

Public Meeting: Integrated Sexual Health and HIV Services in Surrey Public Meeting

Saturday 9th September 2017

Chertsey House, St. Peter's Hospital. 10.30am

Attended by members of the public and representatives from NHS England, Surrey County Council, 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 and facilitated the session.

The PowerPoint slides for the session (not fully presented during the session) are available in the slide pack.

There were questions and discussion throughout.

Q: is the BHU closing?

A: Legacy patients will continue to be seen on the St Peter's site and a transition clinic will be set up for 6 months for HIV patients.

Q: permission for the transfer of patient data (by patient)

Tom Smerdon, Director of Operations, ASPH, introduced ASPH PowerPoint slides.

Q: What about walk-in service/ will there be a walk-in here at St Peter's?

Q: Range of issues: come here for all care; if your splitting things up people are going to be passed pillar to post for treatment

A: Dr Pritchard will remain at ASPH.

Dr Pritchard provided clarity on service: gynae service, genital pain/dermatology male and female (non infectious) will fit into service. Envisaging turn up in A&E. Will be keeping FY1 Drs, half time GP registrar, nurses from existing service (2). Good support from ASPH to set this up. Exactly how/ number of staff not yet known.

Walk in provision could be set up if required if that's what's needed and commissioners agree.

Q: urging on grounds of safety, for further extension for another six months of BHU (October onwards) whilst uncertainties are worked out

Q: genital pain- will it be a walk-in service- flare ups- immediate care needed

Q: genital pain/skin conditions- where is funding coming from?

A: 407 HIV patients presently at BHU

Suggestion that CNWL answer with their presentation.

Q: HIV patients, consultations CNWL/HIV patients to take place- couldn't this have taken place sooner? Why has it taken so long to have this consultations.

A: Reiterated Suzanne Rankin apology from previous public meeting.

Q: CNWL has a deficit right now, they bid for this to get there funds and to offset their deficit

A: Financial and performance measures in place. CNWL are largest community provider working to a target. Financial Director [CNWL] assured will reach financial target by end of year. NHS innovations rates CNWL very good. Many are struggling. CNWL is not one of those. Our contracts are heavily scrutinised- SCC open book approach, close working relationship with NHS England.

Q: on Monday meeting [Adults and Health Scrutiny Committee] didn't know what they were saying. I suffer HIV, gynae and other sexual health conditions.

A: Number one priority is safe transfer of patients. 17 staff members are coming on 1st October. HR processes underway and consultations with them- will transfer on 1st October.

Within 6-9 month period meet with patients to see how we can best transfer your care. That is priority.

Q: Where will this happen?

A: Expectation will be an outpatient clinical room at St Peter's- that is the commitment.

Q: clarify HIV- service operated from this site?

A: HIV clinic is a transitional – not long term.

Q: What is rationale for not providing long-term?

A: Additional funding has been provided for safest possible transfer of care. Just for short period of time. Best place will be one of the new sites.

Q: Tender document: 9 months into contract- HIV testing kits not going out, phones not being answers, queues at Buryfields, internet testing- not working. How do you explain that?

A: Full contract not started. From April first took on Virgin Care, end of June Frimley Park Hospital, ASPH from end of September.

Has lead up time, can't flick a switch, take over any service, staff transfer need training on systems and new pathology providers. Waiting to ramp up services.

96% have internet access, for others they will always have phone number. Three ways to contact service; phone/ booking online and walking in. HIV testing kits available in 3 months- implementing and testing new IT solution.

Q: seamless transition, had 6 month mobilisation period, talking about what you committed to do

Buildings/IT/ explaining mobilisation only just getting staff in- don't have access until 1 October and then can work with staff.

Q: Disabled patients- what if lifts break down?

Q: Staff have been at Guildford from April, people are still unable to get appointments. Side by side with Runnymede and Spelthorne satellite clinic. If we're told its happening and it's not we can't do anything- if we know we can make provision.

We are taking on requirement to extend into areas of need such as Epsom/Leatherhead. Identifying appropriate clinical space for Runnymede and Spelthorne.

Q: How will we inform patients?

A: Leaflets/ posters available/ updating websites. 90% of people find through web searches.

Q: only 18 available appointments for HIV to end October?

