Draft
South Reading
Patient Voice Minutes

1. Introductions and Apologies

Date	30th March 2016
Location	Reading Community Learning Centre
Present	Shaheen Kausar, Chatham Street Tom Lake, Pembroke Surgery Douglas Dean, Westwood Road Surgery David Bales, Longbarn Lane Martha Klein, London Street Libby Stroud, Pembroke John Missenden, Melrose Surgery Phil Lowry, UHC Christopher Mott, Milman Road, Dr Kumar James Penn, Milman Road, Dr Mittal, Caroline Langdon, Russell Street Surgery Pat Bunch, Healthwatch Francis Brown, Guest, Priory Avenue,
Apologies	Ade Osgood, Chatham Street Farzane Eftekhari Joan Lloyd

In the Chair: Libby Stroud

David Bales sent apologies in advance of his late arrival as he would be attending the PPG at his surgery.

2. Minutes and Matters Arising

DD: Very informative and useful minutes.

Minutes approved.

Matters arising - we don't have the date for End of Life Conference but the organiser was thrilled to know that she would have the assistance of several members as volunteers on the day.

Subject to arrangements the following would make themselves available: James Penn, Caroline Langdon, Christopher Mott, Tom Lake,

Also - the lay member position on the South Reading CCG Governing Body - the place vacated by Christopher Mott - had been advertised with closing date of 1st April 2016.

CM: This is a job which involves a lot of reading - and important matters are often at the end pf the papers in small type! The governing body is perhaps not as important as the committees - I was on the Quality committee -which was very interesting - one reviewed data from our providers and neighbouring and comparable areas.

Also South Reading leads the Long Term Conditions programme board. A lot of this was about organisation and management consultants are often involved - a good deal of expenditure is on consultants. Although one is asked to be a "critical friend" there is a lot of pressure to play the game and conform.

FB: Quite agree - I know there is pressure not to ask awkward questions. It is very demanding and the money you are handling is vast.

SK: Can't you re-apply.

CM: I was eased out in order to stagger the appointment of lay members across the federation. I do hope that my successor will take an interest in this group and pay an early visit.

3. News from PPGs

CQC inspection results

TL: There have been some CQC results on GP practices in March - more details on our website at www.sprv.org.uk -

In April 2016, the Care Quality Commission rated Kennet Surgery (and its branch at Christchurch Rd) as "good". But it required improvements, to: explaining tests and treatments to patients, communicating changes in the appointment system to patients and registering the carers among patients.

Dr Mittal's practice at Milman Road Health Center (upstairs) was rated as "good".

Dr Dean's practice at Melrose House was rated "requires improvement". Issues raised were related to building maintenance checks, checks required for staff, provision of information in appropriate languages, recording of carers and infection control policies.

Abbey Medical Centre was rated "good".

Eldon Road Surgery - one of the smallest practices - was rated "inadequate" and required to undertake many improvements, relating to the premises, handling of medicines and medical equipment, takeup of screening and public health measures and in particular, "Ensure the diagnosis of cancer is recorded in patient records and the care and treatment for these patients is also undertaken and recorded".

Pembroke

LS: The minutes of Pembroke PPG have become available. There will be more sessions on Saturday mornings - a rota of 3 shared with London St practice. Friends and Family issues: Complaints about access to appointments - what's new! Pembroke surgery uses phone triage - but patients complain that they have to discuss their medical matters with the receptionist before they can be granted phone triage. The surgery notes in response that the receptionist needs to take an accurate history in advance of the phone call.

Pembroke was inspected on 9 March - 6 inspectors arrived.

Surgery policy on abusive patients was featured. In case of violence the policy was to deregister the patient and give furter appts at Police Station.

The number of patients missing appointments (DNAs) are reducing. There has been a problem with the touch screen system - it didn't register cancelled appts - so these appeared as DNAs.

Milman Road (Kumar)

CM: Dr Kumar's PPG is meeting tomorrow night. Dr Rosemary Croft will be retiring - so a new Governing Body member is required. I don't know whether Dr Richard Croft who has done so much to improve the treatment of diabetes will be retiring.

FB: GPs are retiring earlier now - due to stress.

Priory Avenue - NW Reading - for comparison

We used Friends and Family data to show improvement at Priory Avenue. But few collect enough data for results to be significant. CCG's don't seem to appreciate the problem - there is poor understanding of statistical significance.

Longbarn Lane

David Bales later was able to report later that at the latest PPG meeting it was stated that there appeared now to be no barrier to the partnership being reformed and the practice continuing - to the great relief of the PPG and patients.

4. Healthwatch Report by Pat Bunch

PB: We have our work plan for the next year - we will be reviewing Care Homes - so going in to Care Homes which we have not been doing before. Also looking at how well electronic prescribing is working - very different in different areas. Some work on integration of service - hospital and home. Lastly, how the homeless experience health care in Reading.

