



Enfield

Clinical Commissioning Group

Feedback Report on the Patient and Public Engagement (PPE) Event held on Wednesday 7 March 2018 9:30am-1pm Executive Suite, Dugdale Centre, Enfield

1.0 Introduction

NHS Enfield Clinical Commissioning Group (CCG) held its final patient and public engagement (PPE) event of the financial year 1 April 2017- 31 March 2018 on Wednesday 7 March 2018.

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.

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

25 members of the public attended this event.

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 **“Find out about our plans to improve local healthcare services in 2018/19.”** This theme was selected as this event was the final event of the 2017/18 financial year. The event also included an overview of the Quality, Innovation, Productivity and Prevention (QIPP) 2017-18 programme and a forward view for 2018/19.

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:

- The CCG's updated corporate objectives for 2017/18.
- The current financial position of the CCG and what we plan to spend in 2018/19.
- The joint management organisational structure across North Central London (NCL) CCGs.
- Strategic challenges across NCL and our system intentions across NCL for 2018/19
- The NCL Sustainability and Transformation Plan (NCL STP)

4.0 QIPP 2017/18 highlights and looking forward to 2018/19

Mark Eaton, Director of Recovery and Transformation gave a presentation about the CCG's QIPP achievements and future plans. QIPP is a national NHS programme focused on delivering financial viability for the NHS whilst delivering high quality services.

The CCG as of March 2018 was on track to deliver a QIPP plan of £15m of net savings in 2017/18 while continuing to maintain and invest in high quality services.

Highlights for the year are detailed in the presentation and generally were focused around investment in primary and community services, reducing admissions and length of hospital stays wherever clinically appropriate and also ensuring that more mental health patients are cared for in Enfield if they need an acute bed.

In 2018/19 the QIPP programme will continue to prioritise investment in primary and community care to support more proactive management of patients with long-term conditions, older people and children. New models of care will be developed to reduce the pressure on hospital services, as well as community diagnostics to

provide more care closer to home. Reducing medicines wastage and supporting clinicians to make more clinically and cost effective prescribing decisions will also be a priority. Some areas of the 2018/19 QIPP plan will involve collaboration with other CCGs across NCL – for example reducing running costs and estates costs.

Q: In our local A&E departments, patients have been being assessed by a GP first, but is there a national shortage of GPs?

A: There is a national shortage of GPs, but this support is essential to support A&E and these posts are recruited as an additional workforce.

Q. How are mental health beds funded?

A. We pay our local provider Barnet, Enfield and Haringey Mental Health Trust a block contract which funds acute beds. Out of area beds are commissioned at an extra cost from other providers.

Q. How have you moved mental health patients who need acute beds back into the area?

A. We have moved institutional patients out of acute beds to other community facilities. This has helped the mental health trust with acute bed management.

Q. Have GPs got freedom to change appointment slots?

A. It depends on individual practices. Access and quality are key contract deliverables and there can be innovation in how the GP practices deliver their services to meet the needs of their patients.

Q. What is the cost of missed appointments?

A. There is a cost to the NHS for missed appointments. Cost varies depending on the type of appointment. While we ask NHS services to follow up on the reasons for missed appointments, many reasons are genuine.

5.0 Primary Care Transformation achievements

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

One GP Federation

There is now one GP federation that formed in November 2017. The federation has eight directors, equally representative of Enfield's four localities. Enfield Healthcare Cooperative LTD (the federation) has been commissioned to develop Enfield's "Single Offer" which is a collection of eight locally commissioned services. This means that an extra £1.2m will be invested in primary care over the next 12 months.

Primary Care Hubs

A new extended access services provides additional GP appointments for urgent and routine care from 6:30pm-8pm weekdays and 8am-8pm on weekends and bank holidays.

The practice locations have been chosen so that patients across Enfield have good access. Patient feedback from the service is good and uptake of appointments is one of the best in London.

The launch of the new extended access hubs was supported by a local marketing campaign which included newspaper/Enfield Council magazine advertising, an outdoor advertising campaign (bus shelters, tube and overground station adverts), text messaging, social media, and stakeholder engagement. GP member practices have updated their websites and telephone answering machines and will be directing patients to the primary care hubs in hours where needed.

Long-term conditions (LTC) hub

This is a new service for north east locality patients aimed at reducing unwarranted variation the LTC outcomes across the locality and reducing acute admissions. GP practices in the North east can refer patients for 68 different health conditions across physical and mental health, to help improve patient self-care and condition management.

Information management and technology

New data sharing agreements and technology means that practices across Enfield can share access to patient records and patient correspondence (via expressed consent). This supports the delivery of high quality care and means that the patients can be seen at alternative GP practices if needed.

The CCG is continuing to invest in IT for primary care having already spent £1m on replacing technology at GP practices, and investing in iPlato (text messaging solution).

Estates

Five member practices have been relocated from converted private residential or Council properties to purpose built health centres. This has improved access and quality, as well as reducing the costs of void NHS estates.

Workforce

The NHS has an ageing clinical workforce, and it's important that we invest in the education and development of staff, particularly in attracting people to come and work in Enfield. We have recruited 15 general practice nurses to an education programme, and plan to recruit a further 8 in 2018/19. We have also recruited 10 healthcare assistants on apprenticeships. We have 3 advanced nurse practitioners on training schemes.

6.0 Primary Care Workshop

In working groups, patients reviewed a text message that was sent out to advertise the primary care hubs. Patients were asked to comment on and refine the text message.

7.0 Care Closer to Home

Patients were asked to work in groups and to tell the CCG which services could be delivered outside of hospital and closer to home.

8.0 Panel questions

Q. How does your GP know you have been seen by another GP at a different location?

A. The primary care records are now shared and will update with the details of any consultation within 48 hours.

Q. How is permission given to access patient records at a different practice.

A. Patients will be asked for their verbal consent during the consultation.

Q. The CCG could look at reducing repeat prescribing. For some items, I don't tick, yet I still receive them.

A. We are working closely with local pharmacists who are independent contractors, to improve the way that repeat prescriptions are managed. The CCG's position is that only items that the patient has expressly ordered (ticked) should be supplied.

Q. I am interested in the primary care hubs. I don't think GP receptionists know about them.

A. We have been promoting the hubs to all our stakeholders, including member practices through our internal e-communications bulletin. Each member practice has received advice on what to put on their website and answerphone, as well as how receptionists should redirect patients to the hubs if needed.

Q. Is there a shortage of MSK specialists? You have to wait a long time for an appointment.

A. There is a Specialist Clinical Assessment Service (SCAS) which provides a front-end triage to MSK, which should improve access times.

9.0 Next patient and public engagement event

The next CCG patient and public engagement event will take place on Wednesday 13 June 2018 2-5pm. Executive Suite, Dugdale Centre, Enfield.

For more information about PPE events please contact the communications and engagement team enfccg.communications@nhs.net or call 0203 688 2814.