met all of the minimum criteria.

However, the GPFV still needs delivering and therefore the CCG has urgently considered further options.

A repeating of the procurement will not only be expensive and time consuming but may not achieve a different result and would certainly mean that a number of "must do" requirements of the GPFV would not be commenced or completed in accordance with required timescales. Therefore the CCG has decided to adopt a programme management approach to deliver the project under the tight specification and monitoring conditions that were put in place for any contract award.

The CCG is disappointed that the process did not produce the desired outcome and therefore the project management approach will have a designated project manager to deliver, with the Warrington practices and clusters, the specifications. It is the intention of the CCG that each specification will have an outcome payment for each practice when successful delivery is

	<p>demonstrated.</p> <p>The project manager will be required to report every 2 months to the primary care commissioning committee to ensure that the requirements of the specifications are being delivered.</p> <ul style="list-style-type: none"> <li>• <b>Cancer Health and Wellbeing Event</b> The third CCG event will take place on Thursday 4<sup>th</sup> October. This has been promoted widely. For more information please visit the CCG website <a href="https://www.warringtonccg.nhs.uk/News/Local-people-invited-to-cancer-health-and-wellbeing-event.htm">https://www.warringtonccg.nhs.uk/News/Local-people-invited-to-cancer-health-and-wellbeing-event.htm</a></li> <li>• <b>Gluten-Free</b> Following a national consultation prescription for gluten free foods have now been restricted. A draft communications toolkit has been developed and will be shared with the CCG Lay Readers, if anyone else is interested please let KH know.</li> <li>• <b>National Diabetes prevention programme</b> The CCG are implementing a national prevention programme. KG has been involved in developing the draft communications, these will now be sent to the CCG Lay Readers panel, if anyone else is interested please let KH know. Eileen would be interested in this information</li> </ul>
<b>7.</b>	<p><b>Feedback to Governing Body / Relevant CCG Committee</b></p> <ul style="list-style-type: none"> <li>• Raise concerns around Healthwatch – not for action by Governing Body.</li> <li>• Thanking Dr Bunstone and Dr Davies as Chair and Chief and the support they have provided</li> <li>• WRAG - Positive that waiting times have gone down to seconds and the team seem more approachable with problems and</li> <li>• Update on Primary Care now being fully delegated</li> </ul> <p>KG stated that Dr Bunstone and Dr Davies have been fully open and have presented Kevin as the patient voice and rep from Health Forum very well.</p>
<b>ANY OTHER BUSINESS</b>	
	<ul style="list-style-type: none"> <li>• Mark Moran – MYndful</li> <li>- World Mental Health Day is 10<sup>th</sup> October – an event will be held in the Gateway, 11:00am – 4:00pm with a marketplace outside and an introduction to MYndful between 1:00pm – 3:00pm inside the building</li> <li>- Friday 5<sup>th</sup> October there will be a celebration in Warrington Irish Club from 7:30pm with live music to celebrate the good work being done around mental health.</li> <li>• Anne Robinson – resigned as Secretary of Holes Lane PPG but remains a member.</li> <li>• Esstta Hayes - Warrington Disability Partnership</li> </ul> <p>WPD have opened a Hospital inreach service at the fracture clinic in Warrington hospital where EH will be based every Thursday. EH also noted that she goes to community spaces every month to discuss Personal Health Budgets (PHB) and has a presentation to deliver on PHB if requested.</p>
	<p><b>Next Meeting:</b> Monday 29<sup>th</sup> October, 1:00pm – 3:00pm, The Gateway</p>