

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE NHS WANDSWORTH
PROFESSIONAL EXECUTIVE COMMITTEE (PEC) MEETING WITH THE MANAGEMENT
TEAM ON 20 OCTOBER 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:
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Items for Discussion

The "Target Area Presentation" for this meeting was **Problematic Drug Users and the Wandsworth Alcohol Strategy**. Both services were discussed in detail together.

It was reported that efforts to achieve more reliable "refreshed" data had resulted in an unexpected and adverse effect on performance in terms of distance from the PCT's target and consequently Wandsworth did not achieve a good CQC rating on its drugs service. However, there was now a much more realistic understanding of the level and complexity of need and the service was building on this more secure data foundation. It was recognised that outreach- such as "street outreach" promoting all drug services - was needed for "problematic" drug users (PDU) who would not access services at GP surgeries. Local needle exchanges were successful. Tooting was a hotspot for drug users, but not enough resources were targeted there. Ring fence protection for drug service budgets would cease in 2011 and resources would become part of the mainstream PCT budget. Commissioners wanted to explore other options for delivery to the PDU population, which was estimated to number some 3,000.

Service users would be engaged to get information about how the system was perceived by them so that disincentives could be addressed. The objective was to create an open access service based in primary care that was non-stigmatising and could be publicly promoted. Accessing the primary care drug liaison service should be like using Alcoholics Anonymous through self referral. It was stated that in many practices, the service had been transformed but some GPs had had bad experiences and still needed support to make services more accessible.

Alcohol work in the borough had come from even lower position than drugs. There was now a good partnership with acute healthcare at St George's where alcohol presented as a bigger problem than drugs. That made St George's Hospital the biggest single provider of detox treatment, but ironically this was not an effective intervention because of problems of then accessing community services. This

perverse situation was very undesirable. The present alcohol services reflected the Merton, Sutton and Wandsworth Health Authority (pre 2002) arrangements and meant that services locally were commissioned by Merton PCT.

Following the presentations, PEC identified the following points for action:

1. Wandsworth residents with alcohol-related needs presenting at local hospitals were not getting from the acute services what was needed. Providers would be given six months notice of what changes were required following which the PCT would consider changing contracts (through the Acute Commissioning Unit).
2. the PCT should adopt an “invest to save” approach to these services and switch acute SLA resources into more appropriate primary care services where indicated
3. Local GP Healthcare Federations should be commissioned to cover what individual practices are not able to provide for people with drug and alcohol needs. The pathway for acute alcohol problems in particular would be clarified and commissioned appropriately.
4. Drug and alcohol services should be considered together for commissioning purposes in close liaison with the local authority. This was a classic area to open up the determinants and underlying themes (employment, housing, education etc) not just the health presentations, of substance misuse.
5. Performance and integrated working in comparator PCTs must be benchmarked against our performance and models delivering better outcomes identified
6. The primary care service for drug users in particular is not well known to the public. Brightside should be used to advertise it. The outcomes sought were not just about achieving “drug free”, but also what happens positively to the individual after the 12 week programmes in terms of life stability and harm reduction.

I welcomed the emphasis on better integration and more effective commissioning of these services. The Local Strategic Partnership should be the forum to address the wider non-health issues around drug and alcohol problems as it could involve more stakeholders including the police and courts service. Insight from service users was an essential part of the intelligence the PCT must obtain in order to improve its competencies in this area.

Externalisation of Provider Services (Community Services Wandsworth)

The three options selected by the PCT Board were reviewed. Stakeholder events were being held to examine them in detail including presentations by bidders from the three external organisations (St George’s Trust, Central London Community Healthcare and South London Healthcare Partners). A decision would be made at the 2nd December Board open meeting, including the possibility of a “Direct Provider Organisation” (DPO) if none of the bidders was acceptable.

The Board was also supporting in principle the proposal to establish a joint initiative for children’s services with the Borough using “Section 75” powers (pooled funds and staffing between local government and health care organisations).

South Wandsworth Consultation Outcomes

An extensive analysis of the the engagement and consultation effort around options for South Wandsworth polysystems developments was discussed. The level of response had been unprecedented and was highly representative of the demographic of the borough in terms of age/gender. It formed a reliable basis for decision making. Many responses still showed a variable experience of accessing primary care at existing practices and this intelligence would be acted upon.

I stressed that although the consultation effort had been very positive and the findings were robust, the intervention of NHS London in the light of the financial situation in the NHS had caused public confusion and frustration about the lack of clarity over what would happen next. Local people wanted clear, simple messages from the PCT about what would be developed around polysystems, as well as when and where things would start happening. Fudging these issues degraded the whole engagement effort and devalued the PCT as a community leader. We needed to ensure that staff interacting with all sections of the community, particularly those working in community development, were well briefed to give accurate information and channel back views. The PCT should invest more in effective internal communication so that its own staff-service user interactions could contribute to obtaining better “customer insight”.

Efficiency Savings

Workshops were going on with primary care and PbC to identify areas where savings could be made through changes in commissioning to reduce demand in light of the projected financial situation locally and in London as a whole after 2011. The London population was not getting any sicker, but across London the pattern was rising medical admissions.

I asked if these workshops were involving frequent service users, eg out patient clinic attenders for long term conditions? This was not happening, even though the PCT should be looking at everything which could reduce the need for admissions and referrals to secondary care. Our customer insight was inadequate to the scale of the decisions we needed to take and this had to be addressed through our engagement efforts. Service users and the general public had to be brought on board with the rationale for this thinking. If they were not, the risk was considerable that reasonable initiatives to achieve efficiency would be misunderstood and rejected by the very people who should be helping to identify them.

Next Meeting of the NHS Wandsworth Board: Wednesday 4th November 2009, Room 123, Wandsworth Town Hall, starting 1.30pm.

Next Meeting of the PEC: 09h30 on Tuesday, 17th November 2009