



LINK Briefing Update

Minutes of Meeting Saturday Core Group 18th September 2010 Walthew House, Shaw Heath, Stockport 10.00am – 12.30pm

1. Welcome, Introductions & Apologies

John (Chair) welcomed the group and introduced Hadrian Collier, Commissioning Business Service. Kirsty mentioned that she would be taking pictures during the session and those who did not want to be on camera made themselves known.

2.1 Speaker 1: Hadrian Collier – Commissioning Business Services - National Patient Transport Services Eligibility Criteria

Hadrian introduced himself; he is from the Commissioning Business Service who supports the commissioning needs for all 10 Manchester PCTs. He is visiting the LINK to inform them about National Patient Transport Services. These are non-urgent hospital to hospital, home to hospital, home to GP transport services.

He explained that patients who use it currently are inconsistent. For example, one person may fit the eligibility criteria, sometimes and sometimes not, whereas some patients use it and don't need it. There was a need to make it fair for all.

In 2007, Commissioning Business Services looked into how people access the services the consultations were called, "*our health our care, our say*" amongst others. The ultimate aim of the changes to the service will be to make it to be equitable.

Hadrian explained that the Department of Health document on this is woolly and contradictory, in 2008/09 a pilot was held in East Cheshire for what criteria should be in place. This criteria created has been rolled out in other areas.

At the moment there are different ways of booking the services, for example from the GP, hospital, ambulance service and they all different criteria. It may be based on something as simple as the way things are phrased such as "*need/want transport*". He gave the example of times when the wrong transport is sent, such as sending an ambulance for a person in a wheelchair without ramps and with only one instead of two people to help.

- 6 main points to eligibility criteria
(from presentation)

(4) An example of where wording could be confusing is “*do you use a wheelchair in your own home*” but not asking about outside the home. Things like this have altered by now.

(5) Hadrian gave an anecdotal example of this criterion where a person with a broken leg was refused transport.

(6) Sometimes community services are better than Patient Transport Services. For example, with the Patient Transport Services, a minibus service could pick up a patient 3 hours before an appointment and drop them back home hours after their appointment, depending on where other people using the service live. Other services can offer named drivers etc that Patient Transport Services cannot offer.

The eligibility criteria does not address social needs, the Patient Transport Services want to look at places like Ring & Ride and talking to local councils. For example they are looking at people who can get to an appointment, but may have to get three buses to get there. There is not one eligibility criteria for everywhere patients call for transport. This should solve problems of people only getting transport sometimes and when the wrong transport arrives.

Haywood, Middleton and Rochdale, Cumbria are early adopters.

Hadrian said that this criteria has to be in place for 1st April 2011. Any problems found with it need to be authorised and sorted now. Hadrian is visiting lots of places to tell them about these changes, he spoke to Overview and Scrutiny Committee leads around visiting Overview and Scrutiny meetings and has visited NHS North West and Hospitals.

The Patient Transport Services did a Quality Impact Review with the North West Ambulance Service. Ensuring early adopters follow these stringent rules. They have also worked with local press, such as the Manchester Evening News. Their online story got a lot of positive comments.

2.2 Questions & Answers for Hadrian Collier

Q) Breda from Stockport Care Schemes said that it sounds like the way the old service worked. She noted that the National Patient Transport only take professional referrals, whereas Stockport Care Schemes will take personal referrals.

A) Hadrian said that the Patient Transport Service and community services need to work together to get best for patients. The more options people have the better.

Q) For a patient who has to visit a hospital every day, is there a possibility that a patient can be stuck in an ambulance for every day of the week for a very long time.

A) Hadrian said that it is great that Stockport has this community provision, such as Stockport Care Schemes, who can offer an alternative to the Patient Transport Service. Many other areas do not have this. He told the anecdote that in Blackpool there is a school bus service which did not get as many children on it in summer, so they offered the bus as a service as an alternative to PTS.

Q) Is the service is 9-5 or if it also covers weekend appointments.

A) Currently the Patient Transport Service is a 9-5 service and it does cover some weekends. It has to be as flexible as the services are.

Q) How much notice is needed to use the Patient Transport Service.

A) Hadrian said that the transport is booked when you get the appointment.

Q) What do you mean by social need?

A) Hadrian explained that a social need is where patients may not be able to access treatment due to transport/other needs. For example, they may be very mobile but it is a 3 bus journey to get to the hospital. This is where community services can help.

There was discussion around if people are on benefits then they can claim back costs of transport. But it was mentioned that sometimes there is a problem where claim forms are only available from places open 9-5.

ACTION: To be looked at by LINK Core Group

Q) John said that there are problems with patient transport for people with cognitive impairments. For example, for dementia patients, they may have an appointment for something different from their dementia but their dementia makes it difficult for them to get to their appointment. It was mentioned that originally a carer was sent to help with this, but may no longer be funding for it. What happens when people with mental health problems do not remember they have the appointment?

A) Hadrian said that the Patient Transport Service look at acute mental health issues in the criteria. Now the information is web based, there is more information in who the patient is and why they are going to. Those picking patients up will be able to contact control for more information on the patient if there is a difficulty such as the patient not remembering they have an appointment.

