



South Reading

Draft

South Reading

Patient Voice Minutes Clinical Commissioning Group

1. Welcome and Apologies

Date	30th November 2016
Location	Reading Community Learning Centre
Present	Libby Stroud, Pembroke Douglas Findlay, Pembroke Surgery James Penn, Milman Road, Dr Mittal, Shaheen Kausar, Chatham Street David Bales, Longbarn Lane Phil Lowry, UHC Laurence Napier-Peele John Missenden, Melrose Surgery Douglas Dean, Westwood Road Surgery Francis Brown, Guest, Priory Avenue, Christopher Mott, Milman Road, Dr Kumar Martha Klein, London Street Farzane Eftekhari(guest), Western Elms, Tom Lake, Pembroke Surgery
Apologies	Joan Lloyd

Libby Stroud was in the chair.

2. Minutes and Matters Arising

The minutes of the previous meeting were accepted.

3. Funding

The accompanying paper was introduced by Tom Lake. Christopher Mott - SRPV had been started by the CCG - and shouldn't need to scrape for basic funding. Douglas Findlay - they have taken the low hanging fruit. Laurence Napier-Peele - there are small grants from local charities - perhaps we could ask for a quarter advance.

Question 1: Should we hold a trial meeting at NHS, 57, Bath Road.

Douglas Dean - it is convenient to meet at RCLC, the parking is convenient, but if we meet at Bath Road then we will have status.

Francis Brown noted that NW Patient Voice meets at 6pm - 7.15.

Laurence Napier-Peele asked how meeting at Bath Road would affect those who dont have a car.

Agreed to try the next meeting at Bath Road - 5.30 to 7.15

Should we invite Wendy Bower to every meeting?

25th January. meet at Bath Road if possible

Questions 2: Should we pass the hat round at meetings?

If meeting at RCLC pass hat AROUND.

Q3 Ask about Patient Engagement budget at next Governing Body in Public.

Q4 Should we tell CQC or NHS England? - Douglas Dean we should raise it.

Christopher Mott: NW Patient Voice has no budget. Douglas Findlay: could anyone do research on other CCGs?

Laurence Napier-Peele: We could discuss this with Healthwatch.

Q5: Shall we continue being helpful to the CCG by encouraging volunteers to assist with their projects?

It was agreed that we should allow this to affect volunteering.

JP: Coordinate with David Smith, head of the STP and Oxford CCG chief exec??

It was felt that David Smith was too high up unless we have a specific problem.

4. Changes to the Consitution

The minor changes recommended in an accompanying paper were passed . Happy with changes? Nem Con.

5. Election of Officers

Members proposed a vote of thanks to Libby Stroud who has taken us through a year which was not easy or convenient for her but was capably and faithfully carried out.

Laurence Napier-Peele - Our constitution prescribes that we should have a membership officer.

Elected as Chair James Penn unanimously.

ViceChairs: Phil Lowry, John Missenden unanimously.

Information Officer: Tom Lake unanimously

Membership Officer: David Bales unanimously

Treasurer: Shaheen Kausar unanimously.

The new chair, James Penn, took over at this point.

There was a short discussion on the constitution, firstly on the name of the group.

Laurence Napier-Peele - suggest name "South Reading Patient Voice Group"

Also members should be able to have guests at the meeting - should be stated in the constitution.

7. STP

Douglas Findlay introduced a discussion on the STP.

DF: Jo Lovelock published STP 44 (112 pages). An STP is a place-based plan. In my opinion it is the best thing that has happened to the NHS in the last 25 years. Part of my work is talking about how the NHS has changed. Given that the NHS has changed so radically since 1948 (8 substantive (constitutional) changes), the biggest change being in 2010 - largest single act put through the British Parliament since the 17th Century. No NHS in its title - Health and Social Care Act (HSC). The act refers to integration of Health and Social Care. NHS has been centrally funded and Social Care funded through local authorities - it is like mixing oil and water.

When Simon Stevens took over - the HSC 2012 didn't give an idea of how to maintain the momentum of the NHS over time - Lansley's plan required lots of new money. Major funding 2006 - 2008 was £130B and now has started to come down. Looking at a cut of £20B. That is what QIPP cuts come from.

STP are place-based plans - 44 geographies. 44 "natural communities".

In theory it works well - in practice it is falling apart where there are not natural communities. We have in Berkshire STP 34 Frimley, STP 44 BOB/WeBOB/COBWeB. 27 statutory partners and 1.8 million people.

STPs are a good idea but we need to think about what we need to do as asking questions.

I suggest we do this together with Healthwatch.

NHS England are using NHS Citizens and Healthwatch to gather patient and public response to STP.

We should use every hook we can to feed back concerns to NHS England about the STP.

What are the challenges of the STP - there are 3 gaps - health and wellbeing gap, care and quality gap and finance and efficiency gap to fill. Business as usual leads to a £473 million combined deficit cumulatively up to 2020.

Care and quality gap - communication in NHS beginning to break down and quality gap - variation in response GP by GP - not aiming for consistency. Lack of consistency is a problem.

