

COMMUNITY PARTNERSHIP FORUM

25 June 2015

Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	East Berkshire CCGs
Dr Adrian Hayter	Clinical Chair, WAM CCG
Dr Jim O'Donnell	Clinical Chair, Slough CCG
Cllr Sabia Hussain	Slough Borough Council
Sheila Holmes	Healthwatch WAM and Older People's Partnership Board for Royal Borough of Windsor and Maidenhead
Chris Taylor	Healthwatch Bracknell Forest
Madeline Diver	Bracknell Forest Voluntary Action
Pete Squires	Health Advisory Group
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Caron Kipping	Dash Charity
Carol Crowe	East Berkshire CCGs
Sonya Lippold	Health Advisory Group
Zaffar Ajaib	Slough Borough Council
Jesal Dhokia	Slough Council for Voluntary Service
Adrian Greensmith	
Ramola Ganguli	
Mike Connolly	PPI Governing Body member, Slough CCG
Sarah Bellars	Director of Nursing, East Berkshire CCGs
Apologies	
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Pat Rodgers	Berkshire Healthcare Foundation Trust
Anshu Varma	East Berkshire CCGs
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Jacqueline Brown	
Val Pearce	

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 23 April 2015.

One correction was noted for Clarefield rather than Clanfield and the notes were agreed.

Cancer

Presentations were given by Dr Jim O'Donnell on the Slough Cancer Initiative and Carrol Crowe and Sarah Bellars on Cancer Performance. Copies of the slide presentations are available on the CPF page on each CCG website.

Dr Jim O'Donnell explained the Slough Cancer Initiative was put in place to improve performance locally. The initiative is working with all providers of services, including GPs, and with the community and patients.

Nationally, of patients referred to hospital with suspected cancer, 10% have a positive test and 90% are found not to have cancer.

In Slough it is about 5.6%. This suggests that many more patients are being referred for tests under the two week urgent referral than would be expected and that almost 95% of all these will be clear of cancer. The impact of this is greater pressure on hospital diagnostic services and more worried patients.

It is difficult to run an acute trust with this level of referrals. It is important for patients with cancer to be diagnosed quickly and start treatment but this is difficult to achieve with many more patients being referred and causes worries for patients.

The mobile scanner at Wexham Hospital has contributed to the trust meeting the 2 week target.

Other patients are being referred as a routine referral who then find they have cancer. So the tools being used to identify patients with cancer are not always working.

There are three main screening programmes, breast, colon and cervical screening. Issues about take up of screening are complex. Rates for take up of screening vary, for example, in Slough the take up of screening for colon cancer is 35-39% compared to 55% in Bracknell and WAM. These, 4-5% will be positive.

Slough CCG has been awarded funding from MacMillan to improve the position. Various actions are being put in place:

- Clinical audits have been conducted looking at each cancer specialty referrals and triage to identify what is and is not effective so effective practices can be more widely applied.
- Cancer leads have been identified in each practice leading the improvement in practices.
- Developing local community engagement with varied health promotion activities stressing the importance of healthy lifestyle and screening. This is being done working closely with the Patient Reference Groups (PRGs) in Slough.

Approximately 6,000 people in Slough are not registered with a local GP and so can be more at risk of missing invitations for screening and can arrive at A&E with cancer.

For England, the national average for early diagnosis of cancer is 45%. In Slough it is 18%, WAM 20% and Bracknell 20%. The challenge is across east Berkshire. Rates are closer to the national average in Swindon, Oxford and Wokingham.

Q: could the CCGs start testing for colon cancer from age 50 and inform GPs when a patient doesn't respond?

A: The GP is already informed. Colon screening is a national programme and is based on evidence for age when people most at risk. The CCG would not be in a position to change the age. The evidence shows that the younger the test is used, the positivity rate drops and at a certain level it would not be recognised as a good use of resource. There are plans to extend bowel screening to people in their 50s but it will be a different test.

Q: If a patient reports problems to their GP and is aged under 60, could you send a testing kit?

A: No, the test is less sensitive and could give false negatives or worry. A bowel cancer tests for younger people is recognised as needed but not screening. We really need to get the screening rates up from 50% and this would allow the cancer targets locally to be met. We want to encourage our population to respond to the invitation to screening.

Q: How else will you engage communities, other than through PRGs?

A: We have a programme for engaging community groups across Slough including those hard to reach groups, faith groups etc.

Q: There is a social stigma for some screening eg cervical screening. How do we deal with the barrier? We are very conservative.

