

Community Engagement Partnership Action Log – 12th February 2018

Date Raised	Issue/Agenda Item	Action Agreed	Resp.	Deadline	Update/Outcome	Completed / RAG
08/01/18	Backlog for rheumatology	Find out current backlog for rheumatology, is this more than 12 months? Good feedback from patient ref ophthalmology pathway from optician to IHT consultant.	MG		22 weeks at IHT (Dec 2018) is the wait time from referral to treatment (treatment being defined as the first intervention that could (but may not) cure or alleviate the illness). It's based on the 92nd percentile i.e. 8% will wait longer than 22 weeks. NHSI have asked IHT for a remedial action plan to address the current waits over 18 weeks. Some patients will perceive they have waited longer because they have had the first treatment and they are now waiting for the next phase of treatment (which is not on a clock). For these patients IHT aim to have them in within 6 weeks of their planned review date but they currently have a significant backlog which they have brought in extra capacity in rheumatology to deal with. We've not seen the remedial action plan yet but will hopefully get this soon.	Amber (Ongoing)
2/02/18	Independent pharmacies	MG to find out how many pharmacies are independent and able to prescribe, and where they are located	MG	March	Rifat advised MG to contact Tania at the LPC, emailed on 20/02 and chased on 28/02	Amber (Ongoing)
12/02/18	Hand sanitizer in surgeries	Can a sign be displayed next to the screens to remind patients to wash/clean their hands after signing in.	PQ	March	This will be discussed in PPGs and be featured in the newsletter.	Green (complete)
12/02/18	Free flu jabs	Would free jabs reduce strain on services?	MG & MBW	March	We've been told that the vaccine is offered to individuals who would be more susceptible to the effects of flu; where there is likely to be a significant	Green (complete)

					<p>decline in their current medical condition once they have flu or where there is an increased likelihood of coming into contact with individuals with flu e.g. health workers. In the first 2 situations the individuals are much more likely to require hospital treatment, can end up with a permanent disability or it can even lead to death. The link below gives a list of the types of people who would be legible to have the flu vaccine on the NHS</p> <p>https://www.nhs.uk/conditions/vaccinations/who-should-have-flu-vaccine/</p> <p>For a normal healthy individual it would mean having to spend some days in bed and time of work recovering but other than that it would be uneventful, so for this reason there is more of an emphasis on vaccinating those individuals who would fall into the at risk category as the consequences of them catching the flu could be disastrous. People who are not legible to have the flu vaccine on the NHS can still visit their pharmacy who will offer the vaccination for a fee providing they are suitable to have it.</p>	
12/02/18	Integrated Care Systems	Ed Garratt to visit CEP and CEG to discuss this further	JT	March	Meeting arranged for 20 th March. The venue will be the Blackbourne Community Centre in Elmswell, agenda/invite to go out one week before to all CEP & CEG members.	Green (complete)
08/01/18	Are Pregabalin and Gabapentin going to be		MG		There is a consultation out at the moment about reclassifying these two drugs as controlled drugs. The proposal is to make them Class C and	Amber (Ongoing)

	classified as Class C drugs?				Schedule 3 drugs. The consultation closed on 22/1/18 but the results have not yet been published.	
08/01/18	Urgent Care Service Specification	Deliver data on those people arriving at A&E with mental health issues. It was noted that some will not be coded.	R W		Richard is happy to put things in motion but it will be very time consuming and he doesn't want to add pressure to staff without a reason for the data being required.	Amber (Ongoing)
12/02/18	Record sharing ideas to be investigated	Suggestions put forward to promote the campaign: CM – pharmacies RS – Check-in machines in surgeries or prescription papers GJ - workplaces	JT		All CEP suggestions will be considered by the IT team and included in the action plan where appropriate/practical.	Green (complete)
08/01/18	Member updates	Ask Pete Devlin to join a meeting in the future	MB W/ M G	TBA	Arranged for 12 th March	Green (complete)
08/01/18	Member updates	Has there been patient involvement in the wheelchair and community equipment work?	M G/ MB W	February 2018	Linda H has met with the Contracts Manager - Community Equipment, at the West Suffolk Hospital, to explain the difficulties experienced by wheelchair users in accessing current services. She is concerned about the lack of involvement which needs looking in to – MG to speak to Linda and Alison Smith, Maddie to find out right person to speak to. *emailed Nicola Brunning as advised by Jon Reynolds on 16/02. Chased on 28/02.	Amber (Ongoing)
13/11/2017	Training for patient involvement at funding panel	The CCG Clinical policies group and individual funding review panel have been seeking some patient	JT	March 2018	In progress. Chris Hooper and Louise Hardwick to meet on 5 February to arrange training for Vicky, Claire and Linda.	Amber (Ongoing)

		involvement. Training needs to take place before this role can be taken up.			MG emailed Chris Hooper, advised that John Troup is organizing.	
09/10/2017 08/01/2018	STP questions	STP Communications & Engagement work stream to review what might be needed	SM ?	January 2018	New head of communications has been seconded in to support the comms and engagement workstream. New head of comms is Simon Morgan.	Amber (Ongoing)
12/02/2018	Wellbeing website	Recommended changes need to be asserted and further meetings to be held. NSFT accountable for improvements.	JT/ M G		Close monitoring required for wellsite improvements.	Amber (Ongoing)
12/09/16	Wellbeing Service - To explore patient and service user involvement in the development of the primary care mental health link worker role.	CEP needs to oversee NSFT work. The link worker role leaflet will be shared from 19 January. It was reiterated that this was to explore patient and service user involvement in the development of the primary care mental health link worker role. CEP asked for clarification on how the NSFT will achieve this. IC added that there was a general lack of knowledge about the link worker role among GPs, and this needs to be clear too.	IC/ LP	February 2018	Lorraine Parr is working on a leaflet about the link workers. We developed a draft which NSFT took away to get a proof available for us to review. Lorraine received this back later than anticipated on 6 th Feb from NSFT. She has reviewed with the GPs and is meeting the link workers for comments on 14 th Feb. We can then feedback the comments to NSFT to get the leaflet adjusted to get a final version for the GPs which can be shared with CEP at that point. When Lorraine sends back to NSFT to make amendments she will try and get a date for when we can expect the leaflet back in its final form.	Amber (Ongoing)