

Draft

South Reading

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Patient Voice Minutes **Clinical Commissioning Group**

1. Welcome and Apologies

Date	28th September 2016
Location	Reading Community Learning Centre
Present	Libby Stroud, Pembroke James Penn, Milman Road, Dr Mittal, Douglas Findlay, Pembroke Surgery Shaheen Kausar, Chatham Street David Bales, Longbarn Lane Phil Lowry, UHC Laurence Napier-Peele Caroline Langdon, Russell Street Surgery Douglas Dean, Westwood Road Surgery Pat Bunch, Healthwatch Francis Brown, Guest, Priory Avenue, Pauline Foy, guest, Reading Mencap Tom Lake (after item 2), Pembroke Surgery
Apologies	Aneela Mushtaq, Kennet Surgery John Missenden, Melrose Surgery Michael Montague, Melrose Joan Lloyd

Tom Lake had sent apologies via the Chair for late arrival, owing to grandchild care duties. In the meantime, the Chair took the Minutes.

Libby Stroud (LS) welcomed Francis Brown (FB), Chair, Priory Avenue Patient Participation Group, as our guest speaker on How Well is My GP Surgery Doing? (see Item 3 of these Minutes).

LS also gave news of Martha Klein (MK), whom she recently met by chance. She gave MK our good wishes and our condolences on her husband's recent death, which had been sudden. A celebration of his life was being planned, for late October. (The funeral had already taken place). MK was hoping to commence attending our monthly meetings again, once she felt able to do so.

2. Minutes and matters arising

Minutes: accepted with 1 minor correction. Laurence Napier-Peele (LNP) wanted names, not initials, to be used. LS advised that initials could be matched with the names on the list at the top. Douglas Findlay (DF) pointed-out that TL took the Minutes verbatim, Out of the goodness of his heart, so using initials was more effective. This point was not fully resolved.

Matters Arising

Patient Engagement: (Item 3 of previous meeting/Minutes):

DF:

1. What are Wendy Bower's plans to make this more effective?
2. Could we be involved from the beginning?

Seldom-Heard Groups: (Item 3 of previous meeting/Minutes):

- Ethnic minorities: Michael Montague via Carol Langdon (CL): They should learn English. Shaheen Kausar (SK): This can be a long and difficult process it doesn't happen overnight.
- Homeless Children: A formal question on this had been submitted to the (Reading Borough Council) Health and Wellbeing Board: to be formally answered at its meeting on 7th October. (This month's Agenda Item 8, re single homeless, held over. LS)

Seldom-Heard Groups (additional this meeting)

Pauline Foy (PF), a visitor, spoke on Reading Mencap's Learning Disability Health Project, 'Getting it Right in Reading' (GRR):

- Working with people with learning difficulty to improve their access to health and address their difficulties in GPs' surgeries.
- Helping surgeries to make small adjustments which will increase access, e.g., a card to hand over: I have a learning disability. I need a longer appointment. Also, Surgery to note that the person with LD cannot [as recorded LS] read name for appointment.
- Huge range of abilities [among those with LD].
- A lot go on their own - Social Services will not accompany them, as they have a carer involved.
- Older people with LD: carers are often struggling as well.
- Many are poorly and go to A&E direct because they have not seen a G P [because of the above difficulties].

LNP: What about those with direct payments? PF: They often choose the wrong service.

Jim Penn (JP) suggested distributing GRR posters to surgeries. He would distribute to shops etc. (Liaising with Holly (Reading Mencap) or Pat Bunch (Healthwatch)).

Chair's note: We adjusted our agenda to allow this item to be heard. The main item (8) on Seldom-Heard Groups has been held over. LS

3. How is My GP Surgery Doing? Francis Brown - chair of Priory Avenue PPG

[Slides and papers for this talk are attached to the meeting announcement item on web site www.srpv.org.uk.]

FB introduced the subject noting that patients deserved and had a right to sound information about the non-clinical performance of their practice and surgery, as well as that clinical performance collected and reviewed by the CCG.

He planned to cover:

- Opinion vs fact
- Reliability: anecdotes vs stories vs statistically sound data
- General Practice Patient Survey (GPPS)
- Friends and Family Test
- PPG and CCG surveys at Priory Avenue and Circuit Lane
- Current online survey
- GPIs, Score Sheets, Dashboards

The biggest survey of patient views on GP surgeries was the National GP Survey with 1,000,000 questionnaires sent out once per year (used to be twice).

The Friends and Family test had been introduced into surgeries as into many parts of the NHS. It was delivered in different ways - sometimes by handing cards to patients and sometimes on screen - sometimes as a prerequisite to "signing in" for an appointment. These differences limited its application. You can look at trends for a given surgery but don't compare surgeries.

Samples are often too small to be statistically valid in any case. FB suggested that suggests 100 might be a reasonable minimum sample size per surgery (eg for a monthly result).

