Draft
South Reading
Patient Voice Minutes

NHS South Reading Clinical Commissioning Group

Date	25th June 2014
Location	Communicare Offices at Cemetery Junction
Present	James Penn, Milman Road, Dr Lister, Christopher Mott, Milman Road, Dr Kumar Douglas Dean, Westwood Road Surgery John MacDonald, UHC Tom Lake, Pembroke Surgery Carol Munt, Milman Road (Dr Lister) Shaheen Kausar, Chatham Street Martha Klein, London Road Sofija Opacic (Visitor from Nw Reading) Donna Ma Fazna Kamaldian Mandeep Sira, Healthwatch
Apologies	Michael Fairfax Libby Stroud, Pembroke Surgery

Talk on Quality by Debbie Daly, Nurse Director for the Berkshire West Federation

Debbie Daly started by handing out the CCG Quality Strategy, noting that it was an easy read. It was also available on the CCG website. It set out the policy taken with all the providers from which services are commissioned.

Quality is thought of as Patient Safety, Effectiveness and Patient Experience.

Quality support is commissioned from the Commissioning Support Unit (CSU) and quality support is one of the areas in which they provide services - reports and information. Debbie can ask for the CSU Quality team to investigate and explore concerns. This structure lets the CCG remain a small organisation with 25 people employed by the 4 Berkshire West CCGs. The CSU covers Berks, Bucks, Swindon - a large chunk of the South. CSUs have a portfolio of functions and different area CCGs can choose which to pirchase. This evolves. For example, safeguarding was brought in house from the CSU to the federation of CCGs in Berkshire West (adult and child safeguarding leads).

Healthwatch attends the Quality Committee of the CCGs and contributes their reports and public input.

The CCG Governing Body looks at the Quality Scorecard comparing performances against other local hospitals.

PATIENT SAFETY

Patient safety is measured by absolute metrics, some are national. They can evolve.

The 4-hour A&E target was brought in in a situation in which long waits, sometimes on trolleys were prevalent. The situation now is that most acute trusts are not meeting the target. Patients are now more aware of the need to consider where they should go, the walk-in centre in Reading and GP surgeries were alternatives locally. The patients going to A&E are now more ill and the

target is harder to hit. The target now needs adapting to be more appropriate. There is a national discussion on how to amend the target. Moving people at 3hours 59 minutes and then moving them again later is not good for the patient.

A&E at RBH has consultant triage at the door (8am to 8pm) , so priorities are set early. This was praised in the recent CQC report on the RBH.

NPSA (National Patient Safety Agency) supervises safety practise across the NHS. RBH are working hard on reporting - Debbie considered that RBH was over-reporting Serious Incidents. Debbie meets with them to sign off the root cause investigation for each Serious Incident. The recent CQC report notes that RBH needs to increase reporting of clinical incidents. High levels of reporting do indicate an open culture. Serious incidents in acute trusts commonly found are grade 3 or 4 pressure ulcers acquired in the hospital. Sometimes there are mitigating factors - the patient being extremely unwell. There is a standard scorecard for the measures in use which allow some cases to be categorised unavoidable. RBH measures are benchmarked against those for Wexham Park and Frimley Park etc.

To illustrate, Clinical incidents might be a missed medication, or a fall without harming the patient which would not be a serious incident. If the patient broke their hip in a fall that would be a serious incident.

EFFECTIVENESS

NICE sets the standards. Trusts are expected to carry out audits. Failure makes the news but really good performance is often not recognised.

PATIENT EXPERIENCE

Debbie is looking for common themes in complaints. At RBH notable complaints are about the attitude of some of the staff. There are a number of measures, from the complaints to the provider, via Healthwatch and PALS to the Friends and Family score.

Debbie has a close relationship with the 2 principal Directors of Nursing (RBH and BHFT).

QUESTIONS AND DISCUSSION

MK: How do patient complaints about staff attitudes come to light?
DD: Through complaints to the hospital, to the PALS service, or by a formal complaint (Healthwatch will assist) and there are posters on every ward explaining the complaints process. I examine the numbers and themes of complaints.

JM: you mentioned 7 day GP services. Are you involved through co-commissioning? The resources are not there.
DD: it is a big challenge. This is not just about GPs doing more hours - also about more flexibility - patients ask for Sat or Sun morning - more teleconference access. We did put a bid in to the PM's Challenge Fund in this area but did not succeed - 19 pilots were chosen - all doing different things. Practice nurses are as short as GPs too. In South Reading we are looking at pulling together practices to offer extra hours for a practice cluster.

JM: What about your named GP?
DD: Slough won some funds from the Challenge Fund. One of the innovations are to have 20 or 30 minute appointments. Where are the resources coming from?

JM: Midland deanery is 40% short - recruitment is the answer.
DD: And more support. About co-commissioning. There is a drive to get the CCG involved in primary care . But the contractual side must stay with the national organisation to avoid conflict of interest.

