

South Reading Patient Voice Draft Minutes



Berkshire West
Clinical Commissioning Group
South Reading locality



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	26th September 2018
Location	Reading Community Learning Centre, 94, London St, Reading RG1 4SJ
Present	Martha Klein, London Street Tom Lake, Pembroke Surgery Pat Bunch, Healthwatch Francis Brown, Guest, Priory Avenue James Penn, Milman Road David Bales, Longbarn Lane Douglas Dean, Westwood Road Surgery Christopher Mott, Milman Road Shaheen Kausar, Chatham Street Cathy Cousins, Pembroke Surgery Helen Turner Dr Prem Sharma, John Wallford, Milman Road Laurence Napier-Peele John Missenden, Melrose Surgery
Apologies	Phil Lowry, UHC Douglas Findlay, Pembroke Surgery James Cuggy, Reading Walk-In Centre Joan Lloyd

Our guest was Councillor Graeme Hoskin, Chair of Health and Wellbeing Board and lead councillor for health and wellbeing and sport.

2 Councillor Graeme Hoskin

Reading is a successful town, but one of the most unequal in the country. Pockets of harsh deprivation are set against prosperous areas. A high cost of living deters staff from settling here.

The NHS in Reading is one of the lowest funded per head in the country.

The NHS has been protected to some extent compared to other parts of the public sector since 2010 but population increases and inflation have eaten away at its funding.

Brexit a problem. Many continental EU staff in positions with some experience and responsibility and flow of new employees has stalled.

Main thrust is about addressing inequalities (we have stark inequalities with differences in life expectancy of up to 9 years and nearly 20 years in healthy life expectancy).

Council used to receive £58M of Govt grant around 2010 (out of £135M) which will fall to 0 next year. The change particularly affects urban areas.

Some areas raise less council tax income than others, e.g. Wokingham has higher valuations than Reading. The Govt levelling up funding has come to an end and so there are large differences in available funding.

An important contributor to social mobility is getting deprived children into child care. Youth services have been cut to the bone. Education and Skills services are now very restricted. £37B per year will be cut from welfare spending. Families, especially with a disabled member, have lost and this makes a difference to e.g. being able to buy healthy food. Homelessness is a real challenge. Families being moved on has a great impact on children and their education. Life expectancy has started to fall in the UK while in the rest of the EU it is still increasing.

The council's armoury in fighting these challenges is limited but at least areas can work together and Council and NHS can collaborate.

Long term public health is part of the Council's responsibility. Quit smoking, sexual health, alcohol harm reduction. The budget was never adequate to really drive people and families to healthier lifestyles. It was transferred to councils with the Health and Social Care Act and then significantly cut. Wider cuts to council budgets mean that mental health services and homelessness services are under real stress. Healthwatch Reading is a particularly active branch. They do a great job in the town. But the money we have to support them is being screwed down and down. In the long term we will see real damage to our society if we don't change tack soon. The voluntary and charitable sector is very strong in Reading but the money to support it is being cut away.

Changes to the organisation of the NHS are coming in again, with local bodies coming together in the Integrated Care System and councils should be part of that. We want to see NHS planning stay close to the people. Consultation on the governance of the Integrated Care System is not yet determined. We very much want to preserve the public sector ethos of transparency and democracy.

We are increasingly focusing services on the greatest need. We may have to withdraw some services from more prosperous areas. These are very challenging times.

The link between leisure, exercise, sport and health is important and that is why I have a joint portfolio for these topics.

That was a very rapid tour - hopefully you have gained some idea of the breadth of work of the Health and Wellbeing Board.

James Penn: Thank for that very comprehensive look across the scope of the Health and Wellbeing board - I am sure there will be plenty of questions.

Dr Sharma: Thank you for this review. Have you got some figures for these topics. This is a very sensitive subject and objectivity is very helpful.

Graeme Hoskin: One of the starkest statistics is the proportion of GDP that we devote to health. Our proportion has been declining year on year. We are an ageing society and need to spend money on this.

Laurence Napier-Peele: In terms of the council "Narrowing the Gap" agenda in 2014, what contribution was health and wellbeing intended to make?

Graeme Hoskin: Police, Fire Brigade, NHS have all been affected. Health and Wellbeing strategy has emphasised correcting inequalities.

It was a good decision to bring public health within local authorities. We have been able to use the expertise to bring health issues to the fore in decision making. The council is increasingly looking at health impacts of all decisions.

Cathy Cousins: What is the population of Reading and is it increasing?

GH: About 163,000 in the Borough. Should be enough to be able to run a health economy.

Reading has a relatively young population but we need people to come in and support as we age.

The trend is to rely less on hospital services. If we have healthier communities, we might have less use of A&E.

Dr Sharma: Royal Berkshire Hospital has a problem with people affected by alcohol. We need education at every level starting in the schools.

Graeme Hoskin: Levels of alcohol and drug usage are falling in Reading and across the country. Alcohol has a massive impact and may not have had the focus it should have had.

