Draft
South Reading
Patient Voice Minutes

NHS South Reading Clinical Commissioning Group

1. Introductions and Apologies

Date	27th January 2016
Location	Reading Community Learning Centre
Present	Shaheen Kausar, Chatham Street Tom Lake, Pembroke Surgery Caroline Langdon, Russell Street Surgery James Penn, Milman Road, Dr Mittal, Douglas Dean, Westwood Road Surgery David Bales, Longbarn Lane Martha Klein, London Street Douglas Findlay, Pembroke Surgery Libby Stroud, Pembroke Ade Osgood, Chatham Street Surgery Michael Fairfax, London Street Christopher Mott, Milman Road, Dr Kumar Pat Bunch, Healthwatch Farzane Eftekhari Sabkatar Saha hruke height 3pt width 0pt
Apologies	Sofija Opacic, Primary Care Committee Patient Representative Laurence Napier-Peele Phil Lowry, UHC Ann Zebedee UHC Rosalind Gilbert, Grovelands Joan Lloyd

In the Chair: Libby Stroud

2. Sarah Morland, RVA

SM: Sarah was working for Reading Voluntary Action, supporting all voluntary groups in Reading, helping with training, recruitment etc. Based above Central Library. Her job was looking for opportunities for voluntary organisations to work with statutory organisations, in this case, the NHS.

NHS organisations want to work more with voluntary organisations to keep their patients in better health.

Social Prescribing tells patients about organisations and opportunities in the voluntary sector. Patient are referred by their GP. Usually they are patients with lower level mental health problems, lacking in confidence, socially isolated, perhaps not looking after themselves as they should. The GP can do their medical work but we can help patients engage with other organistaions.

We help them improve their health and well-being, and help them stay away from the surgery. E.g. a patient who got a letter about her debts went to see her GP.

Currently running a pilot un 5 practices in Reading, 3 in South Reading, Tilehurst, Western Elms, London Road, Kennet and Walk-In Centre. Started with Walk-in Centre and Tilehurst - only two practices to show interest at first (15 months ago). Had a good level of referrals from Tilehurst, very poor level at Walk-in Centre (only available for registered patients). (Walk-in Centre has had big staff turnover.) Walk-in Centre has a high proportion of Nepalese at their practice so we recruited a Nepalese prescriber (2 referrals neither Nepalese). South Reading CCG suggested Kennet and London Road and Western Elms (likely to have Nepalese patients). Still no Nepalese referrals, but in general a good level of referrals.

The GP fills out a referral form and then the patient contacts the social prescribers. (GPs wanted patients to take some responsibility and take the first step.) About 50% take this up. We provide 25 hours of social prescriber's time per week. The appointment is at the surgery (a familiar place).

The social prescriber spends an hour or more sitting with the patient finding out about their life, using the wellbeing star.

In conversation with the patient, the patient is helped to give an index from 1 to 5 assessing aspects of their life. They don't have to discuss every aspect if they are reluctant. The patient will hopefully choose some areas of their life to work on. The social prescriber and the patient make an action plan to help improve the patient's health and wellbeing.

Some of the patients have caring responsibilities and have put their own life on hold. Perhaps those responsibilities have diminished or ceased. There we can help them take up a new activity.

Of the patients we have seen we have seen some again and they have seen improvements in their assessment of the nominated aspects of their life.

E.g. Patient didn't feel safe at home - because no grab rails - arranged with Age UK to get these and now have gone from 1 to 4 in terms of the "home" aspect.

"The wellbeing star helps see your life. I appreciated someone taking the time to listen to me. I took up activities I had left behind. I feel 90% of my issues have been addressed by coming to see you." Really positive feedback from some of the patients.

This is a small pilot. So far we have learnt that not all patients want to talk about all aspects - they just want a particular bit of information. Some need additional support e.g. filling out a blue badge for parking. Some patients are not keen on the follow-up, but of course the follow-up helps with sustaining the project.

