

Draft

South Reading

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Patient Voice Minutes **Clinical Commissioning Group**

Date	26th November 2014
Location	Reading Community Learning Centre
1. Introductions and Apologies Present	Libby Stroud, Pembroke Surgery Douglas Dean, Westwood Road Surgery Tom Lake, Pembroke Surgery Shaheen Kausar, Chatham Street David Bales,, Longbarn Lane James Penn, Milman Road, Dr Lister, Laurence Napier-Peele Christopher Mott, Milman Road, Dr Kumar John Missenden, Milman Road, Dr Kumar Rebecca Norris, Healthwatch John MacDonald, UHC Dr Rosemary Croft, guest speaker
Apologies	

2. Minutes and Matters Arising

The draft minutes were approved.

The visit to the Cedars: SK, TL, DB, LNP, RN wanted to join.

LNP proposed visiting the reablement unit at Oakwood, Prospect Park.

Blood Tests (Phlebotomy) at Royal Berks Hospital. John Missenden had discussed this with the staff - peaks in demand could be handled but management were not interested.

DD - had only once had a delay.

LS - blood could be taken by a trained HCA.

SK - surely patients would prefer to have blood taken at their own surgery or a nearby surgery.

TL - will ask about this at Governing Body meeting

RN - Healthwatch will survey surgeries. We need to advise patients on when best to attend if using RBH for blood tests.

3. Election of Officers

The following were elected all nem.con.

Chair: Shaheen Kausar (Nom. DD Sec LS)

ViceChair: Laurence Napier-Peele (Nom TL, sec JM)

Information Officer: Tom Lake (Nom JM Sec LNP)

The post of Outreach Officer remained vacant.

4. Report on Patient Engagement Group and GP Question Time

CJBM introduced a discussion on the recent GP Question Time public engagement event.

The meeting had involved discussions on topics chosen by public questionnaire, one topic per table

with a GP facilitator: diabetes, mental health, A&E urgent care, children, social care, patient engagement, end of life, anything else. The CCG had received letters praising this event as the best of the "Call to Action" series.

SK: GPs were not good as facilitators - they tended to let one person dominate the conversation. Facilitation is a specific skill which can be taught.

RN: Some people left to catch the last bus halfway through.

RF: As a facilitator it is difficult to stop one person from dominating.

DD: It was indeed the best of such events ever - I learnt a lot that I didn't know.

RN: In Healthwatch we avoid such large central events - we have smaller venues and that is less intimidating.

DD: Mostly I struggle to hear but at this event there was not so much background noise.

LNP: Why not have it on a Saturday morning.

5. What Would Parity for Mental Health Look Like? Dr Rosemary Croft

Parity of Esteem is a current buzz jargon phrase.

25% of NHS business (and 13Jeremy Hunt (Health Secretary) is behind the "parity of esteem" focus.

Mental illness is the biggest cause of disability and days lost from work due to sickness. Costs are estimated as up to 100 billion per year.

In the US since 2006 mental illness is to be treated as is physical illness.

Examples where we don't currently have parity of esteem: for those who come back in the Armed Forces as double or triple amputees 70% are in employment at 18 months. But only 7% of people with serious and enduring mental illness are in employment after discharge.

Political will matters.

People with severe mental illness die 20 years earlier than those without, usually from physical causes,

Referral to treatment time targets for physical problems are 18 weeks. But for children referred for autism 70% will be waiting more than 20 weeks.

What would it be like?

1. Everyone has a breaking point - we are all human and under enough stress. Everyone has a breaking point.
2. Better perinatal environment,
3. Avoid excess waiting for diagnosis and treatment.
4. What does recovery look like - more focus on recovery.
5. More research - more political will - more choice.
6. More choice - only have BHFT psychiatrist - patient can choose the individual psychiatrist.
7. Better data - National Director Geraldine Strathdee - a bombshell - working for better data.

