

Executive Committee

Date: 14/ 06/2011

Time: 18:00

Location: Ladywell Leisure Centre

MEMBERS: Val Fulcher(Chair); Graham Trice; Sue Parks; Martin Howie; Elsa Pascal; Paul Connelly; Brian Fisher; Philippe Granger

PARTICIPANTS: Helen Oldman; Desmond Hodgson

GUESTS: Joy Ellery, Director of Knowledge, Governance and Communications, LHCT; Victoria Thomas, Associate Director, Patient and Public Involvement Programme, NICE

In attendance: Miriam Long

		Action
1	Welcome, Introductions and Apologies for Absence	
	Apologies: Rosie Fooks; Sally Niblett; Geraldine Richards; Jane Keane	
2	Quality Accounts	
	<p>Joy presented the Trust's draft Quality Account. The LINK is invited to comment on the quality account prior to submission by 30 June. An easy read summary will be produced in the autumn.</p> <p>Joy explained that priorities for improvement for 2011/12 are: Patient Safety, including adult safeguarding; Clinical Effectiveness; Patient Experience, learning from patient and carer feedback including LINK data, PALS and complaints reports, CQC quality and risk profile and the Patient Experience Steering Group. Quality of care in 2010-11 has been reviewed highlighting areas where the Trust has done well e.g. Infection control. Areas for improvement include mortality rates and reporting incidents to the National Patient Safety Agency. Under the Commissioning for Quality and Innovation (CQUINS) payment framework money will be held back to provide quality improvement incentives. The trust has achieved 50% of the Improve Patient Experience CQUIN goal. Some of last years priorities have been carried forward including learning from incidents and deaths, redesign of care pathways and aspiring for excellence. The trust is committed to improve engagement with patients, service users and carers regarding service planning and is piloting the Quality of Life Tool to measure quality of life with patients with Rheumatoid Arthritis and COPD with the aim of rolling it out for other patients with long term conditions.</p> <p>EC members agreed that a positive factor has been the working relationship with the LINK, in particular Joy's contribution to the LINK's</p>	

	Statutory Sector Liaison Group. The LINK will comment on the Quality Account by 16 June.	
3	NICE engagement and involvement with LINKs	
	<p>Victoria explained her role as patient and public involvement (PPI) lead and that NICE was changing from being part of the NHS to a non departmental body with an increased remit covering social care and will be producing 150 clinical quality standards over the next 4 years. The public will be consulted on topics and there are opportunities for involvement in the following NICE guidance:</p> <ul style="list-style-type: none"> ➤ Health Technologies including drugs where there is a legal obligation for Trusts to fund NICE approved drugs within 3 months; ➤ Clinical guidelines and quality standards (looking at care pathways). Topics are commissioned by central government; ➤ Public Health, topics also directed by central government. <p>Evidence for producing NICE guidance is the results of clinical trials, patient experience and value for money (cost-effectiveness).</p> <p>Only drugs that have been approved by the Medicines and Healthcare Regulatory Agency and have been referred to NICE can be approved by NICE. Pricing is not a factor as it is the DH's responsibility to negotiate pricing with pharmaceutical companies.</p> <p>Patients' carers' and public perspective is used to inform strategic and operational aspects of NICE work including: advice on engaging with the public; supporting patient representative organisations and direct patient involvement on boards using transparent recruitment processes and support. E.g. of patient involvement in producing guidance:</p> <ul style="list-style-type: none"> ➤ Self Harm ~ NICE facilitated focus groups with service users who informed that no pain relief was offered at A&E prior to suturing following an incident. The guidance was developed to say that patients should be offered pain relief before suturing. ➤ Anti psychotic drug prescribing ~ although drugs have the same effect in reducing psychosis, patients informed that they have different side effects so the guidance says that clinicians should ask patients for their preferred medication. ➤ Patient experience~ clinicians introducing themselves on meeting patients. There is evidence on what most patients value: respect and shared decision making. <p>Clinical and public health guidance do not carry financial or legal obligations but are used as bench marks by the CQC in their scrutiny role to ensure compliance. NICE guidance will not be appropriate for all patients in all circumstances, for clinical reasons, or because of patient preferences. The NICE clinical guidelines are generally designed for 80%</p>	