Health and wellbeing gap - prevention - we are fatter, less healthy as we get older, less activity, huge risks in childbirth - a very high proportion of women now need consultant-led childbirth due to obesity.

The STP is based on the 5 year forward view - STP is the means by which we fulfill the 5 year Forward View.

The plan is based on our needs. Our job (SRPV and Reading citizens) is to vocalise issues in the STP. We have from now until April to express our needs.

The plan is very Oxford-centric. It envisages a community hospitals review - redesignation or closure. In South (Southampton) they closed community hospitals and had to re-open them with new finance. Manchester sold community hospitals.

Questions:

We need a clear idea as to how the STP will make Reading a better place to live. RBH, CCGs, primary care - how will these change? Very little detail? STP pushes care from secondary into primary and we don't have the capacity to take up in primary care.

Social care funding. In hospital - cancer - all your care will be paid for. If you have dementia - your care is social care - unless your condition is deemed qualifying. On-cost for dementia and Alzheimers are underserved. How will the funding be sustained for these people?

Mental health gap - we have a good plan - Stephen Madrick a good lead - but doesn't answer the questions. If a young person presents at A&E they may not be treated by a psychiatrist, may not be treated and may be discharged to care of a non-specialist in mental health.

Q1: What issues and priorities for change will be included in the plan - in much simpler terms and concrete steps. What outcomes should be seen? How will the funding for these steps be raised?

Q2: How will you engage with the public and local communities? We asked him to engage last year and he refused?

Q3: Which groups will you engage with, seldom heard voices? What info? How to use it?

Q4: How will you prioritise needs of your local community?

Q5: How will you demonstrate impact of changes?

Q6: How will you demonstrate clear and unambiguous and timely communication of changes?

Q7: How will you deliver, through the STP, your priorities in the FYFV - mental health, maternity, older people, children?

Q8: What model are we aiming at? 5 models of care. We in Western Berkshire are using ACS - from New Zealand via USA. Doesn't account for finance. How can you deliver? MSK, older people. Savings have to come from integration. What finance for carers and self-care? Nothing in the ACS.

JM: Care in the community - ended with district nurse numbers halved and the money went to hospitals.

JM: They reopened Wards at Wokingham hospital - much cheaper than at district general hospital.

DF: GP wards used to function but where are the GPs?

DF: Proposal - work together with North and West Reading and Healthwatch on STP.

DF: Healthwatch has to bid for its money - could be consolidated. Money is national but delivered through the local authority.

FB: Healthwatch are supposed to be whistle blowers for LA and NHS but doing much else.. Steve McManus - new CEO at RBH. Ask Cathy and SM to present at a joint meeting.

JP: Simon Stevens said past reorganisation was a management failure.

8. News from PPGs

Christopher Mott: CQC report on Milman Road (Kumar) gave the overall result - Requires Improvement - I was there for most of the day - and had 40 minutes with chair of inspections. They have just lost their practice manager and deputy practice manager and have lost GPs and their landlord is the practice upstairs. Have closed the Tilehurst branch, relations with other practice and landlord are poor..

Laurence Napier-Peele: I am a patient. The building has been modernised - good stuff - pharmacy and new reception area and clinic rooms. Kumar practice has been decimated - only one partner left and using locums.

Christopher Mott: Symptomatic of our present state.

David Bales: Longbarn Lane has lost its practice manager and has still only one partner.

James Penn: I am with the upstairs practice - all new faces.

Michael Fairfax: London Street seems OK.

9. Healthwatch report

Apologies from Pat Bunch. Quarterly rolling work plan - more short-term projects. Q4 - primary care - unannounced enter and view. Priory Avenue and Circuit Lane. End of Life service (CCG service). PALL call delayed. (palliative care advice for nurses).

Key project - homeless people - one of the least heard groups - with Homeless Link (national organisation).

Problems at Prospect Park (after the fire) - (Wokingham leading).

STP - new key area.

Rebecca is part of a national steering group for Healthwatch in respect of STPs. Many concerns about the BOB area.

Electronic prescribing project - discussed at Healthwatch Board - going to HWB in January.

Carer's Rights Day on 25th November.

BPAS has been inspected by CQC.

Concept Care judged GOOD

Agency for Homecare judged GOOD

Kumar - Requires Improvement

Douglas Dean: Westwood Road had a PPG meeting. We identified as a problem that Health visitors are based at Council centre not at surgery - lack of follow-up with young mums - clinic beside library where mums and fathers used to meet has closed - no comms between mums.

James Penn: Single Homeless Survey - I attended a meeting - questionnaire has 45 questions - carry out in January.

Christopher Mott: I have been to training for Bed for the Night (Jan/Feb) - cooperating with St Mungos.

James Penn: Thanks to Shaheen for cakes/biscuits.

Laurence Napier-Peele: Carers Day was not well attended by carers. Problems arising fed back to Hub and Council. HWB draft strategy available for consultation until 11th December.

Francis Brown: No mention of integration, no mention of STP, no mention of ophthalmology - TB is a minor matter - easy to achieve.

Christopher Mott: HWB consultation is too much Yes/No. Reactive not strategic.

Tom Lake: Social on 14th December at RISC.