

Patient forum Minutes 8th March 2016

Attendees: Natalie Millidge, Jo Vaughan, Lynda Barnacle, Lesley Jones, Sarah Mastin (Sisters); Michael Horton, Dennis Cox, Sue & Gerald Wheeler, Caroline Bird, Chris & Steve Smart, Stuart & Jackie McIntosh, Barry Hayward, Dr Dan Ford, Dr Simon Fletcher, Nilesh Jogia

Apologies; Sue Bunyan, Faz Bibi, Kay Wilkinson, Fatuma Rajab, Carole Foster, Hazel Jones, Steve & Sylvia Roberts

Welcome ; NJ welcomed group, thanked them for their attendance and asked them to encourage more patients to attend especially in those areas not represented.

Transport

The group discussed the implications and concerns raised by patient over the introduction of the CCG eligibility criteria. Concerns included Patients who needed transport would be overlooked, and the chaos of the 3 monthly reviews. Also of concern was the lack of transparency over the eligibility criteria, and the non independent appeals process.

Additionally the lack of knowledge and understanding of renal patients by the assessors was raised. **BH** listed 3 preliminary questions the assessor would ask including, if pt could use public transport, did they have family or neighbour who could bring them in, and did they get mobility allowance. The group took exception to the 2nd question re family or neighbour as it was felt most pt would feel uncomfortable asking a neighbour and family may be working. Even the fitter healthy pts said they would have difficulty in using public transport if they lived some distance away from unit.

NJ informed group of West Mids Strategic Clinical Network & Senate work on collation of west mids transport contacts. Within this it was noted that Birmingham CCG had reviewed and changed eligibility criteria times to 6 monthly for renal patients. This seemed a better proposal to the group.

NJ also informed group that he had spoken to Mark Davis re Eligibility Criteria and MD was not aware that this was a national policy. If not why is Coventry being targeted?

NJ told group he was awaiting invite to a Transport meeting with CCG transport lead and interested parties (Shaun Deasey) and would raise these points and keep group updated.

The conclusion of this part was that the group felt the impact of Eligibility Criteria for Renal Patient needs to be closely monitored and where necessary opposed strongly. The one area the group did agree should continue discontinuation of transport to those who receive mobility but choose not to use it.

Matrons Report (JV)

Staffing issues : better now with 7 full time vacancies
Regular Agency Staff being used for continuity

Home Care (DF)

17 New patients

3 New pts pre on machine training

1st pt going abroad with Nx

Nocturnal dialysis results looking good but too early to assess

CS some points; 1. Could Nx be available to pts who are admitted (any ward) ?

2. Nx supplies- The trust may be double paying for supplies not being used

3. Is there a better way to get blood tests done without calling nurse out late at night.

DF to look into

PD (NM)

Point was raised as to whether PD (home) pts could get payments for running costs as per NICE recommendations. **NM** said no units were doing this so far but would look into this.

PD numbers are static with assisted programme growing.

The new Claria machines (10) were useful with remote log in and set ups. Dr Hamer was going to Italy to discuss system and PD nurse going to Norway to discuss as UHCW is pioneer in these machines.

Renal Nurse Specialist (SM)

Uptake from new pts using service is low for Peer support group. **SM** to look at new ways to increase uptake.

IT (DF)

Nexadia implementation programme progressing. System will mean pt weight and machine programming and BP measurements will be recorded electronically. UHCW to be 1st non Braun unit to use this system. **SMc** said some machines don't record BP.

Techs will need to see to this. **CS** asked if this will be available to home pts. **DF** said this would not be possible.

DF said the new renal IT system had been put on hold along with the whole hospital IT update.

Dieticians Report (CB)

Sharon Huish on maternity leave. New cover Lillian to start soon.

Andrew doing research, and post will be covered.

Vit D research being collated and should be available later in year.

UHCW (JV)

Staffing is improving and regular agency staff are being used.

Unit running at capacity.

New Band 7 starting in May.

George Elliott (LB)

No Issues

St Cross (JV)

CF wrote in that isolation bays have been removed increasing space for pts and staff.

2 pts have not met transport eligibility criteria with 1 being transferred to UHCW and the other awaiting appeal process.

2 new staff recruited, and regular agency staff being used

CF also wrote that she will be starting a new position soon and will miss Renal.

The group wished her well in her new role.

SMc said wifi was poor. Wifi for patient use at both ST cross and UHCW is dependant on free bandwidth which is in heavy use at the moment.

Stratford (DC)

No Issues.

Transport eligibility concerns

Car parking is much better

Whitnash

Staffing at full capacity

Entrance code has been changed

TPCKD questionnaire to commence Kmc

Ward 50 (NM)

Staffing numbers up but there will be a couple of leavers

Day unit running well but there are still inpts from winter overflow.

A.O.B

SMc – Vascular surgeon nos. are down. DF advised that new surgeon (Mr Yates) will start in May.

MH advised group that Thursday is world Kidney Day and KPA will have a stand in hospital lobby.

Clinical Directors Report (SF)

New Coventry satellite unit progressing with contracts due to be signed

Number of dialysis pts is stabilizing.

No. of Tx is down nationally due to decrease in available donors.

Date of next meeting

7th June 2016

5th Floor Seminar Room UHCW