We have applied for funds from the CCG's Partnership Development Fund for social prescribing for 12 months, across all of Reading, concentrating on areas of greatest health inequality. We will also have volunteers in surgeries to promote the service and provide information about the project and the volunteering.

CL: Do Nepalese people need this service?

SM: They have difficulty accessing health services but this is not necessarily the right way. This service doesn't overcome language/culture diffidence.

LS: how does this relate to Talking Therapies?

SM: We explain to the patient what Talking Therapies is and how to get on board.

PB: What are the criteria for referral?

SM: 4 criteria, locally determined. Different in different parts of the country. The five-year forward view recommends this way of working, giving primary care more resources.

PB: What sort of outcome do you see.

SM: We will not achieve the target of 45 patients. Referrals only really from Western Elms and Tilehurst.

MK: Criteria - low level mental health problems - would anxiety about debt be relevant?

CL: Feedback sounded as if no need for treatment.

SM: That was combined feedback from six patients. Don't underestimate value of having someone to talk these issues through with.

PB: How to choose between Talking Therapies and Social Prescribing.

SM: Don't need to - they are complementary - social prescribing is not a therapy.

SK: Social prescribing is an umbrella and Talking Therapies is a treatment for a more serious mental health problem. Also social prescribing helps with patients who come to the surgery for company.

TL: Feedback from GPs?

SM: We feedback to GPs on the cohort of their referrals. To early to say effect on surgery.

CM: What people and what training? Could volunteers do this?

SM: Good listeners, trained in motivational interviewing and use of the wellbeing star. I train them and access training for them. Social prescribers are paid. We will have outreach volunteers local to their surgeries, hopefully as well.

JP: Fascinated by your comment on social groups. I am a single chap and went on a course for retirees - it was aimed only at married couples. I think there are not many social groups and they are struggling and closing down.

SM: One of the things I should have said is that if we realise that there is a gap in support or activities for a particular type of patient, RVA can help community groups set up or expand, access funding etc. Usually a few thousand pounds a year enables a group to get going.

JP: I attend meetings of the Older Peoples Working Group. They don't seem to favour my ideas, but out in the town I can see all the time that RBC are not being proactive .

SM: There are a lot of people who go to the libraries very regularly. We have book groups and help to get online.

TL: Could you briefly comment on the Age UK service being piloted by the N&W Reading CCG.

SM: Age UK's living well is less relevant to you - run by AGE UK Berkshire - in NW Reading only. Similarities with social prescribing but aim is to ensure that patient referred gets both social care and health care that they need. Patients are 65+. Need to have one or more long term conditions. Two workers (personal independence coordinators) are involved. Work in all the practices in NW Reading. If a patient needs a fire safety check they could arrange it. If patient needs an emergency alarm they arrange that. They have allocated a number of referrals to each surgery and are being closely monitored against targets for each surgery. At end Dec they had had 95 referrals (from May 2015). They use the older person's star (similar to wellbeing star). Also seeing improvements in patient's self assessment on the star.

They may be seeking funding to expand across the whole of Reading, then you will need to know more about it.

LS: Thank you very much indeed. Could this apply to those not with mental health probelms?

SM: Yes, but we had to start somewhere.

TL: Are these projects complementary?

SM: Yes, Age UK are dealing with frailer patients, they can visit at home and are more hands-on.

SM: We had an hour with Eddie who manages Blast FM - a GP had a query from a patient who had heard the programme.

LS: Thannk you Sarah, for a most interesting talk and discussion.

3. Minutes and Matters Arising

Sort out lymphoedema question. Answer was to contact Karen Grannum to get the latest policy.

Matters arising. Health visitors question. At a recent Health and Wellbeing Board TL asked about the numbers of new born babies who get a visit. The answer was that 98% do get a visit at an appropriate time (some are detained in hospital and some parents put off the visit).

