

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE WANDSWORTH PCT  
PROFESSIONAL EXECUTIVE COMMITTEE (PEC) MEETING  
22 JANUARY 2008**

These headlines are for rapid briefing purposes about the lay/user issues arising in the meeting. It is not a full report from the meeting.

PEC and PCT Board papers are available on the WPCT website:  
[www.wandsworth-pct.nhs.uk](http://www.wandsworth-pct.nhs.uk)

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### **Presentation on Children's Services in Wandsworth**

The rationale for creating "children's centres" was so that children and families could access services in a less ad hoc way and to ensure that the right level of services was available to meet the right level of needs with clearer relationships and less duplication than at present. These new arrangements were progressing better in Roehampton than in other parts of the Borough and in early years services compared with those for older children. By March 2008 the Borough would have 16 and the planned 24 integrated children's centres established, underpinned by multiagency teams.

In discussion the issue of the community nursing (particularly health visiting) reconfiguration arose. There was some comment on unhappiness amongst GPs with the new service model based on children's centres and its perceived negative impact on the efficiency of delivering primary care. In response it was stated that the evidence from focus groups of mothers in community venues and GP surgeries about the services showed that users wanted consistency of staffing and continuity was a key message. (ie they wanted to see same HV each time for example). In the new configuration there was a "link HV" for each practice.

The review commissioned from Newchurch had looked at costs and how comparable the PCT was with other areas for community services (District Nursing, Health Visiting, School Nursing and Therapies) and the distribution of resources for each PbC cluster across the borough. The Management Team was considering the Newchurch report and it would be presented at the next PEC meeting.

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**I commented that if users did not feel they were involved with creating the new service model and did not perceive that it met their needs, then it would not be fit for purpose whatever other merits it might have from a practitioner and policy standpoint. I had still never seen any hard evidence of user engagement in this process.**

**Whatever the Newchurch review might conclude, the real test would be whether service users (in this case mainly parents) understood how the service was organised, how to access it and whether they found it acceptable to their needs. That is what needed to be evaluated through user satisfaction measures rather than focus groups. The concept of a “children’s centre” was similar to the Darzi notion of a “polyclinic”, so we should reflect on how that message was being received and the need to explain it as a bottom up not imposed top down model if people were going to support it and understand how to use it effectively.**

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PEC agreed that practices needed a worked example of how the new configuration was meant to address their and parents’ needs and expectations: theory was less important at this level than what would work practically on the ground. It was acknowledged from the PCT’s standpoint that in the context of all government targets, children’s services had about 15% of the focus and the proportional response of the PCT had to reflect that.

Rounding off the discussion, Ann Radmore said that the change to children’s centres predated the importance which the PCT now placed on public engagement in helping decide such issues and this had to be rectified. The message coming from the public and service users generally was “local but better”. If GPs felt they had lost a quality service in the change, then that had to be acknowledged and addressed so that things could move on. If people felt that change was imposed without engagement or ability to influence, then it amounted to a reputational and management failing whatever its other merits. Getting the community nursing configuration resolved was essential in order to reduce the risk of this happening again with other service changes.

### **Items for Discussion**

#### Sexual Health Commissioning Intentions 2008-09

Wandsworth has high levels of sexual health needs due to its large, young highly mobile population. More than half the population is aged between 20 and 44. Levels of unmet need have increased significantly over the last 5 years and local services were under stress. This strategy drew together a number of related policies under the “sexual health” heading and set out the PCT’s sexual health commissioning intentions for 2008-09 to achieve the aims of the Strategy and build on the priorities set out in the Commissioning Strategic Plan (October 2007).

There will be rebranding and re-launching of three sexual health clinics and promotion to young people. Other providers will be invited to tender for the condom distribution service next year. 20% of TOPs (termination of pregnancy) are repeats on Wandsworth residents, so funding for long-acting contraception

implants is included in the strategy. An estimated 15-20% of out of hours demand is related to sexual health which the OOH provider Harmoni was not equipped to deal with, so this factor also had to be taken on board in the strategy.

**My questions and the replies are set out below:**

**1. *would there be consultation with service users about the proposals for service reconfiguration and better access?***

**Yes. More information will be given on this.**

**2. *Does the 48 hours target for accessing GUM services include weekends?*** No. The national target was for a 5 day a week service. ***My view is that the PCT should be having a conversation with users about what they want in terms of access targets as work with young people so far shows they want a weekend session in the afternoon on Saturdays and lots of web use for an essentially anonymised service.***

**3. *Does the Council support the sexual health strategy?*** Yes. Wandsworth Council are part of the sexual health advisory group which has agreed to the strategy especially for reducing teenage pregnancies.

