Paper 1

MINUTES of the North West London Patients' Parliament Meeting

13th October 2006

Held at: **London Lighthouse West, 111-117 Lancaster Road, London W11 1QT**

Present:

PP Members	Borough	Health Link (HL)
Mansukh Raichura, **MR**	Brent	Elizabeth Manero, **EM** ,Chair
Ken Morjaria, **KM**	Brent	Delyth Neal, **DN**
Dilmohan Singh Bhasin, **DSB**	Ealing	Natasha Bailey, **NB**
Jim Wong, **JW**	Ealing	
Liz Macauley, **LM**	Ham & Fulham	
Owen Cock, **OC**	Harrow	
Dr Bhargava, **DH**	Hillingdon	
Joan Davis, **JD**	Hillingdon	
Pearl Bridgeman Boney, **PBB**	Hounslow	
Jagjiwan Singh, **JS**	Hounslow	
Amar Nath Ghirdhar, **AG**	Hounslow	
Pat Healy, **PH**	Kens & Chelsea	
Viorica Bergman, **VB**	Ken & Chelsea	
David Hogarth, **DH**	Westminster	

1. Welcome and Introductions

All were welcomed to the meeting by the Chair who then clarified the objectives to be achieved at the meeting.

Apologies:

Michael Adeyeye, Christine Mead, Bob Esson, Michael Hill, Carl Johnson, Gladys Jusu-Sheriff. At the meeting: Deva Samaroo apologies given by Mansukh Raichura.

EM explained the objectives of the meeting: to understand more about dental service reform and undertake training on outreach skills in relation to the Primary Care Standards document.

2. Minutes and matters arising

Minutes

Top of page 2 Ist line – to be amended to read 'GLA are to have new powers on health'. The minutes were agreed as accurate. Information on GLA powers on health to be circulated to members. **Action: HL**

Matters arising

Evaluation Feedback from the last meeting: EM noted that often there had been problems with members hearing each other during meetings as the PA system only supplied a microphone for the speaker at the front of the meeting. She reported that Health Link had applied for and had now received a grant to buy a portable PA system including a roving microphone and hoped to be able to use this at future meetings. (The

Lighthouse staff are also going to research new equipment to add to their PA system to help with such meeting requirements).

Mystery Shopper Exercise on Accessing Primary Care Services - Results

This informal survey was initiated by the Patients' Parliament to give a 'reality check' to the SHA report of 100% compliance with target times for all GP surgeries in NW London. A sheet of the results of the survey were circulated to the meeting. Members had been requested to make a phone call to their GP Practice to make an appointment with either a GP or a Practice Nurse. Once made, members were asked to phone back and cancel the appointment as soon as possible so as to cause as little inconvenience as possible to each surgery.

11 members had taken part in the exercise with one member making an appointment with both a GP and a Practice Nurse. Therefore 6 appointments each had been made for both a GP and a Practice Nurse.

5 out of 6 appointments for GPs were given within the 48 hour target but only 2 of the 6 appointments for a Practice Nurse were given within the 24 hour target time.

Response times to members' phone calls ranged from on member needing to phone 10 times before getting through and then being put on hold for 5 minutes, to one member making 7 calls before getting through, although the majority got through on first attempt even if they were put on hold for a short time at first.

One member had pointed out that his GP surgery was a single handed practice and that a Practice Nurse was only available on a Tuesday and a Thursday. Other single handed Practices must be in a similar position.

Members felt that it was a useful exercise but were disappointed that more members had not taken part in the survey as this would have given more information to back up the need for improvement in target times. It would also evidence the need for the set of patient centred standards in Primary Care that members were currently proposing, which tries to address the quality of service provided to patients in GP Practices.

Action: HL to write a letter to Members who had not taken part in the exercise to find out why they had felt unable to do so.

Action: HL to amend the results sheet to make it easier to understand.

A member reported that from his experience, the way that GP Practices were surveyed by PCTs for compliance with appointment target times, actually determines the outcome. Arrangements are made for a fixed date and time when the surgery will be phoned to make such an appointment, and Practices are informed when this will be. There is no cross checking made at other times or dates. There is no record made of the declining of requests for appointments such as when patients are asked to phone back the next day to make an appointment. Agreed a great deal more work is needed for the public to feel that they are getting a responsive service from GPs and the Parliament needs to work on the Primary Care Standards to help achieve this.

Information Item 2

As the issues mentioned in the letter to St Mary's were general problems brought up in a previous discussion, it was decided that the letter to St Mary's should not be sent, but that the letter highlighting the issues should be sent to the Patient Forum. **Action: HL**

Information Items 4a and 4b

The Healthcare Commission has now replaced 'star ratings' with an annual health check. HL has collated the Commissions' Community Health Patient Survey data on

Mental Health services in NW London in two documents, one for West London MH NHS Trust and one for Central and North West MH NHS Trust.

