South Reading Patient Voice Draft Minutes

NHS Berkshire West Clinical Commissioning Group South Reading locality

70 YEARS OF THE NHS 1948 - 2018

Chair: James Penn **Vice-Chairs: John Missenden, Phil Lowry**
Treasurer: Shaheen Kausar **Information Officer: Tom Lake**
Membership Officer: David Bales

1 Welcome and Apologies

Date	25th July 2018
Location	Reading Community Learning Centre, 94, London St, Reading RG1 4SJ
Present	James Penn, Milman Road David Bales, Longbarn Lane Libby Stroud, Pembroke Douglas Dean, Westwood Road Surgery Christopher Mott, Milman Road Cathy Cousins, Pembroke Surgery Helen Turner Martha Klein, London Street Tom Lake, Pembroke Surgery Phil Lowry, UHC Krishna Neupane, Kennet John Wallford, Milman Road Laurence Napier-Peele Paul Williams, Milman Road Surgery Pat Bunch, Healthwatch
Apologies	Shaheen Kausar, Chatham Street Douglas Findlay, Pembroke Surgery James Cuggy, Reading Walk-In Centre Joan Lloyd

Our guests were Nisha Sharma of the MacMillan Cancer Education Project in South Reading, Dr Kajal Patel, Amy Hutchings and Sarah Wise of the South Reading CCG locality.

2 Dr Kajal Patel

N.B. In the following the submitted questios are shown in bold text.

Dr Patel opened by saying how pleased she was to see a diverse group from different surgeries meeting to represent patients.

It was useful to have forwarded sample questions, she would go through them with her views and answers, starting with the general questions on healthcare in South Reading.

Kajal Patel: **What medical services will the new GP alliances deliver and how will they develop?**

Traditionally we have had small practices with lists of 2,500 to 5,000 in South Reading and that has limited what GPs could deliver. We have come together in alliances so that services to patients can be improved. For example, it is more cost effective to buy a 24 hour blood pressure monitor for a larger group of patients.

We are also looking at services that could be delivered closer to home - the 24 hour heart monitor is an expensive machine and a skilled person is needed to examine the traces. This is easier organised for a larger patient list. We are looking to work with Reading Borough Council, as well, to provide Occupational Therapists and Social Workers to help patients live

better in their own home. That is easier done through a larger group. NHS England is keen to see 7-day availability of GP services. Currently we offer 8 -18.30 on weekdays with some Saturday sessions. We will have to offer 7 day working from 18.30 - 20.00 (4 hours on a Saturday and Sunday) and so need to share duties between surgeries.

Healthcare is thinking about working better as a system. e.g. if you need a heart specialist and kidney specialist could you see them at the same day or close together?

Martha Klein: Will there be one alliance of GP surgeries or more?

Kajal Patel: At the moment there are four different alliances corresponding to the four localities. And this is because need is very different in different areas. As Cancer lead I know that South Reading needs to catch up with e.g. Wokingham.

There is an alliance of alliances for the whole of Berkshire West which could take on e.g. pre-op care.

Sarah Wise: **How are the GP alliances and clusters constrained by incompatibilities between EMIS and Vision GP systems?**

There is a work-around allowing EMIS (which most practices have) to work with Vision. It is called Vision Anywhere. Kennet, Pembroke and Westwood Road have piloted the use of this system for a Saturday opening over the last year.

Kajal Patel: **What are the challenges for the alliances?**

We don't know fully what we can achieve through the alliances. So far the legal frameworks have been completed. The challenges are that we have to work in a joined up way with organisations like the Royal Berks Hospital to see if some activities can be taken off the central site to GP surgeries. One reason of course is that parking is under great pressure at the hopistal site. I spent 40 minutes in the car park trying to park before chairing a meeting there recently. In the last two years practices have taking on extension and refurbishment projects so that this can go ahead. It is going to take a bit of time to work together with the hospital doctors to move some of these activities out of the hospital.

Paul Williams: Lots of areas are further advanced with 7-day working. Shouldn't we be taking their methods?

Kajal Patel: Firstly, why are the alliances working as they do? In some parts of the country out of hours has been delegated to external private companies. We have had a lower standard from private companies using locum doctors etc and would like to do this through cooperation between surgeries.

We have drawn on experience with federations of practices elsewhere.

Sarah Wise: We also have to meet national standards, so this does take a bit of time to organise.

Helena Turner: Aren't other parts of Berkshire West further on?

