

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE WANDSWORTH PCT  
PROFESSIONAL EXECUTIVE COMMITTEE (PEC) MEETING WITH THE  
PCT MANAGEMENT TEAM  
16 SEPTEMBER 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)

**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.**

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NB. The PEC meeting on 22<sup>nd</sup> July was abbreviated to accommodate a workshop on implementing Healthcare for London and there was no Lay Member's report. There was no PEC meeting in August.

**Presentation on South West London and St George's Mental Health Trust Foundation Trust application**

The FT application for the mental health trust is [www.swlstg-tr.nhs.uk/about/foundation\\_trust\\_consultation.asp](http://www.swlstg-tr.nhs.uk/about/foundation_trust_consultation.asp) closing date for comments 10<sup>th</sup> October. They are anticipating at least 10,000 members and achieving FT authorisation in July 2009.

**The mental health trust covers 5 boroughs and four PCT commissioners, potentially all pulling in different directions. I wanted to know more about their governance plans for achieving balance in their Board of Governors (called "Members Council"), both elected and appointed members, so that there would not be tensions with our PCT's mental health commissioning intentions and investments. It was not possible to respond to this question in the meeting but the Trust team promised a reply in due course.**

**Items for Discussion**

Primary & Community Care Strategy

This is the PCT's vision for primary and community services for the next 5 years provided by general practitioners, community pharmacists, dentists, optometrists and those such as community nurses and therapists provided in a range of community settings through the PCT's provider arm. It identifies the role these services will play in delivering round the clock patient centered local services and reflects policy drivers including the NHS Next Stage

Review (Darzi) and Health care for London. It also makes reference to and links to various other local strategies and on-going service reviews and takes account of patient surveys and feedback.

**I welcomed the strategy's commitment to *"involve patients in the complete commissioning cycle"* and to *"ensure that patient experience is at the heart of local healthcare"* but I questioned whether these principles were sufficiently robustly represented in the PCT's proposed engagement and communications strategy to be considered later in the meeting (see below). These strategies needed to be aligned and made complementary.**

**I asked what evidence the PCT relied on to assure itself that GP practices were complying with contracted inhours access requirements and what sanctions were being taken against those who are not compliant? It was stated that the PCT used patient survey results to measure compliance which showed 85% compliance. I said this was not sufficient and techniques such as mystery shoppers should be used even though some issues would have to be resolved to get patients in each practice to volunteer. It was agreed that the PCT would reconsider the robustness of the evidence about in hours access compliance.**

**I called attention to the "vision for PbC" in the strategy and commented on the omission of patient engagement and shared decision making at practice and cluster level. The commitment to "reflect needs of the local population" was not the same thing, as the PbC governance framework made clear which was also not referred to. It was agreed that this section would be amended to include the patient engagement requirement in PbC.**

#### Urgent Care Performance Improvement Plan

This is the action plan stemming from the urgent care review undertaken collaboratively between Wandsworth, Sutton and Merton and Lambeth PCTs looking at reducing pressure on A&E at St George's Hospital.

**My concern was over the positioning of workstream 12 – communications and signposting - which should be the priority if user behaviour was to change whatever was done to redesign services on the inside of the hospital. All consumer-facing material and messages should be trialed for understandability and effectiveness with target groups. It was agreed that changing behaviour was the priority and that communications would be tested before being implemented.**

#### Contestability and Procurement Strategy

This is a strategic framework of principles the PCT will follow for market testing services and providers in order to develop world class commissioning competencies to stimulate the market and encourage a plurality of providers and ensure choice for service users. *"It is a key premise of this strategy that*

*the market principles of competition will drive up quality, innovation and productivity whilst containing costs. Adopting a contestable approach to the procurement of health services should therefore be the default position for the PCT, taking due account of the risk and potential adverse consequences of a contested approach.*” The process was much more advanced in other parts of London compared to Wandsworth.

