

## **Feedback Report on the Patient and Public Engagement Event held on 9 September 2015 in the Executive Suite, Dugdale Centre, Enfield**

### **1.0 Introduction:**

NHS Enfield CCG held its second Patient and Public Engagement event of 2015/16 on 9 September 2015. We hold three PPE events a year which are planned around our commissioning cycle and support the CCG's delivery of both the collective and individual participation duties from the Health and Social Care Act 2012.

Our PPE events help the organisation to update the public on local and national priority areas of work as well as enabling participants to get involved in shaping the development of our current services and our future commissioning plans. The events are always aimed at improving the quality of local health services and understanding how we can best shape services around the needs of our patients.

PPE events are widely advertised using our website; Twitter (@EnfieldCCG), stakeholder list, patient participation groups, member practices bulletins and local newspaper advertising.

Around 30 people attended this event and we had a mixture of members of the public, members of Patient Participation Groups (PPGs) and representatives from the local voluntary sector groups including Healthwatch Enfield.

Based on feedback from participants at previous events, our PPE events are led by GPs and workshop focused. All presentations and materials from this event will be available on our website:

<http://www.enfieldccg.nhs.uk/patient-and-public-engagement-events.htm>

### **2.0 Theme of the event:**

*Draft Commissioning Intentions for 2016/17: 'We want to talk to you about our commissioning intentions which describe what health services we want to buy for patients. You are invited to come and speak to GPs and NHS managers on what you think our local investment priorities should be.'*

This topic was selected as it fits with the analysis and planning stage of the commissioning cycle, when we review how to invest our available resources for the benefit of the whole population.

Nationally, there is a challenge for the NHS which is facing increased demand along with limited resources, rising costs and an ageing population with more complex health needs. Locally Enfield faces similar issues, and this event was aimed at putting into context the challenge the CCG faces when deciding how to best invest our limited funds while improving the quality of local health services.

### **3.0 Setting the scene**

Teri Okoro, Governing Body Lay Member for PPE opened the event and Graham MacDougall, Director of Strategy and Projects outlined the 9 draft commissioning intentions and advised stakeholders that today's workshop would be looking at 3 of these. The new Chief Officer, Paul Jenkins, outlined how these workshops would run.

Enfield CCG's draft Commissioning Intentions for 2016/17 cover the following areas:

- 1. Primary Care and Prevention**
- 2. Integrated Care for Older People**
- 3. Unscheduled, Urgent and Emergency Care – workshop on urgent care**
- 4. Planned care and long-term conditions**
- 5. Children, Young People and Maternity – workshop on child and adolescent mental health services (CAMHS)**
- 6. Mental Health, Continuing Healthcare and Learning Difficulties**
- 7. Medicines Management – workshop on prescribing**
- 8. Quality**
- 9. Community Services**

The event focussed on three main areas i.e. Unscheduled, Urgent and Emergency Care; Children, Young People and Maternity and Medicines Management.

### **4.0 Summary of the themes were**

A summary of the themes from the event are as follows:

#### **4.1 CAMHS**

- There were some good services in Enfield but this did not necessarily mean that children and young people got the right help when it was needed.

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- There was a need to focus on how children and young people got into services when they needed help/were in crisis.
- There was a lack of awareness of the single point of entry for children's services. This was a multi-agency access point so that if someone was not clear what help was available or appropriate it did not matter as long as a referral was made on an 'Early Help form'.
- It was noted that the help and support that was needed changed as children grew older.
- In early years the focus was on building resilience and working with families. As children go to school, work with and in schools becomes critical.
- As they get older then the focus moves more to working with young people themselves, in the places they go to. This supported early identification and intervention for more serious mental health problems.
- It was felt that there was more work going on in Enfield than was appreciated and there is a need to audit services. It important that services are coordinated.
- The understanding what was available was the key to improving outcomes.
- It was also important to support children and young people whose parents had mental health problems.
- Those present prioritised new spending on crisis work, waiting list reduction and early intervention (when symptoms first appear)

