



AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 16 December 2015.

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford,
M32 0TH.**

A G E N D A	PART I	Pages
2. MINUTES		1 - 10
To receive a follow on report from Trafford CCG Associate Director of Commissioning.		
6. INTEGRATED CARE		11 - 30
To receive a presentation from the Associate Director of Commissioning for Trafford CCG, the Joint Head of Service – Adult Health & Social Care Integration (South) from Pennine Health Care and the Joint Director for Adults (social care).		
8. HEALTHWATCH TRAFFORD UPDATE		31 - 36
To receive an update from the Chairman of Healthwatch Trafford.		

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, R. Chilton, J. Harding, A. Mitchell, S. Taylor, L. Walsh, Mrs. V. Ward and J. Coupe (ex-Officio).

Health Scrutiny Committee - Wednesday, 16 December 2015

Further Information

For help, advice and information about this meeting please contact:

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This agenda was issued on **Tuesday, 8 December 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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**OVERVIEW AND SCRUNITY COMMITTEE
16 DECEMBER 2015**

Title of Report	Trafford Vaccine Fridge and cold chain management quality assurance Process
Purpose of the Report	To describe the assurance process in order to reassure OSC regarding the safe storage and management of vaccines in General practices in Trafford.
Prepared by	Eve Donelon, Primary Care Quality Mgr NHS Trafford
Responsible Director	Julie Crossley, AD Commissioning, NHS Trafford

TRAFFORD VACCINE FRIDGE AND COLD CHAIN MANAGEMENT QUALITY ASSURANCE PROCESS

1.0 INTRODUCTION AND BACKGROUND

- 1.1 Following two separate incidents regarding Vaccine Management in General Practice in Trafford, a robust process to assess the current status of vaccine management and to mitigate against future issues has been developed and implemented across Trafford.
- 1.2 There are a number of nationally determined resources which outline the requirements regarding effective Vaccine management in general practice. These include:
 - i. In 2006 The Department of Health published the 'The Green book' guidance which details information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.
 - ii. Chapter 3 within the Green Book focuses upon the Storage, distribution and disposal of vaccines in health care settings.
 - iii. Public Health England (PHE) issue updates of the Green book to General Practice when available.
 - iv. CQC include Vaccine fridges and cold chain management within their inspections at GP practices
 - v. The National GP contract states that contractors shall ensure:
 - (a) *all vaccines are stored in accordance with the manufacturer's instructions; and*
 - (b) *all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken on all working days.*
- 1.3 To support the existing national information and assessments outlined above, Trafford Council commission annual hygiene, cleanliness and infection prevention and control inspections to support Trafford general practices to meet standards within the 'Health and social care act (2008), code of practice for the prevention and control of infection and associated guidance'.
- 1.4 Whilst there is a National GP contractual requirement the CCG have observed through the recent closure a GP Practice that this requirement is not always fulfilled
- 1.5 This report will outline what arrangements are currently in place, the immediate assurance work which has taken place and the planned next steps

2.0 IMPLEMENTED ASSURANCE PROCESS October 2015

- 2.1 In order to provide assurance of the current status of Trafford vaccine fridges and mitigate against incidents relating to vaccine management the following steps have been implemented:
 - i) Trafford CCG facilitated a meeting 15 October 2015 in order to develop and implement a refined, triangulated process which would provide a baseline of the

quality of vaccine management within general practice. The meeting was attended by:

- NHS Trafford's Primary Care Quality manager,
 - NHS Trafford's Locality Lead Medicines Management Pharmacist,
 - Trafford Councils Director of Public Health,
 - NHSE Lancashire & Greater Manchester / PHE Clinical Screening and Immunisation Manager
 - Pennine Care Foundation Trusts (Trafford division) Modern Matron Infection control lead
- ii) The refinement and implementation of the audit relating to Vaccine management at all Trafford practices was agreed and mandated with immediate effect
- iii) Hygiene, cleanliness and infection prevention and control inspections were scheduled by the Modern Matron Infection control lead directly with all Trafford GP practices. All were to be completed during Q3 15/16
- iv) Each inspection lasted approximately 1.5 hrs. h and the Infection control (IC) inspector produced a report and supporting improvement plan for each practice following the visit. These were sent to the practice and CCG within 48 hrs. of inspection (See Appendix A for template)
- v) Where issues relating to vaccine fridge and cold chain supply were highlighted the IC Inspector telephoned the CCG Primary Care Quality lead or Locality Lead Medicines Management Pharmacist in order to report findings immediately
- vi) On receipt of the information the CCG representative contacted the Practice manager to discuss the issues reported and gain assurance the practice would address the issues immediately.
- vii) Where specialist advice was required following an inspection the IC Inspector contacted PHE directly or via the CCG
- viii) GP Practices were required to submit an improvement plan responding to Vaccine fridge issues to the CCG within 48hrs of their inspection and within 5 working days for all other Infection control issues
- ix) The NHS Trafford Primary Care Quality manager (PcQM) coordinated an assurance log and all improvement plans received by the PcQM were reviewed by the NHS Trafford Clinical Director for Quality and performance and deemed either as acceptable or requiring further assurance as necessary
- x) The log detailed where further assurance is required and the PcQM is responsible for contacting the Practices for a further updates.
- xi) Where PHEs advice and intervention was requested PHE liaised directly with the Practices to resolve any issues and filed a detailed report to the CCG with recommendations
- xii) The Assurance log is reported regularly at the PcQIG and through the CCGs governance process

3.0 AUDIT OUTCOMES

3.1 Below are the outcomes of the Vaccine Management audit:

Outcome	Number of Practice
Practice deemed 100% compliant with vaccine Fridge mgt	7
Practice required minor* improvement (completed and compliant within 48hrs of inspection)	19
Practice require minor* improvement (improvement plan received. further confirmation of actions undertaken within specified timeframe required)	4
Practice inspection scheduled in December 2015	5

*Best practice but not mandatory

4.0 NEXT STEPS


- 4.1 The CCG will continue to implement the outlined assurance during Q4 2015/16
- 4.2 It is proposed that the assurance process highlighted above will be embedded into the monitoring programme for general practice to assurance future compliance.
- 4.3 In light of the issues highlighted through this work there is a recommendation to the commissioner of Community Pharmacy to undertake a similar audit in pharmacies to ensure the necessary standards are being met.

