

PATIENT AND PUBLIC ENGAGEMENT EVENT: 4 APRIL 2013



**NHS Enfield Clinical
Commissioning Group
Patient and Public Engagement
Event
4 April 2013**

SUMMARY REPORT

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Introduction

On 1 April 2013, NHS Enfield Clinical Commissioning Group (CCG) became the statutory body responsible for planning, monitoring and purchasing health services for people in Enfield.

NHS Enfield CCG has replaced Enfield Primary Care Trust, which was abolished as part of the changes in the Health and Social Care Act 2012, as the new local leader of the NHS. CCGs have taken on most of the PCT's responsibilities for patients in Enfield, but others have transferred to new organisations. You can find more details on the new NHS system here:

<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx>

NHS Enfield CCG has an important role in the new health system of purchasing and ensuring the quality of the hospital and community services that patients in Enfield use. We are a membership organisation which means local GP practices have signed a constitution to work together for the benefit of local people. Our Governing Body is made up of elected GPs from our 54 local practices, other healthcare professionals and lay members. The Governing Body meets bi-monthly in public at different venues around Enfield. You can find details of our Governing Body meetings on our website www.enfieldccg.nhs.uk.

NHS Enfield CCG is committed to putting local patients, communities and stakeholders at the centre of everything we do and to working in partnership to find solutions to the health and social care challenges facing the area. To begin this process, we organised a launch event on 4 April 2013. The main aims of this event were:

- to update the public on the development of Enfield CCG;
- to explain the new NHS system, our role in it and partnerships with other local organisations;
- to engage with stakeholders on our plans and priorities over the next year
- to give our stakeholders a chance to feedback their views and get more involved with NHS Enfield CCG.

This report has been produced to be a summary of this event and to highlight the key messages and learning from the discussions on the day.

Presentations

During the first half of the event, there were presentations on NHS Enfield CCG, our commissioning strategy and QIPP plans, and Healthwatch Enfield. The slides are available at:

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

and the key points are summarised below.

ABOUT NHS ENFIELD CCG: DR ALPESH PATEL, CHAIR AND LIZ WISE, CHIEF OFFICER

This presentation focused on our CCG's development and how our new organisation works. The key points were:

- our vision, mission and goals
- our four locality approach
- our Governing Body members and governance including sub-committees
- our challenges
- our focus on quality and safety
- how we are already making a difference.

This presentation emphasised how committed local GPs are to improve services for patients. Our GPs have a close relationship with other clinicians in Enfield and this has already been able to deliver changes to services that are only possible by peer leadership. For example, GPs have been working very closely with care homes in Enfield to improve the health of patients and with pharmacists to improve prescribing.

OUR HEALTH CHALLENGES: DR SHAHED AHMAD, JOINT DIRECTOR OF PUBLIC HEALTH

As part of the changes in the Health and Social Care Act 2012, local public health departments have moved from the NHS to councils. Dr Shahed Ahmad has a joint appointment to the senior leadership team of both the Council and NHS Enfield CCG. In this presentation, he talked about health needs in Enfield. The key points were:

- high level of poverty and child poverty

- large gap in life expectancy – the main causes being cancer, and circulatory and respiratory diseases
- health inequalities in the borough

This presentation also showed improvements such as how we are reducing childhood obesity and improving blood pressure control. It also explained the role of the new Health and Wellbeing Board and strategy. These are new statutory bodies managed by local authorities aimed at improving integrated working between local health care, social care, public health and the voluntary sector so that patients and carers experience more joined-up health and social care. The boards are also responsible for leading joint working on reducing health inequalities.

COMMISSIONING PLAN: RICHARD QUINTON, DIRECTOR OF FINANCE AND COMMISSIONING, NHS ENFIELD CCG

Richard Quinton explained our current financial position, which is that we begin 2013/14 with some financial challenges. Based on spending in Enfield last year, the CCG begins the financial year with a run-rate deficit of £19.2m. NHS Enfield CCG has a financial plan to reduce this gap in 2013/14 to £8m in 2014/15 and to end the financial year on 31 March 2015 in a break even position. Other key points from this presentation were:

- how we currently spend our money
- our commissioning plans
- our transformation programme and its key workstreams

Our transformation programme aims to redesign some local services to improve quality and to reduce our spending. By moving more services into the community we can focus on prevention and early diagnosis, provide more joined-up services and help people to live longer and healthier lives.

A QUESTION AND ANSWER SESSION FOLLOWED THE PRESENTATIONS



Question: We have heard a lot about engagement and we are impressed with your commitment to the community. Why is this event held at a time that is not suitable for professionals that work?

Answer: We understand that not everyone can attend events during the day and we will look to holding future events on different days and at different times and venues, to ensure we engage with as many people as possible. We also attend external meetings such as local area forums wherever possible. We welcome feedback and suggestions on our future events and meetings we can attend.

