

Pan Islington Patient Group meeting

13th June 2016, Resource for London

Presentation

Dr Katie Coleman, Vice Chair of NHS Islington Clinical Commissioning Group introduced the evening's talk. She spoke about:

- How the CCG had engaged local people in the previous year,
- The CCG's plans for the current year and in to the next five years,
- Health needs of the local population.

Engaging local people in services

The CCG has carried out a wide range of work to engage patients, carers and service users in the planning of services. This included extensive consultation and a patient group focussed on re-procuring the NHS111 and out of hours service, service user feedback on design of the anti-coagulation services (services which monitor patients on blood thinning medicines), consultation with patients and carers at the end of their lives and activity to discuss mental health services. Community meetings have been held since July 2015 to discuss the Person Held Record, a digital project that allows Islington residents to see all their health and social care information in one place online.

The CCG has also spoken with specific groups to find out their experiences of accessing services. This has included, refugee and Migrant communities, Carers, people with a Mental health need, people with Learning disability and patients with Long Term Conditions.

The CCG's plans

Local GPs have been offering weekend and later evening (6:30 - 8:00pm) appointments at three 'hubs' across the borough. These are located at Islington Central Medical Centre, Andover Medical Centre and Ritchie Street Medical Centre (where the walk-in service is also located). The service is open to anyone registered with an Islington GP.

All extended hours GP appointments are organised through your GP, so the process for booking a GP appointment is exactly the same. Patients who would like a weekend or later evening appointment can call their own practice and they will find you an appointment. If you call Out Of Hours patients will be linked to IHub appointments directly. More information can be found about IHub online here: <http://islingtongp.nhs.uk/>

Health and social care partners including social workers and mental health staff have been working together to support patients with high levels of need. These ‘multi disciplinary teams’ are focussed around specific GP practices.

The NHS111 and out of hours contract has now been awarded to London Central and West Unscheduled Care Collaborative (LCW) a GP co-operative. The CCG are keen to ensure that there is continued resident input in to the monitoring of the service.

The CCG is using Value Based Commissioning to improve services for people with psychosis. ‘Value’ based commissioning focusses on the outcomes and experiences of patients as individuals.

A Person held record of patients’ care is also being developed. This will allow Islington residents to access their health and social care information online. It will also allow health and social care professionals involved in a person’s care to be able to share patient information more easily to improve the quality of care for patients.

The CCG is working with organisations to develop plans for local health and care services. This includes work with Islington Council to join up health and care services. It is looking to improve the following services through collaboration:

- Primary care,
- Mental health inpatient services,
- Urgent care,
- Estates.

In particular, they will work with commissioners and providers across Islington and Haringey through a Wellbeing Programme that focuses on:

- Prevention (helping us stay well),
- Foot care and physiotherapy,
- Older people,
- Diabetes and cardiovascular disease,
- Meeting the needs of people with Learning Disabilities.

The CCG has identified gaps they need to address:

- Health and wellbeing gap and the need to invest more in prevention,
- Care and quality gap and the need to consider new models of care,
- Funding gap and the need for efficiencies in health and care provision,
- Delivering the NHS Constitution waiting time standards.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

Questions and Answers

Gerard Maguire related an experience at University College London Hospital at which an interpreter did not turn up for his surgical procedure. There had been complications and Gerard then had to stay in hospital without knowing what was happening.

Barbara also noted that interpreters are sometimes not booked for long enough and that hospitals blame the interpreting agency and the agency blames the hospital, neither of which helps the patient.

Katie stated that the CCG find this completely unacceptable and expect their providers to make services accessible. She offered to follow this up directly.

Tricia Barnett from Keep Our NHS Public (KONP) asked whether Sustainability and Transformation Plans (STPs, see attached background information for more details) would mean that money from acute care would be moved to primary care.

Katie responded that the CCG wanted to engage the community in the detail of the plan. A draft plan is due by 30th June 2016 (deadline set by NHS England) but will focus on very broad overarching themes. There will be a drive towards more preventative services which will mean looking at options to potentially move services in to the community sector and out of hospitals.

Janet asked about what will change as a result of the engagement activity on anti-coagulation services as the current service is overcrowded with patients waiting hours for tests and results. Further details will follow.

Valerie asked about the CCG's use of telecare services for local residents. The council commission this service but with the Person Held Record it should be easier to streamline people's care and services.

Paul asked for further information on the CCG (see below), its structure (a diagram will follow) and how patients are involved. Katie highlighted the Health Navigators as a means of helping patients navigate the system and access the services they need to help their overall health and well-being.

A participant asked about the impact of sugar on local people's health and prevalence of particular health conditions. The CCG works with public health through the Health and Well-Being Board to address public health issues. There is an aim to reduce inequalities for people with long-term conditions (such as diabetes, lung disease and heart disease). There are two areas of focus; preventing people from acquiring conditions, and for this with conditions, supporting to manage their condition through patient-centred care and support planning to develop support tailored to the patient's needs and priorities.

There was a suggestion to make a video (with British Sign Language interpreting) about the CCG to raise awareness of its role and function. The CCG will follow this up.