KP: We are currently working a work plan, using our connectivity approach. In other areas all surgeries use the same IT system, so we have a special problem here

James Penn: I think our CCG has been seen as outstanding.

Kajal Patel: Berkshire West has been leading as an integration pioneer. We are a highly rated CCG and present at national meetings. Others are following our cancer work as best practice. We are nationally recognised.

Sarah Wise: **How can we get all practices to submit FFT scores?**

Probably submitted by Francis Brown? Following the CCG merger our responsibility is to address local health needs. We have been looking at our own locality targets. What sort of targets can we set ourselves around the FFT? We are looking at increasing the number of practices responding and the number of response from each surgery.

Tom Lake: Francis Brown has shown that FFT is a good indicator of change at a surgery and at least raises the alarm to prompt further investigation. The Plato system which uses mobile phone text queries to elicit a given number of responses per month seems like a good way to go - not free of course.

Sarah wise: **What will we be doing about areas of deprivation - health inequalities?**

Using the borough's JSNA (Joint Strategic Needs Assessment) and national data we know of areas that we have to address. There is lots of work going on at the moment. Of course plenty on cancer support and cancer awareness. We do have too many patients diagnosed too late with cancer. We have excess alcohol addiction. And we need to identify more people with high blood pressure. We are looking for local targets to make this work.

Kajal Patel: Here is some Work for SRPV to take on. Encourage over 50s to have their blood pressure measured at their pharmacy. We have too many people whose first indication of high blood pressure is a stroke - with potentially very serious consequences for them that could have been avoided.

Kajal Patel: **Are treatments rationed?** Nye Bevan said that the- system will work if we don't abuse it. You don't need to see a GP for a cold or a cough. See your pharmacist.

Libby Stroud: Having worked in a surgery I regretted the loss of pharmacists' funding for consultations. This was especially useful since pharmacists were often skilled in minority community languages.

Sarah Wise: That is true - but more and more practices are employing pharmacists to handle minor ailments.

Kajal Patel: So are the treatments rationed? Think of your household budget. We have to prioritise. We have had to ask,

"What procedures are low priority?".

Martha Klein: We have heard about people with severe arthritis having to wait for many months for treatment. Also there seems to severe criteria for treatment of cataracts.

Kajal Patel: For cataract, you have to have real visual impairment to make it worth the risk of an operation - no operation is risk free. For arthritis, radiological (X-ray) criteria are not well correlated with clinical symptoms. Joint replacements are big operations - there is risk attached. I can think of two recent patients. One had a knee replacement which did not have the ideal outcome, so that their health continued to suffer to the point at which they regretted the operation. Another had an operation for taking a nodule out. Unfortunately there was post-operative bleeding requiring multiple dressing; there arose resistant infections which needed a rare antibiotic that risks kidney failure - so this was also a decision which may have been regretted.

Martha Klein: Is there research on how successful joint replacements are?

Kajal Patel: Yes, of course it depends on the replacement used, the operation technique, post-operative physiotherapy, how much bone has been removed - all these affect the outcome. Remember also that the nervous system is extremely intricate. When you operate you cut through 9 layers and may disturb pain receptors which may not heal thereafter.

Cathy Cousins: After your consultant has recommended surgery is there any further need to apply for funding for a joint replacement?

Kajal Patel: No

Cathy Cousins: Do GP surgeries still do ear syringing?.

Kajal Patel: It is best to loosen any ear wax with olive oil - which you can get from your pharmacy. A study looked at syringing versus microsuction and showed the latter safer for the eardrum. Practices may recommend olive oil first, but later prefer microsuction. Our locality does support syringing in the right cases. Microsection available privately at around 50 and also on NHS.

Kajal Patel: **Does the existence of GP alliances make it easier to work with voluntary organisations?**

I would say yes - it is easier to approach a single organisation like an alliance than to work with many GP surgeries individually.

Kajal Patel: **Will we be able to improve mental heatlh services?**

We have a new mental health director at the CCG - Sarah Garner who has just created a mental health dashboard - which shows what we need to do, what we must do and what we want to do. So I would say yes, we will.

Laurence Napier-Peele: Some aspects of mental heatlh care have not been commissioned right. There are still many out of area placements. Waiting times for autism assessments extend to a year and more and there are long waits for more advanced iAPT services.

Kajal Patel: For the lack of mental health beds and out of area placements - we are working hard to reduce delayed transfers of care. We have a weekly meeting with Reading Borough Council Social services to coordinate transfers.

