

South Reading

Patient Voice

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South Reading

Clinical Commissioning Group

Chair: James Penn

Vice-Chairs: James Missenden, Phil Lowry

Treasurer: Shaheen Kausar

Information Officer: Tom Lake

Membership Officer: David Bales

DRAFT MINUTES

1. Welcome and Apologies

Date	26th July 2017
Location	Reading Community Learning Centre, 94, London St, Reading RG1 4SJ
Present	James Penn, Milman Road, Dr Mittal, Shaheen Kausar, Chatham Street Russell Ede, University Health Centre, Martha Klein, London Street Pat Bunch, Healthwatch Libby Stroud, Pembroke Douglas Dean, Westwood Road Surgery Christopher Mott, Milman Road Francis Brown, Guest, Priory Avenue David Bales, Longbarn Lane Cathy Cousins, Pembroke Surgery Douglas Findlay, Pembroke Surgery Tom Lake, Pembroke Surgery John Missenden, Melrose Surgery
Apologies	Phil Lowry, UHC Caroline Langdon, Russell Street Surgery Michael Montague, Melrose Aneela Mushtaq, Kennet Surgery Joan Lloyd

James Penn was in the chair.

2. Range of Community Nursing Services Lynda McAdam Long Term Conditions Services Manager and Katy Beckford Lead for Community Specialist Respiratory, Heart Failure, Cardiac & Pulmonary Rehab services presented these services.

Lynda had 220 staff with 30 of those in Katy's unit.

Katy explained that they have about 3,000 referrals a year for COPD (respiratory difficulties) and 4,000 referrals a year for heart failure. Patients are discharged when they can manage their condition but can return to the caseload if they need to. The heart failure caseload is about 450 at any time.

Katy - We work closely with RBH. We also train primary care nurses etc - training is in bite-sized portions as they are so busy.

Libby Stroud: How do referrals work?

Katy: We take referrals from any clinician and will then contact the GP to get information about the patient. Heart failure patients we see within 7 - 14 days as they are discharged stable but for respiratory we see them on return home and see them 3 times in the first week. This is a very frightening condition and we see people often and work on their anxiety.

Lynda: This goes much wider than district nursing.

Here is a timeline of community nursing: William Rathbone, after his wife's death, retained her nurse to serve people too poor to afford care. He and Florence Nightingale developed the service together. They received a grant from Queen Victoria for training, support, maintenance and supply of nurses. In 1909 on the celebration of 50 years of nursing the Queen's Nursing Institute was established.

With the introduction of the National Health Service in 1948 universal nursing care was introduced.

We still have a gap between rich and poor. But our services are not like traditional district nursing - delivering babies etc. Now we are electronically driven - and automobile.

A major change in the service started in 1990. Huge amounts of innovative work have taken place. Community nursing influences health and social policy, funding.

We handle tens of thousands of referrals every year in Reading.

Tom Lake: There is a little connection between Florence Nightingale and the Royal Berks Hospital. Someone at RBH wrote to Florence Nightingale asking whether she could recommend a nurse for a private patient. Florence Nightingale replied that she was grateful that she had had little to do with private nursing as she thought that private nursing detracted from the important work of public nursing.

John Missenden: You may know that there is a big crest of the Queen Victoria nursing institute on the Berkshire Healthcare building at 25, Erleigh Road; this was once a nurses home. In those days home nursing was organised from the hospital. By the way, the status of the Queen Victoria Nursing Institute is greater in Scotland.

Lynda: District Nurse is a statutory protected status distinct from community nurse. After nurse qualification there is an extra course to become a district nurse.

What do we have in Reading? District Nursing - absolutely fundamental - nursing assistants, specialist community nurses, Community Nursing Sisters, 2 team leaders, 90 staff in all. Thousands upon thousands of referrals. South Reading community nurses are based at Cremyll Road - in North and West Reading they are based at GP practices. Practices allocate a desk for a district nurse to be at the practice one day a week. Patients must be aged over 18 and be registered with a Berkshire GP. Mostly we see housebound patients. But also if it is more appropriate for the District Nurse to deliver service we see others. We make it clear that the patient should become independent. Some stay on our books for 10-15 years - some until they die - having multiple long term conditions. People having had an acute illness, need a short period of nursing attention.

Russell Ede : After a hip replacement - I had the District Nurse as I could not easily get to the surgery.

Lynda: We also carry out catheter replacement or for people with immune suppression. We don't want people with immune suppression sitting with a lot of patients with coughs in the surgery waiting room.

We deliver a lot of end of life care. We help people who choose to die at home with family, possessions, pets. We arrange a package of social care to facilitate their lives. Sometimes patients change their minds. This is not a failure of the service. But sometimes they don't want to go through with their first wish as their condition changes. We provide service 24 hours a day, 7 days a week. Our night service covers all of Berkshire.

Christopher Mott: How do you liaise with Social Care?

Lynda: Nurses ring the social workers and make a referral. Care might be delivered by council care workers or outsourced to a company. All have good communication.

