

HALL GROVE / PARKWAY PRACTICE

PATIENTS' VOICE

Meeting on Tuesday 19th March 2019 7pm at Hall Grove

Present: Peter Wilson (Chair), Helen Eames, Roger Eames, Kate Graeme-Cook, Peter Gramson, Andrew Longman, Stephen Wentworth.

Practice: Dr Chendoran Kanthi, Anne Knight

Minutes

1. *Apologies for absence*

Apologies were received from Nice Connell, Roger Hudson

2. *Minutes of the meeting held February 21st.*

The minutes were agreed as accurate.

2.1. *Matters arising*

2.1.1. *Carers - meeting with Paul Innes*

A meeting needs to be scheduled with Paul. AK to organise this for next month.

Action AK

2.1.2. *Medication reviews*

All Doctors have agreed to be more vigilant about medication reviews. There have also been some delays re blood test forms. Currently the reception staff are being trained to be able to request blood test forms from the Doctors on behalf of the patient.

There was some discussion about Diabetic patients and their reviews. There are not enough appropriately-trained Doctors to cover all the diabetes clinics needed. Patients should be seen on a six-monthly basis after their regular blood tests are done. Instead the blood test results will be reviewed by a Doctor and, if there is a clinical need, a letter will be sent to the patient requesting them to book an appointment with a Doctor. There is a concern that it might be difficult to book an appropriate appointment and it might be preferable for an appointment to be sent to the patient. It was noted that the annual review should be with both the nurse and the Doctor.

PW asked if the practice is planning to do anything about the shortage Diabetes Doctors. Some arrangements are in hand. Dr Parry and Dr McDougall will need to make clear on the patient's medical plan what needs to be done so that another Doctor can deal with it if they are away.

PG asked about online repeat prescription site – can one request a blood test form in the text box provided? CK felt that could be possible. AK will investigate if it is feasible.

Action AK

2.1.3. *Release of new appointments*

The system has been changed. All appointments are released at 7.00. There have been no complaints.

2.1.4. *Carers attitude to patients*

It was agreed that this item was completed.

2.1.5. *Social prescribing, role of Patients' Voice*

The practice has agreed to go forward with offering Social Prescribing with Herts Help. They are not sure how much availability there is. Space is not a problem. It will start as soon as Herts Help can provide the service.

Patient Groups have not been involved in social prescribing up until now. We may have a role in monitoring the success of the enterprise.

3. *Patients' Voice Projects*

3.1. *Cancer information booklet – to receive a report on progress*

We were pleased to receive a draft of this leaflet. SW pointed out that the leaflet is aimed at those that have been diagnosed with cancer and their carers. The leaflet is not intended to be about identifying/diagnosing cancer. The aim is to be as brief as possible. A couple more points have been added to the draft seen by the committee. It is important to recognise that there are a lot of websites with information so it would not be possible to provide an exhaustive list in the leaflet. Instead the patient will be directed to Macmillan Cancer Support who can provide information on specialist sources as needed. PW has asked for CK and AC's views on the leaflet. Also for any feedback on activities from the Cancer Champion in the practice. SW is to show it to Isabel Hospice and the Macmillan people at the Lister asking them to check on accuracy. AK said that she would work on formatting and publishing.

Action SW, AK

3.2. *Information for diabetics*

RE has produced a document to support the information given to patients when they are first diagnosed with diabetes. There was some discussion as to how this might be given/released to the patient. It might be something that the Doctor would hand to a patient after their consultation and it also might include information as to what the patient might expect from the Practice. PG suggested that it could be cut down into segments. CK suggested that it should be sent to Dr Parry and Dr McDougall for comments once PG has worked on it with RE. PW pointed out it must include information as to the importance of self-care.

Action RE, PG

3.3. *PV Profile and membership*

PW reported that there are some local practices that have arrangements for contacting patients and receiving information back from them. He is waiting for more information. He suggested that we should look for new volunteers when we start new projects. It was important that there is some reference to the work of the Patients' Voice in each practice newsletter. Martin Benfield would need to give notice to a nominated member of the group to provide some information when preparing a newsletter. Anne agreed to speak to him.

Action AK

3.4. *Scoping Projects arising from the meeting with the practice executive*

3.4.1. *Children and mental health*

PW is to seek further clarification what is actually been looked for. **(PW to send me document for editing into minutes or could amend)**. There has been a serious lack of investment in mental health support for children and services. Money allocated for mental health services has been diverted into other services. As a result, children's mental health service availability has seriously declined! In addition there is very little information about how the small amount of funding is allocated and most of the projects mentioned do not seem to involve young people. There may be an issue that young people not accessing support because of the high threshold for entry as a consequence of high demand. Hertfordshire has been named as a national trailblazer in school mental health support teams. We could press for information from the CCG and Herts County Council and act as a lobbying group. There are many charities and support groups (national and local) so we might engage with some of these. CK pointed out that patients are signposted to charities while awaiting further diagnoses. PW will try and find out more about what is happening with the mental health support team. PG will contact Mind.