A: This is new appointments- existing patients already booked. This shows only a small proportion of available of appointments as staff haven't transferred yet so there appointments are not yet on system.

Q: Way has been managed is poor- knowing the service is closing. What do you think about making things harder for people?

Q: Near London Heathrow people using PEP. If you make it harder for people to check people will let it slide. 3-6 month check will becoming longer. Short sighted- sexual health will suffer.

A: Bid, had to look around county with a fixed pot. Move to provide service around county with money available. Sexual health service are an essential part and need to be as readily accessible as possible. Availability of test kits- can be delivered home. PrEP will be able to provide with appropriate monitoring. Understanding need to screen and support and CNWL will do that.

Q: Worried people will need to go further away when people need immediate care.

Q: What about outreach?

Q: Transitional HIV service- who will be running?

A: Transitional service will not be Dr Pritchard. Want to put minds at rest about new service, medication and care plan. Existing staff will see existing patients. 15 of 17 staff who are transferring have had individual meetings, last two to be held on Monday.

Q: Have staff been told they will provide the transitional clinic?

A: Will prioritise existing staff in service to provide, any new staff will be specialised nurses or consultants.

Q: Surrey County Council why have you thrown us to the wolves?

A: Surrey County Council bound by contract law, legally required to go out to tender. Tender states available estates- BHU wasn't made available at that stage. Budget envelope for sexual health reduced by 30%, national public health grants cuts last year by treasury.

Q: How much is that? [Public Health budget]

A: Current budget £38 million, within that we have services we have to provide like sexual health, school nursing, substance misuse.

Q: SCC why not extended BHU six months?

A: Extension put in place for 3 months for Frimley Park Hospital FPH, 6 months for ASPH. Can't move staff or patients until contract transfer. Legal process CNWL have been awarded we can be legally challenged if don't transfer.

Q: Fantastic service, seen same day (Group 3 patient). Sounds unorganised would be best to extend.

A: 6-9 months transitional clinic.

Q: SCC how satisfied that project management is sufficient? As a patient- scared. Moving the service away from local people and into centres not right thing.

A: Duty bound to monitor contracts and ensure contracts are delivered against KPIs- monitored regularly.

Q: haven't seen quarter one report

A: Listen on an ongoing basis- committed to a working group with patient representation and will the working group will feed into current mobilisation meetings.

Q: why can't share KPIs data?

A: Will take current KPI data into working group- 5 months Virgin Care, 3 months Frimley Park Hospital, don't have full data set as don't yet have full service.

Q: Why SCC hasn't used BHU?

A: ASPH weren't bidding for service or in a position to make estates available in process. Back then didn't understand that some service would be remaining with ASPH. ASPH will work as partners with CNWL beyond 6-9 months. As a trust need to make best use of that part of the estate.

Q: Who on working group?

Q: Tender document- open access for contraception.

A: Based on national service specification, worked out funds available in envelope, against tariffs and CNWL had to design a model of delivery against national specification. Evaluation done against tender document, clinical quality, which included independent clinicians and financial questions.

Q: to SCC 2016 went to tender, was there any requirement to consult?

A: Council lead procurement, NHSE has different requirements. Consultation on service specification and needs assessment. Linked into national specification.

Q: Patient didn't hear about any of this.

A: Rely on our service providers (all three previous), Local Medical Committee, Local Pharmacy Committee, stakeholders and consultants information.

Q: Should BHU have done more, should SCC have had more consultation. Should use power to do it properly.

No idea that could or should have done more. If people haven't been told should have six months extension- people are angry because they don't know.

A: Healthwatch will put slides and questions on Healthwatch Surrey website. Will be put on BHU website too.

Q: Where is duty care- why don't we speak to patients? Where was Surrey County Councils responsibility to ensure was shared by providers? Also a survey on St Peter's website, that doesn't allow you to select no or multiple answers?

Member of the public read out a case study.

A: NHS England will set up survey for stakeholders to respond (will lose 350 responses if we change). Will share results when survey shut.

A: Results of first survey went in to Sexual Health Needs Assessment.

Q: Don't like term user we are patients. Can't rate care at BHU high enough.

Q: not been contacted once about the transfer of care/ where will go.

A: For HIV patients ASPH have started process to notify patients (that have given consent to be contacted).

