

Islington Patient Group

11th July 2017

Table discussion summary on Care Closer to Home Networks

Potential benefits

- Improved choice and access if waiting times can be reduced,
- Convenience if services are nearer home,
- Hospitals are intimidating, it's good to avoid them,
- Patients are more likely to know staff in GP practices than hospital.

Concerns

- Where will the staff come from,
- Is there space for this outside of hospital?
- Too much change - confusing for patients,
- Potential for patients to lose access to specialist advice (for example if physiotherapy was moved in to the community),
- Transport connections, would these be good enough
- Could create more demand, meaning more pressure on staff and the system,
- Don't want to hinder continuity of care for those patients who value this,
- Will it save money - what happens if it doesn't.

Opportunities

- Could more services be delivered door to door? May be difficult for GPs to do home visits, but what about pharmacy?
- More holistic services.

Other

Appetite for information to manage their own health conditions, such a sessions with practice nurses.

Information needed about what organisations need to do to let commissioners know they exist.

TABLE ONE

Benefits:

- Extra choice,
- Better access
- Choice of where to go.

Concerns:

- Having access to specialist advice (for example if physio is brought in to practices).
- Importance of clear communication and promotion so public are aware of this

Opportunities for networks of practices linking with the Local Authority, Learning Disability, the great variety of voluntary sector.

TABLE TWO

For well-being and preventative healthcare we need knowledge,

Change is always happening,

Heart surgery, exercise on referral, referred to Sobell Centre from hospital, peer-to-peer, feel less isolated.

GP is a good place, GP talking, good relationship, individualised information

Location? Fear of closures, where will they be? Space?

IHUB, good for offering patients quick appointments,

GP, I'm a long standing patient. Hospital, UCLH, Whittington, totally committed. Dietician was based in the hospital but came to the practice. Long waiting time to see consultant, maybe because of staff shortages.

Pharmacy: Stronger voice for communities, some supportive of bringing them together.

Need to look after independent pharmacies. What if they are privatised and corporate pharmacies take over. Further concerns over limited funding and closures. Participants had favourites they had used.

TABLE THREE

(Mainly staff. Only one patient)

North CHIN - focus on frailty (moderate frailty) preventative strategy

South West - Long Term Conditions (diabetes, COPD, asthma). This is a quick win for when GPs don't have a practice nurse, bring a specialist nurse back in to the consultation.

If people are frail it's much easier to be seen closer to home,

Reduced waiting times and freeing up space in hospitals,

Drawing together healthcare and voluntary organisations,

Help retain and grow GPs to stay in the area, investing in primary care, noted that recruitment is an issue,

Heading towards joint accountability in an accountable care system.

Trying to make sure there is no duplication between CHINs and Whittington Health's Community Services.

It should get rid of red tape.

Health checks were mentioned and the work being undertaken to engage those people who don't visit their surgery.

Improvements in IT will make it easier for patients to share their records between professionals.

Particularly good for people who are frail or elderly to access care nearer home.

Moves services providers and commissioners towards shared responsibility for residents.

Could get rid of red-tape.

Patient records and IT could really help.

Small organisations are doing incredible work for residents. Navigators can link patients in to that.

TABLE FOUR

Benefits

Travel, can be difficult to get to Whittington Health even if you're able-bodied, take time out the day, time off is a worry, needing a carer, expense of travel (example: Ear Nose and Throat specialist now comes to the GP practice, this is so much better because it doesn't take as much time).

Daunting going to hospital,

New face every time at the hospital, don't get good picture of care,

Bit of a worry about space (though GP on table suggested other spaces could be used, not just practices),

Social inclusion would be beneficial,

Thought MSK self-referral was very good,

Hospital would be able to focus on more acute care which would be good.

Good opportunities for networking with the voluntary sector.

Concerns:

Highlighted the need to save money but the need is going up,

Resources, is there enough? Will hospitals be willing and financially able to do this?

We'd like more holistic care and personal health budgets,

Could this initiative reduce appointments?

IHUB has made a difference, more centralised resource and therefore could possibly improve

Elderly need more social inclusion projects, community development, well-being and work so linking with the voluntary sector,

Running a walking group and would like to expand it, CHINS could help with that,

Communication from GP practices: confusion about how data will be shared, but mainly supportive of the electronic records.

Repeat prescriptions, go to pharmacy automatically, get a text and can pick up,

On-line and text appointments for reminders,

Sessions in GP practice on diabetes and cancer, education sessions with nurse.

TABLE FIVE

Benefit

Travel time reduced, cost can be waiting on transport, services more local make life easier for us. Would be good if GP offered physiotherapy.

Would there be more door to door services in the community? District nurses would continue, but difficult got GP to do home visits - expensive and challenging, but they are talking to community pharmacists.

Are there transport services to GP surgeries?

Flexibility could mean waiting times are reduced.

If a specialist in the practice, could mean quicker appointments, eg diabetes, and elderly care.

Concerns

In larger practices staff don't know you. Don't want to hinder continuity of care for those patients who value this.

If not turn up for appointment, do as hospitals do and not re-book automatically.

GP suggested that it takes up to half an hour to access records.

Quality and Improvement Support Teams - provide more clinics to meet demand, this is difficult.

Community Organisations

MS Society provides well-being support to many as do Talking Newspaper and Age UK. Help people who are isolated. Physical and mental health support needs can be met.

Also mentioned Macmillan, Stroke Project Manor Gardens.