

Draft**South Reading****Patient Voice Minutes *Clinical Commissioning Group***

Date	24th September 2014
Location	Communicare Offices, Wycliffe Baptist Church at Cemetery Junction
Present	Libby Stroud, Pembroke Surgery Douglas Dean, Westwood Road Surgery Tom Lake, Pembroke Surgery John MacDonald, UHC Catherine Greaves, Healthwatch Laurence Napier-Peele Shaheen Kausar, Chatham Street Christopher Mott, Milman Road, Dr Kumar Ade Osgood, Chatham Street Sabha Raza, Walkin Centre Sofija Opacic (Visitor from Nw Reading)
Apologies	Carol Munt, Milman Road (Dr Lister) Martha Klein, Melrose David Bales,, Longbarn Lane

2. Commissioning Care in South Reading - Talk and Discussion led by Dr Elizabeth Johnston, retiring chair of the South Reading CCG

SK welcomed Dr Johnston, remarking that if it was sad for South Reading that she had decided to step down, it was good news for her patients at the University Health Centre.

EJ said she was handing over to Dr Ishak Nadeem of Grovelands Surgery. South Reading CCG had been a statutory entity for 18 months - it seemed to have gone in a flash. The 20 practices had been gathered over some years. The largest had about ten times as many patients as the smallest.

Positives

It was positive that GPs were in the driving seat of the NHS - this was the first time that this had happened. There was a budget of 125 million. Representatives of the 20 practices met together every month and there was a good attendance.

Some of the changes had been things only GPs could do - e.g. extra health checks. Dr Rosemary Croft had introduced an emphasis on familial (genetic) hypercholesterolaemia (high blood cholesterol) and 12 patients had been picked up by screening so far. In respect of diabetes blood tests and cholesterol monitoring had improved.

GPs had looked at how money was spent e.g. don't spend on rheumatoid factor blood tests.

The CCG had recruited an epilepsy nurse, was recruiting an osteoporosis nurse for conditions where treatment was started in hospital but could then be continued at home.

The previous healthy eating diabetes scheme was not working - the CCG had looked at success in another region and had bought in a scheme that worked better.

Patients could spend less time in hospital. For cellulitis the first dose of antibiotics could be given in hospital and the rest at home. There were now virtual clinics for diabetes where the GP sat with the consultants to make recommendations for patients. There were dermatology clinics in different venues.

The Royal Berkshire Hospital (RBH) was moving to a 7-day a week service for X-rays and Saturdays would have cover at the Bracknell site. There were more specialist nurses in the community for COPD (lung/breathing problems) and for heart failure so that patients did not have to attend hospital so frequently. The specialist nurses liaised with the hospital.

Challenges

In primary care, 75% of practices have GP vacancies - young doctors wanted to work part-time and others to retire early. Some patient satisfaction surveys were not so good. The RBH is running at a loss - its business case has been about growth (now scaled back) but CCGs don't have a growing purse.

Berkshire Healthcare Foundation Trust, which provides mental health care and community nursing, has an ageing workforce. We needed more young nurses interested in district or community nursing.

The CCG's own administration had suffered a 10% cut - and it was already costing 30% less than the PCT it replaced.

Questions and Discussion

JM: How do we get more GP?

EJ: Not just money - worklife balance

JM: Hold two recruitment rounds a year?

EJ: In 2015 a new course leading to Physician's Associate will be offered at Reading University. First students will be graduating in 2017.

LS: Many young people I know are going into medicine. Are the assets required to enter general practice too high?

EJ: Salaried is more popular now - so probably not.

SO: I have talked to Healthwatch about issues related to mental health:

- Conversation with GPs - some are not experienced with mental health. Patients and their carers need to convince GP they are unwell and broker a deal to get treatment. Getting access to an accurate diagnosis can be difficult.
- There is more need to contact those with mental illness and carers - hard to reach - to hear their views. Also representation from minority ethnic groups. Need to talk face-to-face in own language. No-one responsible for raising awareness of mental health - wouldn't take much to get a few charities together in mental health group.

