



**DRAFT MINUTES of the
North West London Strategic Health Authority
Patients' Parliament Meeting 16th May 2006**

Paper 1

Draft 1 Minutes

Held at: Bloomsbury Central Baptist Church, 235 Shaftsbury Avenue, London WC2H 8EP

Present:

PP Members

Mansukh Raichura, **MR**
Jim Wong, **JW**
Maggie Sanchez Charles, **MSC**
Jagjiwan Singh, **JS**
Rita High, **RH**
Dr Bhargava, **DB**
Carl Johnson, **CJ**
Ken Morjaria, **KM**
Frankie Besser, **FB**
Viorica Bergman, **VB**
David Hogarth, **DB**

Borough

Brent
Ealing
Harrow
Hounslow
Ealing
Hillingdon
Ealing
Brent
Westminster
Ken & Chelsea
Westminster

NWL SHA

Jane Buckingham, **JB**

Health Link (HL)

Elizabeth Manero, **EM**, Chair
Delyth Neal, **DN**
Thomas Cherry, **TC**

Guest Observer

Sheila Hawkins, Volunteering
England, **SH**

1. Welcome and Introductions

All were welcomed to the meeting by the Chair.

Apologies: Amar Nath Girdhar, Hounslow, Gladys Jusu-Sheriff, Westminster, Pearl Bridgeman-Boney, Hounslow, Joan Davis, Hillingdon, Liz Macauley, Hammersmith & Fulham, Pat Healy, Kensington & Chelsea.

Sheila Hawkins from Volunteering England was introduced to the meeting. She had asked to attend to observe the meeting, as she hoped to use the PP as a case study of good practise in volunteering in the health field. Sheila explained Volunteering England's remit and handed out some background information.

2. Minutes and matters arising

Minutes Amendments to be made to the minutes:

Amend under apologies, Gladys Jusu-Sheriff, Westminster, and add Jim Wong to apologies as they were sent very late on day.

Under AOB, correct 'Volunteer' to 'Volunteering' and add 'consider after 'as to'.

Matters arising

Item 4. Action point - National Audit Office to be sent a further letter. DN reported this had been done but no response had been received. DN to make a follow up phone call. **Action: HL**

Item 4. Action point for Steve Saunders – DN reported that Steve had been in contact and had apologised for not letting the PP know that he had actually been mistaken in believing that there was a summary of the Gateway Review available. Therefore there had been no document to send on to HL for distribution to members.

Item 2 - Training . Delyth to send out A4 sheet on the CCV course. **Action: HL**

Item 3. EM to report back on meeting with John Bacon under the Annual Report Item.



DRAFT MINUTES of the North West London Strategic Health Authority Patients' Parliament Meeting 16th May 2006

As agreed in previous meetings, EM clarified the main objectives of the meeting as follows:

1. To sign off the Annual Report
2. To take forward the Patients Charter
3. To discuss and determine a message on key issues from the Patients perspective to the new SHA

3. Draft Annual Report

EM introduced the draft Annual Report, and asked for members comments. Several words were corrected or amended. JW suggested including a Contents page. EM suggested that an evaluation sheet be added to the document to show the overall members' evaluation of the PP meetings over the last year. **Action: HL**

EM also suggested including comments from Meredith Vivian at the DH regarding replicating the PP across London. The meeting agreed the amendments to the Annual Report. **Action: HL**

Agreed Circulation list to be:

NWL PPIFs, the new London SHA, all NWL PCTs, All SHAs in London and all Local Authorities in the sector.

Agreed to bind and print the Annual Report in colour. SH will attach a copy of this to the case study on the Volunteering England website.

EM reported back on her meeting with John Bacon, Transitional Director of the pan-London SHA. She had told him of the PP and its work and asked how the future SHA may effect its operation. He believed that a sector group would not be useful but that a pan-London PP with sub-groups for each area would be. He has no authority to agree this but the new Chief Executive of the new SHA has now been appointed and will take over from June. JB confirmed she would brief the new Chief Executive on the PP.

EM has also met with the Health Policy advisor at the GLA, who is supportive of exploring a pan-London PP. The GLA are supportive of the members of the PP as a resource for London, having a broader role. The new SHA will need to have a pan-London PPI body. As the NWL PP has pioneered this approach, it could be a useful model to adopt.

