

**Islington Patient Group meeting**

**Wednesday 19 June 2019**

**St Luke's Community Centre, EC1**

**Chaired by Rose McDonald, Healthwatch Islington**

[www.healthwatchislington.co.uk/](http://www.healthwatchislington.co.uk/)

## **1. Overview of the meeting**

The meeting was hosted by Healthwatch Islington on behalf of Islington Clinical Commissioning Group. Healthwatch Islington's role is to:

- Gather views from the community,
- Report its findings and make recommendations,
- Involve local people in consultations around potential service developments and changes,
- Visit services,
- Provide people with information on services.

The Islington Patient Group gives residents the chance to ask questions and comment on the planning and delivery of healthcare services. Previous meetings have discussed issues like Integrated Care (November 2018) and Same-day GP services (July 2018). Further updates on these will be made at the next meeting.

## **2. The NHS Long Term Plan for England**

The topic for this meeting was the NHS Long Term Plan.

A summary of the plan was circulated at the meeting and is available here:

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

A short news item from the launch of the plan was shown to the meeting, and is available here:

<https://www.bing.com/videos/search?q=youtube+nhs+long+term+plan+itv&view=detail&mid=8C679271A8ECE30AB2D8C679271A8ECE30AB2D&FORM=VIRE>

This was followed by:

**Presentation by Clare Henderson, Director of Commissioning and Integration, Islington CCG:**

**Health and Integrated Care in Islington: What the Long Term Plan means for us**

Clare’s presentation covered:

**The key points of the Plan**

**The commitments and issues on which the CCG will be focusing 2019-2023:**

- Personalisation
- Prevention
- Workforce
- Primary Care
- Resources

**What’s happening locally to support this:**

- Localities
- North Islington Locality ‘prototype’
- Primary Care Networks
  
- And what this means for residents

**Clare had three questions for discussion at the meeting which are considered below.**

A full copy of the presentation is available with these minutes and available on the Healthwatch Islington website:

<https://healthwatchislington.co.uk/search/site/islington%20patient%20group>

There were a number of questions at the end of the presentation, which are summarised below:

Question	Answer
How do we ensure people get the support when they need it, for example before having an operation, as well as when they come out of hospital	It can be a challenge providing everyone with the support they need, when they need it – the Council and the NHS need to work more closely and also with the voluntary sector to identify these gaps and plan together what could be done. Often though friends and family are asked to help people out when services can’t respond.
Whose responsibility is all of this, and who does a resident go to find out?	The Council has a duty to provide help for many people who need it but organisations need to work together so that our information is clearer and we can come up with solutions together.
Have the Primary Care Networks (PCNs) started and how will patients find out about them?	Clinical Directors are being recruited in July 2019 for the 4 PCNs and the governance is being set up. Patient Participation Groups (PPGs) at each GP practice will be involved in the discussions as

Question	Answer
	services start to be developed. The CCG also works with Healthwatch and Healthwatch feedback helps the CCG to know how things are working on the ground. Each PCN may decide to do things in a different way to fit their local circumstances.
There is so much change happening, how do we reach people to tell them about it and not leave them behind?	The CCG is working with a number of local organisations, including Healthwatch and Help on Your Doorstep, involving using community researchers to talk to local communities and report back to the CCG.
How is the CCG accountable, for example when mistakes happen and dealing with complaints?	The CCG has a Quality team which gets regular reports from the organisations it commissions and meets with providers to discuss their action plans in relation to this. Each provider is also regulated by the Care Quality Commission. Each GP practice manages its own complaints and practices need to publicise their complaints process.*
Under the Long Term Plan, the five CCGs across north central London will merge – what can you tell us about this?	This is going to happen, either in April 2020 or April 2021. The CCGs are currently working through how this might happen, and on which date, and what it will mean for residents.

