

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE NHS
WANDSWORTH PROFESSIONAL EXECUTIVE COMMITTEE (PEC)
MEETING WITH THE MANAGEMENT TEAM ON 19 MAY 2009**

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 NHS Wandsworth website: www.wandsworth.nhs.uk

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Matters Arising

Health Visitor Selection Template

The PEC asked for this at the last meeting (see discussion in April feedback report). "Federated baby clinics" are not integrated children centres (ICCs), but reflect the desire of some parents and GPs to have a drop in service and a feeder system into ICCs. Attendance of about 15 children needed to justify the HV attendance. Wandsworth has fewer HVs available than we would like due to wellknown training and recruitment issues. This is a way to apportion the services through the ICCs and some practices which meet criteria to make access as effective as possible and meet user expectations and public health objectives. It reflects what a number of parents said when asked what type of service they wanted and where they wanted to access it. The skill mix needed for these clinics needs examining: nursery nurses could do some tasks and scarce HVs should not be "wasting" time on admin and clerical tasks. The total service will see the same number of babies, but in a wider range of settings. The hope is that vulnerable patients will attend more. PEC agreed the model and process.

I supported this approach and commented that it was right for the criteria to stipulate that the drop in clinics would be for all parents in the area, not just registered patients of the host practice. I asked if the new GP Led Health Centre at Clapham Junction would be able to apply to offer this service and the PCT confirmed this, which should benefit people on surrounding estates. There will be user input at the selection panel stage to agree which practices should run these clinics.

South Wandsworth consultation

Consultation dates have been extended to take account of changes to the document made at the behest of NHS London. PEC members felt this resulted in less definition in the document about what services would be developed, when and where they would be located. The local population wanted a say in more than just the model of care and what services to

prioritise, especially as this was largely already known from the pre-consultation outcomes. PEC expressed a clear view that the focus on communications with the public should be on borough-wide commissioning and the financial dimension of this, all of which needed to be set in the longer view together with an assurance that plans were being coordinated and joined up. This would be presented to the September PEC meeting.

I stressed the view that the Wandsworth public wanted to know not just what the plans were area by area, but the totality of what our health and social services commissioners jointly were planning and doing. Where were things likely to happen and when? Were they affordable in a national economic downturn? People wanted both the big picture as a clinical and strategic overview and clear links drawn between this and specific things that would happen in their particular part of the borough which affected health and wellbeing, some of which might be outside of health services per se. That was why the local authority must be involved in this exercise. And it must all be easily accessible on various websites.

Items for Discussion

Chlamydia Screening

The PCT met and exceeded its screening target by 2% last year. A multipronged approach used new ways of accessing the target group. Biggest win was sending testing kits out to young people directly. Every 15-24 year olds in Wandsworth had a letter about the need for screening and a screening kit was sent to those over 18. This cost about £2 a head so economically it was not sustainable despite its positive impact. The evidence suggests that to be sustainable the screening service must be embedded in core services: GP, family planning, walk in services etc. It was acknowledged that GPs were not robust in delivering this and that the financial incentive wasn't the factor. GPs saw the issues as pressures in the consultation and perception that the paperwork system for the testing was too complicated even though the process had been recently simplified.

I asked about the refusal rate and what learning had emerged from understanding why people refused testing? The PCT stated that refusals were small in number and there was no obvious pattern of disengagement with ethnic or cultural groups. The learning from the process was being evaluated now and would be made available. There had been very positive engagement with the local authority, eg through leisure services and youth services. There is also a local website from which young people can order testing kits individually and without charge
www.checkyourself.org.uk

EMIS Web Patient Record Sharing Agreement Information

It is proposed to institute an electronic patient record sharing agreement within Wandsworth using the GPs' system EMIS Web so that all clinicians in primary and community and secondary care can have electronic access to a patient's records. The argument is that this will benefit patient care by providing a shared record in the clinical setting, not just data sharing. Patients will be asked if their record can be shared and they will be able to opt out of their record being accessed. It is acknowledged that some patients will have anxieties about record sharing, especially given the list of patients will have anxieties. The list of clinical groups to have access is extensive:

The following clinical groups have been identified as requiring or benefiting from access to the GPs' EMIS Web record and this list may grow in future:

