

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE WANDSWORTH PCT
PROFESSIONAL EXECUTIVE COMMITTEE (PEC) MEETING
4 MARCH 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

The contents of this briefing note are for information only and are solely the responsibility of Andrew Craig, PEC Lay Member, including errors and omissions. They do not necessarily represent the views of the PEC or Wandsworth PCT.

NB this was the "February" PEC meeting as no suitable date was available that month.

There are three attachments at the end of this report.

Declaration of Interest

In relation to the report on Section 242, as this made reference to the Local Involvement Network (LINK), I again declared my interest as a partner in The Moore Adamson Craig Partnership LLP. The consultancy is in a bidding arrangement with Wandsworth Care Alliance and shortlisted for providing the Wandsworth LINK Host role. A decision is awaited from the Council.

Matters Arising

Newchurch Review of Community Nursing

Though promised for this meeting, the Newchurch Review including changes in health visiting arrangements was not ready to be considered and would be on the April PEC agenda instead.

Henderson Hospital proposed closure

The Wandsworth Health OSC agreed a local consultation on proposed closure, but this was overtaken the decision of other OSCs in affected boroughs that there needed to be a joint exercise given the prospect of judicial review. A joint PCT consultation/OSC scrutiny covering about 60 areas served by the Henderson Hospital will therefore be organised. Only two Wandsworth PCT patients are currently awaiting assessment for this highly specialist mental health service.

PCT Operating Plan 2008-09 – draft

After the January PEC meeting I raised a number of points arising from the Plan, below, and received the indicated responses (blue italics) on 6 March, see attachment 1. Note that the response about individualised budgets failed to answer the question as I was not asking about direct payments. I will continue to pursue this issue as part of the choice and personalisation agenda.

Health Survey in Wandsworth

A health survey of 10,000 Wandsworth residents is underway. See attachment 3 for details.

Items for Discussion

IT Strategy/Information Governance

Information assurance requirements from NHS London mean that encryption is the recommended norm for all PCT emails to protect “patient identifiable data” (PID), especially where information goes outside the NHS system. Primary care contractors will have to comply with this standard and use it for passing all patient information with the PCT and third parties.

I commented that there is growing demand from patients to use email to communicate with GP practices as a time saving device, for example send routine blood pressure or other measurements to the surgery. If a patient consents – and this is implied by using unsecured email – it would be perverse to insist on encrypted emails as this would put an end to routine and convenient emails between individual patients and practices. The PCT should therefore tell patients and members of the public that they can use ordinary mail to communicate with practices if they consent to having their details used over an insecure network. The PCT chief executive agreed and said the PCT would make it clear to staff that they can respond on non-encrypted email if the patient has given consent to this.

Section 242

The note I used for the verbal report on the new legal duty to consult and involve users of health care services is at appendix 2. A generic version for general use is available at www.publicinvolvement.org.uk/2008-03-Mar/ComplyingwiththeSection24.php

In discussion the following information emerged:

- The PCT had earmarked £250k over the next 3 years to fund engagement activity.
- The PCT was to procure an external company to assess fitness for purpose to comply with Section 242.

- Equality and diversity work was being integrated into a full time post.
- An assessment of the PCT's world class commissioning (WCC) capacity showed room for urgent improvement in three areas: using intelligent information, management of the provider market (probably the most difficult area), and public engagement as integral to commissioning.
- There should be an integrated public engagement strategy with the Council as part of WCC.
- The Department of Health would appoint an external company to assess all PCTs in the autumn on their fitness for purpose to work towards WCC status.
- The Joint Strategic Needs Assessment (JSNA) required to be done between the Council and the PCT was underway and included a mapping exercise of existing consultation and messages it produced.
- There must be early clarity about the LINK and its role in relation to Section 242 compliance by both the NHS and the local authority.

Primary Care Commissioning

Commissioning primary care was undertaken within a national framework of contracts which could be constraining where underperformance was concerned. The PCT was getting better at acting on poor performance and placing restrictions and remedial notices on some GPs and dental practices.