Reading Borough Council is facing challenging times. We would love to be delivering an integrated service across Berkshire. Some local authorities are further down the line. Integrated care works well but is very expensive. Torquay has lower criteria for care - maybe it is invest to save.

Douglas Findlay: How does it relate to the Accountable Care System?

Lynda: There is lots of discussion at top - not clarified yet. We will get there - we all have the same aim at the end of the day. We all need to be on the same page. There is no blueprint for us on paper yet.

Someone mentioned our rapid response team. This is a vital service to keep people from having to go to

hospital. For people admitted at age 80 a week in there is like a month of aging.

I haven't yet mentioned our High Tech Care team. Health Care Assistants and qualified nurses who run blood transfusion clinics. These are at Duchess of Kent Hospice in Reading. They also provide drug infusions. Some patients have had a central line for 15 years and have been cared for by a district nurse - with antibiotics 3 times a day. We make the initial contact - work with consultants, oncology and haematology.

Dialysis is now supported at the new unit at Newbury Community Hospital as well as the Royal Berks.

We also now have a Care Home Support team. This was set up because patients were coming into A& E inappropriately. The home was ringing 999 inappropriately. The team are there to educate and support care home staff. They don't deliver hands on care. The training is as Advanced Nurse Practitioner. Training to listen to chest and cardiac assessment. We have targetted some homes where the admission rate is most significant, upskilling carers and giving them confidence and support. Mental health needs are covered too.

Katy has briefly described the Community Cardiac and Respiratory Specialist Services where we have rehabilitation and support activities.

We further provide a Rapid Response and Access to Treatment in Care Homes. This is created to cope with winter pressures. They go to see very poorly patients in care homes. Patients could be 48 hours from death. They can give intravenous antibiotics. It has had a wonderful reception. They also see some young people with Motor Neurone Disease who are close to respiratory arrest.

Commonly a GP finds a resident terribly dehydrated - the home having not enough staff and interaction. If the patient then gets a Urinary Tract Infection this team then goes in for 72 hours. The community geriatrician supports them and monitors the care plan.

Some years ago the role of Community Matron was created. Community Matrons look after people who have multiple complex needs - more acute than District Nurses would want to see. Community Matrons have advanced assessment skills and bring skills from previous services, such as cardiac and system examination. They try to maximise independence of the patient despite their continuing condition and get patients to manage their own conditions. Patients can learn to recognise their own triggers for crises or worsening.

Russell Ede: I suffer from Asthma. Some time ago RBH wasn't giving out nebulisers - I had to go in. I managed to persuade them to let me home with a nebuliser.

Lynda: You learned what you could do for yourself.

People with multiple long term conditions form a lot of the challenge to GPs but it is best for people to be in their own home.

Coming back to our Rapid Response Team - this is joint with Reading Borough Council. They respond within 2 hours to a call from a GP. Eg after a fall - as an alternative to A& E - physiotherapists and nurses. They can get test results before they get there. There is a diagnostic van at Cremyll Road that they send out. If patient is too unstable they refer them to the Oakwood Unit.

Oakwood is a physical inpatient unit with 24 beds (single rooms) intended for Rehabilitation and reablement. Patients often come there from RBH after hip replacement. Sometimes straight from home, referred by a Westcall GP or their own GP.

The Willows, run by Reading Borough Council, is another step on the rehabilitation road and offers the so-called "Time to Decide" beds.

We are well connected and collaborative. Our out of ours nurses cooperate with Westcall in Berkshire West. Also the older people's mental health team holds joint visits with community nursing.

Martha Klein: Can they give anti-psychotic injections?

Lynda: Yes they can.

I should say that health visitors and school nurses are being transferred to local authorities in some places. Slough is going through that.

Also children's services are completely separate.

Once health visitors looked after older people. But now it is child protection and a particular responsibility to looked-after children.

John Missenden: I have been impressed by the range and degree of specialism you offer - I congratulate you.

I understand that the District Nursing course at Reading closed. There must be a shortage of supply of District Nursing sisters. Are we blurring the difference - with a staff nurse holding the case load?

Lynda: About 10 years ago we had a crisis in recruitment. We brought in Band 6 community nursing sisters. Two are currently on development courses. We lost people from District Nursing to specialist roles and ten years ago was a low point. Now we are developing staff strongly. We use a lot of indicators based on quality.

John Missenden: Is it task-based or based on the whole person? I ask because of an issue with a key safe number. There is a secure logging system on the laptop. Yet my neighbour's nurse is told not to write down the number. The patient has to get up.

Some time ago a heart project between RBH and Royal Brompton - reporting on District Nursing and hearts - was left unactioned.

Katy: We are looking for upskilling so we don't have to call on others if we visit cardiac failure patients.

Lynda: Community nurses have only basic mental health training. It is a quite different approach. But we have started a joint post for combined mental/physical health. We are getting phenomenal feedback from consultants. These nurses can get patient to undergo tests that they couldn't be persuaded to before.

Katy: All have sessions on dealing with anxiety and depression as they are associated with some long term conditions.

James Penn: Over three years of attending these meetings I have never been so impressed. Thank you both for coming to tell us about these wonderful services.

