

Minutes

Date of Meeting	Wednesday 30 th May at 6.00pm, University Medical Practice
Attendees	Carol Munt, Chair, South Reading Patient Voice, Milman Road Lister Surgery Juliette Hanfling, Pembroke Surgery Christopher Mott, Milman Road Kumar Surgery Libby Stroud, Pembroke Surgery Martha Klein Iram Raja, Russell Street Surgery Sofija Opacic (Observer from N&W Reading Patient Group) Tom Lake, Pembroke Surgery Keith Jerrome, Melrose Dean Surgery Christopher Mott, Milman Road Kumar Surgery Dr Ishak Nadeem, South Reading CCG Karen Grannum, South Reading CCG
Apologies	No apologies received

1. Welcome

Carol Munt welcomed Shairoz Claridge and Karen Grannum to the meeting of the South Reading Patient Voice.

2. Minutes of the Last Meeting

The meeting agreed the previous minutes represented a true and accurate record of the previous meeting.

3. Any Qualified Provider (Shairoz Claridge)

Shairoz Claridge, Service Redesign Manager at Central Southern Commissioning Support Unit, gave a presentation on Any Qualified Provider (AQP). The main focus of AQP is to extend choice to patients in Berkshire, as part of a national initiative, which will in turn drive up standards. The three services opened up to provide more choice are: adult hearing, podiatry and direct access non-obstetric ultrasound.

As part of the national qualification process, providers need to demonstrate that they meet the requirements before they can offer services to patients. Communications with patients has been 'light' as the providers are only just beginning to provide services for patients. Communications will be formally issued once the services have 'bedded down', however more information is available on the NHS Berkshire Website:

<http://www.berkshirewest.nhs.uk/page.asp?fldArea=3&fldMenu=13&fldSubMenu=0&fldKey=388>.

The following questions were received from the floor:

Q: What safeguards are there that patients won't be persuaded to 'trade up', for example, audiology equipment? Royal Berkshire Hospital provides 90% of hearing aids which funds the audiology

Minutes

department, if their income is reduced with activity directed to private providers, what is the impact?
There is no evidence that patients have campaigned for this increased choice.

A: There was a national directive to open up choice to patients using AQP as a tool to achieve this. There was little scope to negotiate on this; our role was to deliver to a national timetable. There are clear stipulations in the contract regarding private services and ensuring providers separate the NHS and private services.

Q: If a patient is referred to, for example, SpecSavers, how qualified will the staff be?

A: The GP initiates the referral on behalf of the patient. There is an inclusion and exclusion criteria as part of the referral process. Any services previously provided are still available. Staff qualification is specified and covered in the NHS contract specifications.

Q: Where does the liability lie for a franchised provider?

A: The liability lies with the overarching provider to manage the franchised outlets. For example, with adult hearing, each store will be visited by UKAS (UK Accreditation Service) to ensure it is up to agreed standard.

Action: Shairoz Claridge agreed to circulate the published qualification criteria and service specifications.

Q: How do the skills of clinicians at RBH equate to staff providing AQP services? They have little experience in comparison.

A: With audiology, for example, the staff are qualified to assess and fit hearing aids. RBH continue to provide complex service requirements.

Q: Why would a GP recommend different providers?

A: Patients may want to choose a provider closer to home or with shorter waiting times.

Q: SpecSavers are now advertising their services as availability nationally which sounds attractive and implies GP involvement.

A: The Commissioning Support Unit is aware of this campaign and they have asked the provider to minimise references that implies GP involvement.

Q: How will the GPs be able to determine a simple and complex case, thus making the most appropriate referral?

A: GPs are able, in the majority of cases, to identify a simple or complex case. If there is doubt, a GP will usually err on the side of caution and refer to secondary care. A GP will usually present a range of options to a patient, who will then decide the best option for their personal circumstances. GPs are not incentivised for recommending one provider over another. Any conflict of interest has to be declared. There is no competition on price.

Minutes

Q: It is not clear South Reading Patient Voice was properly consulted about what services to apply AQP to. There was little information available last year and it appears to be privatisation of the NHS by the back door.

A: The concerns of the group have been noted and will be raised with the Department of Health.

Action: Shairoz Claridge to raise with the Department of Health the concerns of the group around the lack of information and consultation on this initiative.

