

Draft

South Reading

Patient Voice Minutes

**Clinical Commissioning Group**

**1. Introductions and Apologies**

Date	25th November 2015
Location	Reading Community Learning Centre
Present	Shaheen Kausar, Chatham Street Tom Lake, Pembroke Surgery Caroline Langdon, Russell Street Surgery James Penn, Milman Road, Dr Lister, Rosalind Gilbert, Grovelands Douglas Dean, Westwood Road Surgery David Bales, Longbarn Lane Martha Klein, London Street Libby Stroud, Pembroke Ade Osgood Phil Lowry, UHC John Missenden, Milman Road, Dr Kumar Laurence Napier-Peele Farzane Eftikhari
Apologies	Sofija Opacic, Primary Care Committee Patient Representative Michael Fairfax, London Street Joan Lloyd Christopher Mott, Milman Road, Dr Kumar

In the Chair: Shaheen Kausar

**2. Dr Ishak Nadeem**

IN: I'm pleased to see so many round the table.

8 questions were prepared - the answers combined verbal and later written responses. Dr Nadeem chose to take them in his own preferred order.

Question 6.

Our major providers are currently running substantial annual deficits (£9M for RBH and £2-3M for Berkshire Healthcare). What plans are there for a more sustainable position?

IN(verbal): Different providers are paid through different systems:

- Payment by results - Acute trust.
- Block payment - Community and mental health trust.

We need to work together - commissioners and providers - as a complete system to meet the needs of the population.

We envisage good self-care and more services in the community. Money should follow where the work is done.

NHS England is our supervisor. It is asking the CCGs to save money - £22bn over five years. Monitor is telling trusts that they are not fulfilling their financial obligations. This is pulling the system apart. We need to bring the components together.

The five year forward view posited new models of care. We are planning a whole system approach for Berkshire West. We have had a meeting with NHS England and Monitor after a workshop - they are looking at it favourably.

We are asking to manage our whole budget and resource. This arose from the Berkshire West Ten collaboration (4 CCGs, 3 local authorities and three provider trusts RBH, BHFT, SCAS).

Question 3.

We have already seen one merger of practices in South Reading in unfortunate circumstances. Will there be more mergers and if so how might patients be consulted?

IN: The Joint Primary Care Co-commissioning Committee has approved a merger of University Health Centre, South Reading and Shinfield (Dr Nadeem) and Whitley Villa. There will be a new build in Whitley for the University Health Centre possibly near Whitley Wood lane (in addition to the University Health Centre's current premises). This has been brought to the Council's Health and Wellbeing Board. South Reading practice is in a small building with additional Portakabins.

A further two surgeries are facing problems after CQC visits but we want to keep them in place for the patients.

LS: Any news about the Chambers model?

IN: Dr D'Cruz (Pembroke), Dr Bindra(Kennet and Christchurch), Dr Essa(London St.) are working on this.

We want to support the current practices and we want to stay within the NHS.

PL: Will the change in funding be an advantage? IN: It will. If primary care is stronger, patients can get care nearer to home. Our CCG has smaller practices others have larger practices which can support more services, eg diabetes, COPD

JP: Is the new site in Whitley Wood Lane on a bus route? IN: It is. I am trying to stay in touch with RBC - this is of interest to them.

SK: It is an advantage to have a surgery close. Some can't even afford to take the bus.

IN: I am looking at the estates strategy. Many premises are not really fit for practice. That is something that we will be working on in the near future.

LNP: What do you think about mega-practices?

IN: They can form the hub for others providing more services.

RG: But you don't get a personal service any more. The bigger it gets the worse it gets - you are just a number.

LNP: At Balmore - a large practice - the service was first-class. It depends on how it is run.

Question 1:

In the last few years we have seen real improvement in some aspects of care community care for diabetics and infection control in hospitals spring to mind. Have these contributed to overall wellbeing and how would you say our state of health is in South Reading?

A few years ago we in Berkshire West were among the poorest in the country in the care of diabetics. We brought in more support with a great champion in Dr Richard Croft. I am proud to say we are making an impact on health.

I am proud to share some preliminary results which show we are making an impact:

- The average HbA1c across the area has REDUCED from 60.5 to 55.1, an 8.8% reduction overall.
- The proportion of people with diabetes getting to target HbA1c has gone UP from 46.5% to 57.6%.
- The proportion of people hitting the cholesterol target has INCREASED from 46.3% to 79.2%.
- The proportion of people with diabetes hitting the blood pressure target has gone UP from 66.2% to 78.0%.

The reductions in HbA1c, cholesterol and blood pressure means people with diabetes are MUCH less likely to run into complications foot, kidney and eye disease, stroke and heart disease.

Thames Valley want to roll out our model across their area.

We are really happy about our ambulatory heart failure unit. People with heart attacks would not survive that long ten years ago. Now they are living longer but start to develop heart failure ten or fifteen years later. They need to have proper treatment with water tablets or IV medication. Consider people with oedema (swelling) from heart failure. This used to be treated by admission and IV treatment. Now it is treated in a day unit and doesn't need a hospital bed. It is very popular. One patient was in hospital every month for several weeks. Now that patient has stabilised renal function, not spending time in hospital.