\*Healthwatch provides a leaflet on how to complain about health and social care services. It is available here:

<https://healthwatchislington.co.uk/search/site/islington%20patient%20group>

### 3. Table Discussion Session

Following Clare’s presentation and Q&A session, three questions were proposed by Clare for the discussion, which were given out to the tables:

- 1) Lots of “top down” change, but we want to co-produce services by involving local residents in how services are designed from the start of the design process. We have done some of this to date– any thoughts about how to build on that?
- 2) What health needs and inequalities do you think we should be addressing?
- 3) How do you think health and care could feel differently in Islington in five years’ time?

These were discussed in small groups, and followed by a short feedback session.

The groups did not consider the first question in their groups in any detail, as they felt the others were more relevant and important.

The issues raised by the groups on the other two issues are set out below.

#### **Health needs and inequalities – key points**

- Managing long term conditions
- Dealing with people in a consistent and fair fashion – proper explanations of what and why, their options and not making assumptions e.g. about older or disabled people
- Treat people as equals, but not necessarily doing everything in co-production with them
- Look at health needs and service access in particular for people who are homeless, with mental health needs and substance abuse, which are all difficult issues for GP practices
- Access to good quality information is essential in a range of formats, e.g. ‘easy read’ which will help people with learning difficulties as well as non-English speakers

Also discussed at tables (from flipcharts):

- Train up receptionists to know what is available to support people locally
- Tap into ‘navigator’ and similar resources around the borough
- Value peer support which has brought about change already
- Improved access to services or patients with language barriers
- Technology as a vehicle to improve services and access to them
- Support for those with dementia and chronic conditions at home
- There is inconsistency between clinicians and the administration (systems)
- Well-off patients and the poor have different needs
- Availability of both male and female staff and how that is communicated
- Vulnerable people and others are afraid to make a complaint

#### **In five years’ time – key points**

- New technology to deliver services
- Shorter waiting times to see your – named – GP – and an end to the 8 am ‘booking frenzy’
- Direct booking with secondary services (not mediated through you GP)
- Better staff retention
- Better support for the social care workforce, and enhancing the role and status of care workers
- Better and more use of IT, e.g. Skype consultations with patients
- Better monitoring of services against outcomes
- Annual health MOTs become commonplace – more holistic and more in depth, offering people a plan for their health for the year

- Range of alternative treatments through social prescribing
- Improved communication with patients and proper explanations
- 15 minute consultations if needed – more time to listen

Also discussed at tables (from flipcharts):

- Transformed lives, though small, local support services (funded by Council, CCG etc.) as well as clinical services
- Longer opening hours for services
- New roles, e.g. community-based ones and integration with social prescribing, providing a holistic approach to patient care
- Scaling up of services and more joining up to provide population based-care
- Shared back office functions between organisations
- Improved services for 'start of life' and ageing well.
- Access to social housing
- More onsite pharmacies and other services co-located with GP surgeries

#### 4. Conclusion and Next Steps

The Chair summarised the points made in the discussion. The Healthwatch team then gave a short update on a recent survey it had conducted in relation to the Long Term Plan, the results of which were being reported back to NHS England nationally:

We spoke to 125 people in six sessions across four GP practices in Islington in May 2019.

We used the Healthwatch Islington 'Have your Say' leaflet as a basis for our interviews.

We heard lots of good stories about people's primary care services, and some where it wasn't working so well.

Overall the things that people wanted to change/improve upon were:

- Communication – between health services (e.g. hospital and GP, and between health services and patients themselves)
- Earlier and easier access to appointments
- More flexible services

Healthwatch Islington will be doing a short report on the findings in the coming weeks, and will be continuing to ask people what they think of local services. It will also be launching a campaign to raise awareness of the range of primary care services and how to access them

Notes of this meeting will be circulated and the CCG will be invited to give an update at the next meeting.

The Chair closed the meeting at 8 pm and thanked everyone for their contribution.

**5. Next Meeting**

This is scheduled for Wednesday 13<sup>th</sup> November 2019, from 2.30 to 4.30pm.

More detail will be circulated nearer the time.