Reading Healthwatch reports on GP surgeries - all enter and view visits finished. - surgery reports are on the web site.

Healthwatch budget - RBC have had large cuts - Reading Healthwatch cut by about £25,000 (what percentage is that?) - may mean that the cover of the phone line may have to be reduced as other issues are statutory.

5. Accountable Care System and Sustainability and Transformation Plan Area

TL: NHS England's five year forward view envisages greater integration to make the unprecedented improvements in productivity required by the finance plan for the English NHS.

The integration is to be delivered by introducing "New Models Of Care".

There is a variety of models offered. Western Berkshire is aiming at an Accountable Care System. - a system of comprehensive care which is to some extent based on New Zealand's elimination of the commissioner/provider split in favour of District Health Boards.

The Accountable Care System will involve the major NHS providers working together and ceding some control under a Memorandum of Agreement and cooperating under the leadership of a chair who would carry enough weight to make the new collaboration effective.

This has been evolving with consultation with NHS England.

HOWEVER, recently NHS England has elaborated its five year view with a clear statement of requirements for providers - finanical balance, achievement of core targets and proposed the creation of 44 Sustainability and Transformation Plan (STP) areas.

Western Berkshire is included with Buckinghamshire and Oxfordshire in an STP area that we may term COBWeB (Commissioning for Oxfordshire, Buckinghamshire and Western Berkshire). Eastern Berkshire is included with Surrey Borders and part of Hampshire. It is plain as a pikestaff that these areas are based on groups of acute hospitals (Wexham Park, which serves Eastern Berkshire has already been taken over by Frimley Park which serves Surrey Borders etc). There is a national programme for reorganisation of urgent and emergency care with stratification of hospitals with A&E units into

major and minor centres. The national head of this programme is Prof Keith Willett of Oxford. It seems likely that he has carved out a large canton for his hospital to be the major centre of, and into the fringes of which we fall.

Furthermore, the head of this new STP area is to be the Chief Executive of Oxfordshire CCG, David Smith.

There are obvious difficulties with this setup - not least the very great difficulty of providing public engagement over this very large area.

FB: I was shocked - the Western Berkshire 10 consortium is developing well. We don't want to see it swallowed in some centralised body serving the whole of our new STP area. Public involvement will be very difficult. It is already bad enough to have a body controlling primary across Western Berkshire. That body, the Joint Primary Care Commissioning Committee (JPCCC) is also an unwieldy body for commissioning primary care.

JM: The Oxfordshire, Buckinghamshire and Western Berkshire area is a very unnatural area - roads are poor across this area. I also see a lot of growth figures - Oxfordshire and Bucks will be growing a lot in the next period.

The group discussed writing to MPs and CCG about their concerns as to the lack of public engagement and challenge to the STP area and the difficulty of public engagement over the alloted area.

Motion proposed by Libby Stroud, seconded by Martha Klein - approved nem. con.

7. GP Chambers - Dr Gerard d'Cruz and Kim Frewin

(Slides available at `http://www.srpv.org.uk`)

LS: I am pleased to introduce Dr Gerard D'Cruz, senior partner at Pembroke surgery, director of Camillus Healthcare Ltd. and also Nurse Kim who is also a partner.

Dr Gd'C: A few brief words. Good to have this opportunity to talk with you about the changes that are coming - massive shake-ups are coming and our CCG is trying to disseminate information in a timely and systematic fashion - but I feel that there is lag in relaying this. Please don't shoot the messenger - I am relaying this to you.

When I joined my partner in Eldon Square 32 years ago primary care had been chugging along for some time. We had the Red Book - which laid out the rules by which GPs had to earn their crust. We have to run an efficient business if we are to stay around. It was a job for life and did encourage an isolationist practice. There were often disagreements between partners. The larger practices in this area split up and according to rules of the Red Book the partnerships were then split. That is why we have so many small practices here in South Reading.

In those days there were grants and IoS - items of service payments and the list was the income for the practice - it was list-based.

Nowadays there is a range of contract options - (General Medical Services) GMS, (Personal Medical Services) PMS, (Alternative Personal Medical Services) APMS.

The APMS contract allows commissioners to try out a provider - it is a contract for a prescribed time. Commissioners go to market and see what they can bring to light and then can give a contract with a definite time span.

The Walk-in Centre has an APMS contract. It sees both Walk-In patients and its own registered patients. It started with no registered patients and now has about 8500 registered patients and is gaining about 1000 per year. Probably the seven day access, 8am-8pm is attractive.

We used to provide 24/7 care at each practice - but it was becoming very challenging when this was changed by Tony Blair et al. to use separate Out Of Hours services.