4.0 SUMMARY

- 4.1 The Trafford CCG assurance process highlighted above seeks to ensure a standardised, evidence based process is undertaken throughout Trafford GP Practices.
- 4.2 Underpinned by a broad evidence base all practices receive an Infection Control Inspection commissioned by Trafford Council to ensure compliance with the Health and social care act (2008), code of practice for the prevention and control of infection and associated guidance.
- 4.3 A robust process to assess the current status of fridge management in general practice has been developed and is underway
- 4.4 Issues highlighted which may comprise compliance with the guidance are escalated to PHE for specialist advise where required and to the CCGs Clinical Director of Quality and performance
- 4.5 GP practices are responsible for delivering improvements against an approved practice specific plan within a given time frame.
- 4.6 The process is overseen by the Primary Care Quality Improvement Group, and in turn governed by the CCG Quality and Performance Committee with escalated triggers for area team involvement as appropriate.

XXXXXXXXXXXXXXXX

Cleanliness and infection control**‘Patients are delivered care in a clean safe environment and protected from the risk of health care associated infections’****Inspection conducted by Phil Broad Modern matron infection control lead on xx.xx.15 between 1xxx-1xxx**

 R Low compliance, needs urgent action

 Y Medium compliance, further consideration and actions needed

 G High compliance

Topic	Checklist	Yes	No	RAG	Comment
1 Policies	The practice has Infection prevention control policies, Guidelines and protocols , which are reviewed every two years or earlier where there has been a significant change including: hand hygiene, PPE, cleaning of the environment, decontamination of equipment, spillages, minor surgery, MRSA & CDI guidance, cold chain, sharps, waste specimen handling, and Asepsis				
2 Policies	The practice has a policy for the cleaning of the general environment, which includes domestic cleaning arrangements, and the decontamination of equipment.				
3 Governance	Infection control is an agenda item at practice/business meetings and actions undertaken are recorded?				
4 Incidents and risk	An SER is completed for Incidents relating to infection control ? and lessons learned are cascaded to the workforce, and /or CCG/NHS England?				
5 Training	The practice has a record of staff training in IP&C which includes attendance registers for face to face presentations and e-learning updates. (It is recommended that clinical staff receive a Face to face update training every 2 years)				
6 Health protection	The practice offers and promotes uptake of Hep B and seasonal flu vaccination with all employees , and that individuals status is recorded				
7 Estates	All practice rooms where any clinical activity is undertaken, is fitted with washable/vinyl flooring? Building in a good state of repair				

Topic	Checklist	Yes	No	RAG	Comment
	upkeep?				
8 Inspection/ Audit	The practice has evidence that an Inspection has been conducted by the Trafford community infection prevention & control (IP&C) service? (Recommended min every 2 years)				
9 Infection control service	The practice know who to contact, with regarding IP&C advice and guidance, including details for the Trafford community infection control team, PHE/HPA, Environmental health, and local laboratory service support?				
10 patient environment	Waiting area, visibly clean , chairs and fixtures undamaged, toilet and had washing facility available which is visually clean, and with toilet paper, disposable hand towels, liquid soap available				
11 Patient Information	The practice displays posters and provides patient information leaflets relating to infection control related topics in patient waiting areas. This may include: Hand washing, Norovirus, influenza, MRSA, Clostridium difficile, head lice, measles.				
12 COSHH	Risk assessments completed , and data sheets available for all materials used within the practice including : hypochlorite tablets, cleaning materials, specimen pots containing, alcohol hand gels, cytotoxic medications and specimens				
13 PPE	Readily available in all practice rooms, where activity requires its provision? and those materials are dispensed from wall mounted fittings?.				
14 Cold chain	Protocol for fridges & flow charts for daily temperature monitoring with log?				
	There is a designated fridge or container for storage of specimens.				
	There is a designated fridge for the storage of pharmaceutical products, which does not have a freezer box.				
	The pharmaceutical fridge is connected to the power supply by means of a spur point				
	Is there a schedule for fridge cleaning?				
	Fridges are clean & tidy with no ice block at the back of the fridge?				
	Minimum, maximum temperatures are monitored and recorded each working day and the log present? (Records should be retained for 2 years).				
	Pharmaceutical products are within date (check of 2 random products)				