We are trying to get more effort into the town centre - the First Bus and street pastors.

Pat Bunch: After consultation we hear of Cuts of £118K to drug and alcohol prevention services. How will we recommission this with less money? We have good services and this may attract sufferers to come to Reading. There are good outcomes from the services.

Graeme Hoskin: We are looking at how we can join up with other neighbouring areas. No decision yet on funding - that is to come. So far just indicative.

Pat Bunch: In terms of hubs and centres how do pharmacies fit in? We have a very high spend on supporting drug users in primary care. Community pharmacies could be used more. We need to reach people earlier. The voluntary and charitable sector and primary care could do more - we need more coordination.

John Missenden: Thank you for all your work. Can you expect to reduce demand? We look at poverty and ill-health as a result of poor decision making. Plenty of wealthy people are misusing alcohol. Cooking from ingredients is better than ready-made take-away. We need a covered market for fresh produce in Reading. Increasingly we are seeing families in short-term accommodation. There needs to be a way of getting back a long-term tenancy for families. Sometimes the effectiveness of the existing strategies seems to fall short. I have 2 90-year old neighbours. They were given assessments (at Oakwood Ward and The Willows, Hexham) but nothing was done. The council should refuse to pay for poor treatment. Their carer was fined £30 for parking outside after 5.30pm. We need problem solving and sufficient skill to make the systems work properly together.

Graeme Hoskin: We are doing lots of work with food outlets. And with people on universal credit.

Registered carers should have parking permits available - perhaps there was some irregularity in your case.

TL: We can see that in some areas primary care seems very prosperous, and indeed there is a boost to income from private travel, insurance etc work with a prosperous patient list, while in other areas we see poorer premises and patient feedback indicates poorer function at the GP practice. Whatever mechanisms are supposed to funnel more funds to deprived areas are not really doing enough.

TL: The Berkshire West 10 Integration Board seems to have been dissolved. Can you tell us why this is?

Graeme Hoskin: It is highly unusual to have so little local authority representation in the NHS governance. The NHS doesn't have our (local government's) transparency and openness. Locally the Better Care Fund (Social work/care jointly funded and managed by NHS and local authority) is continuing and feeding into the Integrated Care System. We need to make sure that we work with neighbouring authorities despite political differences to make sure that we maintain local authority cooperation with the local NHS.

Francis Brown: It can be challenging to work with neighbours. There are so many difficulties in local authorities working together and working with the voluntary and charitable sector which deserves much more recognition than it gets.

Graeme Hoskin: Yes, but we have to do it. In some parts of care we have much larger planning areas than a single authority. We need to overcome the concerns of the others that Reading is a pit of need. We need to work together to get our voices heard.

Douglas Dean: You said that you were pleased that Council is taking more responsibility for public health. I believe that bed-blocking will never be solved with 2 separate budgets responsible for hospital and social care.

Graeme Hoskin: With delayed transfers of care out of hospital the problem is largely NHS care in the community. Hopefully with the Integrated Care System this will be better. Public health is well-placed in local authorities as much of their decision making bears on health e.g education, housing, drainage, leisure all bear on health.

In Sweden municipal bodies provide health and care services. Local elected bodies can be more responsive to local needs. There is lots of good work in terms of personalisation etc. The NHS could learn from local authorities.

Reading is one of the most improved areas in the country in terms of delayed transfers of care out of hospital. People deserve not to be stuck in hospital.

Christopher Mott: It is a pleasure to discuss this with you but the clinical side has gone backwards in terms of lay involvement, governing body lay members gone from 8 to 3, number of GPs on the governing body has gone down too. There is almost no contact with the planners but trivial compared with the sort of exchange we have had here. Patient engagement has gone backwards in our NHS. People involvement is so important.

Graeme Hoskin: With such tight funding co-production is more necessary.

Laurence Napier-Peele: A local authority is democratic. NHS bodies are appointed and do what the hell they like. Sometimes they seem to be totally unaccountable.

Graeme Hoskin: We will push for what you are asking for - we will push for people engagement in our national consultation response.

Shaheen Kausar: Here at Reading Community Learning Centre we are doing a lot of work with mental health. Working on this in schools and with young people is becoming so important. We have a substantial Nepalese community - and many don't understand the language and get advice and treatment despite the prevalence of chronic conditions.

James Penn: I was at Fresher's Fair at Reading University and notice the notices about alcohol counselling.

Graeme Hoskin: Our relationship with university is important.

John Wolford: Can I remind people of Older People's Day on 1st October - celebration in Broad Street Mall. It is the UN day of the Older Person.

3 Minutes

Martha Klein: Page 3 - sentence on cataracts doesn't make sense.

Laurence Napier-Poole: 8 August Disability Awareness Fun Day - did have fun-packed events.

4 Action List

We have progress on funding for public liability insurance.