I asked about decommissioning primary care providers who were poor performers and when the PCT would reach the point of tendering externally for alternative providers to deal with persistence failure? The PEC had agreed months ago that the names of failing practices would be posted on the website to promote patient choice by moving to better ones, but this had never happened. Doug Middleton replied that progress was being made on this. One GP practice already had two breaches declared against it and the PCT was "reasonably close" to decommissioning this practice.

In discussion the following information emerged:

- Some PbC groups took the view that traditional GP practice was not the right structure for delivering public health changes and a new organisational approach and marketing based on public health objectives was needed to address areas like obesity and sexual health.
- 46% of the PCT's population was said to be already covered by practices offering some sort of extended hours.
- A "score card" (performance audit tool) for local practices – a pan London model – was going to be created so the public could compare performance and move practices if they wished – that was another way to deal with poor performance.

There was discussion about the Government's announcement of new GP-led health centres across England, one of which was supposed to be in each PCT. There was a requirement that these provide 8am-8pm, 7 days a week

services, and doing this would require a completely different staffing model than currently. Related to this was the walk-in centre/Minor Injuries Unit (at QMH) issue and determining the best way of providing services to unregistered populations (who tend to be the mirror image of people using GP practices in terms of age, sex and health conditions). The key to getting all this right was the electronic health record: what patients wanted most when they saw a primary care practitioner was that their records were immediately accessible.

NHS London had produced a guide to polyclinics and were seeking a range of pilots (both new buildings and the federation model). The consensus was that WPCT should put forward a polyclinic pilot rather than a GP-led health centre (the Putney Primary Care Centre was already evolving in this direction), once there was clarity about what polyclinics should comprise. Any polyclinic initiative would have to test out ways of involving patients and the public. The "Roehill Cluster" (PbC practices in Roehampton) had expressed interests that could be joined together into a federated polyclinic initiative focused on lifestyle improvements and promoting user engagement. The public health department was supporting this approach. Other "polyclinic" possibilities were as part of the Battersea and North Wandsworth development and around the practices in the Tooting Graveney area.

PEC agreed that there should be two early bids for polyclinic pilots: for North Battersea and for Roehampton (seeking horizontal and vertical integration of services), with Tooting Graveney/St George's in the next 12 months as this was more complex and dependent on the progress of the St George's site redevelopment plans.

Further intergration with local authority services, particularly social care, must be integral to all of these initiatives. It as agreed that the PEC Lay Member would be involved in these plans.

Walk In Centre – update

Paula Swann, Director of Finance, reported about improving the environment and expanding the space for the Tooting WIC on the St George's campus (owned and operated by the PCT). Capital works would be <£100K and revenue costs <£50K. Given approval to start before end of March. The WIC site is "safe" in the St George's site redevelopment plans as Clare House will not be demolished until about 6 years into the redevelopment.

Items for Approval

PBC Business Outline Cases

PEC approved the following. Business cases had all been to the clinical effectiveness group and would be further developed to include evidence of patient engagement

- Anxiety Guidelines
- Secondary Stroke Prevention Guidelines
- Policy for Organisational Approval of Clinical Guidelines

- SW London Cardiac Network Guidelines
- Continuing care (children with complex needs)

It was pointed out that the equality impact assessment section had not been completed for the secondary stroke prevention guidelines. PEC reaffirmed that this must be done as part of addressing health inequalities. Ann Radmore said it would be made clear that doing EIAs and PPI implication statements retrospectively was not acceptable.

Reports for Information

Chlamydia

The report detailed reasons for delays and barriers stopping the PCT reaching its, rather modest, screening targets for chlamydia.

I commented that lack of progress in this service was a continuing frustration and the PCT should consider tendering the chlamydia screening contract out to any willing provider. The Terrence Higgins Trust (THT) for example was already running the Chlamydia screening service for a number of PCTs in London and around the country and Brook Centres also provided this service. Ann Radmore said the PCT was happy to explore alternative providers, but had entered agreement with other PCTs and a shift to other providers would have to be explored first with them. We needed to know how partner PCTs perceived the present service.

Open Space

I had been asked to raise the issue of the “Roehampton Hub” project and the reasons for the perceived delay in appointing a project worker through the public health department. Vlena Gilfillian explained that a well qualified person was recruited but for personal reasons did not take up the post and this was the cause of the delay while recruitment started again. She would tell the Roehampton Forum what happened as it in no way meant there was any reduction in support for the project.

