Rotherham Patient Participation Groups Network
Notes of Meeting Held 13th September 2016

24 people attended, representing 15 practices - Woodstock Bower; Thorpe Hesley; Dinnington; Market; Morthern Rd; St Annes; Swallownest; Treeton; Broom Lane; Parkgate; Greasebrough; Stag; Blyth Road; Rawmarsh; York Road.

Apologies were received from: Magna Group; Clifton; High St; Kiveton.

Staff in attendance:

Helen Wyatt – Patient and Public Engagement Manager(notes and support), RCCG
Dr Robin Carlisle – Lay member (Chair), RCCG
Presentation – Ian Atkinson – Deputy Chief Officer, RCCG
Janet Sinclair-Pinder - Senior Care Pathways Manager, RCCG
Dr Sarah Lever - Head of Contracting and Service Improvement, RCCG

Sue Cassin – Chief Nurse, RCCG
Gordon Laidlaw – Head of communications, RCCG

1 **Welcome and information sharing**

1.1 Dr Robin Carlisle opened the meeting and introduced himself and other staff present; and explained that he would chair the meeting in Phil's absence.

1.2 All practices are now expected to have a patient group (PPG); this forms part of practices core contract. The Clinical Commissioning Group (RCCG) wants to support the individual groups through this quarterly network. The network aims to be a place where information can be shared. This includes cross Rotherham information useful to the practice groups; PPGs can share what issues are impacting on patients with the CCG; also practice groups can share information and support with each other.

1.3 Helen shared the following dates that members may want to circulate

- **21st September** – Rotherham Hospital – reception; 1-4pm. The Care Quality Commission will be hosting a stand and want people to share their experiences
- **Friday 30th September** - Rotherham Parents forum will be holding an information and volunteer day; with 2 sessions 10-2 and 5.30-7.30pm; at the coffee shop in Outdoor Clearance. This is aimed at families who have a child with additional needs
- **Friday 7th October -**Older people's summit – New York Stadium – Hosted by Healthwatch
- *Post meeting note – Age UK are working with partners, and will be badging October as 'Older People's Month'; with additional events, which will feed into developing a Framework for Healthy Aging*
    - ***1st October, 10-12 –*** *Older People's Day – information stalls in Rotherham Minster, focusing on keeping safe and hosted by Rotherham Older People's Forum.*
    - ***Friday 28th October 10.30-2.45*** **-** Rotherham Town Hall 'Age Friendly Rotherham'

1.4 Information on the **Accessible Information Standard** was circulated. This standard is aimed at making sure that people with a disability or sensory loss get information in a way they can use. Practices will need to make sure that patients can understand the information they are given, for example in accessible formats. By law, this standard applies to all organisations providing NHS care from the 31st July 2016 – this of course includes GP practices, so PPGs may want to discuss this at PPG meetings.
Understanding where practices can access low/no cost resources would be useful.
Action - Helen will request information from the knowledge service (health library), will share this with practices – no longer current
Post meeting note – *Patient Information Online (PIF) have established an online group to support accessible information for practices, this has been circulated to GP practices, and should answer the issues raised above* ***http://www.pifonline.org.uk/accessible-information-register/***

1.5 Financial Challenge- Helen invited people to look at the financial challenge, which puts people in the commissioners seat. This activity can be brought in to any group or meeting on request – contact Helen.

2 **Presentation -Clinical Thresholds - Ian Atkinson - Deputy Chief Officer, RCCG**

Ian talked about the financial challenges currently facing all NHS bodies, making the following points:-

- New funding of an extra £9.2m was allocated to Rotherham for the current year 2016-, giving a budget of £395m
- However demand for services is increasing, as are staffing costs, in addition we have an aging population. This means we need to save £75m over 5 years. In Rotherham we have this year to save £15.8m, on top of finding £10m savings last year.
- At the same time, Rotherham Council has had to make substantial savings
- Rotherham CCG plans to make saving in several areas
    - **Unplanned care** (every time we save prevent an admission to hospital that was not clinically needed, we save around £2,000)
    - **Prescribing** – the aim is to save £3m from this budget
    - **Continuing health care**
    - **Mental health** – we need to invest in mental health but also need to make sure that only the people who really need patient beds use them. The CCG will increase community services to try to prevent more costly inpatient admissions
    - **Planned care** – The CCG has already worked with GPs and hospital clinicians to make sure that referrals follow tight pathways, and that follow-ups are in primary care settings where possible.
    - Rotherham CCG is now looking at clinical thresholds, and standardising the a range of thresholds, following NICE (National Institute of Clinical Excellence) guidance.
- Other CCGs have already established similar thresholds; Rotherham also wants to work with other areas to make sure that pathways are the same across the region. This would mean that regardless of where people live, everyone should have the same access
- We think that if we use these thresholds, we can save up to £2m.
- The first 7 areas that we would use thresholds are as follows (note that there are around 100 being considered by other CCGs)
    - Carpal Tunnel Syndrome
    - Excision of Ganglion
    - Dupuytrens Disease
    - Cholecystectomy for asymptomatic gall stones
    - Asymptomatic inguinal hernia
    - Hip & Knee replacement for Osteoarthritis
    - Cataract Surgery
- Some of the areas may well be emotive ie people needing to lose weight or stop smoking before surgery for hip or knee replacement – we want people's thoughts on these issues
- We want to start using these thresholds by 1st December, so need to move quickly
- GPs will have checklists and will work through these to check if a patient is suitable; if so referrals will be sent to the hospital; the CCG will check that GPs and consultants are following the checklists and procedures.
- There will be a way of asking for funding through an Individual Funding Request if people don't fit the pathway.