Topic	Checklist	Yes	No	RAG	Comment
	The Practice has 2 designated members of staff with responsibility for receipt and storage of vaccine to cover for holidays & sickness, and who have received training in cold chain maintenance. (Record names/designations).				
	The Practice has a policy for action to be taken in the event of a breakdown in Cold Chain maintenance (resilience plan)				
15 Decontamination	All medical instruments used by the practice are single use, and there is no evidence of reprocessing?				
16 Cleaning and Maintenance of Fabric Surfaces	There is evidence of a schedule for the routine cleaning/laundrying of privacy curtains, and fabric covered chairs in consulting /clinical room? or the curtains in use are disposable? Linen pillows are enclosed in a plastic sheath ?				
17 Sharps	Risk assessments have been undertaken as to positioning of Bins. They are secured to wall mounted fittings or secured in locked cupboards.				
18 Sharps	Bins are signed and dated on assembly and when sealed for disposal? , bin lids are assembled properly? overfilled				
19 Sharps	staff know what actions to take in the event of a sharps injury (1 randomly questioned member of staff)				
20 Hand hygiene	Liquid soap and paper hand towels are available from wall mounted fittings adjacent to hand wash basins and Laminated signage is displayed on walls above/adjacent to basin detailing clinical hand washing technique. Hand wash basins are visibly clean Wall mounted hand gel dispensers are available at the point of care?				
21 Hand hygiene	Audits are undertaken to provide assurance that the hand hygiene policy is being followed including Bare below elbows for clinical activity				
22 Hand hygiene	All Practice Rooms have a dedicated hand wash basin installed, which meets clinical standards hand or wrist operated taps no plug & overflow?				
23 Decontamination of Equipment	Hard surface detergent or disinfection wipes are readily available for the decontamination of equipment used between Patients ?				
24 Specimen Handling	There is a written Procedure for reception staff to receive, handle and store specimens. And Reception staff have access to a supply of disposable, gloves, and				

Topic	Checklist	Yes	No	RAG	Comment
	hand sanitizers				
25 Waste	Duty of care certificate for waste carrier and a record of consignment notes are available for inspection ?				
26 Waste	all receptacles in clinical or consultation rooms are foot operated with a lid and there are posters displayed promoting waste segregation				
27 Hygiene and cleanliness	Floor/work surfaces/ trolleys/ shared equipment/chairs/ examination couches/lamps are visually clean				
28 Hygiene and cleanliness	There is a cleaning schedule available for inspection and documentary evidence detailing the daily cleaning activity undertaken, and that this is consistent with the visual observations				
29 Hygiene and cleanliness	There is a dedicated facility for the decontamination /disinfection of domestic Cleaning equipment is visually clean ,colour coding equipment follows national guidance and there is Adequate storage facilities for cleaning materials, clinical waste, and items covered under (COSHH)?				
30 Hygiene and cleanliness	Good standards of housekeeping in evidence ? .i.e. consumables and Items of equipment stored off the floor space? Desk spaces clear and shelves uncluttered?				

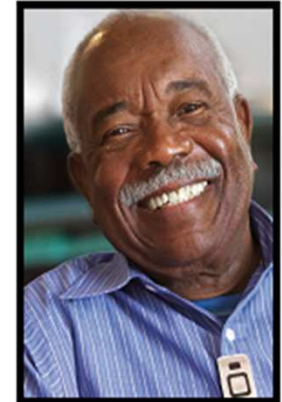
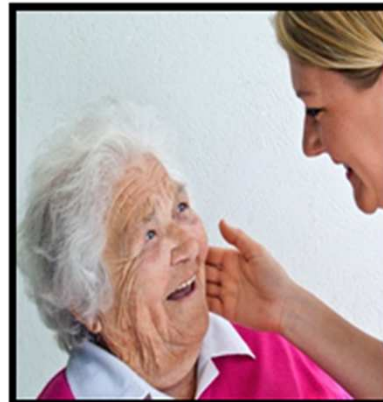
Additional observation

The overall score from the inspection was **%.

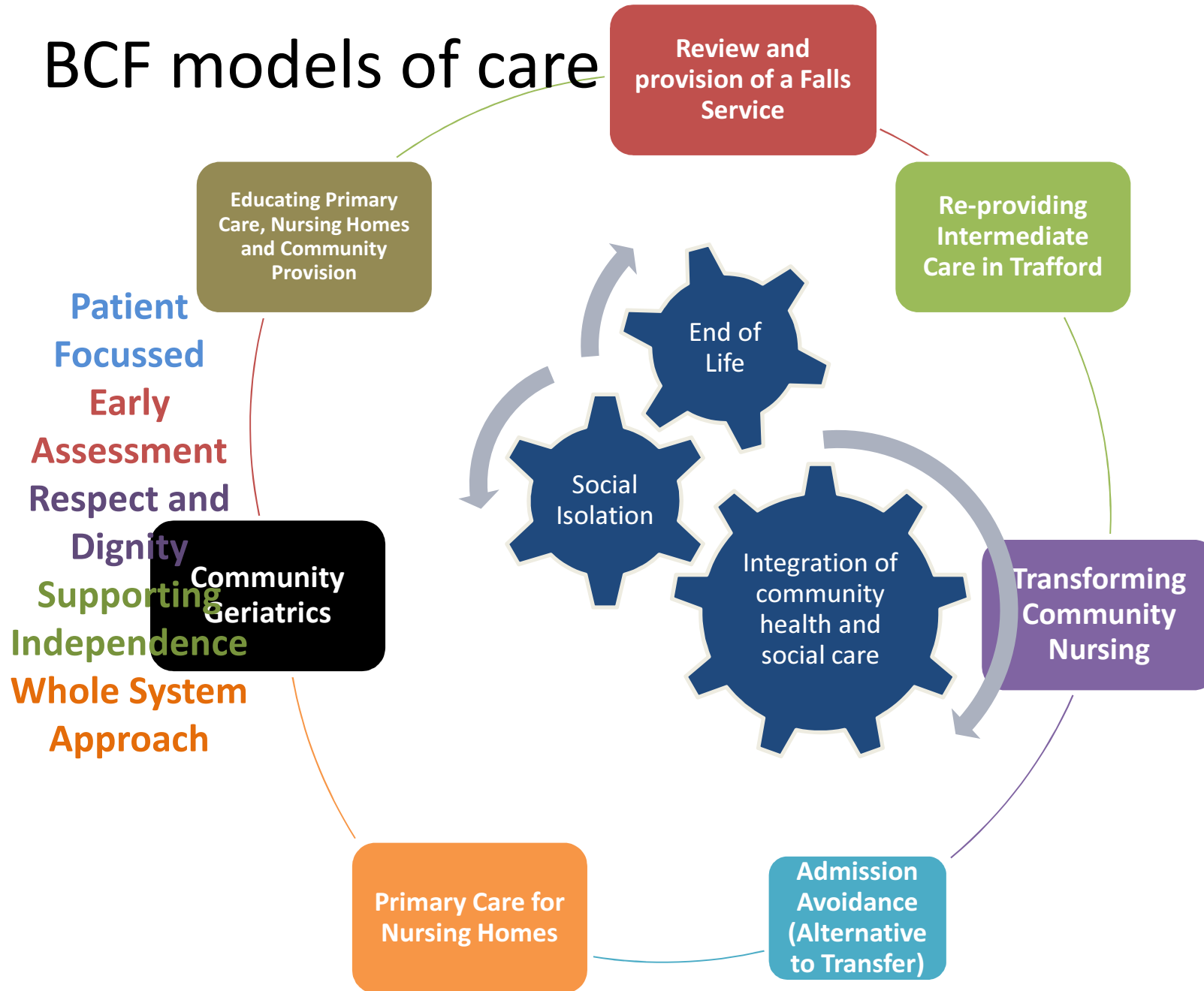
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Health Scrutiny Adult Health and Social care Integration