Next meeting of the PCT Board: Wednesday 19 March 2008 at the Town Hall, Wandsworth High Street, Room 122 beginning at 09h30.

Next Meeting of the PEC: Note new venue. **Tuesday 22 April 2008** at 09h30 Rooms 2/3, Wimbledon Bridge House, 1 Hartfield Road, London SW19.

Attachment 1

PCT Operating Plan 2008-09 – draft

After the meeting I raised a number of points arising from the Plan, below, and received the indicated responses from the PCT (blue italics) on 6 March. The response about individualised budgeting fails to answer the question, which was not about direct payments.

- 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?

Secure Healthcare are required to provide a quarterly complaints report and also too undertake patient satisfaction reviews including questionnaires and to report on these at regular intervals. The results of these will be made available.

- the PCT's corporate social responsibility agenda – could details be made available of the CSR policy and its application?

An overall plan is being developed to bring together existing strategies and promote further efficient use of resources to include:

- *Recycling – paper, printer cartridges*
- *Switching off computers, printers, lights etc when not in use*
- *Reduce paper use – double sided printing/photocopying*
- *Green Travel Plan*
- *Energy initiatives for new premises – for example QMH, St John's Therapy Centre*
- *Environmental and Waste Management Committee*
- *Environmental Strategy and action plan*
- *Waste Management Policy*
- *Good Corporate Citizens Test undertaken and action plan agreed*
- *Rationalisation of waste bins to eliminate use of personal bins in favour of communal bins for recycling, and biodegradable refuse.*

This plan will be further developed, and monitoring of achievements will commence once the move to Wimbledon HQ has been completed and benchmarks can be set.

- 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?

The Development of direct payments in social care is a key priority with social services colleagues, particularly in Mental health and service for People with Learning Disability with the aim of increasing numbers of clients benefiting from direct payments.

- 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?

Exercise on Referral programmes are now run at all five local authority leisure centres and at the Millennium Arena (which is run directly by WBC). In the calendar year 2007 the service saw 800 people, representing an increase of 33 % over the previous year. During 2008 / 09 we hope to see a similar rate of growth.

Phase IV (community based) cardiac rehabilitation is running at five leisure centres and all classes are well attended.

At present classes for COPD patients only run at one centre but over 2008 / 09 we plan for classes to start at least two more centres in conjunction with the spirometry services moving out into the community. During 2008 / 09 we hope that DC Leisure, who run the Council Leisure Centres, will appoint a coordinator for all specialist classes. Furthermore, a new exercise specialist will take up a post in the Public Health Department at the beginning of March with a specific remit to develop these classes.

- 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?

There is nothing in any of the DH guidance or policy documents to indicate what an ideal sized cluster might be. It is the decision of the Practices involved to establish what their cluster might look like. The proposed cluster then put a bid together to the PCT Board for approval to hold an indicative budget.

One could argue that larger clusters are more effective, economies of scale seem to apply when utilising the management budget, pooling freed up resources generated by PBC and overall engagement of GPs across a larger geographical area when implementing schemes or services.

Equally the smaller clusters may find it easier to gain overall agreement by Cluster members the smaller they are as decision making is known to be easier with smaller numbers. Implementation may be quicker for schemes as training and set up will take less time the fewer Practices involved.

In summary- there is no guidance or rules stating how big a cluster should be. We have both large and small Clusters working in WPCT with pros and cons for both.

If freed up resources generated by PBC is a measure of success, it should be noted that Wandle cluster have generated savings for the last 2 financial years since holding a PBC indicative budget. In 2005/06 they generated over £409k at cluster level and in 2006/07 over £401K.

Attachment 2

Briefing Note for March 2008 PEC: Section 242 Duty to Consult and Involve Users of Health Services

What is “Section 242”? Shorthand for the general legal duty on the NHS to consult and involve service users in everything to do with planning, provision and delivery of services. The duty specifically applies where there are changes proposed in the manner in which services are delivered or in the range of services made available. A briefing about Section 242 is available from the Department of Health (December 2007: Gateway Ref 9138 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089) Statutory guidance –ie compulsory- about the 242 duty and the related sections of the Local Government and Public Involvement in Health Act 2007 will appear later this spring. DH is clear that all this is being positioned so LINKs can take advantage of it.