Question 2:

As winter approaches we must expect increased requirements for healthcare. Reading has an unusually high rate of excess deaths in winter. Last year we had a special childrens' clinic over the winter. Will it be run this year? What other provisions have been made for the Winter?

IN(verbal): Children's clinic did not have much uptake so will not be repeated.

We have put more funding into the intermediate care night sitting service, also into the integrated discharge team at RBH.

Also improved funding for the Health Hub which supports Intermediate Care (Rapid Response and Rehabilitation Community Services from BHFT). Not all those who are seen need hospitalisation. We don't want to admit them to hospital if not necessary - or they will have a medical condition.

Rapid response team - funding is increasing.

First Stop bus in Town Centre gives urgent care to those with minor injuries and intoxication. That is working well.

SK: How much influence does that have on the A&E department. IN: It is very difficult to measure. A&E attendances have increased, 323 came in recently and 120 needed admission on that day and it is still only November. We are hitting our 95% 4-hour wait target. We are leading for urgent care in Thames Valley.

Question 4:

I would like to ask about the experience of a friend of the psychological service available to patients in south Reading. A friend sought some counselling/therapy from her GP and was told they should contact the Talking Therapy centre. The Doctor could not help in any other way, except that they were offered medication. On another occasion another doctor said the same. Yet a third doctor said he was unable to suggest where to go. My friend is most unhappy about the Talking Therapy service. It appears to be customary to interview people by phone asking countless unrelated questions (no doubt from a computer system) for 30 minutes or more. Days later they are informed whether they can help. For my friend it was negative. Months later my friend rang again and the same interview technique was followed. A request was made to meet someone. An appointment was arranged and a unsympathetic man simply asked that a questionnaire was completed. It appeared to ask primarily, Do you feel suicidal? No doubt by answering 'no' it meant that no therapy could be offered? It was suggested they call the SANE line and they were given the telephone number Is it correct that only after assessment by Talking Therapy that one might see a psychologist? I have attended a talk given by a member of Talking Therapy team to U3A and felt they were anxious to encourage new patients A lady I met, a former nurse/social worker wondered if Talking Therapy only want patients that they can treat successfully and avoid those who they do not have the ability to treat. What troubles me as a Patient Voice advocate is that people with psychological problems are not likely to come forward to raise their concerns if the treatment and response from Talking Therapy staff is unsatisfactory? How do the Clinical Commissioning Group ensure that Talking Therapy services are satisfactory? How many calls do Talking Therapies receive per week and how many do they treat? Do they maintain patient confidentiality?

IN(verbal with later tables added): This is an individual problem which I cannot deal with here.

IAPT (Talking Therapies) is getting more money and we monitor the quality. Figures show number of references received is increased Treated within 28days went from 90% to 98%.

Recovery is measured with HQ9 assessment before and after 6 week TT course. Improvement - national target 50% - S Reading above the national average. Recovery after finishing treatment around 80% and people moving back to work.

South Reading	Total Q1	Total Q2	Total Q3	Total Q4	Year
Number of clients who have had a first assessment (Q1 to Q3=478, Q4=578, Year=2014/15)	456	474	528	628	2086
% of clients treated within 28 days	90%	97%	98%	98%	96%
% of access plan met (Q1 to Q3 = 3.75%, Q4=4.54%)	3.58%	3.72%	4.14%	4.93%	16.36%
Recovery - All (National Target=50%)	55%	50%	51%	54%	53%
Recovery - Finished Treatment	80%	81 %	79%	80%	80%
Number of people moving off sick pay or benefits	27	31	34	32	124

Note: Recovery rate for 'All' includes DNAs, Signposted, Referred-on or declined treatment

South Reading Access	Q1	Q2	Q3	Q4
BME (Reading Census 2011 = 15.2%)	23%	23%	23%	27%
Older Adults (Reading Census 2011 = 14%)	2%	4%	2%	3%
Males	33%	34%	38%	32%
LTC	23%	20%	23%	23%

BHFT (Berkshire Healthcare Foundation Trust) have recently reviewed their psychological therapy service and they are re-modelling all their Talking Therapy Service to provide an equitable psychological therapy service to improve access to severe and enduring mental health service users both at Prospect Park and in the community.

LNP: The manager of TT talking at Carer's Rights Day reported customer satisfaction above 90%. It is a 3 tier service - GP, lower intensity and higher intensity.

TL: People are reluctant to complain. There are PALs and Healthwatch services but people feel they will suffer if they complain.

PL: 95% satisfaction is as good as can be expected.

IN: Public Health has had a significant cut. We collaborated with them in the Beat the Street programme. But please ask them to maintain this programme.

