

Feedback Report on the Patient and Public Engagement (PPE) Event held on Wednesday 1 March 9:30am-1pm at The Dugdale Centre, Enfield Town

1.0 Introduction

NHS Enfield Clinical Commissioning Group (CCG) held its third patient and public engagement (PPE) event of the financial year 1 April 2016- 31 March 2017 on Wednesday 1 March 2017.

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 as described in 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 email distribution list, patient participation groups, member practices bulletins and local newspaper advertising.

About 45 people attended this event. They included: members of the public, members of Patient Participation Groups (PPGs) and representatives from Healthwatch Enfield, Defend our NHS Enfield as well as local voluntary sector groups including Enfield Lesbian, Gay, Bisexual, Transsexual (LGBT) forum.

Based on feedback from participants at previous events, our PPE events are led by GPs and are workshop focused.

Full details of the Presentations and workshops can be found on our [website](#).

2.0 Theme of the event

The theme of this event was **“Come and give us your views on the Adherence to Evidence Based Medicine Consultation and hear about our plans for 2017-18.”**

This theme was selected as the Adherence to Evidence Based Medicine Consultation was launched on 1 March 2017. This event was also an opportunity to give stakeholders an update on corporate plans and primary care developments.

3.0 Corporate Update

Teri Okoro, Lay Governing Body Member for Patient and Public Involvement welcomed everyone to the event and introduced Dr Mo Abedi, Chair of Enfield CCG.

Dr Mo Abedi, Chair of Enfield CCG provided a corporate update including:

- An update on recovery and our current financial position
- North Central London (NCL) commissioning management arrangements
- The NCL Sustainability and Transformation Plan (STP)

Questions and comments on the corporate update

Q: New NCL structure – what happens to staff in place?

A: Changes to be revenue neutral.

Q: Can the public attend the joint committee meetings?

A: There is representation of the public at the joint committees. Any decisions that are made as an NCL cluster would go to each CCG Governing Body for approval.

Q: Democracy of CCGs with the upcoming structure?

A: Each CCG is still a sovereign body

Q: What is the legality of the NCL management structure?

A: Each Governing Body has given delegate responsibility to the joint committee.

Q: It is perceived that there is a lack of public involvement at the macro level.

A: Local health and social care partners have produced a draft STP plan. More engagement work will be undertaken as each work programme comes on stream.

Q: Need to have public involvement in STP.

A: Each CCG has engaged on the STP and is committed to continuing this going forwards.

4.0 Launch of the Adherence to Evidence Based Medicine Consultation

Dr Jahan Mahmoodi, Medical Director, launched the CCG's Adherence to Evidence Based Medicine Consultation with a presentation outlining the draft proposals.

In preparing for the consultation the CCG had already undertaken a wide range of pre-engagement activities including:

- Discussing the proposals with the Enfield Health & Wellbeing Board and Health Overview and Scrutiny Committee.
- Engaging with Local GPs via a range of events and with our Secondary Care Consultants via the North Central London Clinical Cabinet.
- Undertaking pre-engagement work with our public.
- Working with our CCG colleagues in North Central London and with the NCL Sustainability & Transformation Plan Team.

The consultation would be looking at the following areas:

- The thresholds and criteria associated with existing [Procedures of Limited Clinical Effectiveness Policy \(PoLCE\)](#) where the evidence has changed.
- Additional areas that others have identified as being PoLCE that are not currently in the North Central London policy and where we consider it appropriate to review.
- Procedures where the clinical evidence suggests we should make changes to thresholds to improve outcomes for patients.
- The decommissioning of homeopathic treatments at UCLH.

Dr Mahmoodi outlined the proposals for each procedure included in the consultation and explained why the CCG had selected these treatments for review.

Questions and comments received on the Adherence to Evidence Based Medicine Consultation presentation

Q: How many gallbladders are being taken out when there are no symptoms?

A: This consultation is about introducing a consistent threshold for putting forward patients for surgery.