Q) What happens when the patient is dropped off at the hospital. Are they just left in the waiting area? Is somebody in the hospital is informed that there is somebody with a mental health problem in the hospital/clinic.

A) Hadrian said that it is not the responsibility of Patient Transport Service to look after patients, to take them into a waiting area or signpost to where they are suppose to go. However, they do try to ensure people get there.

Q) As it is mostly focused on the older people, have you spoken to Age Concern Stockport or Age UK about the criteria.

A) Hadrian said that he wants to know about local services to let people know about the changes.

Q) If sharing the criteria with the public is it the case that people will be able to tailor their answers to get the transport.

A) Hadrian said that everybody should know that the criteria has now changed, but not exactly what the criteria are.

Q) What prompted the change.

A) Hadrian said that the Department of Health said their needs to be criteria. He also said that this is a quality issue, not a financial issue. Although getting things right will save money that can go back to the service.

At the moment if a patient is discharged from hospital, the Primary Care Trust (PCT) pays for services from the Patient Transport Service. If the PCT needs the bed and books an ambulance for this reason, they still have to apply the eligibility criteria and the Patient Transport Service can turn down if not equitable. The PCT then may book a taxi if relatives do not offer their services. The Patient Transport Service don't want to be used when they are not needed.

Q) These changes are long overdue, as a carer, I can see the problems that are happening with this. From experience, there are eligible patients who have been refused by GP's. How, under the new eligibility criteria will they be able to access the services?

A) The Patient Transport Service is working with GP's to change their attitudes. Hadrian said that they need to know about when patients are turned down for the service and a phone number will be available for patients to call and report this. He said that it is important to identify these people. He said that there is the possibility to have consultation with Stockport PCT. They are working on making a flyer to inform people of the changes, which will be available from the PCT, PALS, in GP practices, libraries etc. Joyce said that we can put an article about the changes in our newsletter.

ACTION: Hadrian to send LINK Office article to put in newsletter

Q) What about borderline people who do not quite fit the criteria. Stockport do not have a funded community transport scheme and a lot of services are stretched because they are running with volunteers,

A) Hadrian said that the Patient Transport Service is working with GMPTE around this. Ultimately it is down to the PCT to work with GMPTE to look at funding. The Patient Transport Service is also working with others to find solutions to provision.

Q) It was noted that Stockport Care Schemes is a lot more personal. Breda said that she is sure that the Patient Transport Service and community services can work together to provide this service. It was also noted that community services are very specialised.

A) Hadrian said that while the patient is being talked through the eligibility criteria, they can be offered community services.

Q) When PCT's go, who will fund the Patient Transport Service.

A) Hadrian said that he doesn't know. But he believes that this will continue to be a core service and is hoping will be brought into the GP's consortia.

Q) What happens with late night discharges?

A) Hadrian said if the hospital discharge is late then it is up to the hospital to ensure that the patient can get home.

3.1 Speaker 2: Laura Browse, Associate Director of Commissioning – Primary and Community Care

Laura works in commissioning for Primary and Community care. There are four main areas within primary care and commissioning; GP's (General Practices), Pharmacists, Dental Services and Optometrists. The community services budget of £65million is broken down over four areas.

3.1.1 General Practices

£33 million of the budget is spent on just over 200 GP's in the Stockport area. GP's can have one of two contracts with the PCT. General Medical Services (GMS) contract with the NHS which was introduced in April 2004) lays out terms and conditions for GP practices. Personal Medical Services (PMS) contracts are slightly different, 20 practices have a personal medical services contact which focus more on the community.

GP surgeries need to deliver core services to fulfil their contracts. The summary of what a GP must offer is "*GPs have to care for patients who are ill or think they are ill.*"

GP surgeries can get additional funding through the Quality and Outcomes Framework to offer different services. For reaching targets, GP's can earn up to £6

million in additional funding. The Primary Care Trust can also commission things from the JSNA (Joint Strategic Needs Assessment) to GPs, for example smoking services.

GP practices also have mandated work such as flu vaccines. Pre 2004, GPs had responsibility to care for patients 24/7. Now the responsibility is between 8am - 6.30pm and outside of this, the responsibility is with the PCT (though Mastercall).

National surveys are done frequently on GP experience. Laura said that Stockport is generally rated good to excellent. If GPs do not get 'good' rating, the PCT will visit to work with them..

PCT's used to check on GPs that patients can get a GP appointment within 48 hours of request but the coalition government changed this so the PCT does not have to check this.

The PCT are also looking at referrals and prescriptions.

3.1.2 Dental Services

£15 million of the budget is spent on 60 dental practices and commissioning "*units of dental activity*" are applied on bandings.

Band 1 - Diagnosis, treatment planning and maintenance (for example examination, x-rays, scale and polish, preventative work, such as an assessment of a patient's oral health, minor changes to dentures.)

Band 2 - Treatment (for example simple treatment, such as fillings (including root canal treatment), extractions and periodontal (gum) treatment.)