The consolidated NHS Act 2006 re-enacted and enhanced the 2001 “Section 11” duty to consult and involve users of health services. The new Section 242 duty comes into force 1/4/08 and applies to all NHS bodies in England. It defines “user” of health services as someone to whom health services are being or may be provided. This is meant to encompass the public and carers. There is pressure to extend this to social care services as well, but at the moment Local Government operates under slightly different duties about involving service users. Convergence in the future is very likely.

The Section 242 duty is an integral part of commissioning and one of the “world class commissioning” competencies. It is significant that “PPI” is now part of commissioning and systems management within DH. It is intended that commissioning bodies take the lead in meeting Section 242 duties. The duty also applies to all NHS providers including Foundation Trusts and any independent providers which are commissioned by the NHS. This includes primary care contractors providing *“health services for which [the PCT] is responsible.”*

How could the PCT start responding to this duty?

Make it part of Board governance

Complying with Section 242 is integral to good governance. The suite of compliance and assurance policies that the PCT maintains and which are reported regularly to the Board should reflect this. But compliance shouldn't be onerous or else people will back off or find ways to fudge. To be effective it has to get into the bloodstream of the NHS so that people do it naturally rather than as an add-on or an afterthought.

Do proactive PPI and Equality Impact Assessments

We already have on the cover sheet of PEC and Board papers a space to describe the PPI implications of the topic discussed. This is often more

aspirational than real. So we could start by focusing on that as a system to measure proactive compliance with the 242 duty rather than trying to backfill. The same is true of equality impact assessments - if these were done proactively and thoroughly they would generate a lot of evidence around engagement with current and prospective users which could be put to satisfying the requirement to engage and consult.

Understand and work collaboratively with the LINK

When the Local Involvement Network for Wandsworth is up and running, it will be an important - but certainly not the only – means of meeting this duty. The Act says the 242 duty can be discharged "*directly or through representatives*".

The issue of the capacity of LINK to work in this way will need to be addressed and there is a considerable opportunity for the PCT in particular to form a mutually beneficial relationship with this new body.

Use the B&NW consultation as a Section 242 learning opportunity

Section 242 is an opportunity not a threat. The PCT should be creative and positive about this. As the LMCs' resource pack on Darzi HfL advises, health organisations that don't have patients on side are vulnerable. We can make a virtue of this in the B&NW consultation process. This got off to a promising start with the pre-consultation work to identify options. We must make sure that the rest of the consultation and involvement process has credible legs on it in the community. In parallel we should collect the evidence that would satisfy a scrutiny from the LINK or the Health OSC to see if we have complied with the 242 duty in this highly sensitive exercise. Doing this would be a good "dry run" for all concerned. It could also identify any shortcomings that after 1st April could turn into real risks when the Section 242 duty is fully in force.

Andrew Craig
PEC Lay Member
4 March 2008

Today (15 February) 10,000 adults across Wandsworth will be invited to take part in a major local survey on their background, lifestyle, home and neighbourhood to find out what factors affect their health.

This survey is being conducted by Wandsworth Teaching PCT with support from research colleagues at St George's Medical School and Cardiff University. The survey aims to build up a better picture of the health needs of people living in Wandsworth so that the PCT can make sure the right healthcare services are being provided.

The PCT has chosen 10,000 Wandsworth addresses at random to receive the health questionnaire, which can be completed by freepost or online. A small number of people will be visited at home and asked to take part in the survey. To thank people for taking part, the first 1,000 people to complete the paper surveys and the first 1,000 online surveys will receive a £5 post office cash gift voucher.

Velena Gilfillian, Deputy Director of Public Health at the PCT, said: "Information from past surveys has helped us to develop and improve service in areas where there is the greatest need. Each person who completes a questionnaire will be helping to make Wandsworth a healthier place, which is why it is so important that as many people as possible take the time to respond."

All answers to the questionnaires are confidential and results will be presented in an anonymous way.