Question: Are your financial plans too optimistic? How stable are the organisations finances? What about the financial impact of other austerity measures such as the benefit changes? Will our local budgets be adjusted to deal with people who move out of central London and into Enfield? These people may have complex health needs.

Answer: The first slide showed how we have already reduced our spending gap from £40m to around £20m during the recent transitional changes, which is a big achievement. There is a significant financial challenge for the next two years, but we have a good team that is committed to solving the spending gap. GPs are very used to change and understand the challenges of running health services within a fixed budget. We will work closely, and have the support of NHS England in solving our financial and health challenges.

Question: Are we getting more money because we have an increasing population? If not, why not?

Answer: NHS England is still working through the financial allocation formula for CCGs. We have based our financial plans on current figures. Enfield PCT had a bigger budget because it had more responsibilities. There is around £150m difference

in funding between Enfield PCT and the CCG because other organisations have taken on some PCT responsibilities such as public health, primary care commissioning and specialised commissioning.

Question: There have been lots of good words said about continuity of care, but how will you commission it?

Answer: We have an integrated care strategy which is aimed at getting providers to work closer together to improve continuity of care. You can find out more in our integrated care workshop later this afternoon.

Question: I have reviewed the register of interests and I see that the private sector is represented. You need a policy on this. There is not enough information on the website about how you manage conflicts of interest. We need to be confident you are focused on health.

Answer: PCTs also were required to have registers of interests and policies around this, so this issue is not unique to CCGs as public bodies. We have a register of interests that is published on our website. We are working to improve the information on our website and intend to develop a section on this area as we know there is interest in all CCGs around this issue.

Generally, the way our conflict of interest policy works is:

- People are required to declare conflicts of interests
- This affects decisions about which committees and meetings they are allowed to attend
- Conflicts are also declared at the start of every meeting and you must leave if you have an interest.

Question: You say you are a new organisation, but I recognise lots of old faces! Do you have a new vision?

Answer: Our Governing Body is made up of eight GPs and only one has served in a clinical leadership role before. They are supported by experienced NHS managers who have worked in the local area before. It is really important that during a big system change, that we ensure that we keep the best, most experienced people working in Enfield. It does feel like a very different organisation and the fact that it is clinically-led

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is making a big difference already in our vision and our commissioning priorities. Many of the things we achieved in shadow form, a PCT could not have done.

Question: What sort of work are you going to do with voluntary sector organisations? We do a lot of preventative work and save the NHS money.

Answer: We are committed to working with the voluntary sector, both as stakeholders and providers. We don't have a written strategy for the voluntary sector, but we jointly commission services with the Council through our Section 75 agreement.

Question: What are you going to do to involve all health professionals such as optometrists in the CCG? Many GPs are not aware of schemes we run such as the minor eye conditions service.

Answer: Involving all clinicians from all disciplines is important in improving local health care. Our nurse member, Angela Dempsey is the link on the Governing Body for Allied Health Professionals. We have doctors and nurses on the Governing Body and we are committed to multidisciplinary working with our local pharmacists, dentists and opticians.

Question: Going back to the conflict of interests – how deep does this go? Can you be more open about how the organisation works and who is involved in each working group?

Answer: We recognise that this is a public concern nationally. All Governing Body members are committed to openness and transparency and have been very thorough in declaring any interests they might have. A conflict of interest means that you cannot see papers or be involved in any level of discussion about an issue. Liz Wise as Chief Officer and Richard Quinton as Director of Finance have personal responsibility within their job descriptions around upholding openness and transparency.

Concerns must be balanced with the huge benefits that clinical leadership can deliver.

Question: During the public health presentation, you mentioned the life expectancy gap, but there are other problems that contribute to this like unemployment, poor housing, low wages. I recognise your aspiration, but the NHS can't solve the problem of life expectancy because you don't have control over all the factors. You can't cure all ills.

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Answer: Public health teams also recognise this and this is why it is very important that we use our integrated relationship with Enfield Council to help drive change. Enfield Council has a good understanding of all the issues you have highlighted, and are committed to supporting public health to address them. We can also make big improvements in health by making small changes such as better blood pressure and cholesterol measurement and management. In the longer term, our Health and Wellbeing Board will be doing the detailed work on how lifestyle and social factors influence health. The CCG and voluntary sectors are members of this statutory body, which is managed by Enfield Council.



Workshop Sessions

Following the afternoon presentations and refreshments, two workshops took place:

- Barnet, Enfield and Haringey Clinical Strategy and Urgent Care
- Primary Care and Integrated Care

BEH CLINICAL STRATEGY – SIOBHAN HARRINGTON, PROGRAMME DIRECTOR
Siobhan gave an overview of the BEH Clinical Strategy which is about improving the quality and safety of care in our local hospitals.