Contractually, practices should inform patients of the FFT results.

FB showed an example of the Priory Avenue Scorecard. Mostly cited facts available at the practice (after some persuasion) more or less automatically using the GP and telephone systems

The five year forward plan emphasises automation and this should take a load off the practice but there is not much evidence of enthusiasm from the practices.

The scorecard has been developed by Priory Avenue PPG - results at PA are quite good - it is not intended to be threatening to the practice. Success is shown on many of the measures.

Sadly, the new provider at Priory Avenue is not happy about providing the information at present.

Action: FB to forward to TL and JP a note describing contractual requirements to provide performance information to patients.

LNP: Shouldn't the patient be considered as a customer? FB: We are on the same page.

DF: How can we take this forward with Wendy Bower to deal with getting hold of some of this information? FB: It is in the practices interest to do this and some refusals are contractual failures.

Action: TL write to WB suggesting similar scorecard at cluster level

FB: Thank you for the opportunity to give this talk.

LS: Very impressive and useful, Francis, thank you very much.

5. News from PPGs

Longbarn Lane - DB reported - an action plan had been drawn up following the CQC verdict of "Requires improvement". The plan has not been shown to the PPG. The Southcote branch with only 500 patients is the worst part. Perhaps that will be reconfigured. One of the two partners who took over is resigning and a new partner has stepped in.

Westwood Road - DD - is having its 2nd PPG meeting in two weeks time. TL to forward paper copies of FB's papers.

Chatham Street SK reported - PPG meeting postponed - now scheduled for Friday prayer hour. Is this discrimination by faith?

Russell Street had a PPG in July.

6. Report from Healthwatch

Pat Bunch (PB) reported.

This year Reading Healthwatch has decided to put a focus on electronic prescribing (that is, prescriptions being forwarded to the chemist electronically). This is not being taken up as much as it should be.

Healthwatch is very busy with reduced staff and many enquiries.

At the Meeting in Public and AGM of SR CCG a reduction in beds at Oakwood Ward (community hospital facilities at Prospect Park Hospital) due to staffing issues.

Vasectomies will no longer available on the NHS unless absolute clinical need is shown.

The NHS 111 helpline will be taken over by Care UK who run a number of 111 systems in England.

We have the new Home First project (BHFT) which provides a hub to arrange treatment at home rather than hospital admission. The team will have access to mental and physical health backup.

RBC trading standards and police giving talks about financial scams.

CL: I am still getting calls from fake TalkTalk scammers.

PB: RBH - most quality measures OK - but cancer waits target missed.

Reading Healthwatch GP practice survey is available on the website. Very varied performance in terms of opening hours.

FB: If they all produced a scorecard there would be uproar.

Healthwatch Electronic Prescribing survey - do they now - why not?

Questionnaire available online but also in surgeries and will do chemists. Some Chemists don't understand the system. It works differently depending on the GP's software system provider.

DF: Boots has a reputation as a "black hole" for prescriptions - apparently they all go to Nottingham. Boots will text you about availability if you request it.

Stats are available from the Thames Valley Prescribing Network.

The prescription only shows up in the pharmacy after the pharmacy requesting a refresh. If there is not enough storage on their shelves they may not make it up before the patient comes in - which leads to delay.

CQC has given Disabilities Trust a good rating.

Circuit Lane GP surgery has been given a CQC good rating as Berkshire Healthcare hands over to the new provider for Circuit Lane and Priory Avenue - OneMedicalGroup - which runs a number of practices in the North of England and a minor injury centre at Bracknell etc.

Novara Lodge received a CQC good rating.

RBC's Shared Lives Scheme received a CQC good rating.

The ambulance trust SCAS FT received a CQC good rating.

The 6 week consultation has started to close Tilehurst Medical Centre - a branch of Dr Kumar's practice at Milman Road. Other surgeries in this area are quite concerned. A letter has been sent to all patients of this surgery.

Healthwatch A&E survey - will be in the papers for RBC Health and Wellbeing Board on 7th October.

8. AOB

LS: I will have to stand down at the end of my year. I have had significant clashes with other commitments. I will be away in October with JP chairing - please think about a next chairman.

RBC Health and Wellbeing Board in public Friday 7th October 2pm - 4pm.

CCG Governing Body at MERL 9.30 - 12.30 7th December

PESG Tuesday 11th October 3pm -5.30pm.

LNP: RBC is working on the recovery college approach to mental health support in the community.

Further event on 24th October - see RVA website.

10th October - World Mental Health Day - Women's Group Conference on 14th October - few other events.

FB: Here is the timetable for the STPs. CCGs will submit plans in October and consult/engage in November. Between now and next Governing Body in public we need to ask about the STP.

SK: I want to register, following MM's request last week that many women are working hard at learning English but that for some it is very difficult.