Action PW, PG

3.4.2. *Self health checks and self referral*

KGC presented a paper on where questionnaires and support material could be found on the internet and produced a sample of self-help questionnaire based on material from Diabetes uk. It was agreed to consider how we might support patients to make use of resources. Dr MacDougal has suggested this approach could be useful in diabetes as the practice is trying to identify more diabetic patients. Information and links can be put on the new website. PW requested that some exemplar material be put together to show the Doctors

Action KGC

3.4.3. *Parkruns and exercise*

AL produced a document on opportunities for exercise in the local area. He pointed out that parkruns and health walks are free but the other activities have a cost which could not be put in the

document as they might change. He has included nearest activities and, wherever possible, activities that are available in WGC. It was proposed that this material could go into the newsletter and also be a leaflet? Health walks are being promoted by Doctors as part of Active Herts.

Action AK, AL

4. Any Other Business

4.1. CFF funding 2019

Consolidated funding framework is the process by which CCG gives money to practice. The current planned allocation is only in draft at the moment but, as part of this, the CCG want practices to carry out a patients' survey on what they like and dislike about the practice. Patient groups can then be involved in responding to issues highlighted in the results.

4.2. Let's Cancel Cancer

Aka Beating cancer together

Mark Edwards wishes to deliver a workshop to a small group on the early symptoms of cancer. It will be interactive with the aim to improve early identification of cancer. He is looking for places to do this. PW asked CK and AK if this is what the practice would like this. CK and AK agreed. Mark also wants to train up facilitators for the future.

4.3 Loneliness

HE does not agree with the group's decision on loneliness at the last meeting. She will take on work on loneliness outside the group herself.

4.4 Communications and membership

HE is also concerned about us not contacting people who are interested in PV

5. Next meeting is Thursday April 18, 2pm at Parkway

Appendix to 3.4.1

Children's Mental Health Services

Accumulated published information on children's mental health provision

March 2018

Some mental health trusts in England have seen "no significant investment" in psychiatric services for children despite government plans to overhaul provision, say experts.

Last summer ministers said they would invest an additional £143m in the services this financial year.

The Mental Health Network suspects the funding has been used to support other NHS services.

NHS England says it can show where the money has been allocated.

The additional funding was part of a £1.25bn investment over five years announced by the chancellor in the Budget in March 2015.

While campaigners expected £250m to be made available this year, the Department of Health said in August that only £143m would be spent, as providers did not have the capacity to spend any more.

However, the body representing mental health trusts says it has seen little of even that reduced amount.

How the £143m was allocated:

- £75m - Clinical Commissioning Groups
- £21m - Health Education England
- £15m - Perinatal care (£11m underspend)
- £12m - Improving Access to Psychological Therapies programme
- £10m - Hospital beds
- £5m - Administrative costs for NHS England (£4m) and Department of Health (£1m)
- £2m - Improving care for young people in the justice system
- £2m - Joint programme with Department for Education to improve services in schools
- £1m - Support for children with learning disabilities in long-term care

Source: NHS England

Stephen Dalton, chief executive of the mental health network which represents NHS providers, said: "Providers of mental health services and most importantly children and families are struggling to see the difference.

"It doesn't seem to have turned into posts on the front line. We are not hearing any reports of any significant investment at a local level around children's services. Indeed, some services are still experiencing cuts in services."

NHS England says it has provided £75m to clinical commissioning groups (CCGs), but NHS providers fear some of the money has been siphoned off to pay for other services.

Acknowledging that is a possibility, CCGs have told BBC News they want NHS England to ring-fence the money, specifically for children's mental health services.

Dr Phil Moore, chairman of the NHS Clinical Commissioners Mental Health Commissioners Network, said: "Despite our commitment to better mental healthcare for young people, it has to be acknowledged that CCGs are dealing with increasingly financially challenging times and a myriad of competing demands on budgets.

"This, combined with the fact that children and young people's mental healthcare is in desperate need of heavy investment having historically been treated as a 'Cinderella service', is why we believe this is a rare case where funding should be ring-fenced."

Some trusts say they have seen additional funding - the South London and Maudsley, for instance, said they had received an additional £1.8m from four separate CCGs.

And several CCGs told us they were committed to spending the money on new services.

But some children's mental health services are also being cut, especially those provided by councils.

Dr Marc Bush, senior policy adviser at the charity Young Minds, said: "Our expectation is that overall spending on children's mental health services this year may either be flat or fall slightly in real terms."

Former care minister Norman Lamb, who helped secure the extra funding, said he was concerned about the lack of progress.

"Given the pressure on the whole system including local government, there is a real risk that funding intended for children's mental health ends up elsewhere or simply replaces other funding cuts.

"There is an absolute moral imperative to address the very serious underfunding of children's mental health. Failure to invest this money now would be unforgivable."

An NHS England spokesman said: "As a society we must make sure the most vulnerable children get the very best care as quickly and simply as possible and that they are being offered the right services in the right places. But transformation will not happen overnight.

"Every CCG has worked with local partners including children and young people to deliver plans to improve access to effective services."

The Department of Health said that an additional £250m would be invested in children's mental health services in the next financial year.