Q: View regarding this is about taking away patient choice.

A: If patients need surgery, they will be offered choice under the NHS Constitution

Q: How do you know that being an outlier is a feature of anything?

A: There has been a full review of data related to the consultation. Enfield is an outlier for some treatments that are being reviewed.

Q: Issue raised: Discussion needed regarding deficit and its implications; funding for Enfield CCG.

A: We are an organisation in special measures and as a result, NHS England have asked us to carefully review each area of spending. Whilst we are doing this because of our financial position the work was clinically led and evidence based.

Q: Query regarding the clinical evidence – hearing aids – evidence being used. Have you consulted audiologists with this? - Particularly Chase Farm Hospital audiologists.

A: We have consulted clinicians and will continue to do so during and after this consultation.

Q: Are varicose veins on the list?

A: No, but they are on the existing PoLCE policy

Q: There has been no mention of mental health are there any plans to make changes or introduce thresholds?

A: No.

Q: Are hips replacements parts of this consultation?

A: Hip replacements were on an earlier list – and have now been taken off.

Q: The consultation period is too short and should be extended.

A: We will review the engagement so far. We have two further events planned in the South East, which have been independently organised by Enfield Voluntary Action and Healthwatch.

5.0 Primary Care developments presentation

Enfield CCG's primary care team gave a presentation on the latest developments in primary care in Enfield.

5.1 Primary Care Access Hubs

There were three new Primary Care Access Hubs in Enfield, offering evening and weekend appointments for routine and urgent care.

The three locations are:

- Carlton House Surgery (Enfield Town)
- Woodberry Medical Practice (Winchmore Hill)
- Evergreen Primary Care Centre (Edmonton)

Access is through calling your own GP practice in hours, or calling NHS 111 or the hub directly on 03000 333 666 6:30pm-8pm weekdays, weekends and public holidays. More information on the hubs can be found on the CCG's website <http://www.enfieldccg.nhs.uk/primary-care-gp-hubs.htm> and an advertising campaign was launched.

Questions and comments on the primary care hubs

Q: Are medical records transferred to and from hubs?

A: The hubs will have access to your summary medical record and will update your GP practice with details of your appointment

Q: How have the hubs been advertised so far?

A: Information has gone out to all Enfield CCG stakeholders, including the voluntary section. A larger advertisement campaign was planned.

Q: Who is staffing the hubs?

A: Local GPs and nurses primarily supported by locum GPs

Q: Aware of NHS England funding for this initiative but my understanding was for it was for 4 hubs – what progress on the 4th?

A: We did plan to have four hubs but the North East hub was not able to meet conditions placed on it by procurement committee. Between now and June we will be mapping data of where patients come from and which hub they choose to decide whether there was a need to commission a fourth hub.

Q: There is an unfortunate history of division of GPs – so how were contracts commissioned?

A: Through a restricted list based procurement which went out to all surgeries. We received 3 applications to provide 4 hubs. The contract was awarded through the CCG's procurement committee. No GPs take part in this committee meeting.

Q: South East hub is very booked up on weekdays – but Did Not Attend are a problem. The reason for DNA could be travel from North East to South East.

A: All hubs are asking patients to complete surveys that include travel/transport information. We will review DNAs as part of our wider data review.

Q: It's disappointing there is no hub in North East – it's a deprived area and there is great need.

A: We will review the need for a North East hub in summer 2017.

Q: Who are the lead GPs at each hub?

A: Carlton House – Dr Ghosh, Woodberry – Dr Lopez, Evergreen – Dr Grewal.

Q: Why did so few GP practices apply?

A: The specification was for collaboration.

Q: Where are we with new purpose built surgeries? These would help with collaboration and population growth.

A: There are some new planned developments in the future related to new housing developments.

Q: Is verbal or signed consent for transfer of medical record?

A. Patient gives verbal consent which is recorded in medical record.

Q: If you don't give access to your medical records to the survey the hub service – can they see you?