EJ: We know South Reading has a higher incidence of mental health problems.

LNP: As a mental health professional I find the situation in Reading quite sad. The HWB should be the logical channel to raise awareness. There is a paucity of mental health charities in Berkshire compared to surrounding areas.

EJ: We have made mental health investments in Talking Therapies .

LNP: There is a lot going on for physical health. For mental health there is the national campaign

Time to Change - but little representation in Berkshire.

Next event - what topics - survey on CCG web site 11th November.

LNP: Berkshire Healthcare FT had a stall in the Oracle for World Mental Health Day. At Newbury and Slough too, covering Talking Therapies etc. There is also a Mental health first aid course which is very good.

SK: I am trained to give a 3 hour course - but I think that is not enough.

SO: Edwin Youll and Nicky Moon recommended - in Rashmi Shankar - several languages.

CJBM: RBC is still proposing cuts in programmes that support mental healthcare.

EJ: We have not been involved but we need to keep an eye on this.

SO: Mental Health is the cinderella any way.

LNP: Southampton has asked its citizens about what cuts to make.

CJMB: 2 CCGs and RBC working closely together and RBC becoming an exemplar for the Better Care Fund.

SK: is the CCG taking best effort away from direct patient care into management?

EJ: Some younger GPs are coming through - so asking them to get involved on the clinical side and CCG will offer management training. Take back something to the practices.

SO: Could there be CCG Funding for patient groups? Community champion? For Patients groups?

EJ: We are judged on patient engagement. It could benefit the CCGs so there could be a reason to fund some training.

LNP: Tooth bus was a good initiative under the former PCT.

EJ: What will I take away from the experience? I hadn't realised that the culture has been not to be transparent to patients and even clinicians. Having a voice and supporting the clinicians is important. With that important localism. Keep going!

EJ was presented with a retirement card signed by those present.

3. Minutes of Previous Meeting (30th July)

Add apologies from Libby Stroud.

4. Change of Venue

SK explained that some people found the Cemetery Junction area hard to reach. King's Road is often very congested and the one-way systems are bizarre. SRPV could move to the Reading Community Learning Centre at Eaton Place. A 6.15pm start is indicated as street parking is available at least by 6.30pm and is often full then. There is also some car parking in Russell Street nearby.

The change was agreed for the next meeting.

5. CCG Roadshow in Broad Street Mall

The CCGs would be showing "winter" messages on the big screen and handing out leaflets and asking for priorities.

Agreed to participate - TL to organise - talking to passers-by - what are your top issues?

6. Other Patient Engagement Activities

CJBM reported that the "Call To Action" meetings had been seen as too regimented. The next meeting will be around integrating Health and Social Care and take place in the Town Hall on 11th Nov.

JM: I didn't attend the second "Call To Action" - I felt whatever was said the table discussions were summarised as the clinicians wanted. Also - these events mostly attract retired people - that is not good enough.

SK: Could link to colleges and universities to get younger people involved.

CJBM: Application for funding for the SRPV web site - proposal to make it a tab on the CCG web site - then no need to pay for separate site - about 120 per annum. This could attract more hits. Because of the technical differences it is suggested that TL has a talk to comms and look at our own website to see if carries enough of interest.

7. News from PPGs and Healthwatch

CG: Healthwatch board meeting in public was on 6th October, 3.30 - 5pm. Two new reports would be on the website shortly

1. school nurses and mental health in secondary schools
2. young carers

Next projects were around delayed transfers of care, Nepali/ex-Ghurka community engagement, Maternity, A&E codesign around patient experience, a mental health project.

Healthwatch was taking calls and circulating information.

SO: The SRPV website might be improved with a feature "The big question - a topical or significant poll".

8. AOB

None.

The meeting closed at 7.30pm