Band 3 - Complex treatment that includes a lab element, (for example bridges, crowns and dentures)

Stockport NHS commissions dentists to carry out around 5600 dental activities per year. Some dentists provide orthodontic services, at the moment around 3000 are commissioned per year to offer this service. Stockport is known for its excellent orthodontic work and it draws in people from other areas. There are no boundaries for dentists and if people from outside of Stockport visit Stockport dentists, Stockport NHS must pay for this. Stockport NHS finds it difficult to pay money for all dental services. They pay for 30% more patients above what they should be for Stockport due to people crossing over boundaries for treatment.

They also commission MasterCall to offer a dental helpline which holds the waiting list for dentists and also offers emergency dentistry. There is also a NHS direct out-of-hours dentistry service. There are currently 5000 people on the waiting list for a dentist.

Stockport NHS also commissions a salary dental service for special needs patients. It is a small service, so small that that if they were to close one dentist (for a holiday or sickness of the dentist) then it puts the service in jeopardy. However, this is changing and Ashton, Wigan and Leigh Trust will hold this contract among 10 PCT's, so there will be more dentists offering this service.

Stockport NHS do quality assurance visits to dentists, if they are under performing the contracts can be reduced and given to other dentists.

3.1.3 Pharmacies

£10 million of the budget is spent on 63 pharmacies in Stockport plus an infant only pharmacy.

Stockport NHS wants to encourage people to use pharmacies through the Choose Well campaign. They also commission other services such as advice on over the counter, support for minor ailments such as sexual health services. Stockport NHS gives more money to pharmacies to offer these services.

Stockport NHS does quality assurance visits to pharmacies as they do with dentists. The Stockport LINK was involved with this. There is an updated pharmacy needs assessment that is in its draft format. Laura said that LINKs have been invited to comment on this. For the deadline of 10th November.

3.1.4 Optometrists

£3.1million of the budget is spent on 33 practices optometrists. Laura sad that these services could be used more.

At the moment, Stockport NHS is doing a piece of work around Glaucoma and Intraocular lens'. Traditionally with this diagnosis the patient would be sent to the Foundation Trust for tests. However, Stepping Hill is overwhelmed by referrals like this so these tests are now offered by the optometrists. This has brought back the issue into optometrist instead of the Foundation Trust. 350 patients have been seen by optometrists instead of Stepping Hill and 70% of patients have been deflected from the Foundation Trust.

There was a cataracts scheme, where patients would go to the Foundation Trust for their first appointment, which is counselling. This is now offered in Primary Care at optometrists instead of in Secondary Care. Surgery is still done in secondary care at the Foundation Trust, and then follow ups back to optometrists.

The aim is to keep people out of hospital.

3.2 Questions & Answers for Laura Browse

Q) Is it still the case that you could go to the dental hospital and queue up for an appointment?

A) Laura said that this is not available any more.

Q) Would a patient with cataracts, be sent to the Alexandra or Stepping Hill?

A) Laura said that the GP and patient will decide this.

Q) With people being moved from secondary to primary care, does this affect quality and time?

A) Laura said that all services need a certain level of quality and expertise before commissioning. Moving things from secondary to primary care actually speeds things up as primary care is a lot quicker. The optometrists were seeing people who did not need to be seen in secondary care, slowing down the appointments of those who need secondary care.

Q) What happens with the 5000 people waiting for a dentist.

A) Laura said that they place 1000 people a month but it is a never ending figure because the same amount joins the list in the same time. However, throughput is very quick.

Q) How supermarket pharmacists fit into the commissioning?

A) Laura explained that supermarket pharmacies include those commissioned within this £10 million.

Q) Who are the people on the dental waiting list are.

A) Laura said that the majority (98%) are Stockport residents. Mastercall do call people on the list to check people have not registered to another dentist.

Q) Are there are any data protection issues around the list.

A) Laura said there is no problem with data protection. The main issue they come across are people not ringing back to let Mastercall know they got a dentist, so the list is larger than the actual figure needing dentists.

Q) The question of accessibility to dentists was brought up. Laura was told that often it is difficult to get to dentists if physically disabled on top of other difficulties. It was asked if this will be looked at.

A) Laura said that dentists are independent contractors and patients can choose to go to which ones they want to. Dentists must have a level of access. The salary dental service comes in for those who are housebound. Laura said that dentists have to be registered with the Care Quality Commission (CQC) by April 2011 which will hopefully include disability access.

Q) When pharmacists offer other services, how they prove that they have offered the service?

A) They must complete claim forms on how many people they see and there are paid on a cost per person basis. Pharmacists should offer services and advice already. It is what they do that is above and beyond what they are already contracted to do that they get paid extra for. Claim forms are very defined and there are sometimes spot checks to audit this. They pay equal attention to all pharmacists.

If dentists are not compliant with the new CQC compliance they will not be able to be commissioned by the PCT. But these guidelines have not been set out yet.

Q) Can someone only get the specialist service if it is a specific problem about dental issues, not around access problems? A local dentist has added a ramp, but the ramp makes it even more difficult to get into the dentist. Should the Dentist have spoken to Disability Stockport first (or their users who are disabled) to avoid putting in something that does not help?

4. Meeting Close

John thanked Laura, Hadrian and LINK members for attending the session and closed the meeting.