Q Is this about how long people stay in hospital?

A No, it's how people get into hospital for treatment.

Q Is the aim to half hip and knee surgery?

A One of the aims is about the quality of referrals to consultants; making sure all referrals to consultants have looked at the same criteria and concerns. Also some consultants use different criteria to accept patients for treatment; this would mean that all consultants work to same criteria. RCCG have an idea of the amount of activity we will push out of the system. For hip and knees surgery, we estimate a 25% reduction.

Q Will all consultants agree to the criteria?

A To get to this point, we have had GPs and consultants meeting to look at this, using processes developed in other areas. For example, in orthopaedics they are open to ideas as they are already spending high amounts on agency staff to meet current demand.

Q Will implementing thresholds mean that people will suffer and be in pain, and surgeries be more complex?
A In the past some consultants have treated earlier than others; thresholds mean that all will work in the same way.

Q Will people get help if they don't meet all the criteria? Can people be referred for physiotherapy?
A The CCG is looking at these issues and where extra services may need to be put in, as part of this work. The thresholds are an aid to help GP refer people better. In the past, the quality of referrals has differed between GPs; consultants need better referrals.
Q Will this mean people are waiting longer?
A If a GP refers someone for treatment, the 18 week target waiting time applies and starts straight away. If a patient does not meet the criteria, this would be apparent at GP stage, and they would not be referred as needing a procedure. The GP would discuss this and other options with the patient

Q If you stop doing some hips and cataract surgeries, is there any data from other CCGs that falls might increase, for example if someone's mobility is worse
A We do have evidence that cataracts don't impact on the number falls. We don't have any other information on impact of these on falls

General comments
From PPG members

- It was noted that this could be time consuming for GPs, and concern was expressed about the impact on GPs.
- This could be positive for GPs, giving them something to work to, and taking out variation between practices
- People shouldn't have to wait for surgeries
- It might be harder for people to lose weight if hips or knees are bad.

From RCCG

The reality is that if the CCG does not implement thresholds and make these savings, we will need to look for savings elsewhere in order to balance the books.

The meeting then split into groups to consider the issues in more depth, then fedback.

Feedback

- Really helpful discussion
- Group 1
    - discussed Ganglion & Dupetrens, and were broadly in line with the thresholds here
    - Hips, knees and cataracts (i.e.progressive conditions)- the group was concerned about the implications for parts of the health system ie this could put pressure on pain management services, physio and social care etc.
- Group 2 discussed carpal tunnel; hip and knee surgeries
    - *'Absolutely nothing wrong with these criteria, they will help GPs'*
    - *'we need proper support for patients ie weight management'*
    - *'Will help with demanding patients when surgery is not right'*
    - Hips/knees – the group noted a slight difference in functional limitations – one severe. There were also some questions about thresholds
- Group 3
    - Were in broad agreement with idea and criteria,
    - Felt there is a role for PPGs in educating patients
    - Concerns about waiting times for MSK service (physio).
    - People will see this as cost cutting - how will it be publicised?
    - Patients will get to know criteria and tailor their symptoms to thresholds.

Group 4

- Discussed smoking and drinking; relating to hip surgery thresholds

- If people are to be referred to physio or weight management, the services must be there.
- If the referral criteria are met, people should get treatment quickly.
- Implementing thresholds should not undermine GPs

Other points (taken from notes)

- Public health are consulting on what services should be prioritised, this could impact on what services for smoking cessation and weight management are available
- It seems like common sense to try things like splints first (Carpal tunnel)
- Noted that good practice and NICE guidance are changing all the time, and that its good to have one system that makes sure everyone uses the best information
- By deflecting to other services, overall savings may be reduced, as some might need additional capacity
- Hips and knees – people can still be referred if they don't lose weight, but should try
- What is the capacity of RIO to take additional referrals, is the weight long?
- We should be making sure children don't get obese – preventative
- There should be exceptions for some drugs that can make people put on weight, i.e. some drugs for mental illness.
- People will need support and reviewing during this time, not just left to fail
- Some problems will impact on other long term conditions; the plans might shift costs, not remove them
- Issues that consultants might only look at one problem, not the whole person
- Example noted of someone getting a knee replacement who the surgeon knew would not exercise – knee now not functional
- *'don't think patients will have a problem with this, but the right infrastructure is needed to support it'*
- *'Its got to be clinically right – not too early, not too late'*
- *'it will be good (for demanding patients) if the checklist is clear and visible'*

Next steps - this will be written up, alongside other feedback and presented to the Governing Body.

AOB and future meetings

- **Prescription**s -A number of practices are stopping pharmacies ordering meds on patients behalf, to prevent waste and over ordering. Several practices stopping this before 1st October, others to follow. Lots of other areas are doing this, information will be given to patients. There are concerns about vulnerable patients, and practices are working out how to support the most vulnerable.

  Noted that the medicines team had attended the network several times discussing waste.
  Action – Helen to ensure updates on this work are provided.

- **Missed appointments** at hospital and GP – what can we do.
  Rotherham hospital is implementing a texting service to confirm appointments. Clifton practice also uses this; we can probably get information on if these systems have reduced the number of missed appointments
  Action – Janet SP and Helen to look for data on this

- People requested an open discussion on how the NHS can save money

- **Admiral nurses-** Stag looking at buying into this with several other practices. Feel that there is money to be saved

- Mental health – a general update on what the CCG are doing and the work of RDASH to transform mental health services

Next meeting – Dec 6th, 2-4, Carlton Park Hotel

It was agreed that meetings should follow this pattern, Helen to look at dates for 2017 – Tuesday afternoons at the start of the month, in March; June; September; December (to follow).