The main issues seem to be:

- Access to local support groups
- Help with finding work
- Out of work help
- Consulting the patients' family
- Side effects of treatments
- Patient not being given copy of care plans

Where the Trust did well on were:

- The length of time given to speak to psychiatrist
- Patients being treated with dignity
- The provision of talking therapies (better than the national average)

Concerns were raised by members about cuts being made to mental health services both locally in Kensington and Chelsea and across the country.

3. Access to Dental Services in London – Speaker, Fiona Erne, Dental Development Manager Westminster PCT/London SHA(NW London)

Fiona works with the 8 Boroughs in NWL and had been asked to speak on 3 areas in particular:

1. Reforms affecting Dental Services
2. Access to NHS Dentists
3. Quality of Access – inequalities

1. Reforms The 2001 Health & Social Care Act made PCTs responsible for commissioning Dental Services in their area. Section 11 requires that they consult with patients on any changes they make. The new Dental Contract of 1st April 2006 changed the relationship between PCTs and Dentists. PCTs now have a Dental Budget which is 'ring fenced'. If a Dental service moves out of the PCT area, whereas before the money used would go out of the area, PCTs can now keep the money and put a new service in its place. PCTs can use their budget to help address inequalities.

All NHS dental treatment is now grouped into 3 standard charges for NHS treatment:

1. Examination, diagnosis and preventive care incl. necessary x-rays, scale and polish, and planning further treatment. Current charge £15.50

2. All necessary treatment covered in '1' PLUS additional treatment such as fillings, root canal treatment or extractions. Current charge £42.40

3. All necessary treatment covered by both '1' and '2' PLUS more complex procedures such as crowns, dentures or bridges. Current charge £189.00

A patient will pay one charge even if they need to visit more than once to complete a course of treatment. Repairs to dentures will remain free of charge.

A patient who is exempt from paying for NHS dental services will continue to receive free services from a NHS dentist if they are entitled to.

(Details taken from the NHS leaflet *'What you need to know about changes to NHS dentistry in England')*

Under the new contract, at each first appointment of a course of treatment Dentists will make an assessment of treatment needed and give the patient an estimate for the treatment charges.

2. Access NWL has the required a number of dentists to cover the number of patients in its area, i.e. 420-450 whole-time equivalents. The NHS and Private sector mix of dentists is diverse across PCTs with Westminster having a higher ratio of Private to NHS because of its particular population mix. In London, most people should be able to find an NHS dentist near to their home. Any patient can find an NHS dentist by contacting their local PCT or via NHS Direct. The new Dentists Contract requires that if a practice has capacity they must see a patient who 'walks through the door', not just children.

3. Inequalities

The current recommendation from NICE is for a 2 yearly dental check up instead of the old 6 monthly check. As general health affects dental health, Dentists will now include a health assessment process for each patient at their appointment. Nationally dental health has improved, but in London inequality of access is an issue, demand is lower than capacity. Deprivation is the biggest factor, so children and older adults, in particular, are targeted for provision of dental services. Many people do not use the NHS services they are entitled to use. In London there are high dentistry needs in the migrant population due to the lack of use of fluoride products.

Q & A Session

1. Several members raised the question of how patients know if the treatment they are being given is being done under NHS or charged for privately. Two members reported having treatment and only realising afterwards that they had to pay. FE pointed out that all dentists must explain at the assessment and before the start of treatment what work they will undertake and ask if the patient would want a private option on elements of the work if appropriate. This is because a course of treatment can include NHS and Private at the same time.
2. The PCT has responsibility for a public health function which includes oral health. They direct care to where it is needed e.g. to children by increasing Sure Start dental services.
3. The issue of waits for domiciliary work – it was reported that there were not enough dentists doing this kind of work and that dentists were more attracted to private work. FE reported that the number of dentists doing this kind of work varies from PCT to PCT, in London this service is mostly provided by the Community Dental Services e.g. in care homes.
4. Orthodontics in NW London. FE reported that NWL has the highest provision in England. It was acknowledged that new Orthodontic dentist who did not practice before the recent contract was accepted can not now acquire points to practice in the NHS.
5. Peridontal treatment – a member reported that in Hillingdon the wait for this treatment is over 1 year for assessment and 20 weeks after this for the actual treatment.