### **4.2 Medicines management – antibiotic resistance**

- Develop and implement a consistent approach for the prescribing of antibiotics. Enfield CCG needs to ensure that this policy is universally agreed, endorsed and adhered to across all healthcare service providers
- Support patient groups to champion appropriate use of antibiotic prescribing.
- Better educational and informational campaigns that reveal the risks of inappropriate prescribing of antibiotics. Also increase awareness that there is no medical evidence that antibiotics work against viral illnesses such as flu.
- Consider alternative communication channels beyond the traditional posters and flyers to improve patient reach and awareness.
- Promote the use of pharmacies before patients visit GPs
- Co-produce newsletters with PPG groups to localise the message to support more appropriate patient behavior.
- GPs and other qualified care professionals to be available to attend community group meetings to improve awareness around the growing concerns of antibiotic resilience.

### **4.3 Medicines management – Self-care and treatment for minor ailments**

- Increase and encourage the profile of pharmacy in general, to ensure they play a core role in supporting and driving the self-care agenda.
- Making more people aware of the minor ailments scheme
- Consider the impact of increased activity within the Minor Ailments Scheme and the likely benefits that could be realised.
- Develop a formulary of essential gluten-free items

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- Monitor the quantity of items dispensed with the help of pharmacies to reduce wastage
- Ensure any changes to Enfield's local gluten-free policy safeguards and does not unduly disadvantage patients with low incomes, vulnerable patients or those at higher risks so being hospitalised.

### **4.4 Urgent care**

- When patients require urgent care for their health needs they were: accessing their GP practices; getting advice from a pharmacist; visiting a local urgent care centre or in some cases, attending A&E (for example, where meningitis was suspected).
- There was confusion for patients about what services could be accessed when (for example, not all pharmacies were open weekends, evenings) and also what was meant by the term 'urgent' and how this differed from 'emergency'.
- Also, there were questions around what service was provided by the urgent care centre and walk-in-centre (was this the same?) and the GP out of hours service, and whether you would receive the same level of service and treatment at each.
- Feedback indicated that there was variation in access to GP appointments, with some people reporting that they had no difficulty in securing a same day appointment, while others could not get a GP appointment or telephone consultation.
- It was suggested that if no same day appointments were available at a patient's practice then perhaps they could be referred to a neighbouring practice that did have availability (although this raised the issue of access to medical records). This was supported as a good idea for urgent cases.
- When it came to accessing urgent care, patients indicated that they preferred a simpler system such as a one stop shop in the community, a single point of access, or urgent care centre.
- Accessibility by public transport was considered to be an important factor.

#### **4.4.1 Patient experience of urgent care:**

1. Finchley Memorial Hospital Walk in Centre – “this was a good experience, I used it at the weekend and there were very short waits”.
2. “I have previously walked into my GP practice with a very urgent problem, the GP got called out of his room and dealt with me immediately”.
3. “When I walked into my GP practice to try and book an urgent appointment, I was asked to go outside and call the triage nurse from my mobile”.
4. “I would go to a UCC as there are no tests available at walk in centres”.

## **5.0 Next steps**

### **5.1 CAMHS:**

- Comments received will support the development of the CAMHS Transformation Plan

## **5.2 Medicine Management**

- Develop and implement a consistent approach for the prescribing of antibiotics with public health and local providers
- Attend community groups to promote the use of pharmacists and inform members about local campaigns such as antibiotic resistance, self-care and minor ailment schemes
- Review current marketing and uptake of the minor ailment scheme
- Monitor the quantity of items dispensed with the help of pharmacies to reduce wastage
- Review Enfield's local gluten-free policy and ensure that any changes does not unduly disadvantage patients with low incomes, vulnerable patients or those at higher risks so being hospitalised

## **5.3 Urgent care**

- Incorporate feedback into the North Central London NHS 111 and GP Out-of-hours engagement programme
- Discuss the themes at the North Central London Urgent Care Programme Board
- Use the themes as part of early engagement for the Enfield Urgent Care Review

## **6.0 Next Enfield CCG patient and public engagement event**

The next CCG patient and public engagement event will take place on Wednesday 6 January 2016.

For more information about PPE events please contact the communications and engagement team via email at [communications@enfieldccg.nhs.uk](mailto:communications@enfieldccg.nhs.uk).