

Your Health, Your Voice

Thursday 10 September 2015, 7:00pm – 9:00pm
The Board Room, St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP

1. Attendees

CCG Staff (3): Barry Grimes, Joel Hirst, Mike MacCallam

In attendance (14):, Richard Blunden, Diana Hall Hall, Ann Harding, Clare Hector, Jeremy Ince, Maureen Ince, Anne-Marie Jovcic-Sas (Chair), Praful Majithia, Andy Morley, Jean Lowe, Mark O'Sullivan, Jane Pye, Rob Wills, Megan Yakeley

Apologies (4): Heather Devey, Jenny Flake, Tina Fletcher, Suzannah Power, Terry Taylor

2. Welcome and Introduction

AJ (vice chair of Your Health, Your Voice) noted apologies from Suzannah Power and explained that she would be chairing the meeting in her absence.

AJ noted the work being done in BaNES to organise a local response to the refugee crisis and the group requested the CCG to support this work.

**AP1
CCG**

AJ noted that several members of the group had attended a Healthwatch meeting in July about discharge from the RUH. The group was keen to explore this issue further and requested discharge to be a focus for the next meeting.

**AP2
CCG**

It was noted that recent Your Health, Your Voice meetings had clashed with RUH members' meetings. BG agreed to liaise with the RUH to avoid further clashes in the future.

**AP3
BG**

3. Developing a Medicines Optimisation Strategy for BaNES

JH explained that his team at the CCG was responsible for advising prescribers in BaNES to ensure more effective use of medicines. He is developing a strategy to improve quality, outcomes and value for patients from their use of medicines and wants to receive patient feedback at an early stage.

JH noted that £28.2 million is spent on medicines in BaNES each year and that we are in the top 10% of CCG's for cost effective prescribing.

JH said the average cost of a prescription is £10. This does not include pharmacist fees or the prescription charge which goes straight to the Government. Only 10% of prescriptions attract a charge however as there are many exemptions.

JH explained that studies show only 16% of patients are taking their medicines correctly but it is challenging to alter their lifestyle and behaviour. Over £150 million of medications is wasted each year in the UK. There are also particular challenges for getting medicines right for patients in care homes.

The CCG's strategy will be based on:

1. Effective use of medicines
2. Safe use of medicines
3. Good patient experience of medicines
4. Cost effective use of medicines
5. Good contract management
6. Primary care workforce development

The following comments were raised by the group:

MO asked if this kind of review had been done before. JH explained that it was a chance to learn from experience and best practice and to explore new ways to help patients be more involved in decisions about their medicines.

PM said that many of his friends don't know when to take their tablets because the doctors do not explain it to them properly. RB said that IT systems in practices ensure that the labels printed out for each prescription provide clear instructions on how to take the medication. DHH noted that pharmacists are very good at explaining too.

AJ noted that more patients were getting medicines in the post.

JP noted particular challenges with ensuring mental health patients take their medications correctly.

MO stressed there is an important difference between spending less and getting value for money. JH explained that the UK has good health outcomes compared to other countries and drugs like NOACS cost more but reduce the risk of stroke which saves more money in the long run.

MO and JL asked how well the CCG was doing on antibiotic prescribing. JH replied that we don't use many in BaNES but we have a higher proportion of antibiotics that contribute to *C. Difficile*. BG advised the group to visit www.antibioticguardian.com to find out more.

MI asked if the NHS was using the right flu jab. JH replied that the NHS has to order the vaccine in February so must make a best guess based on data from the rest of the world. The ineffectiveness of last year's vaccine was a rare exception.

AJ noted that people from other countries often cannot understand why they have been refused antibiotics and bring it back from other countries. JP noted that Border Control check luggage for medication.

MO suggested the NHS should spend more on public health to help reduce the amount of money having to be spent on medicines when people get ill.

Many members of the group said they were not receiving an annual review of their medication with their GP. MY said she would prefer a pharmacist to do this with her but most people want their GPs to do it. DHH noted that when people are changed onto a cheaper drug pharmacists are not good at explaining what's different. JL said she had a great GP but had to remind them to do an annual review.

CH noted that her practice has changed repeat prescriptions from 3 months to 2 months, which means she now has more risk of running out. RB noted his former practice reduced it to 1 month in order to lower the number of people picking up repeat prescriptions.

AJ said that problems with GP recruitment meant that patients were being "fobbed off" to pharmacists. JH replied that GPs are not the only prescribers and that nurse practitioners can also prescribe medication now.

The group agreed that the slides should be circulated after the meeting with a short survey so that they could provide more detailed feedback.

AP4
JH

4. *your care, your way: Phase 2*

MM provided a summary of the review so far which is now in Phase Two. He explained that this Phase includes a formal public consultation process as well as market engagement with providers at the same time.

MM explained that the CCG and the Council spend over £70 million on community health and care services. There are over 400 different services with over 60 different providers. Feedback so far has shown that these services are not talking to each other very effectively which means that patients have to repeat their story over and over.

MM explained that Phase One of the review had identified nine priority areas that local people want the CCG to address:

1. Provide more joined up care
2. Consider the whole person
3. Focus on prevention
4. Reduce social isolation
5. Build community capacity
6. Guide people through the system
7. Value the workforce and volunteers
8. Share information more effectively
9. Embrace new technology

MM explained how the vision and values behind the review had been used to develop four different models for the future of community services. The different models illustrate how services could be arranged around specific conditions (like diabetes or dementia), around specific circumstances (like discharge from hospital or complex care), around clusters of local GP practices or around local community Area Forums.

BG agreed to send out details of the consultation and a link to the survey after the meeting.

**AP5
BG**

The following comments were raised by the group:

MY raised concerns about children's mental health services in BaNES. She said that it had an awful record and CH also expressed concern about the number of children having to go out of BaNES to access services.

AJ also noted the need to improve mental health support for people from different ethnic backgrounds. PM offered to help with reaching out to these groups.

JL noted that testing out new models for community services on hard to reach groups was the best approach because if it works for them it will work for everybody.

MO questioned whether GPs have capacity to coordinate community services in their area.

5. Comments from the Floor

JL raised concerns about the shortage of midwives and the reduced service being operated by the RUH. She had heard reports that midwives were not happy and that it was impacting on the care of mothers and their babies. JL agreed to send her concerns to BG in an email so that it could be investigated further.

**AP5
JL**

6. Next Meeting

BG summarised the findings from the recent survey of members, noting that a number of people had expressed concern about travelling long distances to meetings in the dark.

Following discussion, the group agreed that all future meetings should be held between 7pm and 9pm in a central location in Bath, preferably Manvers Street Baptist Church given its close proximity to parking and public transport links.

BG agreed to reschedule future meetings accordingly and investigate availability at Manvers Street.

**AP6
BG**

BG agreed to circulate the responses from the survey.

**AP7
BG**