Laurence Napier-Poole: attending meeting Berkshire Community Foundation will look for events.

5 Patient Participation Groups

5.1 Milman Road Health Centre

Christopher Mott: The group met on Saturday with Francis Brown as guest speaker. We had a good discussion on the possible biases in the statistics.

5.2 London Street

Martha Klein: I have not attended any meeting recently but have heard that 200 or 300 new patients from Priory Avenue have joined the practice.

5.3 Chatham Street

Shaheen Kausar: Nothing to report. The PPG is not active.

Tom Lake: We have asked the CCG to bring in at least a pilot on the use of facilitators to bring the number and working of PPGs to a good standard.

5.4 Walk-In Centre

James Penn: The PPG meets every month. We need to contact them.

Francis Brown: At least 700 patients have joined there from Priory Ave.

Laurence Napier-Peele: We could invite the service manager from the Walk-In Centre to talk.

James Penn: Waiting times have now improved - about 1 hour.

Francis Brown: Telephone answering times are appalling.

5.5 Melrose

Pat Bunch: Melrose will be merging with Eldon Road.

John Missenden: The practice is reluctant to take patients too far from the practice.

Pat Bunch: The merger has been put off to Spring 2019.

5.6 Longbarn

David Bales: Nothing to report.

6 Healthwatch Report

Pat Bunch: Rebecca (now) Curtayne is back from sabbatical. Samuel Dalton is the new Integrated Care System officer - joint between the CCG and the other Berkshire West Healthwatches.

We now have 9 reports on care home enter and view published. We are now looking at their dementia facilities. The majority of patients in care homes have some degree of dementia.

I attended the access for disability meeting at the council - really interesting - public transport and taxis - how much difficulty people with disabilities have. Not just wheelchairs - those poorly sighted etc. Public transport will be a focus.

I also attended the living Well event at Balmore Park - an excellent event. GP talk, council services etc.

I was at Reading College Fresher's Fair this Monday. Looking to engage with younger people. Survey for students at uni/college. Give away card with details of various health services. Very popular.

September 28 Mental Health Crisis Workshop - run by Recovery College and SEAP.

Talkback has its AGM on October 4.

Berkshire Community Foundation has arranged a funding meeting for 8th October.

The Royal Berkshire Hospital is running an event considering discharge on 26th October - open to all.

7 day GP cover starts on 1st October

6.1 New CQC ratings

Peppard Rd - good (July).

Russell Street - was "Requires Improvement" - now Good.

Royal Berkshire Hospital on 9th November - Friday. Patient partnership conference.

7 Patient Feedback Review

Francis Brown: Patient feedback for primary care is gathered by an annual survey and 4 questions reported on the NHS Choices page for each surgery. Response rates from 15% to 50%. About 2 million questionnaires sent out, more to low responding surgeries. Statistically sound.

What does a response of 72% approval mean? Have worked this into rankings. Milman Road - is in the lower 25% to 50% - could do better but no cause for concern. In same cluster. Longbarn Lane is in bottom 10%. Chancellor House looks reasonable. Christchurch Road also reasonable.

More alarming South Reading surgery - many new patients received when Whitley Wood Road surgery closed down. In bottom 5% on all questions. And in the year before the results were not very good.

The Walk-In Centre have 2 results in the bottom 10% and have now got another 700 or more patients from Priory Avenue.

Chatham Street - one of their figures in the bottom 5% - other figures at around the lower 25% level.

Circuit Lane (under previous management) was in the bottom 1%.

When this moved from 4 times a year to 1 a year the Friends and Family Test was introduced. None of these 4 surgeries with bad annual survey results are publishing the FFT results. Other surgeries causing concern are Wokingham Medical Centre (3 results in bottom 10%) and Falkland surgery in Newbury (one result in bottom 4%).

There are some really good ones in Berkshire West as well.

University Health Centre is doing very well and has a huge catchment area.

We must ask the CCG what is going on in Primary Care.

8 World Mental Health Day - 10th October

Theme: Suicide Awareness and Prevention

Utulivu putting on a big event at RISC - 10 - 12.30 - please register for catering purposes.

Care Quality Commission: Second Tranche of Local System Reviews in Reading in week 8th October and week 29th October - local system review - health and social care interface - governance and processes. Not mental health or specialist commissioning but will look at case tracking for people with dementia. RBC services guide - Nina Crispin.

A Action List

Date	Who	Urgency	Action	Status/Done
28/6/17			Dr Thava's Challenge - Engagement	Meetings forthcoming with Victoria Parker (ICS Comms) and Steph Francis (new locality manager for Reading localities)
28/6/17	JP,TL,SK	++	Seek funding for SRPV public outreach	Probably now have enough for 1 year public liability insurance
25/10/17	TL		Initiate support for Chatham Street PPG	Will press Wendy Bower and Steph Francis for at least a pilot use of facilitation for PPGs.
27/06/18	all		recruitment of members and practices	Strategy meeting at RBH is a good step