

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE NHS  
WANDSWORTH PROFESSIONAL EXECUTIVE COMMITTEE (PEC)  
MEETING WITH THE MANAGEMENT TEAM ON 21 APRIL 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](http://www.wandsworth.nhs.uk)

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### **Items for Discussion**

#### Children's Nursing Review

As part of the externalisation of the PCT's provider services (see March feedback report), there will be commissioning reviews of all services currently provided by the NHS Wandsworth. The first of these reviews focused on the Health Visiting and School Nursing Service. PEC considered a draft of this review at the end of 2008 (see December feedback report) and asked for it to be amended with more user (parent) feedback and to take account of the local preferred federated polyclinic model.

The present paper made those amendments. The results of the Picker survey of parents are in section 6, showing parents liked the Health Visiting service they received regardless of the setting – integrated children's centres or surgeries – in which it is delivered. Parents with English as a second language liked services at surgeries better. This argued for a diversity in commissioning while still delivering a universal service (defined on p 9).

The HV model could be commissioned at individual practices that wanted to run a GP-based baby clinic. Practices wishing to do this would have to apply and meet criteria. To encourage teamwork and partnership, every practice would have a linked HV and there will be regular meetings to promote good communication between HVs and GP surgeries. Spokes of federated polyclinics could have a children's clinic but not a full range of services found in an Integrated Children's Centre (ICC). Wandsworth has 16 ICCs organised into 3 localities: Roehampton & Putney, Battersea and Tooting. The services within each locality are co-ordinated by the Wandsworth Council Early Years Team. Output of ICC clinics must be reported back to NHS commissioners.

The Picker survey found 39% of parents questioned didn't always have confidence in HVs. This would be investigated further to clarify the issues so they could be addressed, eg more consistent breast feeding advice. The survey showed the service could improve on child protection and safeguarding and the role of HVs in the light of "Baby P" case (see page 10). User choice is important, with mothers saying they liked flexibility of not having to go to the practice on a set day and didn't mind the travelling to get convenience.

**I commented that commissioning a service reflecting parents views and experiences was an example of co-production which my paper later on the agenda discussed in more detail. I asked if the school nursing service only reached those children in state education? The reply was that many private schools locally had their own school nursing personnel. A much more important issue was Wandsworth children going out of borough to school, which meant there must be good reciprocal agreements. Wandsworth was a net importer of children for schooling and it had a legal responsibility for them even though they were not Wandsworth residents.**

**I asked if there were an estimate of how many surgeries might apply to run children's clinics? The reply was that this arrangement had to reflect parent choice (user demand) not just GP preference. What was on offer was a "drop in baby clinic" with a HV, not the full child health service of an ICC. PEC members were invited to contribute to this specification. The Picker survey identified 8 practices expressing an interest in a practice-based baby clinic but the final number was likely to be higher.**

**I asked if the Picker survey was done in conjunction with the intelligence on parents views held by the Council's children's services? The PCT confirmed this was the case.**

PEC agreed the approach outlined in the paper. A procurement process would now be developed to enable practices wishing to run a HV drop in baby clinic to apply for this.

#### South Wandsworth Project Consultation

Public consultation on the proposals for changing health services in South Wandsworth would run from 11<sup>th</sup> May to 4<sup>th</sup> August. The consultation would indicate a preferred "option" which was a phased approach (option 3 in the paper): *"This option would provide three polyclinic hubs in Earlsfield, Balham and at St George's. Each hub will serve one of the three localities. Within this option, it is the PCT's preferred option that Brocklebank Health Centre is developed first because the population of Earlsfield has greater health needs and the Brocklebank development offers greater opportunity to provide a world class health facility."*

The essential characteristics of a polyclinic hub were: outpatient services, urgent care, diagnostics (eg X-rays, ultrasound and phlebotomy), and extended hours. St George's wished to move such services off its site to make way for specialised stroke and trauma work, which would enable developing a polyclinic hub to provide them on the St George's within the next five years, including an urgent care centre. The hubs would accommodate activity shifted from secondary care and not duplicate secondary care services.

### Priority Targets – Childhood Immunisations

Current recommendations by the World Health Organisation (WHO) are that at least 95% of children receive three primary doses of diphtheria, tetanus, polio and pertussis in the first year of life and one dose of a measles, mumps and rubella vaccine by 2 years of age. Wandsworth's best performance was 75.1% "Tailgunning" – meaning a range of efforts to get to the 20% of children not immunised - was in effect with an immunisation team focusing on those practices which are poorly performing and drop in clinics for vaccinations.

For HPV (human papilloma virus) immunisation, the target was 80%. Wandsworth was only achieving 70% in the 12-13 reange of girls at school, but a 3<sup>rd</sup> sector agency Health One had been commissioned to target the college age group and was achieving good coverage. 10% of parents of 12-13 year olds had refused consent to HPV vaccination.

The target for MMR vaccination of 5 year olds was 90%, but Wandsworth was achieving only around 76% at best.

More information on immunisation and local drop in immunisation clinics at [www.wandsworth-pct.nhs.uk/health/immunisation.asp#dropin](http://www.wandsworth-pct.nhs.uk/health/immunisation.asp#dropin)

### Universal Neonatal BCG Policy

The incidence of TB in Wandsworth was highest in the SW London sector. In two out of the past five years (2005 and 2007) the incidence exceeded 40/100, 000 which is the threshold at which universal neonatal BCG vaccination should be considered. There was a strong case for re-introducing BCG vaccination. The pattern of TB was different from the 1960s. The disease now predominantly affects ethnic minority, non-UK born individuals and vulnerable groups such as the homeless and drug users. PEC agreed that the PCT's current policy of selective vaccination should be changed to introduce universal BCG vaccination of all infants aged between 0-12 months.

### **Reports for Information**

User and Patient Based Intelligence in Strategic Commissioning

This report (attachment 10) was requested by the Chair of the PEC from me as the Lay Member. It is a snapshot as of the beginning of April illustrating how Associate Directors and other commissioners for CSP priority areas understand patient and user-based intelligence and how this is being used to co-produce the strategic commissioning process for their CSP area. Developing this process further is important for raising the PCT's WCC competencies. The PCT's strategy on involvement and engagement emphasises involving users, patients and carers to ensure that they are "with the PCT on its journey". The *2009-10 Operating Framework for the NHS* emphasises that the "patient experience is the final arbiter of success".

Associate Directors with responsibility for the CSP priority areas were asked to identify the main patient and user-identified issues linked to eight CSP priorities: children, out patients, mental health, elderly care, long term conditions, smoking, obesity and cancer (prevention, treatment and end of life care). The findings are presented in summarised, tabular form. There are a number of overlapping areas, eg children, older people, mental health. The snapshot reveals variation between CSP areas. These afford opportunities for development, eg in the cancer prevention and obesity strategy areas. Joint working and strategic commissioning with the Local Authority offers considerable scope for co-production which can be further developed.

PEC agreed that the results should be seen as a baseline and the enquiry should be refreshed in 6 months to include the local authority formally in it especially childrens services and long term conditions.

**Next Meeting of the NHS Wandsworth Board:** Wednesday 6<sup>th</sup> May 2009 beginning at 1.30pm at Balham Park Surgery, Balham High Road

**Next Meeting of the PEC:** 09h30 am on Tuesday, 19<sup>th</sup> May at Wimbledon Bridge House.

PEC and Board papers are available at [www.wandsworth.nhs.uk](http://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 at [sandra.notridge@wpct.nhs.uk](mailto:sandra.notridge@wpct.nhs.uk)