A. No consent means no appointment. The hub cannot see your full record just a summary which doesn't include sensitive data.

5.2 Patient Online Services

The primary care team gave an update on patient online services.

Practices are now contractually obliged to offer patients the opportunity to book an appointment, order a repeat prescription or access their medical records online. This is a means of increasing choice and convenience for all patients

Ambition ~ 20% of patients with an online account with 10% of patients using one or more online services by 31st March 2017

Q. Can you opt in and opt out of Summary Care Record (SCR) as required?

A. Yes. To be clear – a previous opt out for care. data does not mean that you have opted out of local summary care records.

Q. Could patients own their own record?

Patients can review a summary of their medical record if they have signed up for patient online. This is accessed via secure login on their own GP practice's website.

Q. How much protection is there for SCR?

A. SCR are secure as they are managed behind the NHS network N3 to security standards set by NHS Digital and information governance procedures.

Q. Shouldn't default position be one record accessed nationally?

A. SCR record across all acute and primary care.

Q. What is shared and what is not shared?

A. e.g. allergies, prescribed medications. Not completely comprehensive.

Q. Is this it just for GP appointments?

A. Yes, at the moment, patient online services are focused on primary care and interacting with your GP practice.

Q: Does North Middlesex Hospital share information with Chase Farm Hospital? Blood test information doesn't seem to be shared.

A. Your GP practice has your complete medical record. Investigations/test requested by hospital clinician goes back to requesting clinician and your GP will be sent a copy.

Q. How does repeat prescribing affect online access figures?

A. You can order repeat prescriptions online through your GP practice's website and this is a popular service.

Q. Has iPLATO (text messaging service that can be used for appointment reminders) decreased DNAs?

A. Yes for some practices.

5.3 Co-commissioning arrangements with NHS England

The Primary Care Team explained that following changes to the NHS under the Health and Social Care Act 2012, responsibility for primary care services was transferred from local organisations to the newly created national body NHS England on 1 April 2013.

From October 2015, the five CCGs in north central London (Barnet, Enfield, Camden, Haringey and Islington) took on formal joint commissioning responsibilities for GP services in partnership with NHS England – managed through an North Central London Primary Care Joint Co-Commissioning Committee.

Now Enfield CCG and the other NCL CCGs have moved to a delegated commissioning arrangement with NHS England for primary care, giving the CCG more control over local primary care developments in the future.

Questions and comments on delegated commissioning

Q: What is delegated commissioning of GP services?

A. HASC 2012 says NHS England commissions primary care – but they will now delegate budgets and responsibility to local CCGs.

Q. What is Personal Medical Services (PMS)?

A. Personal Medical Services (PMS) was a type of contract issued by Department of Health in 1990s. It allows GP practices to focus their services more on a particular need in their local population.

Q. North Central London primary care committee papers substantial – will fully delegated commissioning reduce paper work?

A. Hopefully yes and enable more local arrangements.

Q. Will you be rationalising PMS?

A. We will look at funding and whether services meet the needs of their own population.

Q. Will any GPs be returning because of PMS review. There are concerns that they will lose individual funding.

A. The potential impact has been taken into account. There are no plans to reduce services.

Q. How does it work? Is NCL making decision for Enfield? Enfield should be as independent as possible.

A. There is a lay majority on Committee. Lay vice member – Karen Trew.

Q. As you are assuming greater responsibility for primary care can we have a survey of member practices asking about the gap in GPs numbers, particularly those that plan to retire over the next few years.

A. Workforce planning will be considered going forwards.

6.0 Next patient and public engagement event

The next CCG patient and public engagement event will take place on Wednesday 21 June 2017 from 10am - 1pm will be at Cockfosters Centre for Spirituality. There were requests for mental health and primary care to be featured at next the PPE event.

For more information about PPE events please contact the communications and engagement team via email at communications@enfieldccg.nhs.uk.