The proposed procurement work programme for the period from September 2008 to July 2009 is shaped by national, London and local level initiatives and covers the following service areas:

- **GP led Health Centre** in vicinity of Clapham Junction as early implementation of part of service strategy in Battersea & North Wandsworth
- **Furzedown Medical Centre** currently directly managed by the PCT
- **Federal models of primary and community care services (Polyclinics)** - a network of local federations of primary care providers envisaged across Wandsworth with access to services in ‘hubs’ where appropriate. Federations currently envisaged in: Battersea & North Wandsworth (in accordance with approved strategy); Putney & Roehampton (with Hubs at QMH and Putney Primary Care Centre); Central Wandsworth (expression of interest by 6 practices to form a federation); South Wandsworth (subject to outcomes of forthcoming service review)
- **Community health services**, following service reviews: Health Visiting & School Nursing, Adult Service nursing, Community sexual health services, Podiatry and possibly some parts of the pathway for Neurorehabilitation subject to the completion of the service review.
- **Substance misuse services** - Structured day activities for adults with histories of problematic alcohol misuse; Street outreach substance misuse service; Young adults substance misuse service
- **Obesity management programme** - In line with the ‘Healthy Weight, Healthy Lives’ national obesity strategy, to commission the integrated provision of a range of obesity prevention, healthy food, fitness and exercise programmes

**I welcomed this approach to procurement but expressed concern that the public’s understanding of the rationale and application of contestability was essentially nonexistent and this could lead to anxieties about the NHS being privatised. The strategy should be presented to the PCT’s Lay Representative Group and to PPI groups in PbC practices to ensure it was understood and could be explained to others. Otherwise there would be a high risk of rejection because of fears of losing familiar services. This was agreed along with the need to be clear about what the PCT meant by “contest” because it was NOT meant to imply that everything would be tendered out.**

## Reports for Information

### Finance Report

At month 5 the PCT forecast a £3.6m surplus, above plan, so corrective action to meet the agreed control total with NHS London would be taken. There was overperformance on SLAs in acute providers, particularly St George's and acute overspending was being supported by non recurring under spends in non-acute and provider services. Nonetheless, the PCT was in a sufficient robust financial position to recommend releasing some £4m for investment while keeping a close eye on acute activity and implications for 09-10.

### Engagement & Consultation Strategy

The PCT has set five objectives for communication and engagement which have been designed to contribute to achieving its Commissioning Strategy Plan goals and establishing itself as a World Class Commissioner. These are to:

- Promote healthy living to improve the health of the local population.
- Increase awareness of how to access the full range of NHS services available in Wandsworth and improve user satisfaction
- Increase our effectiveness and build our capacity for continuous, honest and open debate giving the public and NHS staff the opportunity to influence the PCT's commissioning decisions
- Work collaboratively with our partners across Wandsworth to engage communities, particularly hard to reach groups and those living in areas of deprivation, to help address health inequalities
- Communicate clearly the PCT's commissioning intentions, service performance and our constant efforts to improve health services.

**In discussion I referred to the points made earlier about robustness of the policy to support other strategies such as primary and community health commissioning (see above). My view amongst others was that the engagement strategy was not complete and did not reflect the breadth and depth of patient and public involvement activity already undertaken by the PCT. I suggested it should be deferred from the Board meeting and shaped further by a reference group. This was agreed and I will be contributing to this process.**

**Next Meeting of the PCT Board:** 1pm, Wednesday 24<sup>th</sup> September, Richmond and Barnes Rooms, Queen Mary's Hospital, Roehampton. Board papers will be available at [www.wandsworth.nhs.uk](http://www.wandsworth.nhs.uk) from 18 September. For further information contact Sandra Notridge on 020 8812 7740 or e-mail at [sandra.notridge@wpct.nhs.uk](mailto:sandra.notridge@wpct.nhs.uk)

**Next Meeting of the PEC:** Tuesday, 9:30 am on Tuesday, 21<sup>st</sup> October 2008, Rooms 2/3 WBH