NHS England says £89m will be allocated to CCGs, but the money has not been ring-fenced

November 2016

Money earmarked to boost mental health provision for children in England is failing to make it to front-line services, a new report suggests.

The government last year pledged £1.4bn for child mental health by 2020, but a report says millions of pounds is being used to offset NHS cuts elsewhere.

Specialist teams are also turning away up to a quarter of youngsters, it said.

Health Secretary Jeremy Hunt said the government was "determined to address" mental health problems.

The previous coalition government promised in 2015 an extra £250m a year during this parliament to improve mental health services for children in England.

However, Liberal Democrat MP Norman Lamb - who was a health minister at the time - has now overseen a report by an independent commission that says much of the money has failed to reach the areas where it is most needed.

The report - by the Education Policy Institute Independent Commission on Children and Young People's Mental Health - says only £75m made it to the clinical commissioning groups who pay for services last year.

April 2018

'Drastically wrong'

The commission says young people are still struggling to access help - partly because of difficulties in recruiting staff, including mental health nurses and psychiatrists.

According to the report, specialist services are turning away 23% of children and young people referred to them, often because there are "high thresholds" for accessing services.

The authors warned that "something has to go drastically wrong before some services will intervene".

The report challenged Theresa May to develop a "prime minister's challenge on children's mental health", similar to former PM David Cameron's "dementia challenge", which led to increases in investment and awareness. man Lamb was a health minister when the cash pledge was made

Mr Lamb, chairman of the commission, said: "The prime minister, in her very first speech, rightly highlighted the inadequacies of the country's mental health provision as a 'burning injustice'.

"Today we call on the government to meet this commitment - and take urgent action to ensure children and young people with mental health problems receive the care they need."

Bev Humphrey, chairwoman of the Mental Health Network - which represents mental health and learning disability service providers in England - said the government had failed "to come close to fulfilling its existing promises on mental health funding".

'Time to deliver'

"This situation means underfunded NHS and social services are struggling to help the growing number of children experiencing serious mental health problems.

"With many services almost at breaking point the commission is right - it really is time to deliver."

Mr Hunt said mental health services for children remained a priority and further plans to improve care would be announced "soon".

"We are already investing £1.4bn to help make sure children get the right care and every area in the country has put together plans on how they will spend the money to transform children's mental health services.

"We are also strengthening the links between schools and mental health services, and driving forward innovation to improve prevention and early support."

[NHS East and North Hertfordshire Clinical Commissioning Group](#)

Hertfordshire chosen as a national trailblazer in school mental health support

Thursday, 20 December, 2018 - 12:08

Schoolchildren experiencing mental health difficulties in Hertfordshire will get early help from special support workers in a new initiative announced today (Thursday 20 December).

The government has named Hertfordshire one of only 25 areas to launch Mental Health Support Teams (MHSTs) in 2019.

"I am delighted that Hertfordshire has been chosen as a trailblazer in testing Mental Health Support Teams for primary and secondary school pupils," said Dr Geraldine O'Sullivan, Hertfordshire and west Essex Sustainability and Transformation Partnership (STP) clinical lead for mental health.

"Our plan will see 40 schools supported by two teams of support workers, which could include youth workers as well as mental health practitioners, providing evidence-based support in community venues, not

just schools. We are also planning on having parent education programmes provided by the voluntary sector.

“This initiative will make a huge difference to the lives of children and young people across Hertfordshire. It will further improve links between mental health services and schools to ensure children, parents and teachers know where they can get support and help for young people with mental health concerns.”

MHSTs are a key initiative set out in the government’s recent Children and Young People Mental Health Green Paper.

Hertfordshire’s two NHS clinical commissioning groups (CCGs), East and North Hertfordshire CCG and Herts Valleys CCG, which buy health services for the county’s population, are working with Hertfordshire’s Health and Wellbeing Board, Hertfordshire County Council and other partners to develop and implement the five-year mental health and wellbeing transformation plan for children and young people in Hertfordshire.

Dr O’Sullivan added: “Developing mental health support in schools so that young people have easy access to help is a key priority in Hertfordshire’s mental health and wellbeing transformation plan. The MHSTs will provide early help to pupils, support school staff and ensure children and young people with more severe needs access the right support by providing a link to specialist NHS services.”

Beth Honnor, head of Stevenage’s Marriotts School, who sits on Hertfordshire’s Children and young people’s mental health and wellbeing board, said: “Parents and pupils have told us they want more mental health support provided within schools and locally. School staff see young people day in, day out and are there for them at tough times, of course, but with these new teams we will be even better placed to help pupils in need.”

The two MHSTs will be linked to Education Support Centres (ESCs) and each support 20 schools, testing how teams can work with other services and build on the wider transformation of mental health care for children and young people. Workers will be employed by Hertfordshire mental health services provider Hertfordshire Partnership University NHS Foundation Trust (HPFT).

In Hertfordshire:

more than 400 schools already have a mental health lead

more than 500 Herts professionals, including school and college professionals, Youth Connexions workers, social workers and residential care workers, have been trained in youth mental health first aid