EM summarised the mix of issues raised under this item:

- The new system seemed to be very complex for patients to understand. It is unacceptable for patients especially those on low incomes to unwittingly incur fees they may have difficulty in paying
- The burden of finding out what the system is and what is chargeable should not be on the patient but on the NHS and the dentist
- Clarity about NHS provision is needed so that patients understand exactly what treatment they are entitled to under NHS services
- Waiting times were an issue for some dental services

Patient leaflets

FE reported that leaflets were being put in each dental practice explaining that if they have a complaint to make they can contact the PALS service. It explains who PALS are, their opening hours and how to make a complaint. It is now a contractual requirement as of the 1st October 2006, for all practices to have such a leaflet available to patients. Patient Surveys are expected to take place, and the PCT relies on patient feedback to know about any shortcomings in individual practices.
EM requested that FE supply the Patients' Parliament with a copy of the Patient leaflet, a summary of the Dentists contract in lay language, and details of how dental practices are monitored for quality, patient satisfaction etc. **Action: FE**

Patient Centred Primary Care Standards (PCS)

EM read out an email received from Marion Saunders, Chair, Ealing, with concerns about the copy of the PCS she had seen. She asked members to consider the difficulties for single handed practices in meeting the standards; that it would be unreasonable to expect GPs to provide 3 months advance notice of absences from work; she mentioned that age discrimination legislation now precludes reference to 'older' or 'mature' workers, and asked if we were going to test out the PCS with GPs? Members noted her concerns and agreed for the standards to be modified accordingly. It had always been intended to test out the PCS with GPs as well as with patient groups. Members were asked if they would be willing to volunteer to explain the PCS to known GPs and Practice based commissioners: PH,VB,JW,DH, and PBB volunteered. It was agreed that a programme was needed for this with a briefing session set up beforehand. **Action: HL**

4. Members Slot

EM introduced this new item on the Agenda as an opportunity for members to bring to the attention of the meeting current concerns from their own areas. The issues raised under this item will also help the group to work out what it wants to include in its work plan for the next year. Concerns and issues raised included:

1. The need for visitors to patients in hospital or in care homes to be pro-active in looking for any difficulties that patient's might be encountering, that visitors have a role in improving services too.
2. Concerns over cuts being made to services:

- Hillingdon PCT has the biggest deficit in England, that it will possibly be the first PCT to be managed by private organisation.
- It was reported that funding for Harefield Hospital has been cut from £500m to £300m resulting in the closing of cancer treatment services at the hospital. A paper on the closing of Mount Vernon services was handed to the Chair.
- Fears that Ravenscourt Park Orthopaedic Hospital (A centre of excellence) is to close. Concern that Hammersmith Trust had not given due consultation as they were saying that there was no substantial change being made to services. This is being referred under Section 7 (requirement for public consultation on substantial variations in service) to the local Overview and Scrutiny Committee. The local PPI Forum and the OSC will be meeting on 21st November. LM to circulate info on this.
- Concerns about the impact on patients of the cuts being made to services by PCTs, and whether their views are being taken into account. **Action:** HL to circulate a 'Cuts and Closures Resource Pack' to members

3. Members were reminded that a college to train up PCT Executives had been promised and they would like to hear if this had been implemented.
4. JW would like the PP to develop more 'Mystery Shopper' exercises, as they were a powerful tool in providing a reality check to reported service quality. This could be a valuable function of the PP but all members needed to take part.
5. Concerns about Private sector involvement in NHS Management in bringing care closer to home. Questions on whether these bodies have to consult locally and on how they are letting patients know how they are doing this.

5. Training Session – Finding out whether our Standards for Primary Care meet the needs of socially excluded groups

EM introduced the training session on

a) communication and
b) barriers to communication

Both these issues require thought before members engage with groups in outreach work for the Patients' Parliament. Members took part in an exercise on listening and giving of instructions. Pairs were placed back to back with one member giving instructions on how to draw a printed image in front of them without being able to say what it was. The other member drew what was being described but was not permitted to ask questions. At the end both drawings were compared. Results demonstrated how difficult it can be to communicate what you know to someone else and how difficult it can be to understand exactly what someone else is saying to you.

The second exercise looked at the reasons for incorrect reception or interpretation of messages under 3 types of barriers to communication

a) Physical
b) Psychological
c) Barriers related to speech.

Members fed back their ideas on what the barriers might be. EM read out the list of barriers suggested by the trainers (presentation hand-out attached)

Members acknowledged the importance of

- Preparing before going to a meeting or an outreach event;
- Listening when a person makes a point,
- Validating and appreciating their effort and their communication.
- Avoiding a patronising attitude.

Two groups suggested by members as particularly important for outreach were Somali women and young mothers.

6. Update from the SHA

The update sheet from the SHA was circulated to all present, for their information.

7. AOB

EM reported that Health Link had received over 420 responses to the Monitoring Visits survey, 200 of which had arrived in time to be incorporated in the response to the Dept of Health consultation on LINks. HL is also writing a Report to support visiting rights, including the provision of training and accountability and is actively pursuing the issue with the Department. EM thanked all for their input.

End of Meeting

Next meeting: To be held from **11.00am – 2.30pm** on **Wednesday 29th November 2006** at London Lighthouse West, 111-117 Lancaster Road, W11 1QT