1. Community Nursing Team
2. Health Visitors
3. Primary Care Health Centres – including link to out of hours (OOH) and Student Health Centre in Roehampton
4. "Virtual Ward" service for at risk patients
5. Community Matrons
6. Specialist Nursing Services e.g. Respiratory, Diabetes, Parkinson's etc
7. Extended hours services hosted outside the patients' own GP surgery i.e. by neighbouring practices
8. Reproductive Health Clinics - linked to sexual health services in GP surgeries
9. Care in a Major Incident such as Pandemic Flu (An agreement specific to this is planned for emergency use.)
10. Urgent Care - A&E / Walk in Centre/ OOH – ability to see medication, past medical history etc important
11. Secondary Care or extended primary care services provided in a primary care setting as part of PBC or other initiatives including GPSIs and NPSI. E.g.:
 - a. Diabetes
 - b. CHD
 - c. Heart Failure
 - d. Hypertension
 - e. Dermatology
 - f. Minor Surgery
 - g. ENT
 - h. Ophthalmology
 - i. Depot injections of anti-psychotic medications
 - j. Smoking Cessation – inc possibly in pharmacies etc
 - k. Healthy Lifestyles and Weight Management
 - l. Dietetics
 - m. Reporting of abnormal ECGs by St Georges Hospital Cardiology
 - n. Primary Care Anti-coagulation Service
 - o. Physiotherapy – to assess the patient and exclude, for example, rheumatological causes or access X-ray reports

- p. Radiology – to help contextualise requests for investigations
 - q. Chest Clinics – inc TB
12. Queen Marys Hospital Roehampton _ outpatient services
 13. Immunisations – ability to make details of immunisations given across primary care available to all users. This includes childhood immunisations but also flu immunisations and other immunisations for at risk adults
 14. Talking Therapies
 15. Community Drug Teams
 16. CMHTs
 17. Centralised Booking Services – there are proposals by some practices to use centralised call centres to book appointments. Additionally other proposals need ability to book appointments. This function would only permit access to patient demographics and booking / registration functions, not sight of the clinical records

I agreed with the view that if most people thought rationally about the advantages to themselves, they would probably agree to their information being available to clinicians who might need to provide care in emergency situations, day to day management, prescribing etc and getting over the barrier between primary/community and hospital care. But the problem was that the public knew very well that the NHS had experienced recent serious failings in information governance. This had destroyed confidence in systems of data security and, worse, the trustworthiness of individual staff to obey the rules of data protection. It would be unwise, therefore, to commit to patient record sharing on a grand scale and risk public rejection. But testing acceptance on a limited scale had value as a way forward. Explaining to individual patients what was proposed and ensuring that they consented was essential.

After discussion, the PEC recommended a phased approach to implementing patient record sharing locally, putting the emphasis on areas where there is clear patient benefit for information sharing in day to day practice: ie specialist and community nursing, HVs, virtual wards for at risk patients, urgent care (A&E and emergency admissions if possible, WIC, OOH) , and settings where patient is at risk including mental health. These should be piloted and if successful a “phase 2” should be considered.

Primary Care Scorecard

The PCT has made a first attempt to rate the performance of all primary care practices in Wandsworth against a range of indicators (see Excel sheet and scorecard indicators at Attachment 4). This will allow comparisons to be made and will facilitate patient choice, for example when people move into the area and wish to register with a practice. The “scorecard” is also a tool to support commissioning and decommissioning of services in particular practices on the basis of performance evidence. It was agreed to include QOF (quality and outcomes framework) performance in the

indicators and to validate the scorecard with the practices before publication. Data sources used would be referenced. After validation, a consumer friendly version of the comparative table would be published and publicised. A more developed version would be considered by the PEC in September after these actions had been completed.

I strongly support this development. It will allow service users – intending ones and existing ones who wish to change practices – to make meaningful comparisons between local primary care providers. Currently, service users cannot identify and unlock comparative data held on NHS Comparators. When published, the PCT must promote the information widely and explain how to use it to make choices. It should make clear how well a practice engages with its patients, whether there is patient participation group etc. A consumer-facing dashboard of this information must be trialled with potential users to test comprehensibility, omissions, ambiguities etc. The PCT agreed that there would be a patient focused version of this scorecard and that it would be piloted before publication.

Next Meeting of the NHS Wandsworth Board: Wednesday 3rd June, 09h30 in the Sheen Room, Queen Mary's Hospital, Roehampton Lane

Next Meeting of the PEC: 09h30 am on Tuesday, 16th June 2009, Rooms 2/3, WBH

Main items:

Externalisation of provider services progress
Smoking cessation
Transforming social care

PEC and Board papers are available at www.wandsworth.nhs.uk For further information about Board meetings which are held in public contact Sandra Notridge on 020 8812 7740 or e-mail sandra.notridge@wpct.nhs.uk