16TH December 2015



BCF models of care



Primary care

4 Neighbourhood model

- Primary care working with the integrated teams
- Access 7 days a week (primary care and community services)
- Working differently – federation
- Service to support residential and nursing home residents

Primary care

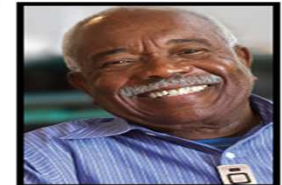
New estate

- Modern buildings / technology
- All services located together
- Improved patient experience
- Supported by Trafford Care Co-ordination centre - out reach of TCCC

Alternative to transfer

Reactive to patients needs

- For all patients
- For residents of nursing and residential homes



Community nursing review

New Service model

- Health and social care
- Reduce duplication
- Prevention – flu etc.
- Assessment, signposting , treat
- Work with TCCC
- Phase 1 community nursing, specialist , enhanced community service





Integrated care(adults)update

- Locality teams in place for support for adults
- Joint Heads of service and operational leads
- New models of care
 - ∇ Intermediate care
 - ∇ Reablement
 - ∇ Home from hospital
 - ∇ Proactive care plans to prevent admission
 - ∇ Links to TCCC development

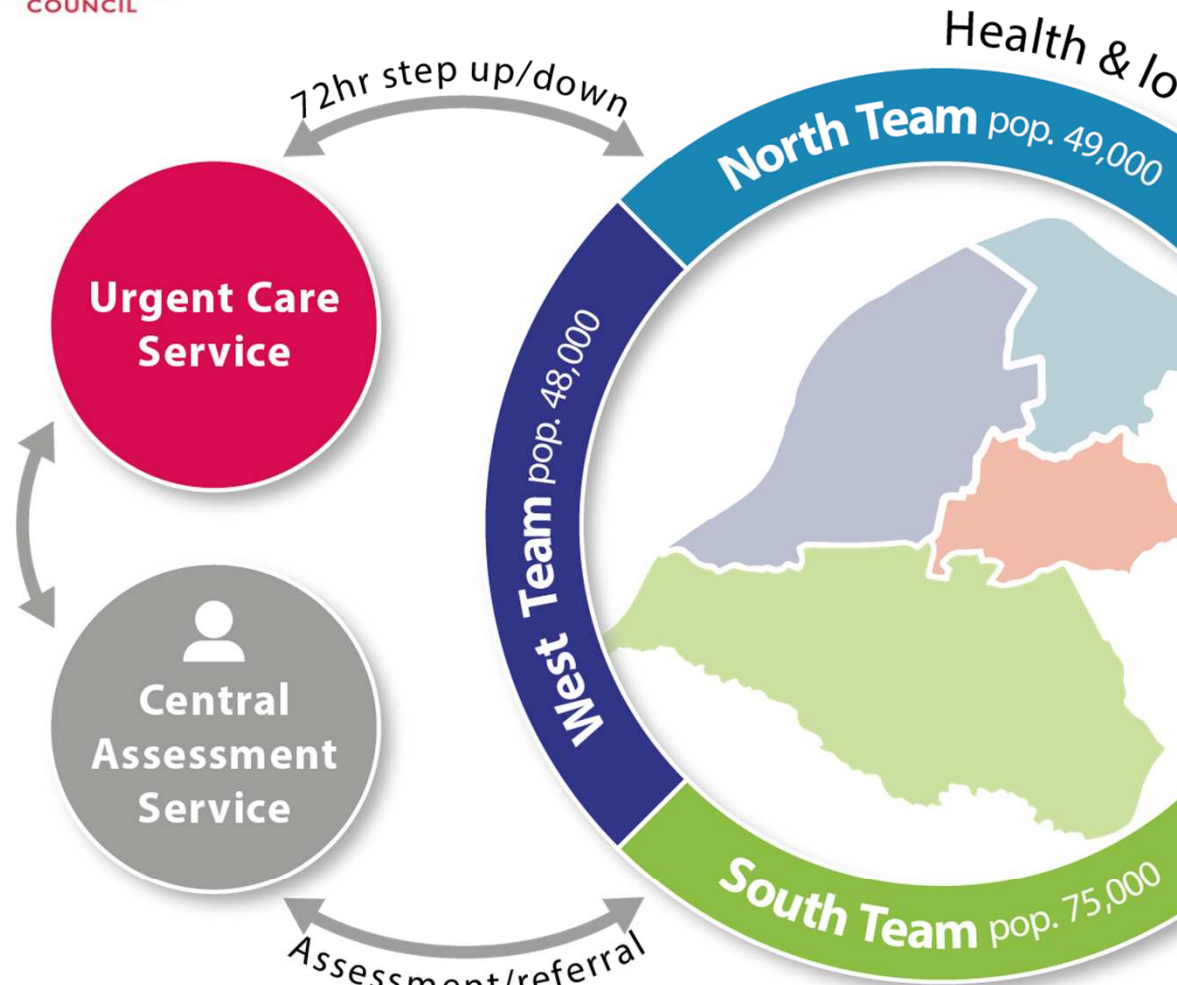
Trafford division neighbourhood teams

<p align="center">Neighbourhood Team North</p> <p>Head of Service Gaynor Burton Operations Managers: Tina Beaumont (social) and Alison Collins (health)</p> <p>Core team* Ear Care team Discharge team (Manchester Royal Infirmary)</p>	<p align="center">Core Access Service</p> <p>Head of Service: Chris Warner Operations Managers: Chris O’Grady (social) and Hayley Jones (health)</p> <p>Phlebotomy Safeguarding (health & social care) Infection control Health Single Point of Access (including clinical triage) One Stop Resource Centre Equipment team Screening Team Early discharge team Macmillan Centre Mobility Officers Sensory/equipment Reablement (responsible officer) Ascot house – Intermediate Care beds Direct payment service management Welfare benefits Supported living Day services</p>	<p align="center">Neighbourhood Team West</p> <p>Head of Service: Fiona O’Shea Operations Managers: Chris Lomas (social) and Debra Maloney (health)</p> <p align="center">Core team*</p> <p>Community Neuro Rehab/Parkinson’s disease/Stroke teams Specialist Weight Management Service Dietetics team Speech and Language Therapy Pulmonary Rehabilitation Out Patients Rehabilitation Discharge team (Trafford General Hospital & Salford Royal)</p>
<p align="center">Neighbourhood Team South</p> <p>Head of Service: Debbie Walsh Operations Managers: Sue Read (social) and Carol Harratt (health)</p> <p>Core team* Out of hours nursing service Community Enhanced Care (CEC) service Bladder and bowel service Discharge team (University Hospital South Manchester)</p>	<p align="center">Neighbourhood Team Central</p> <p>Head of Service: Allan Tronconi Operations Managers: Nick Edwards - interim (social) and Jennifer Sigley (health)</p> <p align="center">Core team*</p> <p>Leg ulcer clinics Musculoskeletal service Women’s Health Physiotherapy Service Podiatry service Treatment room Tissue Viability team</p>	

*CORE TEAM – in each neighbourhood, there will be staff from the following service teams: District Nursing, Specialist Palliative Care, Occupational Therapy/Physiotherapy, Senior Practitioner, Support Workers, Social Care Assessor, Reviewing Officers, Direct Payment Brokers, Social Workers, Reablement

Adult IHSC model-

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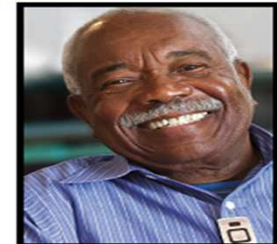
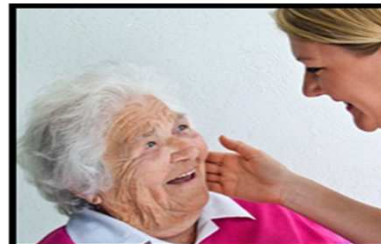


Neighbourhood Teams:

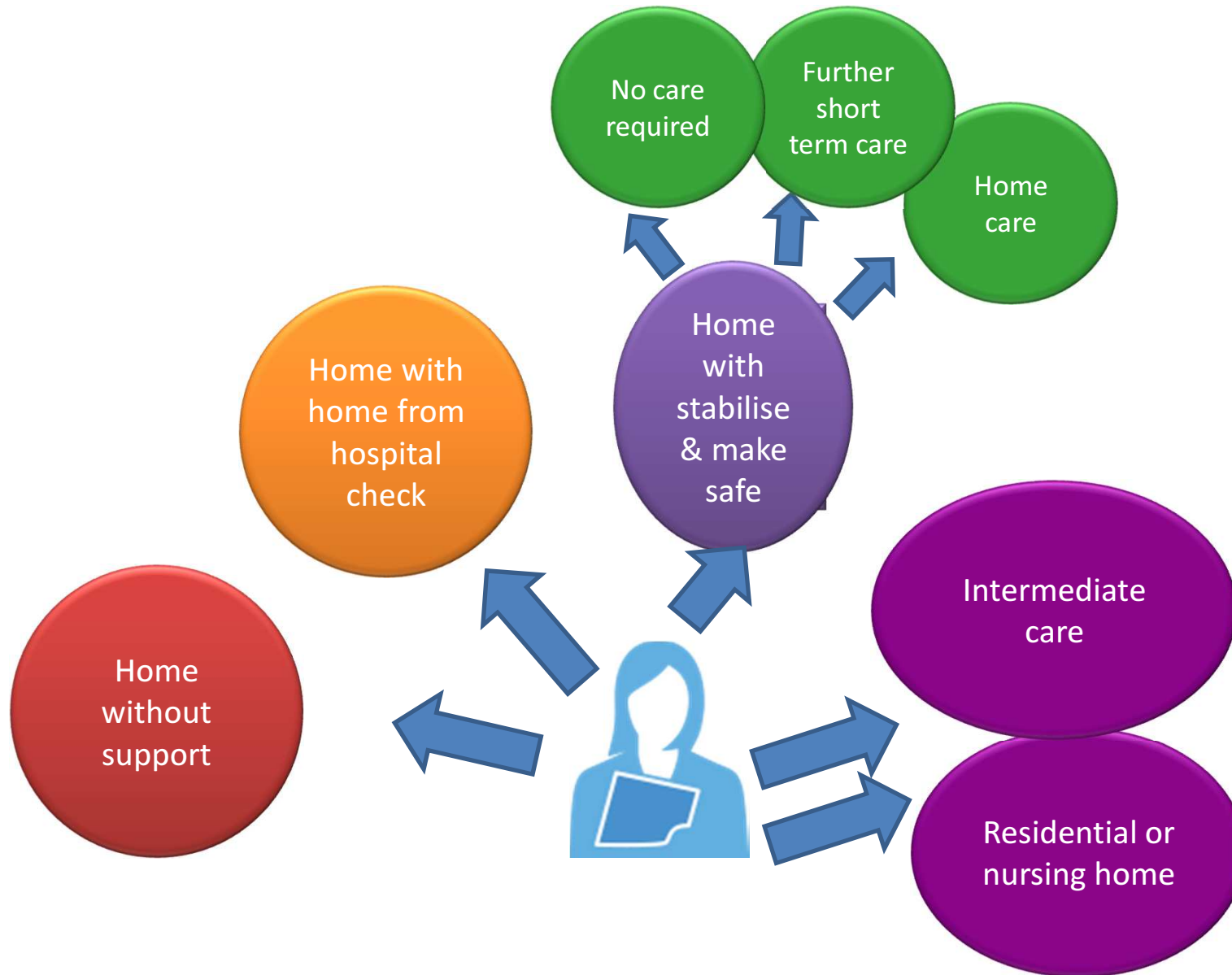
- § GPs
- § Matrons
- § District Nurses
- § Reablement
- § Social workers
- § Commissioning of care packages
- § Review /reassessment functions
- § OT/Physio
- § Social care assessors
- § Hospital teams

