PUBLIC MEETING ABOUT CHANGES TO HIV AND SEXUAL HEALTH SERVICES IN SURREY

August 9th 2017

Chertsey House, St Peter's Hospital. 6.30pm.

Attended by approximately 30 members of the public and representatives from NHS England, Surrey County Council, Healthwatch Surrey, Ashford and St Peter's NHS Foundation Trust and Central and North West London NHS Foundation Trust.

Steve Emerton from the Specialised Commissioning Team at NHS England (South) introduced the session.

Kate Scribbens from Healthwatch Surrey outlined the role of Healthwatch and explained that her role at the meeting was to ensure everyone had a chance to be heard and to get the information they needed; to keep an independent record of questions raised during or after the meeting and to provide a wide range of channels for sharing concerns.

Kate also set out some ground rules for the meeting which were that everyone should have a change to ask questions and that each presenter should be allowed to give their presentation and would then take questions.

Suzanne Rankin, chief executive of Ashford and St Peter's NHS FT gave a presentation (available in the presentation pack). She apologised for taking time to really understand the issues associated with the change but added that moving the services was not the same as closing the Blanche Herriot Unit.

Heather Caudle, chief nurse at Ashford and St Peter's NHS FT, also gave a presentation.

There were then some questions:

Q. Why do we not need the BHU today?

A. There will be some patients whose care may continue to be delivered from St Peter's but not necessarily at BHU. It might be somewhere else on the hospital site.

Q. Why are you concentrating on the third group of patients (as set out in Suzanne's presentation: patients with other genital conditions including pain and skin conditions). What is the percentage of patients that makes up that group?

A. (Suzanne) About 700 patients. This compares with 15,000 walk in patients a year and we have 1,100 HIV clinical appointments a year. The vast majority of patients will transfer to CNWL. The remaining group of patients have very complex needs which we will look at.

Q. How can we trust you?

A. (Suzanne) What reason do you have not to trust me?

Q. Why wasn't the BHU offered to the new provider so they could take it over?

A. (Suzanne) It was very clear that most of the patients would move to another location. I have a lot of service needs on this site. I need that space for other care delivery needs. If the new service provider needs space on the site I will look at that.

Q. Are you saying the BHU doesn't provide as good as service as the new one will? There's no advantage to us in you moving the service.

A. (Suzanne) I am not moving the service at all. CNWL didn't want to use the BHU. I spoke to their chief executive about it.

Q. You have categorised three groups of patients. 99 per cent of them belong to all three groups so where's the sense in doing that? How is our well being being cared for?

A. (Suzanne) I understand that people don't fit into boxes but to organise a service we have to categorise. I don't have any influence over how the service is commissioned but I am committed to doing individual patient reviews supported by Dr Gillian Pritchard and CNWL to understand individual patient needs.

Q. So you're going to interview 15,000 patients? Three categories are not enough. People go back regularly for sexual health screening. My mother goes to the BHU for her smears. Your three categories are too limited.

A. (Suzanne) I'm not going to speak to 15,000 people. Most of the people are walk – ins. For future patients the offer will be different because the service will be different. Smears are done usually in primary care but I don't know the details of your mum's situation. We need to understand why that service is being delivered here and what the benefits are. I categorised the patients into three groups to try and simplify so we could move forward.

Q. Could new patients go to BHU for an initial diagnosis and then be put into one of the three categories?

A. (Suzanne) CNWL will cover that in their presentation.

Q. I really like your Trust values but that's not going to happen is it? I am here on behalf of my dad who is very sick. This unit is very important for him. I need to be reassured that he will be cared for.

A. (Heather) He will be one of the people who will get an in depth care review. We never compromise patient safety. We will work with the new service. Where the transfer is burdensome we won't move people.

(Suzanne) CNWL do not want to give a poor model of care. We will work with you and others through that process and continue to provide good care for your dad.

Q. I have kidney problems as well as HIV. How do I come in to it? I have eight different illnesses.

A. You will have an integrated care package. CNWL have lots of experience of delivering this.

Dr Simon Edwards and Mark Maguire then presented on behalf of CNWL.

Simon explained that CNWL is one of the largest provider of sexual health services in the country with 200,000 patients. They are delivering modern, effective care for patients and are used to dealing with patients with complex health needs. CQC has rated them as outstanding.

Q. But do you go to people's houses?

A. No

Q. When did CQC rate you as outstanding?

A. 18 months ago. Since then most services in London have been put out to tender. We have continued to provide services and expand. Patients have voted with their feet. Patients travel to see us.

In Surrey 93% recommend our services to family and friends out of about 300 patients.

Conversations have been had with Ashford and St Peter's and NHSE that CNWL will work with them to set up a transfer clinic at St Peter's to make sure there is a safe and seamless transfer to HIV patients to CNWL.

Q. Why can't you just take over the BHU and keep the team there? There's no parking in Guildford. People that live locally need a local service.