	<p>of people, 80% of the time. There is a gap between guidance and implementation; NICE does not have a scrutiny role.</p> <p>The CQC is producing minimum standards and NICE are producing best practice guidance that are for services to aspire to.</p> <p>The following quality standards guidance will be available on 21 June:</p> <ol style="list-style-type: none"> 1. Experiences of Adult Mental Health Care 2. Generic Patients' experiences of Health care <p>NICE quality standards enable:</p> <ul style="list-style-type: none"> • Health and social care professionals to make decisions about care based on the latest evidence and best practice. • Patients to understand what service they can expect from their health and social care providers. • NHS Trusts to quickly and easily examine the clinical performance of their organisation and assess the standards of care they provide • Commissioners to be confident that the services they are providing are high quality and cost effective <p>The executive discussed the risks of compromise following NICE's move from the NHS to Civil Service as the bill states that NICE will only be able to publish findings and guidance with the approval of the Secretary of State. It was agreed that HealthWatch should be represented on the NICE governing body however, it was also noted that there were no plans for this at present.</p> <p>Victoria agreed to send hard copies of all summary versions of NICE guidance to the LINK office for dissemination. The LINK will promote NICE guidance to empower patients, service users and carers. It was also agreed that the guidance would be a useful tool for "Enter & View" activities.</p> <p>ML asked if there were any guidance on learning disabilities in general health care. Victoria informed that there were not but that NICE could develop guidance around learning disabilities.</p>	<p>VT</p> <p>ML</p>
4	Minutes of last meeting and Matters Arising	
	<p>The minutes were approved pending the following amendment on section 4: the voluntary sector was not represented at a "Healthier Lewisham" meeting and she urged the Trust to take this on board.</p>	
5	LINK Annual Report	
	<p>Members agreed that it is a well written report and that a lot has been achieved in the last year. ML to add a paragraph on the Lewisham</p>	<p>ML</p> <p>EC</p>

	context and LINK logo. Final comments to ML by Monday 20 June.	
6	Transition arrangements ~ Local HealthWatch Pathfinder	
	Members agreed that the submission was an excellent piece of work and noted the work Ed Knowles had produced within the tight deadline. ML reported that there was no news yet regarding the pathfinder submission.	
7	Preventing premature deaths in Lewisham: the contribution of primary care	
	<p>Members agreed to work with the Healthier Communities Select Committee to look into the causes of premature deaths. It was agreed that there was a variation in the quality of GP practices and that the LINK should use Quality Outcomes Framework (QOF) to compare how GP practices are monitoring and controlling diseases and make this information available to the public. People may then be informed and empowered to pressure practices to improve or move to more effective practices. However, it was noted that GPs may not like to have their QOF results made widely available.</p> <p>BF to follow up and attend the next HCSC meeting.</p> <p>It was noted that the health bill states that HealthWatch will have a major role in providing information. LINK publications to ensure information is more readily available to support shared decision making.</p>	<p>HOST</p> <p>BF</p> <p>HOST</p>
	Members and Hosts Update.	
	<p>VF: Carers Lewisham is heavily involved in Carers Week including the Carers event at the Civic tomorrow. The Bob Hope theatre in Eltham is putting on a production in October for 4 days, all proceeds will be donated to Carers Lewisham. Tickets are available from Alex at Carers Lewisham.</p> <p>GT: The hospital's PWF visited maternity and found it difficult to access patients to talk.</p> <p>MH: The first meeting of the Shadow Health and Wellbeing Board took place on 12 May, LINK and VAL has places on the board which is chaired by Sir Steve Bullock, Mayor. Helen Tattersfield, GP and consortia lead is Vice Chair. BF and MH are meeting with Aileen Buckton and Danny Rutta on Thursday to discuss how community development can be incorporated in the Health and Wellbeing Board.</p> <p>EP: LEMP is holding an event on 19 July to inform members of the health</p>	

	and social care reforms. Details to follow. BF: Is a member of the HealthWatch Transition board and reported that HealthWatch will have more power than LINK but this has yet to be clarified.	
	AOB	
	ML reported that Enter & View visits are being organised at the Ladywell Unit. Members discussed and agreed to monitor services for people with learning disabilities, particularly people whose day service provision at council day centres have been withdrawn.	
	The meeting ended at 20.15. Next meeting: 19/07/2011	