Q: Does ultrasound include scans of the heart? What is the inclusion/exclusion criteria and is this made clear in the contract?

A: Scans for heart are not included.

Carol Munt proposed the following motion to the group: *'Not enough information has been provided to the Patient Voice to give constructive comment. Had the Patient Voice received this information, they would not have recommended audiology for AQP'*.

The motion was agreed by the majority with two abstentions and none against.

Q: It would be useful to have a survey in a year's time to identify how many patients have a private hearing aid.

A: A patient survey will be sent from the provider to each patient. This suggestion will be added to ask patients this question.

Action: Shairoz Claridge to add a question to the providers' survey. This will be circulated to Carol Munt for comment to ensure it is in 'patient friendly' language.

4. Ophthalmology Services (Shairoz Claridge)

Shairoz Claridge confirmed that this is an early proposal and in the inception stage. The Berkshire West vision is to have an integrated eye service with all providers working under the umbrella of one provider. The aim is to provide better services, improve patient satisfaction and experience.

Currently, the Practice PLC provides non-complex ophthalmology for patients, for example, red eye. They triage all referrals received from GPs and other providers. However, the plan is to have an integrated triage at RBH and then manage the community providers.

Shairoz Claridge agreed to come back to the Patient Voice in March when the proposal had been furthered discussed with RBH.

5. Commissioning Plan (Dr Ishak Nadeem and Karen Grannum)

Karen Grannum informed the meeting of the three main priorities for the CCG:

Minutes

- Diabetes 9 Care Pathways

A Diabetic Nurse has been appointed to provide essential health checks for those aged between 40-75.

- Year 1 Immunisations

Q: What is the rationale for targeting Immunisations given the target percentage increase is so small?

A: Although the target increase is small, the number of children the target relates to is large. This is for patients within their first year and centres around raising standards in all practices to ensure herd immunity.

Q: Will there be a campaign to recruit more health visitors?

A: The staff are employed by Berkshire Healthcare Foundation Trust, however, the CCG can apply pressure on the provider and monitor performance.

- Cardiovascular Disease Health Checks

These have been running for a number of years and the numbers of patients checked are increasing. A nurse supports under achieving practices by going out and providing help.

Q: Would supermarkets like Tescos be identified as venues for taking patient's blood pressure?

A: One risk factor on its own will not provide meaningful clinical information about the patient.

Tom Lake congratulated the CCG on the 'Plan on a Page' which he felt clear and well presented. Karen Grannum agreed to pass this feedback to Eleanor Mitchell, CCG Operations Director.

6. Chair's report (Carol Munt)

Carol Munt reported she and Tom Lake attended a meeting with the CCG to discuss how the Patient Voice could best provide support. Carol Munt was clear that she wanted to be free to put her points across and avoid a 'tick box' engagement exercise and the meeting was in broad agreement with this. The meeting requested this item be included on the agenda for the next meeting.

Action: Karen Grannum to include how Patient Voice can best support the CCG on the next meeting's agenda.

An observer from North and West Reading Patient Group suggested the group decide how it wants to brand itself; she suggested 'supportive and friendly'. She commented that it was important for the group to consider how it gets its message across and ensure people are listening.

Carol Munt attended the following:

- Two conferences on Dying Matters which will be written up and circulated
- South Reading Dementia conference

Minutes

- Dementia project pilot

Carol Munt asked the meeting to provide her with details of what health activities the group are engaged with for circulation.

Action: All to provide Carol Munt with details of health activities.

7. Any Other Business

Virgin Care

Keith Jerrome reported that the meeting of Virgin Care at the Walk in Centre, suggested at the last meeting took place on 21 November, did not take place. However, the AGM of partners is due to meet in February.

Action: Karen Grannum to establish more about this meeting.

Receiver Organisations

A question from the floor asked what receiver organisations are replacing the PCT.

Action: Karen Grannum to provide a simplified list of receiver organisations and functions.

Pain Clinic

Q: A question was received regarding the waiting times for chronic pain relief and an appraisal of the clinic.

A: This is a Facet Joint Injection issue, and there is no evidence that the service works. This will therefore affect our commissioning decisions. Services have to conform to NICE (National Institute of Clinical Excellence) guidelines and have to be cost effective.

Action: The question remained relating to the referral waiting times which Karen Grannum agreed to investigate.