Members voiced their concerns over the possible size of a pan-London PP, the need for more resources and the importance of incorporating individual borough views where relevant. EM commented that it would not be workable to have 5 sectors represented by 25 members each as it would be too unwieldy. It would be important to have people who look at issues strategically and there would need to be a representative number from each sector but not for every borough. EM summed up what members thought would need to be considered in setting up a pan-London PP:

1. Any topics covered must be appropriate and related to pan-London SHA work
2. The make up need not be a mathematical representation of each borough
3. Different models of PP are possible, sub groups could feed into the main PP from each sector so as to reflect patient and public views from across London



DRAFT MINUTES of the North West London Strategic Health Authority Patients' Parliament Meeting 16th May 2006

EM will be meeting with the GLA and Maria Kane from the NWL SHA again on this. EM reported that a Health Link Event is planned at the GLA in the summer, to thank all volunteers in PPI. EM will write to members when more information is available **Action: HL**

4. What Patients want from Primary Care Services

DH reported back on his and VB amendments to the Patients Charter. They had decided that it was important to have a set of principles/standards that could be checked easily and amendments had been made to make this possible. EM clarified that the Charter had 4 key principles, and had to be clear on what these mean in practice and how they can be assessed. Members commented:

MK who is a member of a Quality and Outcomes Framework Team (Team assessing compliance with the GP contract), in Brent was concerned that the Charter could be seen as a wish list, that it would be difficult for single handed GPs to fulfil it, and that some of the Charter's points are already covered by the 'Good Practice for GPs Guide' document from the General Medical Council. Agreed for HL to check with this guide regarding any duplication. **Action: HL**

Single handed GPs – it may not be practical to provide 2 phone lines – agreed to amend to 'review'. They do not necessarily have Practice Nurses attending each day.

JW – the use of 'reasonable time' leaves a grey area that may lead to a judgement of time that will not be seen as a reasonable from the patients' point of view.

FB commented that there were currently reviews taking place in her area to improve GP services.

Additions:

There were 3 additional principles DH and VB had added to the document:

1. Patient surveys
2. Confidentiality
3. Clean facilities in GP surgeries

Amendments agreed after discussions:

1. Change the title of the document to 'Patient-Centred Standards for Primary Care Services
2. Substitute 'Standards' for 'Principles'
3. Merge guarantees with standards
4. Indicators – need to check what patient surveys entail (i.e. the ones GPs are regularly required to do) and compare to PP document. Further to this agreed to check:
 - A. Survey process
 - B. What happens to the survey
 - C. Training quality and who receives it in GP practices particularly non-clinical staff



DRAFT MINUTES of the North West London Strategic Health Authority Patients' Parliament Meeting 16th May 2006

5. Check standards with Quality Framework line by line.

DH and VB were thanked by the meeting for all their work on this document.

EM gave a brief background history of how the Patients' Charter came about. The Star Ratings, the performance indicators for all NHS organisation in the NW London sector, were brought to a previous PP meeting. Members responded to concerns over the access and quality of GP services. Olivia Simmonds, **NWL PCT Development Facilitator**, was invited to speak to the PP on GP contracts and the mandatory services to be provided etc. Following discussions on this, the Chair had proposed bringing all members concerns into a coherent form to reflect what patients want from their Primary Care services. This had taken the form of a draft Patients' Charter, however, to be persuasive it needs to be in the right format to use as a discussion tool with GPs. As such the word 'charter' was not helpful and it was agreed to change the title of the document to 'Patient Centred Standards for Primary Care Services'. **Action: HL**

To take this forward, the following actions were agreed to validate the document.

1. Check the content for duplication against Quality and Outcomes Framework and the GMC Guide
2. Test out the document with GPs and PCTs, eg. PEC Chairs.
3. Test out further with 'marginalised' groups to assess how well it reflects their needs.

Proposed Outreach Work – Finding out the reality of GP services

It was suggested that the PP could add value to current knowledge on accessibility to GP services in NW London, by members taking part in a small informal survey of their local GP Practices. This 'Mystery Shopper' exercise would test out the reality of the 100% accessibility to GPs within target times, as recorded in the PCT Performance levels in the most recent NWL SHA Board meeting papers. The results of such a survey would help inform the SHA of patients' experience.

A draft questionnaire was discussed. Agreed to amend as discussed and add instruction sheet, then check it with the SHA before sending out to members to complete by the end of June. **Action: HL**

At the next PP meeting in July the trainers will look at skills for future Outreach work, so that members would be skilled to seek the views of marginalised groups on the Standards document. The meeting will also look at standards of health care, and opportunities for members to Chair sections of the meetings to help build their skills and confidence.