A. Our mission has been to look at the service specification - so, what was asked for – and we are trying to deliver what was asked for working with the commissioners. If we need to fix the model we will.

Q. I don't think you were told what this unit does. We want to keep the BHU as is. If it didn't work we would welcome change.

A. Commissioners are working with cuts and limited resources to try and provide similar high quality services in a different way to be more efficient but equally effective.

Q. Where are you saving all the money?

A. Dual training staff so they can do everything in one appointment (e.g. contraception and sexual health check in one appointment not two); we have to provide services at scale for

the whole of Surrey and for everyone, including young people so we have looked at how best to do that within the resource we have. Using technology, eg. allowing patients to make appointments on line saves money. We can't save 25% and have the same staffing levels. We are providing the service that our commissioners asked us to provide.

Q. It's people's lives. It's not feasible for a lot of people to go to these locations. There's no parking, bus services are appalling. You can't compare with London. My father can't get there. An HIV clinic on a Thursday only?

A. Just for the moment while staff transfer over.

Q. Will there be open access?

A. Yes

Q. At BHU you can just walk in. You don't have to book. Will it be the same as that?

A. No, you will have make an appointment. We have limited resources. We don't want people to walk in and then have to wait.

Q. The service has to fit round the client. Is there wheelchair access? Is there disabled access? What about people with Asperger's Syndrome? I am worried about service users. We are not fitting around your system. Young people want to be able to just walk in. They don't want their parents to know.

A. We are offering a framework of what we can offer. It's a package that needs to be shaped to suit all patients. We can't keep BHU open and fully operational as it is because we need to deliver this service and save money. We have tried to make it as equitable as possible. We are opening 3 new clinics. From 1 Oct still offering some HIV services from this site but we don't know how long for. We will the transfer as safe as possible. We are flexible and want to listen.

Q. If you view us as customers you would seek to give us value for money. This is short sighted. In the long run you will lose money. You can't save 25%.

A. (Helen, Surrey CC) There has been no reduction in funding for the commissioning of HIV services. Sexual health costs have been reduced. There has been a national decision that public health funding has to be reduced by 30 per cent.

Q. That's not acceptable. You could have looked for more than one bidder for the contract. You could have met with the service users.

Q. Where are Ashford patients going?

A. Spelthorne and Runnymede, which will be developed. That's the aim. If you have a better idea for a location let us know. We need to consider deprived areas.

We are working with Dr Pritchard to make sure that we have all the information needed about each patient. We will assess and work out a care plan.

Q. I have been working to the BHU for 14 years and my next appointment is in January. Where am I going for that appointment and how will you let me know where I am going?

A. You will be contacted to come and see us at BHU before January.

Q. That's not convenient. My details are confidential so you can't contact me. So how would it work?

A. St Peter's will let you know about the new HIV service .

Q. How are you going to get hold of me? Isn't the BHU closing?

A. BHU is closing but before the transfer period is over all patients will be contacted. Our website will also be available to people to see where they can have their next appointment.

Q. HIV doesn't have a schedule.

A. (Suzanne) Until you are contacted the service provided to you will be here.

Q. Why can't you, working with Suzanne Rankin, keep the service, adjust it to your programme but keep the services here? Even if you are giving a better service, we don't want to go to Buryfields. Guildford is not the best place. There are traffic and parking problems. Some people are pensioners. It's £25 each way to get to Buryfields by taxi and not everyone can use public transport.

Q. Look at the petition with 2,200 signatures. Read through the comments. I am very confused about whether the BHU is closing on 1st October. And this is all subject to legal challenge because of failings in four areas of statutory obligations.

A. (Suzanne) A particular group of patients will continue to need care from Ashford and St Peter's. I will work with those patients to determine what their care needs are. If those patients needs can only be met at BHU we will continue to do that for them for as long as necessary. In the current configuration it will close over a period of time. We will let you know when that is happening and how you can access new services. There is a financial risk to the Trust in all this as we have no secure funding to continue the service. CNWL need to operate at scale within an economical envelope. There are other patients who access services differently to you. It does mean change but we are trying to be honest and open.

Q. Isn't it sensible to keep BHU open for under six months? CNWL sounds ill prepared. You don't sound ready to take this service on.

A. (Simon) Yes, we are ready. We have mobilised in 3 other areas over the summer. We want to be mindful that this is a new area for us and we don't want to make mistakes but that is not a sign that we are not ready.

Q. How many meetings with primary care have you had as part of the integration? Is primary care aware?

A. (Lisa – Surrey CC) I have been working with primary care. I have attended three locality meetings. I provide an update every month. There has been a lot of engagement with primary care.

Q. I haven't seen any level of engagement with GPs and there's outrage across the GP community. They (patients) are going to fall back on general practice and then they will go to secondary care and that will be much more expensive. GPs are not experts in this . There used to be 18 sexual health clinics, now we have three.

A. (Lisa) I have been at meetings where I have said I am happy to discuss particular issues with GPs. Prior to the tender process I did a lot of work with GPs.