TL: Last year Diabetes care was targetted. Was that an enhanced service commissioned by the CCG? Patients are giving a very good report on the improved service.

CaM: Very impressed by moves to identify pre-diabetic conditions which is coming in this year.

DD: Diabetics are managing their conditions much better so hospital visits are down. We are making reasonable progress and are carrying this forward.

TL: How about monitoring community services? Hospital At Home etc.

DD: We obviously monitor BHFT provision of community services. Hospital At Home will allow selected patients to be treated at home by BHFT nurses. So it will be monitored by exactly the same process. Another area that we are working hard on is care homes in our area. We have been quite concerned that residents are sont to hospital straight away instead of having the GP come in. Every patient entering a care home will get a GP assessment and the record will be kept on site - accessible by community nurses, GPs etc. They will all get a named GP and a care plan. We need to stop patients at the end of life being taken to hospital to die there in a couple of days, when they are comfortable in their care home. The arrangement should be for annual update of care plan - or if the GP sees the patient. Patients in the community have BHFT care plans but currently GPs can't access them. We are bringing in the ADASTRA system to allow GPs, out-of-hours GPs, community nurses and areas of the acute services to be able to access theses. Social services are not yet able to use this.

CaM: If an elderly patient is discharged what is the assessment? DD: By the hospital. There should be a care plan and any necessary package of care. Patients are waiting to be discharged when the care package is not available. We are working with social services to make packages available 7 days a week.

CaM: The ward staff may be letting us down by leaving discharges to Friday afternoon.

CaM: What do you think of the Friends and Family Test.

DoD: Good to have feedback right at time, but is the scoring appropriate? Lots of complaints. It will be used in primary care soon. Across the board for the NHS shortly.

SO: What sort of complaints re Mental Health? DD: This is difficult. The Friends and Family test question is to be changed. No consistent single themes.

SO: I am a carer and have had problems with the patient with psychiatric problems going to A&E in a crisis. DD: Full-time psychiatric support to A&E has helped. But we are looking at allowin patients to go directly to Prospect Park Hospital. Talk to the hospital PALS services about this.

Action: TL to provide paper copy of Friends and Family Scoring Method to Douglas Dean.

SK: Thank you for a very interesting presentation and discussion.

South Reading CCG 2014 Plan on a Page

Brief Introduction by Christopher Mott: The plan on a page tries to summaries both clinical changes and (income-affecting) measurable targets for the year, together with a statement of the future benefits intended.

Producing such a short precis makes this a difficult and perhaps dangerous exercise. NHS England is pressing for measureable targets (Thames Valley team). Hence the CCG is very cautious about making big promises. By the way, this may not be the final version - was made some time ago. And we may no longer be able to influence the plan, of course. Please note that some of the figurs have no units!

DoD: These targets are like Govt Payment by Objectives. Usually engineered to be achievable.

CaM: Look at the reduction in hip and knee replacements. The aim is to save money. But what is the cause of this excess over the national rate? It would have been better if we had been consulted earlier. This needs to be done in November or January.

JM: The aim on children exercising is unambitious - Beat the Streets lasts just a month.

CaM: For the lay member not to have received the Plan On A Page before general circulation is a poor reflection on CCG governance.

ChM: Note that lay members do not attend executive meetings.

CaM: What is the procedure by which this is produced? Is it a federation level or a CCG level plan? Patients are not being involved.

HealthWatch Report

Mandeep Sira: Healthwatch report. Sheena carried out a publicity exercise in respect of Patient Participation Groups at Surgeries in Reading. She had a stall at 5 loactions around Reading as part of PPG Awareness Week. The next phase is about making patients better informed. Developing a training package. Sadly Sheena has left - we will recruit a replacement and the project will continue.

Healthwatch AGM Monday 7th July 12:30pm - 1:30pm. Annual report will come to next meeting.

Healthwatch Reflective audit - will go on Healthwatch Reading website - please fill in.

AOB

JP: Re Carers' Week. Good attendance in St Laurence's church for Carers Week presentations.

DoD: At the Pensioners' Parliament it was reported that North Staffs CCG is proposing stopping supplying hearing aids to people with moderate hearing loss. Hearing loss can be very limiting socially and still not be more than moderate. Is there any chance of this approach appearing in Reading?

SK: I will write to the CCG about this.

CaM: Note that there is NICE guidance on this.

SK: We should be looking for an alternative venue which is more easily reachable from all parts of South Reading. I may be able to arrange for the Reading Community Learning Centre to be available - it is just off the Oxford Road near the IDR. There is some parking but we may be able to arrange use of more at the lawyers offices next door after hours.

JP: Perhaps the chair could write to Graeme Hoskins about the possibility of using Council rooms. Also the MAPP centre on Silver Street has both parking and pleasant rooms.