Lynda: We should be happy to come to a future meeting and tell you how the service is evolving.

Katy: Do come to Coley Clinic open day on 6th September - that is the base for the Reading Cardiac, COPD etc nurses.

3. Minutes and Matters Arising

Prem Sharma should appear on the attendees list. Also Karen Grannum and Any Hutchings and Helena Turner.

James Penn: The Berkshire West CCGs have outstanding ratings and the exemplar Accountable Care System. We need to get together.

Christopher Mott: It will help them if patient groups are seen to be engaging.

Douglas Findlay: Let's fix a next visit for Dr Thava - also Wendy Bower same day? ACTION TL

4. Review of Action Log

Action on Libby Stroud closed - action has been taken by the Royal Berks on its appointment problems. . Ward sister was at outpatients - took details and investigated - apologised and pathway coordinator has been informed.

5. News from PPGs

Milman Road

Christopher Mott: The new Milman Road PPG is going very well - hope to build up a stable situation. Must congratulate Reading Healthwatch on the excellent handbook on PPGs. I lifted Terms of Reference for the PPG from it directly. Lots of interest. Great cooperation from the management team. Will meet on 1st Saturday of September, then January.

London Street

Martha Klein: London Street Surgery are trying to set up a virtual PPG. Inviting people from different categories and will send out questionnaires. Hoping to recruit 100 people from selected group. Will ask about progress.

Whitley Villa / University Health Centre

James Penn: Whitley Villa/University Health Centre: Whitley Villa is in a converted house - not fit as a surgery - Russell couldn't get up to the upstairs practice room.

Pat Bunch: South Reading is awful - a not nice portakabin.

Russell Ede: The church wanted to sell land to surgery. Covering the area right down to the South end of Whitley. There will be a new building at the bottom of Basingstoke Road - near Lidl. A purpose built centre - with rooms for treatment, teaching etc. This will involve closing Whitley Villa. Patients could use the bus to get down to South Reading. List size in South Reading is about 5000, University Health Centre 25,000 = 10,000 + students.

The new building will cater for up to 50,000. Some Whitley Villa patients may go to Milman Road, of course, which is nearer.

Between Whitley Villa / University Health Centre and South Reading there is just Longbarn Lane.

David Bales: What about the housing on Green Park?

Russell Ede: That is planned into the new surgery.

Chatham Street

Shaheen Kausar: Chatham Street PPG chair resigned and secretary resigned. I went and found the meeting cancelled! Jaqui came and arranged that management should arrange another meeting.

6. Reading Healthwatch

Pat Bunch: Our work with Focus House - mental health step-down accommodation - has yielded positive results. RBC wanted to close it. That would have affected associated homes that use their services. We helped clients - helped them fill in questionnaires and made a wonderful 2 minutes video of the clients. We heard the week before last that it would not be closed - will go from a care home to a extra care facility. Carers will still be on site but somewhat differently managed.

Cathy Cousins: My mother is in a similar place in Winchester. Almost bed-ridden - carers day and night - more or less on site. Very successful.

Pat Bunch: One of the residents was well enough to go along with Healthwatch and speak briefly in front of the Council Meeting.

Steve McManus CEO of RBH spoke at our AGM and answered many questions. Will all be in newsletter which is extra long. About 40 people attended.

We have two main projects - firstly, volunteer first responders and drivers and charity volunteers for SCAS - great response in Savacentre at Calcot.

Secondly, TB awareness with public health. Going out with questionnaires etc. Prime target is 16 to 35 year olds.

Russell Ede: That group stopped having TB jabs at school

Pat Bunch: Younger Pakistani/Indian people having recently arrived are also key - we could find them in IT firms.

Douglas Findlay: I recommend an approach through occupational health at these firms.

Pat Bunch: We won a Healthwatch national award for engagement for the A&E report - so thanks for the great volunteers from SRPV.

The recent CQC results are: Walk-in Centre GOOD, Care Watch Berkshire - REQUIRES IMPROVEMENT, Milman Road, partial reinspection re 5000 patients from Tilehurst Medical Practice were catered for, Community Reablement Team GOOD, Chilmington House, 7 clients with LD, GOOD, Priory Avenue, Circuit Lane, still in special measures INADEQUATE - some improvement. Healthwatch had done enter and view recently Some of the observations had not been acted on. CQC found infection control risk. One Medical Group has had £400K extra for last year, £400K extra this year - Cathy would not commit further. Both practices are reliant on locum GPs.

Douglas Findlay: I am aware that Mandeep has been trying to get more collaboration with West Berks and Wokingham Healthwatches.

James Penn: Thank you all. Next meeting on 27th September.

6. AOB

Next meeting will be on Wednesday 27th September at 6pm at 94, London Street.

Action List

Date	Who	Urgency	Action	Status/Done
28/6/17	SRPV Advisory Group	++	Respond to Dr Thava's challenge	Pending
28/6/17	JP,TL,SK	++	Seek funding for SRPV public outreach	Pending
28/6/17	TL	++	Try to fix next date for Dr Thava to visit - involve Wendy Bower	Pending