Q: patients can't go to buryfields- fragility

A: CNWL will work with ASPH, patients will meet staff once or twice. All patients should have enough medication until next appointment.

A: Dr Pritchard has list/evidence of cases when service has not been delivering/ can't get appointments/ medicine/ phone calls answered. Dr Pritchard has shared with her channels- she will share with commissioners.

Q: if patients choose to transfer over... if I don't choose can I stay under the care of Dr Pritchard?

A: It is responsibility of current provider to communicate with current BHU patients.

Q: From what you've heard today have CNWL delivered everything in contract?

A: We must look into [operational issues raised with commissioners]. New service to be delivered against a new model. Phased transition put in place not the complete service.

Q: Group 3 patient- at my appointment on Tuesday will I be told where my next appointment will be, will I be able to make a physical appointment?

Q: Patients of the hospital not SH patients, have chosen to come here.

Q: SCC should have come and spoken to BHU patients- after 25yrs of service.

Q: Why do you think emotions are so high if option to go to Guildford is such a good one. Option to accept Buryfields as new care centre- £30-40 in taxi's. Buryfields has finite square footage- what is the capacity of Buryfields (clinic rooms/appointment times)?

At end of transitional period additional 15,000 patients plus FPH patients.

Frimley Park Hospital- large proportion of patients have chosen to access care at Aldershot (Solent NHS Trust).

Q: Buryfields patients are coming to BHU- is it already at saturation point.

Q: what is going to fill physical void of BHU? When it's ready to go it might be great- leave BHU in place until plans are sorted then move if needed.

Transitional service is to manage risks you highlight and provide continuity. Need to find solutions to the risk and be open-minded.

Q: Have we ever picked up phone to Dr Pritchard to ask about issues raised?

A: Commitment to look at specifics and take action where appropriate. We have clinicians, providers (both) and commissioners in this process. Will look at most appropriate way of managing this.

Q: Don't SCC have power to extend six months?

A: Providers (both ASPH and CNWL) now feel in the position for the transition to take place. Ready to do that and safe to do so. Our responsibility is safe care and efficiency, cost additional £1.7million to extend service.

A: Not saying entirely relying on home sampling kits, across country new technology is being used. Small part of a larger offer

Q: MSM directed to go London or Guildford [website].

A: What we have had to do as haven't got all staff in- our intention when have, will have all services. When we get staff in we will look at service. We can only provide the services that have come across.

Q: Could Woking become level 3?

A: Staff 50% of time on contract- might result in redeployment/redundancies not our aim- redeployment is what we want.

Service within cash envelope- economies of scale- if you know places/health centres locations where we can provide service let us know.

Q: Member of public read part of letter from Claire Murdoch at CNWL (June 2017).

A: Meant as a provider if there is the resources, willingness, to continue to provide from BHU then as a provider CNWL would do that. Wasn't saying it should but that as a provider would do.

Have committed 6-9 months for HIV patients and group 3 will remain at ASPH.

Will continue to have conversation about opportunities.

Mr Fash then addressed the room on behalf the BHU Patient Group.

Frimley Park Hospital closed in June- know Andrew Morris- FPH tried to push back and FPH have reinstated HIV

A: NHS England confirmed that they have it in writing that this is not the case.

Duty of Candour - NHS staff have legal duty to draw attention to any concerns.

BHU Working Group – from meeting with Suzanne Rankin in August. Suggested to involve patients, offered as alternative dispute resolution, made request again at AHSC 4th September.

Q: Want to see KPI data published now, helpful to see how well doing that. Have been getting credible reports of major difficulties

Q: In [transitional clinic] with HIV patients will it have the option for patients to see clinician/ receive treatment?

Been sent draft Terms of Reference for BHU working group- to make binding recommendations.

Approx 3000 Group 3 patients. Issue around funding of Group 3.

A: Will be paid under tariff (acute). Public Health grant signed off annually. Shouldn't have been paid for under this contract.

BHU Working Group first meeting 19th September, 1pm in Woking.

Task group- recommendation of Adults Health Select Committee on 4th September.

If want to be involved in patient working group- see Jennifer Fash, go to petition website or speak afterwards. Also involves GPs and Surrey Coalition of Disabled People.