Now we are seeing private providers and if they can deliver the service more efficiently then that is showing up the inefficiencies in existing NHS practice.

The commissioners (CCGs) are very keen on providing care which is consistent and measurable across the patch.

Value for Money and efficiency are required - why should the taxpayer pay for inefficiency? Nowadays the list provides a smaller part of the income - quality of care accounts for more.

Services are commissioned - no longer jobs for life. Different types of provider are competing. CQC inspections certify quality of care. Doctors and nurses have to revalidate.

We have just had our CQC inspection but it is quite a gruelling experience. We have a number of smaller practices which are in or have been in special measures or require improvement. Of course we want to see them brought up to scratch so the CCG will arrange help with this.

But even larger practices having difficulties in trying to recruit new partners nowadays. Younger GPs, especially the predominant female younger GPs, often prefer the certainty and flexibility of working as a salaried GP.

For partners the pressure is relentless. Recruitment and retention has become critical. Practices without succession plans are sometimes those in special measures. I fear for some of their lists.

We are very fortunate in Reading in leading the way in having a wider skill mix in primary care. We are the first surgery in Reading to have an independent prescribing pharmacist. Younger nurses are also thinking of becoming nurse practitioners in general practice.

KF: I joined the practice about 10 years ago. My specialism is paediactrics. As a nurse practitioner you can deliver the service and you can prescribe and get access to more resources or advice when you need them. The CQC inspection was

quite hard. I could spend all my time doing the paper work that the CQC require - infection control lead, safeguarding lead, medicines management - it would be better to have knowledgeable leads shared across several practices of our size.

Historically larger practices split but nowadays the younger doctors are more atuned to team work.

Even rural practices which could recruit in the past are finding difficulty in attracting GPs.

DrGd'C: We have devised this new model of GP Chambers as a way of moving to working on a more efficient scale without actually having to merge completely. It might be something like a long engagement before marriage or a permanent arrangement. (A short engagement could be very successful, of course.)

Chambers - what are they? Separate business units working together within a new building.

CQC will want formal agreements rather than informal for practices to work together.

I have been trying to persuade RBH that their plot of land with currently a listed building falling into disrepair at 17, Craven Road is ideally suited for our purposes. We could put in a building large enough to bring in 4 to 5 smaller practices in one place. (Plans available on the Reading Borough Council Planning Portal.)

Some smaller practices are being told to improve their listed buildings. An alternative for them would be to move into chambers.

This is a very good location - we are hoping to develop closer links with the RBH. I am hoping that the RBH board will be persuaded to agree. I have been working on this for four years now - I have had to learn patience.

Immediate advantages are that practices can share phones, computer systems, receptionists but still preserve some individual ways of working.

There would have to be agreed rules of engagement.

We have introduced phone triage - we guarantee to give the patients who need it a face to face appointment. But not all practices will want to do this.

Chambers would allow the individual strengths of practices to be captured. We have done well with the diabetic template. Kim leads on this. In other practices there will be other strengths. Our practice offers, a first in Reading, diagnositc ultrasound - and CQC commended us for this. In a chambers we could offer this for other practices.

In our own surgery patients are getting cross because they have to wait 48 hours for ultrasound. In earlier times they would have had to wait much longer for a hospital referral.

Ultrasound machines have improved enormously - our machine has made a real difference to some patients in terms of early detection. I carried out a scan on a German patient who told me "my doctor said ultrasound is an extension of my hand", and I felt a strong agreement with that idea.

Economies of scale do lead to efficiency. But our model also accommodates personal agendas, for example for GPs nearer to retirement or having a special interest.

My brother Jude developed endoscopy very successfully and I thought we could add a less invasive diagnostic technique and introduced diagnostic ultrasound.

Modern technology does allow virtual chambers as well as tangible co-located chambers so we will probably see a number of different approaches to creating larger scale and efficiency.

From 2017 GPs will have to federate up to a list of 45,000 to earn certain premia. In Pulse magazine today there was talk of the New Models of Care which echo what I have shown today. So I feel sure that what we have talked about today will be brought into being in the near future.

PL: Are you able to conduct remote consultations, by Skype or similar?

GdC: I have found that was not so useful as a mutual appointment is necessary and that doesn't always work to plan. But I have found email very useful and have become quite adept at diagnosing chikenpox via emailed photos.

LS: Thank you very much indeed Dr Gerard and Kim for a really useful and interesting talk. I am sure we will be using what you have told us over the next months and years.

PL: That was a particularly interesting talk and one that has really given me hope.

8. Any Other Business
Next Meeting: 27th April 2016 - Kim Wilkins, Public Health Group, Rading Borough Council on Measuring Health in Reading.