After a short discussion on the need to look at training up members to take on the responsibility of Chairing the meetings, members were asked to vote on how to take forward the Chairing arrangements, in the light of the absence of any nominations for Chair after the recent elections process. The Chair left the room while the members voted on:



DRAFT MINUTES of the North West London Strategic Health Authority Patients' Parliament Meeting 16th May 2006

Proposal 1. To continue with the current situation with EM as Chair, and review in 1 year.
Proposal 2. To train a group of members to take on chairing responsibilities with a view to holding an election for a new chair in either 6months or 1 year.

Proposal 1: 7 for 3 Abstentions

Proposal 2: 2 for 8 Abstentions

Agreed EM to remain chair and review this in one year. It was also agreed to support members who wished to practise chairing skills for individual items during PP meetings.

5. NWL SHA Legacy – Key patient issues to be taken to the new pan-London SHA

The meeting divided into small discussion groups to look at 4 major patient topics and decide on the Parliament's key recommendations for improvements for the new SHA. Considering Race Equality, members were also asked to record what issues would be of particular relevance to the BME population.

1. Primary Care Services

Key Issue: The need for improved inspection of GP Services.

Relevance to BME population: In monitoring GP services there is a need to check that:

- a) Communication – time is given to explaining illness, treatment etc
- b) Information – that patients are made aware of their rights to treatment etc.
- c) Language services. Some GPs are unaware of 'language lines' offered by PCTs (this could also be down to it costing money or because existing staff have language skills .
- d) Access to services for refugees/asylum seekers. Extra money needs to be put into some GP Practices to enable them to take on more patients. A need to set up 'one stop shops' so that such patients do not need to attend A&E departments for primary care.
- e) Monitoring of the content and implementation of the Race Equality Scheme

2. Hospital Care

Key Issue: 24hr coverage of medical care and the quality of clinical care available. (A Dr should always be available).

Relevance to BME population: Services need to be matched to demographics. Provision of comprehensive language services. Necessity of taking time to explain treatment and what to expect, to make sure the needs for these patients are actually met.

3. Mental Health

Key Issue: The need for voluntary Sector involvement – issue of funding, always fire-fighting trying to find funding while providing good/better services than NHS.

Relevance to BME population: Need to use existing BME voluntary sector groups so as to utilise language speakers and their knowledge of cultural backgrounds. Funding difficulties can be a barrier to this.

4. Community Services



DRAFT MINUTES of the North West London Strategic Health Authority Patients' Parliament Meeting 16th May 2006

Key Issue: How Social Services/Local Authorities work in partnership with the NHS to provide community care outside hospitals. Issues include matching service to demographics e.g. Hounslow – large refugee usage of services.

Relevance to BME population: Making community/social services available. Essential to have language support, and to use less complex English in single assessment forms etc.

NWL SHA Legacy - Achievements to note

Members' comments:

- The SHA have been successful in providing opportunities for patients and public to share knowledge and issues with SHA via the PP
- Providing more participative democracy to patients and public in the NW London sector to speak out on important issues

Adverse Comments

Members' comments:

- It was recently reported that money had been taken from a Mental Health Trust budget and given to another (non-Mental Health) Trust with less money. This just showed that money was put before people, and that Mental Health Services were yet again treated as a 'cinderella' service.
- There are inconsistencies in the quality of care in hospitals across the sector

6. Update from the SHA

JB handed out a written update for members' information. When asked about the workforce situation JB reported that NWL SHA staff were guaranteed employment until March 2007 though no-one knew where they would be working from June, or what the hand over period would be etc.

The DH were holding a PPI Review – PPI Forums are to change but how is not known yet. The message circulating is that PPI will be strengthened but more information is awaited.

EM reported that HL is in touch with the DH on this as it was important to keep strong PPI support. EM also reported that there is a Section 11 case (Section 11 is the duty on the NHS to consult and involve patients in service planning and design and decisions affecting the operation of services) currently going through the High Court over the allocation of GP services to a private company over local GPs. The case concerned compliance with the Section 11 duty in that process..

AOB

End of Meeting

Next meeting: To be held from **11.00am – 2.30pm** on Friday **14th July 2006** at London Lighthouse West, 111-117 Lancaster Road, London W11 1QT