**4. *Where the alternative providers “Drs Lab” for Chlamydia testing and “Total Health @ Wandsworth” for sexual health advice for 11-19 year olds appointed as the result of a competitive tender?*** Yes. They are recommended providers and the services were tendered .

**5. *Why is assisted conception included in the sexual health strategy and not part of the maternity strategy?*** Agreed. It will be moved to maternity.

Summary of PEC discussion points:

- put maximum emphasis on discovering and assessing the views of the users and potential users.
- sort the issue of where long acting contraception should be delivered and if this could be commissioned through practices (PbC)
- have a “stretch target” for GUM to improve on 48 hrs access
- make sure screening and treatment are available together for young people
- triangulate strategy, implementation and finances to fit with commissioning strategy over 3 yrs of the CSP and describe total investment and performance creatively.
- implementation plan to specify what will improve in years 1,2,and 3
- consider alternative providers so long as the PCT manages the jigsaw

### Development of Community Services for People with a Personality Disorder

Traditionally people with personality disorder have been unable to access the care they need from secondary mental health services.

The latest guidance recommended new community based service models to meet the needs of patients with personality disorder, who experience significant distress or difficulty. This was confirmed in the Mental Health Act 2007 which abolished the “treatability” test for personality disorder and brought it into a wider definition of mental health needs .

**I asked what sort of user input - directly or through representatives - there had been in developing these proposals and whether an equality impact assessment had been done by the PCT? It was stated that user engagement had been undertaken by the Mental Health Trust to the PCT’s satisfaction and that that PCT would be doing its own EIA in due course. There was evidence of service user support for the new community model based on experiences outside of London.**

#### PCT Operating Plan 2008-09 – draft

It was reported that the plan reflecting the 08-09 approach to the Commissioning Strategy was an NHS London requirement to assess the PCT’s risks in relation to finance, service provision and governance. It also covers the financial assumptions and priority service targets to be used as detailed in the 2008/09 London Planning Guidance. The timescale (received in December and completed by 15 January) precluded any serious public or service user engagement. This was unavoidable if the PCT was to comply with NHS London submission deadlines.

**This process is highly unsatisfactory in engagement terms, but not one over which our PCT has any control. The PCT is aware that it will be necessary to engage the public and service users through the new Local Involvement Network with both the commissioning strategy and this operating plan.**

**The points I have raised outside the meeting with the PCT arising from the Plan include the following:**

- **measures of user satisfaction being used to evaluate the Secure Healthcare service at HMP Wandsworth – what measures of user satisfaction are being used and will the results be made available?**
- **the PCT’s corporate social responsibility agenda – could details be made available of the CSR policy and its application?**
- **why is there not more emphasis on extension of choice and personalisation of services in social care and the possibility of individual budgeting as a joint objective with the Council as this is in line with government**

- policy?
- **In the lifestyle improvement section exercise initiatives are identified, but the the exercise referral scheme seems to have been abandoned – is that so and if so why?**
  - **disproportionate size of Wandle Practices as a PbC cluster – is there really a case to be made for keeping this PbC cluster so large compared to the others?**

#### PCT Provider Services Business Plan - draft

It was reported that this plan was another short-timescale requirement of NHS London and that a proforma had to be used supplied by the NHS London Provider Agency. This was part of preparing all PCT provider units to be standalone entities. The WPCT provider unit had been appointed as one of the five pilots for achieving “autonomous provider organisation” (APO) status and more information would be given about that initiative shortly.

#### **Open Space**

**I asked about the timesclae for uploading patient data to the “national spine” in Wandsworth which – when discussed in 2007 – was said to be April 2008 and what information about patients’ rights to withhold personal and children’s data would be made available to patients through GP practices and by other means? In reply it was stated that the April target had been pushed back to December 2008 for Wandsworth. The main current patient concern was around information governance and the latest guidance about ensuring there was no more instances of lost patient data. That had to be dealt with first before there would be information about uploading data to the national spine.**

#### **Next Meeting of the PEC**

The next meeting of the PEC will be **Tuesday 4 March 2008** at 09h30 in Rooms 1&2, Teak Tower, Springfield Hospital.