

**MINUTES OF THE GREAT WESTERN HOSPITAL PATIENT &
PUBLIC INVOLVEMENT FORUM & SWINDON PPI FORUM JOINT
MEETING IN PUBLIC**

Wednesday 15th November 2006

Council Chamber, Swindon Civic Offices, Euclid Street.

1. **Welcome and introductions:** Mary Wilson welcomed those present and explained the role of the Forums.

- 1.1 **Attendance and Apologies:**
Forum Members present:

| Great Western Hospital PPIF | Swindon PPIF |
|------------------------------------|---------------------|
| Sue Barnes (Chair) | Mary Wilson (Chair) |
| Molly Heath (Vice Chair) | John Archer |
| Trevor Davies | Joyce Bishop |
| Geoffrey Heath | Helen Thompson |
| Patrick Titman | |

- 1.2 **Swindon and Marlborough NHS Trust staff present:**
Lyn Hill-Tout – Chief Executive
Clare Allen - General Manager for Medicine
Rebecca Withers – Assistant IT Project Manager
Dr Mark Juniper - Consultant Respiratory Medicine
Chris Grist - Pathology Department
Lesley Bennett – Non Executive Director, Board PPI Liaison

- 1.3 **Swindon PCT staff present:**
Nicki Shepherd – Choice Manager
Dr Liz Mearns – Clinical Governor

- 1.4 **Swindon Borough Councillors:**
Maurice Fanning, Sinead Darker.

- 1.5 **Community organisations:**
Moya Pinson, RELEASE, A. Lubin, NHS Support Federation,
Jo Osorio, Age Concern, Joe Backshell, Swindon Coalition of
Disabled People, Beryl Markham, Coalition of Older People.

- 1.6 **HAP staff present:** Sally Wood, Karen Miller

- 1.7 **Apologies: Swindon PPIF** - Ramnik Mehta, Richard Jaggard,
Val Vaughan (Vice Chair). **Great Western Hospital PPIF:**
Adrian Hawksley, Brian Niblett, Donna Reader.
Wiltshire PPIF: Nick Bracey, Anne Keat, Janet Jarmin.
Former Swindon PPIF members: Jean Acton, Barbara Brettell.
Swindon PCT: Michelle Howard – Chair, Heather Mitchell, PPI

Lead, Annie Naji – PALS Manager.

Swindon Borough Councillors

Cllr Peter Stoddart – Chair Health & External Scrutiny Committee

Cllr David Renard - Councillor for Haydon Wick, Cabinet

Portfolio Health, Housing and Social Care

2. Presentation on Patient Choice Swindon PCT

Dr Liz Mearns and Nicki Shephard demonstrated through role play how 'Choose & Book' operates within a Doctor - patient consultation. Booklets are available to patients showing the hospitals offered to Swindon patients.

All information is fed into the system and sent electronically to the patients chosen hospital.

3. Presentation on Patient Choice Swindon and Marlborough NHS Trust

Claire Allen and Rebecca Withers talked through the next stage of the process. This process is called 'Indirect Booking'.

- Patients call the booking centre, registration details are confirmed with the patient. A convenient time/date for the consultation is agreed with the booking clerk.
- A confirmation letter confirming date/time/clinic/hospital/map sent to patient.
- 1st 'live' booking for 'Choose & Book' is going through today.

Clinicians review referrals after the appointment has been made and make decisions whether to:

- accept
- reject
- change priority
- change appointment time
- change service
- patient will be contacted by the booking centre regarding any changes to their appointment.

Patients cancelling an appointment should call the hospital directly or the NHS Direct. If the hospital needs to cancel and re-book, they will telephone the patient in the first instance followed by a letter.

Challenges: Clinicians will need to be flexible to meet demand. Honouring appointments booked so far in advance. Patients

should receive treatment by thirteen weeks from the initial consultation.

Benefits: Patient is in control of choice of hospital, appointment date and time. Patient is able to book the appointment as soon as a decision to refer to the hospital has been made. The booking process is simplified for the patient, hospital and doctors. Rebecca gave a powerpoint presentation showing the computer 'Direct Booking System'.

Dr Mark Juniper

He gave a clinicians view of 'Choose & Book'. The new system in real terms gives the public choice. Clinicians were aware of the possibility of a back log taking up all available spaces when the new system went live today, but emergency slots are available within the next two weeks. Non-urgent slots are available within six weeks. There are always problems when a new system is introduced, but these will be ironed out. Not every speciality has 'gone live' as yet.

4. Question and Answer Session – Chaired by Health Overview and Scrutiny Committee Member Maurice Fanning

Q. If a patient chooses another hospital rather than their local institute, what are the implications for aftercare, complications and transport costs? In these instances would aftercare be transferred to the local hospital?

A. Dr Mark Juniper

The issue is 'question of choice'; if a patient decides to go, for example, to Oxford – the clinician who dealt with that person would want to carry out any 'follow up's. If an emergency arose, the patient would be taken into the nearest available hospital.

Q. Can patients request to go to any hospital?

A. Dr Liz Mearns

Most patients choose a local hospital. Although the facility is available for a patient to choose a hospital, for example, closer to relatives, because of after care.

Q. Is a patient able to choose a surgeon? What would happen if within the thirteen week period the surgeon leaves/is on sick leave? Would the allocation of a new surgeon put the patient to the bottom of the waiting list?

A. Clare Allen

An alternative surgeon would be offered and the patient would **not** be put to the bottom of the list, but remain at their present status.