Central Assessment Service:

- § Rapid response
- § EDT
- § Urgent Care
- § Single Point of Access



Assessment pathways



Refocusing the offer in Trafford

•We will provide a more effective and appropriate reablement service by...

- Developing a stabilise and make safe service (first three weeks)
- Streamlining care pathways ,systems and processes
- Implementing a new model for people with the greatest need utilising Trafford council reablement service
- Developing the home care market to enable people throughout their period of home care support be enabled further .
- Developed an intermediate care model at Ascot house
- Revising pathways of assessment and support for people leaving hospital
- Introducing a triage process in the hospital teams
- Educating the ward staff about social care and community health services

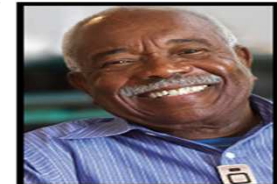
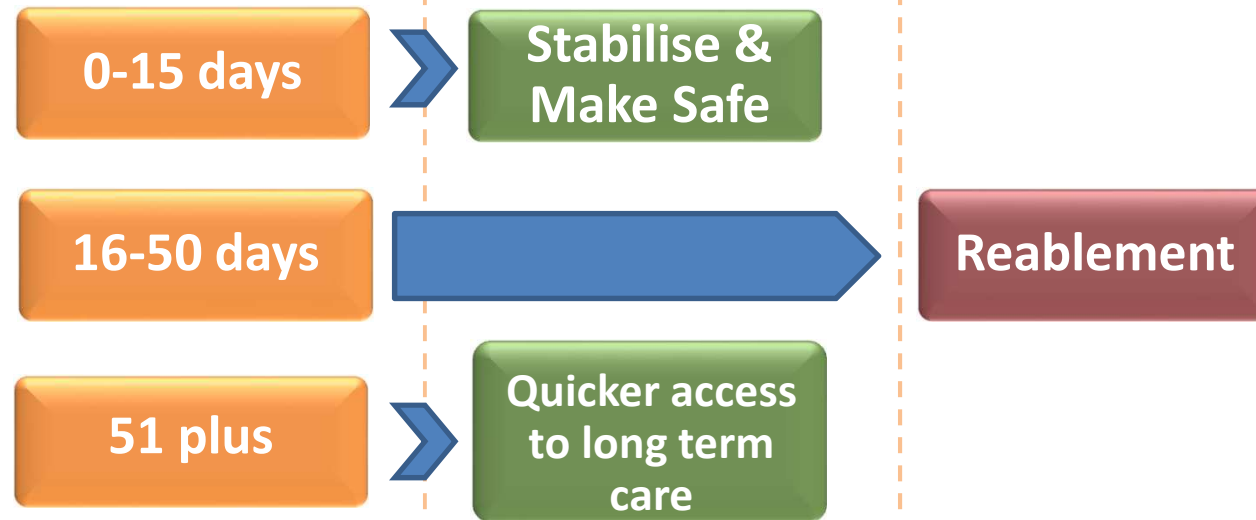
Stabilise & Make Safe

- *We will look to incentivise the market in different ways with a shared risk/reward approach by...*
- Establishing a clear plan at the outset of each intervention and the outcomes expected
- A new payment method for achieving the plan as the person starts to lead their independent life.
- Ensuring that the provider market responds to the additional care package requirements is incentivised to promote independence in the initial period of contact as people gain confidence .
- Support is intensive for 2 or 3 weeks.
- Two providers procured covering half the Borough each