A: There are multiple answers. Education in schools, community, faith groups etc all need to be targeted. Patients are better than in the past at coming to discuss intimate topics. Culture is breaking taboos. Testicular concerns would often be hidden because men were not comfortable seeking help. They are much more prepared to ask their GP now. There is a taboo about talking about intimate issues and we all have a role to play.

Q: It is also about how clinicians communicate with patients.

A: The vast majority of Slough clinicians come from the local community and the faiths and ethnic minority groups of the community. So they know their community well.

Carrol Crowe introduce the next presentation which focussed on wider performance and quality of cancer services.

Cancer has been on the CCGs' radar because of concerns about quality. Since Wexham Park Hospital has come under the management of Frimley Health Foundation Trust (FHFT), the quality of services overall and specifically cancer services, has improved significantly.

Some serious issues were identified with the cancer pathway. Key was that there was no one individual who had oversight of the whole cancer pathway. Different parts had different people accountable.

The lead cancer nurse was brought over from Frimley Park Hospital to lead the changes needed. She identified breast and urology as two areas to focus on.

A Cancer Board has been set up. The Chief Executive and the trust Medical Director have been closely involved.

They have looked at clinical practice, the pathway and the equipment.

The Board has overseen the recruitment of a number of cancer specialist nurses and training of existing nurses.

Found that in some pathways, patients were allowed a long time to think about what route they wanted to take for treatment but this was delaying starting treatment. This has improved.

Old equipment that was breaking down was a problem. New equipment was purchased and new mobile units are operating on the patch. A commitment has been made that these will stay until new equipment is installed in the hospital.

The number of complaints and re-opening of complaints has fallen which is evidence that they are handling complaints better.

Q: Were patients involved in the planning?

A: When FHFT first came in there was a worry that patients might not be involved. There was a need to act quickly to improve quality and they applied a successful model from Frimley Park Hospital quickly without much patient engagement. However, they are now engaging more with patients.

Q: It is good we are moving forward. How confident are you that the patient is in the centre? If you are confident then we can be assured?

A: I am surprised how fast the improvement has been. Experience from elsewhere would suggest it takes time to get the improvements that relate to behaviour. You need to win the hearts and minds of staff. I am surprised how fast improvements have been made and this is across the board, for example A&E has shifted from a very poor position nationally to one of the best.

FHFT had a reputation for engaging with clinicians and this has been borne out with the trust engaging with GPs better and nurses.

Q: We have had a journalist asking about the deficit at the trust.

A: The deficit is not significant and is similar to pressures felt in other hospitals. There has been a large investment in capital as a result of the take over of Wexham. The pathways have improved and costs have reduced by reducing duplication. Morale of staff has also improved. Last year Wexham was running with 400 staff vacancies being covered by agency staff, now 130 vacancies are being covered by their own bank staff. This has a huge impact on morale and on finances.

We are investing in FHT and are holding the trust to account. We have a transformation scrutiny committee so that the extra money being given to the trust must be used for improvements.

We recognise there is a spectrum of needs, high tech equipment and drugs are important but we also need to have the simple things like screening and prevention.

Smoking cessation is the biggest thing that could help prevent cancer. The public health agenda is significant. We need to do both hand in hand.

If a patient is referred under a two week rule a patient gets an appointment quickly because it is important to get the right tests quickly so that if cancer is detected, treatment can start quickly. It is really important that a patient goes to the appointment.

A particular problem in Slough has been identified where patients might prioritise a holiday rather than the two week appointment.

Need to engage with local residents to encourage them to become members of FHFT and the other local Foundation Trusts. Concerns raised are dealt with quickly and effectively.

CQC are coming back to Wexham in October. FHT are taking this seriously and believe the visit will incorporate all three sites to ensure Frimley standards have not dropped and others have raised. Many of their best and most experienced staff are spending significant amount of time at Wexham.

Open forum

- Best public health partnership was awarded to Bracknell Forest for smoking cessation initiative led by Lisa McNally.
- October plans for smoke free in mental health trust inpatient wards. Includes education for staff and patients supported within an hour of admission.
- Agreed topic for next meeting is pharmacy.

Future meetings

Next meeting: Thursday 23 July 2015 - 6.30pm – 8.30pm
 Bracknell Open Learning Centre

Suggested topics for future meetings:

- End of Life Care
- Patient engagement
- HealthMakers feedback
- CAMHs update
- Car parks and transport
- Pharmacy
- Suicide prevention
- Obesity and nutrition in hospitals
- Data sharing and confidentiality