Q. I cannot envisage doctors having the time to sit with patients (as demonstrated) and operate this system.

A. Dr Liz Mearns

Whilst trialing the system, problems have been recognised and it has speeded up considerably. Most of her patients are choosing Great Western Hospital. Advantages - the doctor knows the patient is in the system; cuts down on calls from patients chasing hospital appointments. If a patient needs more time to 'choose', they can call and speak to the reception to arrange a date/time for their appointment.

Q. Will patients be referred to private hospitals?

A. Dr Liz Mearns

Only if there is a contract between the PCT and the private provider. That is not the case in Swindon. The PCT would cover the costs in such cases.

Q. His criteria for a successful outcome and choice of hospital are: competence, speed and convenience.

A. Dr Liz Mearns

Quality of care should be unilateral, of the same quality across the board.

A. Dr Mark Juniper

Hospital management need to know they are offering a safer, effective and prompt service. Therefore they will be checked and scrutinised continually.

A. Clare Allen

Clinicians are required to show their success rates/ complications. At present, this information is not easily accessible and the gap needs to be closed. Patients should talk to their GP's and ask for advice; during the consultation, the surgeon/clinician will explain risks.

Q. Where do second opinions fit in?

A. Dr Liz Mearns

Patients can request a second opinion with another GP or relevant specialist.

A. Dr Mark Juniper

Can ask his registrar. The need for a second opinion should be minimised by providing a good service. There are always going to be some personality clashes; no solution to this. The NHS

cannot give everyone a second opinion, as this would be unworkable. Inter-referral available to surgeons with 'Choose & Book'.

Q. Being able to choose is an interesting concept, but will it not highlight those 'who are able to' and 'those who are not'? If hospital transport is to be used, is it wise to have people choosing further afield?

A. Claire Allen

Would hope patients choose locally. The focus will be on providing the best possible services.

A. Nicki Shephard

If patients qualify for hospital transport they will still be entitled to it, whatever their choice. Criteria for hospital transport are laid out universally.

Q. The population of Swindon is expanding; does this mean local hospitals will become swamped with patients?

A. Dr Liz Mearns

Adequate provision has been made for predicted local needs.

People moving into the area are often young individuals, not requiring major health care. The elderly population, due to improved lifestyles, do not need so much care until later in life.

Q. You have emphasised the initial choice is for out-patient appointments. If I exercised my choice and chose one hospital for my out -patient appointment and this resulted in being told I required an operation, could I then choose a different hospital in which to have this operation?

A. Nicki Shephard

No, not in normal circumstances.

Q. Where do patients get information on the services that individual hospitals provide?

A. Nicki Shephard

Leaflets should available at the GP surgeries. Patients can call an 0845 number and NHS Direct, to request information on a hospital; waiting lists; infection control figures. Libraries will provide information through web sites – pilot scheme not in Swindon yet.

Q. Are patients able to go to Ridgeway?

A. Dr Liz Mearns

Choices can only be made between the hospitals that the PCT has contracts with.

Q. What if technology breaks down?

A. Clare Allen

A recent audit found the Trust extremely good on 'Choose & Book', but not good on recovery, if a break down occurs. Phone, pen and paper can be used for a short period of time. This is being worked on.

Q. Glad 'Ridgeway' is not on the list. Recent newspaper reports have high lighted incidents where the NHS has had to pick up the cost of putting right disasters caused by private institutes. Also, she hoped the Trusts would not go down the road of hard advertising.

A. Clare Allen

The level of service should be a good advert.

A. Dr Mark Juniper

A good form of advertising is word of mouth, through family and friends.

A. Lyn Hill-Tout

The government has brought out a code of conduct on the marketing of NHS health care facilities.

Q. Will outsiders swamp local hospitals, increasing waiting lists?

A. Dr Liz Mearns

Swindon patients do not necessarily want to travel long distances this will probably work the other way for patients in other areas.

A. Lyn Hill-Tout

The PCT looked at the Swindon expansion up to 2026, taking into account families, ages etc; this has been mapped into the impact upon health services.

A. Dr Liz Mearns

As a GP, she has, to date, only encountered one patient choosing Oxford and one choosing London, as he worked there.

Q. If the Great Western Hospital has a good reputation, will this not take patients away from other hospitals, thus reducing their funds and eventually leading to potential closure?

A. Dr Mark Juniper

Everyone should be starting on a roughly level playing field. Low achieving hospitals will be doing their utmost to improve their services.

A. Claire Allen

Competition is healthy, to raise and improve standards.

Q. Is the NHS number a premium rate number?

A. Nicki Shephard

No, it is a local rate number.

Q. What plans are in place to help older people; language barriers; the illiterate to take up the service?

A. Dr Liz Mearns

A language line is available. Relatives/friends can attend at GP appointments to help the patient, this will make it easier than trying to book over the phone. At present there is no official monitoring.

A. Nicki Shephard

Leaflets are available in seventeen languages. The 0845 number has been set up with a language line and facility for the hard of hearing.

A. Mary Wilson

The PPIF has liaised with the PCT/hospital over their leaflets, to ensure that they are understandable and useful to the general public.

A. Lyn Hill-Tout

'Equity of Access' – the Great Western Hospital is good at providing information.

A forum member invited members of the public interested in health to consider joining the PPI Forum.

5. Closing Remarks –

Great Western Hospital PPI Forum Chair Sue Barnes

Sue thanked the staff of the two Trusts and the Health & External Scrutiny Committee for their involvement in the meeting. The panel had given clear and concise answers to the wide - ranging questions raised. Sue hoped that the meeting had helped to raise awareness of the choices available in the health services locally and shown how patients can exercise this choice. There were interesting topics raised that both forums will want to investigate further, particularly how to ensure that residents have sufficient information before they have to choose, so they can make informed choices.