Five keys for good mental health: CLANG:

C connection

L learning and maintainin interest in life

A active - inactivity can lead to a vicious circle

N Noticing - mindfulness - living in the present

G giving back - a smile - volunteering

Childrens' services - needs much work

Psychological services at RBH - overdoses, anxiety worsening asthma, dementia

8000 patients a year going to Talking Therapies in Berkshire West

Suicide prevention

Help in a crisi - ambulance paramedics used to delay taking people to the place where they can be treated

Police spend 25% of time on mental health problems

RN: Day service at Prospect Park funded by RBC is under threat. Does RBC operate Focus House on Castle Crescent? - rehabilitation?

Healthwatch gets a lot of calls about CAMHS - waiting times.

Overnight crisis service under pressure and staff are leaving because of stress.

Patients with "medically unexplained symptoms" contact Healthwatch.

Integration - having psychological services at RBH in A&E and on wards helps all concerned.

LNP: Importance of treatment services for people with severe learning difficulties

RC: All these matters are discussed at Berkshire West stakeholder group (transformation group).

RN: We have trained hospital visitors to recognise learning-disability friendly services

SK: Not all GPs have expertise in mental illness.

RC: We have started a GP masterclass in mental illness but only the keenest come. We also put out a newsletter. CMHT consultant psychiatrist visits surgeries.

JM: Is there a national shortage of psychiatrists?

LNP: There are not enough applicants for the 2 year training posts in psychiatry. There are 10 places in Oxfordshire but only 2 taken up. We are trying to attract more overseas applicants - but there is the problem of equivalence of qualifications. NHS England is trying to recruit from the rest of Europe.

DD: There is stress of 2 kinds - stress that can't do anything about and stress that you can hope to alleviate - and the latter is much easier to handle.

SK: Staff in schools should have mental health first aid training.

LNP: Mental health problems in prison are a terrible burden to society. Services are now minimal. Trying to get help for people on discharge is very difficult.

On narrowing the gap: one of the topics is loneliness - a very debilitating factor. How do you increase resilience? The CLANG summary is very good.

CJBM: What proportion of a GP's time is taken up by peoplewith a mental health dimension to the problem? RC: 25-50%!

RC: I am loath to call some conditions mental illness - we all suffer from stress at times.

SK: Is there a leaflet to publicise the voluntary services?

TL: Would there be a benefit in having a branch of mind locally?

RC: Don't know. Some CCGs commission services from MIND e.g. Talking Therapies in Oxfordshire.

CJBM: Is there a hidden problem - with unseen cases of mental illness?

RC: I know people who live poor lives alone - but they have to want to change.

SK: Unless that person is willing to accept help you can't do anything. At the Learning Centre here we have women who come with many issues including isolation through language problems. People suffer from stigma but don't accept it as a mental health problem.

JM: There is no hard and fast line between mental illnesses treatable with medicines and those treatable with counselling.

TL: To what extent is it socially/culturally determined? RC Yes - at least the presentation.

JM: In the Middle East mental illness is not recognised. The physically fit don't suffer from depression. So soldiers tend to cope with PTSD.

LS: There are good displays on mental health at the moment in the Jackson's Corner windows.

6. Healthwatch Report from Rebecca Norris

We are about to launch an engagement report regarding the Walk-in Centre whose contract expires in about a year. This should inform the recommissioning of the service.

SK: I went on Sunday - and had only 10 minutes to wait.

LS: It is busy when the schools finish. Busier since it had registered patients as well as walk-in patients.

LNP: I would be interested in the uses of the meeting rooms eg Smoke Stop

TL: It is so important to have a central location reachable by public transport from all parts of Reading - for the walk-in centre, blood tests, screening.

JM: The appointment system is out of control with receptionists performing triage! Triage is a medical function.

RN: We also are encouraging people to take part in the Care Act consultation - there will be far reaching changes to Social Care.

7. Any Other Business

TL: There will be a talk and discussion on the Care Act which will be part of the public consultation at our January meeting.

LNP: Let's have a social early in the New Year - for members and guests.

Close

The meeting closed at 7.45pm