

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE NHS
WANDSWORTH PROFESSIONAL EXECUTIVE COMMITTEE (PEC)
MEETING WITH THE MANAGEMENT TEAM ON 14 JULY 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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Note that there was no feedback report from the June meeting of the PEC as I was not able to attend. The papers are however in the public domain on the NHSW website. The powerpoint presentation by Dawn Warwick, DASS Wandsworth Council, on "Transforming Social Care" and the PCT's "Long Term Conditions Strategy" have particular lay relevance. It is expected that one-third of service users in Wandsworth will be on some form of personal budget by 2011.

Items for Discussion

Cancer Prevention and Early Detection Action Plan

The key aims of the strategy are to prevent cancer by tackling the lifestyle factors that increase the risk of developing the disease and to diagnose cancer earlier by increasing coverage of cancer screening and increasing awareness of cancer symptoms. Local data shows a clear link between deprivation and cancer mortality, with the more deprived Wandsworth wards (Latchmere, Queenstown, Northcote) having higher rates than the rest of London. The action plan covers

- Smoking cessation
- Obesity control
- Increasing physical activity
- Alcohol reduction
- Cancer screening
- Raising awareness
- Sun protection and early detection of skin cancer
- HPV vaccination

PEC members stressed the importance of informed patient decisions where screening was concerned, referring to the article in British Medical Journal earlier this year about the full story on breast cancer screening not being given in the promotional literature available to the public. It was acknowledged that pushing to reach screening targets might be a disservice for patients if it missed those most at risk and hardest to communicate with. Extensive social marketing which targeted groups within the community was planned and this had to go hand in hand with patient education to change behaviour.

My report to the April PEC on user focused intelligence in strategic commissioning identified that the PCT has little or no intelligence stemming from users of cancer services or cancer prevention/early detection target groups. This gap in the strategy needs to be closed quickly, for instance by finding out what younger people in particular think about skin cancer risks. The anticipated social marketing identified in the action plan is an important intelligence tool, but not the only one to use. The cancer strategy is an ideal opportunity for co-creating the approach to strategic commissioning in an area of health that everyone can engage with. The strategy was well intentioned but relied too heavily on “doing to” people rather than “doing with” them. Prevention and early detection needed awareness and engagement of target groups. For a cancer strategy to have any hope of success, the public must be aware and supportive of it, as only their changed behaviour will produce sustained improvements and reduce demand. The PCTs community development workers needed to be engaged with this process.

The PEC would see a further version of the action plan later in the year.

Swine Flu

It was reported that Wandsworth was experiencing a notable increase in people reporting flu-like symptoms and was now well above the normal threshold for seasonal flu. The approach had switched from containment to mitigation, with swabbing no longer being routinely carried out. The H1N1 vaccine was likely to be available at the end of August for priority groups such as front line NHS staff and would require two doses.

PEC members queried why antiviral drugs (AVGs, Tamiflu) could not be obtained from ordinary chemists rather than the two designated health centres and one chemist in Tooting? This was felt to be overly restrictive and unacceptable to the public, as well as being potentially clinically unsafe if a diagnosis was made in the evening but AVGs were not immediately available or the patient's "flu friend" could not get to a collection point in time.

In order not to create delays in treatment following diagnosis, especially if the local position worsened, the PEC recommended as matter of urgency changing the distribution process in order to make AVGs available through all pharmacies during normal hours and to institute a more convenient out of hours arrangement.

Productivity and Revised Financial Outlook 2009/10 to 2013/14

The PCT's current financial position although challenging was relatively sound. The non recurrent surplus was £6.3m which together with planned growth of 5.14% in 2010/11 gave the PCT financial headroom to plan, prepare and deliver for 2011/12 onwards. Thereafter and into the next four year period, the financial modelling predicted a deficit position which could quickly compound year on year.

To avert this, and assuming 0% growth, stringent financial efficiencies of between 3-6% from commissioning and 4+% from all providers annually would be required to maintain a break even position. The savings would need to come from across the whole system and that meant reviewing the existing 5 year commissioning strategy. The PCT was constrained by NHS financial rules to spend its surplus rather than use it to cushion the future.