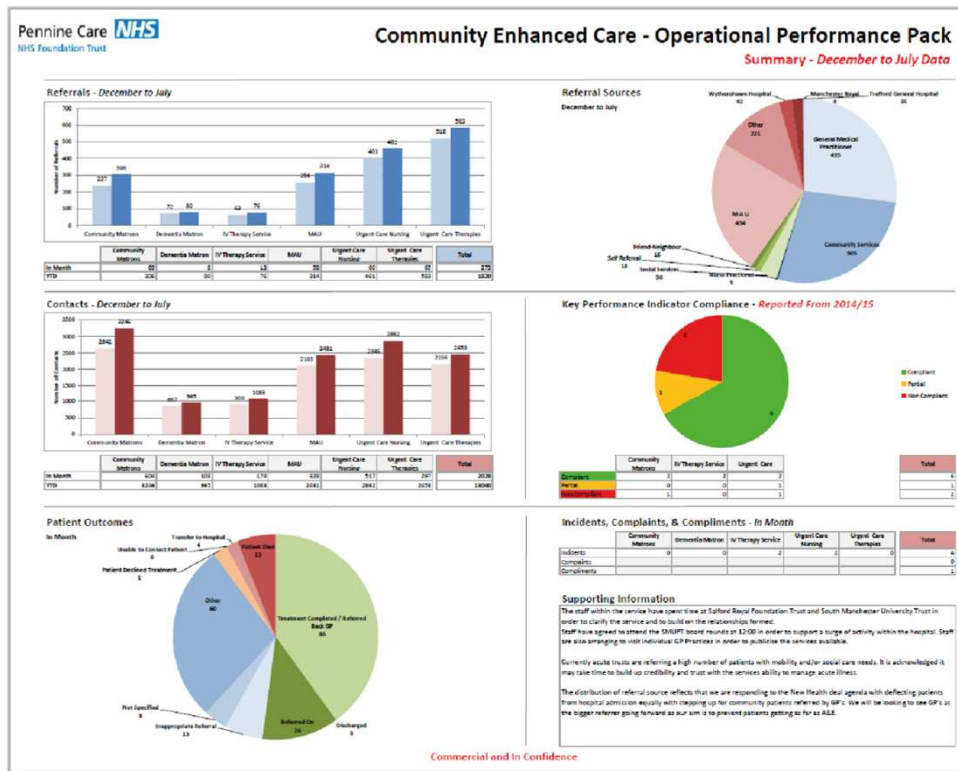


Reablement and 'Stabilise & Make Safe'

Identify those who are likely to be in service for...



Community Enhanced Care



- § Launched November 2013, designed to prevent unnecessary admissions to acute
- § Critical to our integrated care offer
- § Collaboration with commissioners for market insight
- § Underpinned by shared data, designed around a seamless pathway
- § It takes time and effort to achieve change – but we are beginning to see the results



Community Enhanced Nursing

Trafford Community Enhanced Care (CEC) aims to prevent avoidable hospital attendance or admission by providing an alternative for patients who are experiencing medical, health or social care crises.

There are two parts to the service:

- **Neighbourhood teams** to provide on-going management for patients with a long term condition, conditions associated with ageing, or patients with complex needs requiring holistic assessment.
- There are four neighbourhood teams that work the hours: 8am – 5pm, Monday – Friday and are based at –

South area - Broomfield Lane Clinic, Hale

Central area - Conway Road Medical Centre

North area - The Delamere Centre, Stretford

West area - Partington Health Centre

all provide on-going management for these patients

- **Urgent response team** for patients at risk of hospital admission without intervention based at Ascot House, Sale. This service runs 7 days per week, hours: 8am – midnight, on-call from midnight – 8am

Patients with long term conditions, acute Infections, conditions associated with ageing or patients with complex needs requiring holistic assessment

Community Enhanced Nursing

About the CEC service -

- The CEC service includes Matrons who are both Advanced Practitioners and non medical prescribers. They -
- Triage
- Assess
- Make a differential diagnosis
- Initiate investigations
- Commence a treatment plan, including prescribing where appropriate
- Provide a nursing care plan
- Evaluate the outcome of care and modify treatment as required

There is a range of nursing and therapy staff working across the CEC urgent response and neighbourhood teams, including those from:

- Rapid response
- Community Matrons
- I.V therapy
- Heart Failure Specialist
- Dementia Specialist Nursing
- Occupational and Physiotherapy (including chest physio)
- Medicines management
- Social care support for personal care, light meals and drinks

Trafford's Vision for 2020

'By health and social care working together we will improve the quality, range and access of services for the people of Trafford'

Reasons for this:

- **Expectations are higher**
- **Growing demand**
- **Greater complexity**
- **Less money**
- **GM Devolution**

Key aims

Creation of an integrated all age health and social care service which will:

- To deliver a person centred approach that enables people to live safe, healthy and happy lives and to fulfil their potential
- To improve the health and wellbeing of the population overall
- To keep people safe and families together
- To improve the experience of services
- To achieve a sustainable care system

All age integration of health and social care services

Measure of success	What does this mean for residents	What does this mean for public services
All age integration of health and social care	Increased levels of support for people and their families	More frail elderly people being able to manage at home
Greater levels of independence	Feel more independent and confident	More young people being able to achieve their potential
Workforce fit for the future		Less looked after children

What happens next?

- Trafford Council to design and implement an all age, health and social care service with Pennine Care
- Trafford Council have put forward a set of requirements and services in scope to Pennine Care which would form the basis of the partnership agreement
- Pennine Care will have leadership and management responsibilities
- A new partnership agreement to be in place from 1 April 2016 to March 2018
- New management structure from 1st April 2016
- This fits with Reshaping Trafford by creating a clearer commissioning / provider arrangement, and supports the Council to achieve the delivery of it's new organisational model
- Joint programme of work focusing on integrating care



**Healthwatch Trafford Update
November 2015**

The staff and Board of Healthwatch Trafford (HWT) continue to meet with local groups and residents of Trafford as well as having our scheduled meetings with stakeholders, local commissioners and providers of services.