The strategy was consulted on in 2007 and now, we are making plans to implement the changes. Barnet, Enfield and Haringey CCGs will take part in a final review of the clinical evidence in September 2013 before the final changes go ahead and will need to give their approval.

The planned changes will mean that maternity and accident and emergency services will be moved from the Chase Farm Hospital site to Barnet and North Middlesex Hospitals. This means that we can improve the consultant cover and give patients the specialist care they deserve. Chase Farm will focus instead on providing planned care and will be developing a new urgent care centre, paediatric assessment unit and older people's assessment unit.

These changes are in line with the developments of specialist hospital sites across London such as stroke and trauma units.

Feedback from the groups

The groups raised the following issues:

- The importance of educating people about the difference between an urgent care centre and A&E.
- The need to get people to use A&E responsibly
- The opening times for local urgent care centres
- What injuries and illnesses can be treated in an urgent care centre
- The importance of having good primary care services to support the BEH Clinical Strategy

URGENT CARE AND 111: DR RAJ MAZUMDER, NORTH CENTRAL LONDON CLINICAL LEAD FOR 111, ENFIELD GP AND GOVERNING BODY MEMBER WITH MARGEURITE MACFARLANE, URGENT CARE COMMISSIONER

This session explained the new 111 telephone number and how it works. Our local 111 provider is London Central West Unscheduled Care Collaborative and our local service was commissioned by our former PCT cluster NHS North Central London.

111 is available 24 hours a day, 365 days a year and is free to call from landlines and mobile phones. When you need medical help urgently, but you are not ill enough to call 999, 111 will provide advice and help in accessing urgent care.

Dr Mazumder explained that the 111 call handlers are highly trained and use a pathway script that is agreed by clinicians at the Royal Colleges to help them to identify your symptoms. There is always a clinician in the room and call handlers can ask for help at any time. The person you speak to will try and help you to access the best service for your needs. This may mean asking you to attend an urgent care centre, calling a dentist or going to a pharmacy for further treatment.

Doctors regularly review all calls taken to ensure that our provider is giving the best quality service to our patients. During busy times, like Easter weekend, we also ensured more doctors were helping manage and monitor 111.

Feedback from the groups

- The group discussed some of the press coverage around 111 but were reassured that locally our provider was not experiencing similar problems
- The group discussed the differences between NHS Direct and 111.
- The group asked what the relationship between 111 and Barndoc, our local GP out of hours provider is. You now call 111 to access Barndoc services.

INTEGRATED CARE: GRAHAM MCDOUGALL, INTEGRATED CARE COMMISSIONER, ENFIELD CCG

Integrated care means a single pathway of care where there is no fragmentation. Care is clearly signposted and patients are supported at all times by multidisciplinary care teams working closely together. Integrated care enables health and social care services to be flexible, personal and seamless to the patient.

Graham described how NHS Enfield CCG will be focusing on developing integrated care for older people in 2013/1 and how this would work in practice, such as ensuring that no one is discharged from hospital at 10pm without a care package and the care homes project, which is focused on improving multidisciplinary working.

Feedback from the groups

- The group discussed the need for primary and secondary care to work together to deliver this vision
- The group discussed the need for early intervention, particularly for older men who aren't proactive in going to the doctor
- The group agreed that this was a good area for the CCG to focus on.

PRIMARY CARE, SEAN BARNETT, PRIMARY CARE LEAD, NHS ENFIELD CCG

Sean Barnett lead a discussion about the Primary Care Strategy. This strategy was developed by NHS North Central London and the five PCTs were given extra investment money by NHS England to improve local primary care services over the next three years. Enfield has received the biggest share of funding as it is recognised that there is the biggest need for improvement.

Last year, the Primary Care strategy delivered improvements such as the Minor Ailments Scheme and blood pressure machines.

Feedback from the groups

- The group discussed the importance of improving primary care locally
- The group discussed the primary care funding over the next two years

Feedback wall

Comments received throughout the day from the feedback wall

Would you allow a forum on the website?

Medication reviews should be undertaken regularly to reduce prescribing budgets

How will specialist health care, continuing care, and cancer care be dealt with in the future?

Does specialist care mean eventually no

Commissioning must not be purely on lowest cost as it compromises care in the end

Good health care must be a right.

You need to encourage healthy people to participate

We must not privatise health

I am not reassured by your comments on multidisciplinary working, you have only one nurse and she is supposed to liaise with every other profession. Why don't some of the GPs take this on and why not have other professions on the Board?

Would the CCG encourage a cross section of forums between the East and West Enfield residents? If so, how would we

Next steps

This is the first in a series of events that we will undertake as NHS Enfield CCG. Our next event will be held in September 2013.