It would be necessary to engage both primary care clinicians, the public and other stakeholders in a revised commissioning and financial strategy once the Board had considered the position at its meeting on 29th July. PEC members believed there was a considerable amount that could be done through patient engagement and practice based commissioning to identify areas where efficiencies could be made, savings achieved and services and patient experience improved at the same time. It would be necessary to work ever more closely with local government partners to address health and well being issues which placed high demands on NHS services.

Polysystems Development

Continuing from the above discussion about the changing financial context, the PEC reviewed the overall borough-wide position about “polysystems”. The strategy was shifting from estates dominated work to refocusing around services, such as long term conditions and urgent care. Investing in community based interventions should reduce emergency admissions, mortality and morbidity without requiring big capital investment in estates. Achieving these changes was an integral part of the financial efficiencies that would be required to break even in future years while also providing improved services for local people.

Reports for Information

Progressing User Engagement in Wandsworth’s Practice Based Commissioning Clusters

This report was requested by the Chair of the PEC and summarises information gained from my visits as the PEC Lay Member to all five PbC clusters between October 2008 and February 2009. During June 2009 the draft findings were validated as current by key informants from each cluster. Additional issues emerging during these visits bearing on cluster relationships with the PCT are also identified.

As developing PbC further is important for improving WCC competencies, the PCT needs to understand the diversity which exists in the clusters around engagement and also the specific capacity building which is needed to support each cluster’s approach both at practice and cluster level. The overarching engagement process in particular needs attention as the patient role at this level is not as clear as it could be in all the clusters. Reflecting the financial discussion above, strengthening engagement at practice and cluster level to identify areas where efficiencies could be made takes on greatly added importance.

PEC members acknowledged that the situation was mixed in terms of progress with engagement at cluster level. The approach being taken by Roehill Cluster to achieve engagement via community-based lifestyle health improvement activity was strongly supported. A community development approach generally was felt to be most likely to succeed in all clusters as it provided opportunities for co-producing objectives (for instance through participatory needs assessments) and then making

changes that were beneficial to patients, carers and clinicians. Patient engagement needed a purpose and was not an end in itself. PEC also hoped that the South Wandsworth polysystems approach with three proposed hubs (Balham, Earlsfield and Tooting) might provide attractive opportunities for patients and practices to engage with as an alternative to the current 23-practice overarching structure.

Open Space

NICE Guidance on Low back Pain Treatment

I raised the issue of how the PCT would respond to the NICE guidance www.nice.org.uk/media/7D0/4D/2009031LowBackPainGuidelineRelease.pdf and www.nice.org.uk/CG88 released on 27th May on recommended treatments for low back pain? What changes in commissioning of services will the PCT consider making in respect of both existing providers and potential new primary care providers? Which existing services may be decommissioned in view of the guidance?

The guidance identifies a range of inputs including chiropractors, osteopaths, manipulative physiotherapists, massage therapists and doctors and other clinicians who have had relevant specialist training who may be needed to deliver services approved in the guidance such as manual therapy including spinal manipulation, spinal mobilisation, massage, structured exercise programmes, acupuncture and psychological treatments.

In discussion it was stated that PCTs were asked to commission a multi modality approach to this, which meant the range of treatments available from the existing service could expand as well as new service providers being identified if needed. In order to ensure the PCT commissioned the things that are in the NICE guidance and the implications to decommission what is said not to work, the clinical effectiveness group would consider the guidance and advise on commissioning action so that the PCT could discharge its statutory responsibility. Once this was clear, how the expanded provision of services and practitioners to treat low back pain would be promoted to the public and potential patients would be considered.

Next Meeting of the NHS Wandsworth Board: Wednesday 29th July 2009 at Balham Park Surgery, beginning at 09h30.

Next Meeting of the PEC: 09h30 on Tuesday, 15th September 2009

Main items:

Polysystems

Externalisation of provider services

Smoking cessation

LTC update

Whole systems development

Teenage pregnancy as the clinical focus session of the meeting

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