4. News from PPGs

Longbarn Lane. There was an extraordinary PPG meeting. The proposed new partnership had fallen through because NHS England had insisted on at least 5 partners and the new partners had pulled out as they didn't want such a large partnership.

NHS England insisted all 5 join partnership. New partners had proposed that the 2 in Chancellor's House/Tilehurst be only advisors.

Practice left wondering what to do next. A couple of locums are interested in joining as partners. The PPG supports the current situation with new partners. Upset that the deal that they thought they had achieved has fallen through. They felt that NHS England were not making their conditions clear.

The PPG wants the CCG to clarify the criteria it expects.

TL: The primary care strategy mentions a minumum 10,000 patient list.

MK: Does this make Longbarn Lane vulnerable?

DB: Yes, I think so. What will NHS England come up with next?

CM: We are moving in April to a situation where the CCGs will have complete responsibility for prinary care. I don't understand the Longbarn Lane situation. The first proposal was rejected by NHS England. The current proposal seemed to be accepted by NHS England. The problem that the CCG has is that the Council of Practices is getting so worried about changes in primary care in S Reading, contracts and partnerships, that they don't want information to leak out.

Information has now been tightened up. I bet that at the JPCCC in Newbury, which JP attended, there was no mention of this.

The Council of Practives is very nervous about confidentiality.

DF: Since 1948 a GP practice has always been a private business, with assets built up for retirement. The issue is what does the CCG want? ACS and capitated pathways? CCG wants to see adequate primary care. We have to say what ideal looks like? And ask them to respond. Continually proposing new schemes wears the patient group down. CCG is looking for a big enough practices to have specialisation and extended hours, nominated doctors for over 75s.

DD: You can have salaried doctors to specialise.

TL: Get together with PPG and write to CCG/JPCCC. Prolonged uncertainty.

DD: Concerned that patient safety could be at risk.

CM: It would be useful to invite our other Lay Governor, Saby Chetcuti, to talk.

MK: How many GPs for 10,000 list?

TL: About 6.

CM: Milman Kumar face-to-face PPG has now been reformed and is working.

CL: Russell Street. PPG praised surgery for being open Xmas. 81% extremely likely to recommend. Motto for emergency appointments: 1 patient, 5 minutes, 1 complaint.

5. Patient Engagementi Strategy Group

CM: Next meeting 9 February. Important to be there. Topic: day conference on end of life care.

Next public meeting CCG 2 March 2016 at MERL.

TL: SRPV stall at Morrisons event. We talked to a lot of people.

JP: Nurses and ex-medics gave us the time of day.

6. Question Answering

TL felt his question to CCG was given a "fobbing off" answer. Answer promised via HWB.

DF: Questions to Fiona Slevin-Brown - she was not at the meeting. We do need to ask consistent questions.

SK: Can we write from this group? Agreed.

DD: I normally write a formal letter and send copies for information to appropriate backups.

7. Report from Healthwatch

PB: Our enter and view GP surgery visits - about halfway through all in Reading. Report expected April or May. Individual surgery reports on Healthwatch Reading website.

Surgeries are already making changes based on our reports.

We are getting a body of evidence.

We are getting an hour slot with Jean O'Callaghan please subnmit issues to pat@readinghealthwatch.co.uk.

CQC reports: Circuit Lane still requires improvement, London Road is good!

8. AOB

LS: A friend who is a patient at the Christchurch branch had a 3 week wait to see a particular doctor. Probably not taking it further.

PB: First port of call is practice manager. Then go up the line. We do get anecdotal reports that people are waiting 3 to 4 weeks.

DF: GPs may not be aware of the patient's wait.

JP: Radio 4 Inside Health - last programme referred to the delays in getting appointments and sought to scotch some of the government claims.

CM: Kings Fund web site is stacked with good stuff.

9. Next Meeting
24th February 2016

Fiona Slevin-Brown, Head of Strategy, Berkshire West Federation of CCGs speaking on "Updating the Care of the Frail Elderly".

DF: Can we ask for papers beforehand?