Question 8:

For 17th November 2015 these exchanges are recorded by Hansard during questions to the Minister for Community and Social Care (Alistair Burt) regarding Psychological Therapies

William Wragg (Hazel Grove) (Con): What steps his Department is taking to ensure that the NHS recruits, trains and retains adequate numbers of therapists, clinicians and other staff to improve access to psychological therapies. [902123]

The Minister for Community and Social Care (Alistair Burt): Health Education England, working with NHS England, is charged with ensuring that there are sufficient staff with the right skill mix to support the delivery of the improving access to psychological therapies programme, and that is monitored by an annual workforce census. For example, HEEs plans for 2015-16 are to train 946 additional individuals a 25% increase on last year.

William Wragg: As well as providing adequate numbers of high quality specialised staff, given the prevalence of mental health issues in our society, is it not also important that general awareness is raised of mental health issues and the available treatments among all medical professionals, especially GPs? What future steps can the Government take to improve that training?

Alistair Burt: There are two particular ways to do that. The first is to enhance GP training, and work is already going on to do that. The second is through continuing professional development, and the Royal College of General Practitioners and HEE are combining to ensure that a good range of materials is available for clinicians and others to improve their skills in that area. My Hon. Friend is right to raise the issue.

Have continuing professional development training and materials in psychological medicine for GPs come to South Reading CCG?

IN(verbal): Our Mental Health master class delivers this. (As mentioned by Dr Rosemary Croft at an earlier meeting.)

JM: What is the cost comparison between the minimal GP practice where bloodtests have to be sent to hospital with the super-practice where more services are in the practice.

IN: The hospital charges more for the same service.

JP: Shouldn't we be communicating the positives more e.g. diabetes treatment.

Question 5:

Until recently non-cancer -related lymphoedema was not automatically offered treatment although cancer-related lymphoedema was offered treatment. Is it wise to leave lymphoedema untreated? Might it not lead to loss of mobility and more acute conditions eventually? This topic was discussed at a recent meeting of the Health and Wellbeing Board in response to a petition. Has the position now changed?

No answer recorded.

Question 7:

Reading's Public Health department is responsible for some preventive care services but has a limited budget. Programs like Let's Get Going can only be offered at a few schools. Are we doing enough in preventive care? To what extent is the CCG joining with Reading Public Health to in preventive care?

IN(written): There are significant budget cuts of £600,000 in year planned for Public Health to be approved at a meeting on 30 November:

<http://www.getreading.co.uk/news/health/reading-public-health-budget-faces-10492734>

In addition we have supported the Beat the Street initiative and have agreed to co-fund this for a further three years.

SK: Thank you Dr Nadeem for once again being with us and giving us these very useful answers. We hope you have found it a good experience and that you will join us again in due course.

### **3. Minutes and Matters Arising**

CL: We did write to Reading Chronicle about satisfaction and it was published. Also my attendance was not noted.

TL: I apologise for the omission.

Apart from this, the minutes were approved.

#### **4. News from PPGs**

LNP: Milman Road - infrastructure work authorised. Extension for consulting rooms for onsite pharmacy and practice nurses. Finish probably in Spring.

SK: Chatham Street had a PPG meeting - I was the only patient attending. No news since then.

LNP: How many PPGs in the SR area?

TL/SK: About half of surgeries. UHC abandoned their face-to-face group.

LNP: I went to a workshop on developing patient participation at Healthwatch. I think there should at least be an AGM with patients for each practice.

DD: An email only list can't give a good statistical sample.

LNP: A West Reading practice that I know advertises meetings in the Reading Chronicle.

#### **5. Constitutional Amendment to Introduce an Advisory Committee**

A paper was provided with the proposed amendment.

Proposed LS, Seconded DD, DB. Approved unanimously.

#### **6. Election of Officers**

Chair: Proposed Libby Stroud (TL sec DD). Approved without contest.

Vice-chair: TL proposed James Penn (sec MK). Approved without contest.

Information Officer: SK proposed TL, seconded CL. Approved without contest.

Advisory Committee: JM, PL, Sk, DB, MK. (Later CM was nominated - the committee is open to further self-nominations.)

#### **7 Healthwatch Report**

No report from Healthwatch.

Note their recent report about maternity services.

#### **8. AOB**

CL: I am still asking about Health Visitor services.

TL: I heard a figure of 80% visited within 14 days of birth. That is perhaps not really adequate. I will ask formally at the next Health and Wellbeing Board on 22nd January.

LNP: NHS England mandate consultation - deadline extended.

LS: I have concerns over a care home - Pembroke Lodge - CQC inspection judged that it requires improvement - in particular timely support from health professionals, staff training regularly updated. More activities for residents.

TL: My aunt was comfortable there some years ago and the staff were caring and friendly - but I can understand that some aspects might need upgrading to meet CQC standards.

JP: I have seen in Hansard references to possible collapse of the care home system - we should be on top of it.

DD: Will the new 2% precept on council tax for social care be taken up in Reading?

LNP: Should we invite Rachel Eden?

SK: Need to do our homework CL: Invite Healthwatch.

TL: Perhaps a New Year get together..

#### **9. Next Meeting**

27th January 2016