James Penn: Could patient organisations like ours do more to help health careo? Kajal Patel: Encourage people to get their cancer and other screening done - to get their blood pressure neasured. We have this Macmillan funding for cancer awareness and support so we are really lucky in South Reading. And we need to take more care of our neighbours. There is so much that you can do.

KN?: Why are people reluctant to engage in screening, have their blood pressure checked, etc? Is it guilt about lifestyle? Have they just found the phoneline engaged? Is it for fear of what they will find out? Finding the time? Fear of discomfort? Cultural factors?

Christopher Mott: Some people do not want to be on medication for the rest of their life - especially statins.

Laurence Napier-Peele: There are lots of good research on why patients do not see GPs. And for minor ailments we are moving to self-care rather than expecting the GP to diagnose and treat.

Kajal Patel: Formerly, I worked in the sexual health centre in Slough. It used to require a discussion regarding the test and expression of consent to test for HIV. Now there is little stigma and the drugs are so good. HIV sufferers now have the same life expectancy as smokers.

Laurence Napier-Peele: People may recognise smoking as bad, but don't recognise inactivity and alcohol consumption as bad.

Kajal Patel: It is difficult for a GP to get this across to patients - it comes better from friends. One Oxford professor recommends that we weigh all patients before their appointment - if overweight offer them a weight reduction programme then and there. This has been increased success in getting people to healthy weight. Some can do it with willpower but some of us need some help.

Kajal Patel: **What are our cancer outcomes like in South Reading and what are we doing about it?** We are doing badly in South Reading. Our screening uptake is low and we are getting too many cases with late presentation. Even

people with stage 4 cancers detected in the A&E department instead of much earlier at their GP surgery.

Kajal Patel: **Why are doing worse than other countries?** This is multifactorial. In Europe and in the USA you have better results.'

Phil Lowry: The key factors seem to be speed of initial diagnosis and of first treatment.

Cathy Cousins; How are GPs coping with the present situation and the rate of change?

Kajal Patel: That depends on the stage they have reached in their career. MY friends at 50 - 65 are looking at the work required for regular re-validation and the amount of Continuing Professional Development that they have to fit in - it is expensive, you have an extensive patient satisfaction questionnaire, you have to undertake an audit of improvement in your practice. So this aspect of the workload is going up. The average working day is 12 hours. GPs do burn out.

I see 20/21 patients in a morning. There can be complex cases and a lot of responsiblity. The public don't realise the workload.

The majority of our South Reading GPs are hard grafters and we have lost many GPs due to the stresses of the job.

James Penn: I would like to thank Dr Patel very heartily for adding this presentation to her working day and engaging with us in this very wide ranging discussion. Many thanks; we hope the experiencing has been positive enough for you to repeat the experience one day.

3 Healthwatch Report

Reading Healthwatch held a successful AGM so the Annual report is now available on the web site. We have also published our Circuit Lane enter and view report. We found an improved environment, responsiveness, workforce now including pharmacists, a paramedic and offering more flexible appointments. On the day of inspection there were 8 who got an appointment on the same day.

The surgery has reintroduced the "walk in and wait" approach from 5pm. All patients spoken to were very happy.

Re care homes - we have visited 14 - only 2 more to do. Lately Riverview and Northcourt Lodge. All visits will be completed by end of September - we will produce an overarching report. Care homes are generally good in Reading, with some variations.

At the last Health and Wellbeing Board we presented our "seldom heard" report. with organisations working with these communities giving their top three priorities.

We are planning to attend Disability awareness day, and are trying to engage with younger people in Reading.

We attended a meeting on Friday with Reading University Student Welfare to look at health of their students and will be present at Freshers fairs at the university and college.

An additional CQC report and rating from last month - Peppard House, Caversham - a home for people with learning difficulties, outstanding.

Also, this month Livability, St Rowan's Rod, a home for people with learning difficulties - good but needs improvement in the well-led category.

4 Events

Open day at Royal Berks Hospital on 8 September

DIsability Awareness Day 8 August, Amersham Road Community Centre.

A Action List

Date	Who	Urgency	Action	Status/Done
28/6/17			Dr Thava's Challenge - Engagement	Awaiting response
28/6/17	JP,TL,SK	++	Seek funding for SRPV public outreach	Pending
25/10/17	TL		Initiate support for Chatham Street PPG	
27/06/18	all		recruitment of members and practices	