Table discussions

The CCG were interested to learn about residents views on what affects our choice of services.

Choice

Participants noted that sometimes the choice regarding which service to use is made for us by other healthcare professionals (111, receptionists, ambulance service) or the availability of specific services.

The main influence on our choices seemed to be perceived need, location, and awareness of what was available, though family and friends as well as personal experience influenced that choice.

Although some participants had used A&E in the last two years, those that had had been advised to go there.

Question one - What helps you choose which services to use?

Need:

- Depends on the ailment, person and their awareness. For people with COPD, if it's serious, we (patients) know it is serious,
- Depends how long you've had the problem.

Awareness:

- Lots of info at practices, nurses, GPs, reception, healthcare assistants, dieticians. Leaflets, posters.

Accessibility and waiting times:

- Doctor should give you an emergency note for emergencies at the hospital.
- Need at the time and level of need. Doctor busy, no appointments, 2 weeks out of hours service, possibly full.
- Referral/ wait for appointment a real concern so straight to A&E
- Systems need to be flexible, for example, if you don't speak English it might be easier to book your appointment in person than by phone,
- Access depends on how pushy you are,
- For patients not registered with a GP, or for those worried about whether they are eligible for services A&E would be easier,
- Within mental health services is choice restrained by cuts? Particularly the GP service which is unsupportive re accessing psychiatrists etc (though this depends on GP).

Confidence in the healthcare professionals

- At the GP continuity of care is appreciated
- GP is often the first port of call
- People have confidence in someone who was quick and part of the community,

Question two - What influences that choice?

Questions three - What would help inform your choice?

A range of responses were presented. There was a suggestion that residents rely on existing knowledge and that of their social network.

Information available:

- Google easily on internet, local information.
- Navigators to direct choice.
- Different services in different GPs/ clinics
- Information given (sometimes it is wrong)
- No consistency
- Better, clearer information on looking after themselves,

Your experience:

- Your idea of service availability, based on your experience, affects that choice.
- What I've done in the past,
- Panic can influence the choice,
- Perception of urgency,
- Knowledge of local services.

Accessibility and responsiveness of services

- Time of day if GP is open
- GPs don't read records - battles between GP and hospital
- One respondent would like to see a named GP for every patient - this has been introduced.

How healthcare professionals communicate with us

- Don't tell people what to do, give them options and bring their stories and examples to life,
- Listen and treat people as individuals.

There is evidence to suggest that patients sometimes use A&E when another service would have been able to meet their needs. We also wanted to explore this with residents who had attended A&E in the last two years.

Question 4 - Have you used A&E (in the last two years). If so, what made you choose that service?

- Realised it was an emergency so thought it was appropriate. Direct access to tests quickly.
- I called 111 and had a series of long waits and the suggestion that I go to a local place that was very awkward to get to, a lot of walking late at night. This was suggested because the operator didn't realise I was based outside London. Also, the second time I rang I was told that I had been incorrectly categorised the first time so I lost trust in whether they could interpret the urgency well. So I decided to go to A&E where I had another long wait.
- The walk-in centre advised me to go to A&E.

A great range of services are available in local pharmacy. The CCG were interested to learn more about participants use of these services and their suggestions for any additions.

Pharmacy

Pharmacy is conveniently located and the staff often know you, but people felt that more should be done to publicise what's available. Generally there was trust and confidence in these services, and a suggestion that locating the service in GP practice could be helpful.

Question 1 - What services do you use in local pharmacies?

- Prescriptions dispensing
- Non-prescription medicines
- Minor ailments and triage/ identifying a condition including late night service
- Coagulation service
- Health questions
- Health check and blood pressure checks
- Medicine Review and information about new drugs
- Emergency supplies of medication
- Travel jabs and flu jabs,
- Emergency contraception
- Smoking cessation and dietary advice
- Prescriptions delivery service

Respondents also noted that though pharmacy is visible and offers continuity many people aren't aware of what's on offer.

Question 2 - What would you like to see offered in the pharmacy?

- More minor ailment care - and make sure patients know about it.
- A little A&E in the pharmacy,
- Wheelchair rental
- Proper consulting rooms, confidentiality/ accessibility
- It would be good to feel more confidential
- More awareness of services
- More information about mental health,
- Be good to see the cost reduced,
- Be good to bring pharmacy in to GP practices.
- GP receptionists should direct people with symptoms such as colds to the pharmacy.

Actions to consider for the next meeting:

- British Sign Language interpreters not being available for the duration of a deaf person's stay in hospital CCG to confirm whether this is this the responsibility of the agency or the service.
- CCG to inform us of where we can find more information about the local Sustainability and Transformation Plan.
- Patients are asking for more information on what will change as a result of the engagement activity on anti-coagulation services. The current service is overcrowded with patients waiting hours for tests and results.
- CCG organisational structure - we will put together a one-page diagram.
- Could the CCG include a BSL interpreter on the 'about us' video on the CCG website.

Recommendation based on feedback from the session: For the CCG to work with the Local Pharmaceutical Committee to promote pharmacy use within the local community, emphasising the range of services available.