Q. But you didn't mention the BHU then.

Q. What are the financial arrangements for people that live in the north part of the county. Is there cross charging? What's the financial arrangements if you have genital pain for example?

A. (Steve) NHSE pays for open access. We should not have been paying for vulva pain and dermatology. At the moment Ashford and St Peter's have a block contract for dermatology. That's not included in the commissioning arrangements.

(Suzanne) We will do some work on the legacy issues as part of transitional arrangements.

Q. When will you work the budget out? Is there a mix up in the figures? Some of the services provided by Dr Pritchard should have come out of a different budget.

A. At the moment the service is paid for by results. The new service is on a different integrated sexual health tariff. So there is a lower price for lower interventions, and a higher price for interventions that need a consultation, for example. It's a different financial model.

Q. We understand that there have been cuts. That's not our issue. Our issue is that we're getting an excellent service as it stands. We're not saying CNWL won't provide an excellent service but it won't be on our doorstep. It doesn't seem like there will be enough provision for all the patients. What's the capacity at Buryfields?

A. (Simon) We are looking to maintain current activity. We can do it the same way or say let's do it differently and cut down the number of appointments so more people can access the service. People can use home testing kits – that also frees up capacity. We are offering

the service in a more contemporary way. We can't do it for BHU because we need to operate at scale. Yes, CNWL has capacity.

Q. What happens if you are pregnant and you have HIV? Both services are on the hospital site at the moment.

Q. What is the capacity at Buryfields?

Q. Where do I go on October 2?

A. BHU, Buryfields or Redhill. Everyone has listened. We have done our best within the financial envelope to provide care for the population we have asked to provide for.

Q. The Guildford site – is there a car park?

A. Yes. There are two public car parks in the vicinity. One within 100 yards.

Q. CNWL have been bidding for a large number of contracts like this. Are you bidding for any others? What would have been the response of the commissioners had no bids come in?

A. (Simon) There has been a lot of activity around sexual health because of the transfer of that service to local authorities a few years ago. Local authorities are now thinking they want to commission it differently and they are all doing it at the same time. It's not great for us as a provider but it is a coincidence. We are not bidding for anything else.

Q What's your motivation?

A. Because CNWL already has a presence in Surrey – we do sexual health for Surrey prison services and have Surrey hubs and we are looking at providing other services. This is not an isolated land grab – we are building a portfoilo of services locally.

Q. Why don't you take BHU then?

A. (Suzanne) The scale is what's different. People working in the BHU can work across the whole of Surrey. Some want that career opportunity as it gives them a professional depth that they can't get at ASPH, but not everyone wants to do that. It may be that through the negotiations not everybody in the team transfers but most will and that will help the scale issue. We can't have a like-for-like service. I'm losing a service. I didn't go looking for this. In want to look after you and support you and the team as far as I am able to do.

Q. Why didn't you bid?

A. Because I can't do it within the budget.

A. (Steve answering Q about what if there had been no bids) The Virgin contract was coming to an end so we had to reprocure. If there had been no bids we would have gone out again. We couldn't increase the budget.

Q. Was there a debate in the County Council that only public health should take a hit?

A. (Helen) Across the board every service has had a significant cut.

Q. When can we see the first quarter quality performance for CNWL?

A. (Lisa) CNWL have KPIs but they haven't taken over all of the services yet. We will share the data when it's available. We have data for months one and two now which is currently being checked for accuracy.

Q. I am concerned about patient records. How much of a patient's medical history will be available to CNWL? How much will need to be repeated by us?

A. (Simon) There are different approaches for patients with HIV versus sexual health patients. We need to agree the transfer of records with ASPH. For sexual health patients the general principle is that we don't migrate the data on to our clinical system as it is too complex and costly because we use a different system. We take a data "dump". We work with the system supplier and clinicians to agree the fields that need to be brought across into a secure data centre. When a patient turns up to see a clinician, the clinician then requests the data needed from the secure data centre. However your information is anonymised currently, that will continue.

For HIV patients with comorbidities we won't have access to paper records in hospitals treating them for other conditions. When patients transfer in they often come without any information. We need to find it out from them. We can access patients summary care records if the patient has given the GP permission to share that information with other health care professionals involved in their care. We work with providers to get the key information we need – a clinical summary.

Q. If I went to Buryfields and I was identified as having an auto immune condition, what would happen? Dr Pritchard would refer me to another part of the same hospital. Where will I be referred to now?

A. (Simon) We will do the referral or we might ask the GP to do the referral. The patient can choose where to go for treatment. There shouldn't be any delay. It should take the same amount of time as it does now.

Q. If an HIV patient was a very acute episode and needed intensive care, Dr Pritchard arrange for a consultant. Could CMWL do that?

A. (Simon) Yes.

Steve Emerton then wrapped up the event confirming there would be another similar event in September and more operational discussions.

The meeting finished at 9.10pm.