We continue our regular, monthly drop-ins at

- Broomwood Wellbeing & Community Centre
- Trafford Centre for Independent Living
- Trafford General Hospital
- Altrincham Hospital.

Healthwatch staff and volunteers have attended the following events, meetings and forums:

- CCG Locally Commissioned Services Review Group
- CMFT Trafford Division Liaison Meeting
- Moorside MH Unit Liaison meetings
- Mental Health Exchange Forum
- CCG Public Reference and Advisory Panel (PRAP)
- GP Education Events
- Primary Care Co- Commissioning committee
- HW Information & Signposting Group
- Personalisation Co-Production Group
- Locality Partnership Board (North)
- Greater Manchester Healthwatch Meeting
- North West Healthwatch Meeting
- Youth Cabinet meetings
- TCCC Comms and Engagement Implementation Group
- Trafford Information network
- Health & Well Being Board
- Information & Signposting Meeting GM
- Trafford Signposting and Accessibility Delivery Group
- Diverse Communities Board
- Quality Surveillance Group (NHS England LAT)
- D C Primary Care Quality Surveillance Group. (NHS England LAT)
- Healthier Together

2. Below is an update on specific areas of work and involvement since the last update.

Healthier Together

We continue our involvement with the Healthier Together Program.

We are involved with the Patient, Carer and Community Advisory Group.

HWT Chair represents this group on the Clinical and Patient Safety Group.

GM Healthwatch Network has representation on the Committee in Common.

Greater Manchester Devolution.

Greater Manchester Healthwatch Network continues to work with the GM Devolution Team.

G M Healthwatch has representation on the Strategic Plan Leadership Group and the Communication and Engagement Group.

We are working with the CCG and Local Authority communications teams on the development of a plan to inform the citizens of Trafford about GM Devolution and the Locality Plan for Trafford.

Drop-Ins

We continue our drop-ins in healthcare settings. These enable us to engage with patients, carers and visitors in a variety of healthcare settings. They provide us with a wealth of information to what is seen as good or requires improvement in the services provided for Trafford residents.

Monthly drop -ins are scheduled to take place at Trafford General Hospital and Altrincham Hospital.

At a recent drop- in at Manchester Eye Hospital we engaged with 150 patients. Many of these posted information on our Patient Experience Platform. Overall patients were very positive about the clinical care received. Negative comments related to length of waiting times and accessibility issues by visually impaired patients.

At the last 3 Drop-ins which took place at Altrincham Hospital information was gathered from 325 people.

All information gathered is shared with the relevant providers and a formal report is submitted to them for comment.

Reports from both of these drop-ins will be available on the HWT website.

Young People involvement in Primary Care

Local and national evidence highlights that there are still barriers to accessing GP surgeries for young people. These include:-

- A lack of knowledge about /awareness of GP services and their rights when accessing those services.
- Difficulties experienced in accessing GP services appropriate to their needs.
- Little involvement in the design of future services.

Healthwatch Trafford aims to work with GP practice staff and young people to support GP practices to meet the national “Your Welcome”- quality criteria for young people friendly services (DoH 2011) ensuring services are accessible, appropriate, confidential and non judgemental for young people.

13 Trafford GP practices have expressed an interest in engaging with Healthwatch Trafford on this scheme 5 young people have been recruited so far. The young people will be involved in mystery shopping and appraisal of Practice websites.

Mental Health Exchange Forum

A meeting of this group took place at the end of September. The theme of the meeting was Crisis. 25 members of the group attended a mixture of users of MH services and providers.

Superintendent Jim Liggett gave a presentation on the Home Office Innovation Fund Specialist Mental Health Practitioner Pilot and its role out in Trafford. Joanne Harding from Self Help Services gave an update on the work of the Sanctuary in dealing with low level mental health crisis.

Enter and View

A schedule of Enter and View visits of health and social care areas has been arranged to take place in 2015.

We are actively recruiting Enter and View volunteers. Four new recruits are currently undertaking training.

A planned Enter and View visit to Beverley Park Nursing Home took place in October and 2 planned visits will be made to Care Homes in Trafford before the end of the year. The report of the visit to Beverley Park will be published on the Healthwatch Trafford website once we have received their comments.

We are currently working in partnership with Manchester Healthwatch and have recently paid Enter and View visits to wards 7 8 9 and 10 at Manchester Royal Infirmary. A report of the visit has been submitted to CMFT and once their comments have been received the report will be available on the Healthwatch Trafford website.

Patient Experience Platform

Healthwatch Trafford has been working with the CCG and the LMC on the roll out of the Patient Experience Platform to all GP Practices in Trafford.

Widget details have been sent to all Trafford GP's and should be embedded on to all Practice websites.

Information and Signposting: (Period -- 18 August to 14 November)

- Since the last update there have been 325 contacts with the public.
- There have been 48 instances of signposting or information requests from the public.
- There have been 18 concerns / complaints logged with us in this time.

- There have been 140 experiences logged on the Patient Experience Platform. 15 of these being from non Trafford residents.
- **Twitter.** We have 95 new followers making a total of 1335 followers.
- We have been mentioned 93 times We have made 270 tweets
- Impressions (number of people our tweets are visible to) 60500
- Profile visits 1118
- **Facebook.** We have 83 likes. Posts 15

Web site:

- There have been 1,555 visits to our website
- 2,970 pages have been viewed
- We have had 1,233 users
- We have published 75 new stories
- We have listed 8 events and 3 consultations
- E&V Reports available 12
- How to guides and explanations. 10

Signposting directory

- 16,500 copies of our new signposting directory have been distributed.

Ann Day
Chair Healthwatch Trafford
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