

Feedback Report

Patient and Public Engagement Event

3 June 2015

Executive Suite, Dugdale Centre, Enfield Town

NHS Enfield CCG held our first Patient and Public Engagement event of 2015/16 on 3 June 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. 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.

We advertise PPE events widely using our website, Twitter (@EnfieldCCG), stakeholder list, patient participation groups, member practices bulletins and local newspaper advertising. Around 40 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>

The theme of this event was:

Getting the best value for every NHS pound. We want to discuss with you where we spend our money now, and how we should spend it in the future.

This topic was selected as it fits with the analysis and planning stage of the commissioning cycle, which is when commissioners review how to invest their 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.

Setting the scene

Teri Okoro, Governing Body Lay Member for PPE opened the event and gave a short presentation on Enfield CCG's financial position. Enfield is a financially challenged CCG. According to the NHS funding formula, which allocates money to

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each CCG based on a range of health indicators, we are under our “fair shares” allocation - which is the level of funding we need to buy health services for our local population. In 2013/14 we were £33m below target and last year we were £24m short. In 2015/16 we are forecast to be around £16.4m underfunded. While Enfield CCG broke even in its first year thanks to receiving one off funding from the North Central London risk share agreement, in the last financial year we recorded a deficit of £18.9m.

For 2015/16, Enfield CCG has forecast a deficit of £14.4m. At this event, our discussion topics focused on three priority areas where we think that we could improve quality while delivering better value for money through different investment decisions.

This report summarises some of the discussions we had during our group work led by the GP clinical lead for each area, supported by the CCG’s commissioning leads. Below is a short summary of the key themes that emerged from each topic. If you think we have missed anything really important, please let us know.

Finance and Quality, Innovation, Productivity and Prevention (QIPP)

This table was led by Dr Alpesh Patel, Clinical Vice-Chair of Enfield CCG and GP at White Lodge Medical Practice supported by Mike Seitz, Director of Recovery. It looked at Commissioning for Value principles, which evaluate how we currently spend money on a range of complex and long-term conditions and how we could spend money differently in the future on patient care, prioritising early intervention to keep people well for longer.

This table also had some discussions around some of the difficult decisions clinicians have to make on behalf of their patients in discussing treatment and lifestyle issues. Certain treatments do not always have a measurable clinical benefit and it’s important that the patient and GP work together to plan the most effective care to support their long-term health.

You said

On this table participants broadly agreed that a stronger prevention strategy was a good idea and it should particularly focus on supporting patients to understand what screening or prevention services were available locally, such as the health checks commissioned by Enfield Council, as well as clinicians supporting patients to understand more about their long-term condition and how their lifestyle choices can influence its development. The views of individual patients as an equal partner in their care were also important.

Integrated/planned care

This table was led by Dr Janet High, Governing Body member for South West Enfield, lead for Integrated Care and GP at Park Lodge Medical Centre supported by Graham MacDougall, Director of Strategy and Partnerships and Paul Allen, Commissioner for Integrated Care.

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This table had a number of factsheets about the current services commissioned for older people in Enfield. Integrated care is focused on keeping people well at home for longer, and an invest to save approach is taken. For example, we have invested in an Older People's Assessment (OPAU) at Chase Farm which provides high quality, same-day assessment and treatment for patients referred by their GP. For every £1 we have spent on OPAU we have saved £1.16 in preventing people attending hospital as an emergency. If the OPAU wasn't available about 70 percent of patients would have attended A&E over the next few days and around 25% could have been admitted to hospital.

You said

The discussion focused on a case study of "Margaret" and how her care could be improved. The table agreed with Enfield CCG's investment strategy for more integrated services to support patients like Margaret but made the following suggestions:

- Early referral to OPAU is very important
- Fast access to GP appointments and the named GP for over 75s is vital
- Communication between care professionals is important, but we should avoid professional overload and make sure the GP is involved as early as possible and takes the lead in care planning.
- Patients should have a single passport/record/joint care plan which is supported by IT systems that talk to each other across hospitals, GP practices and social care services.
- Some communications could be improved – e.g. hospital letters and appointment reminders
- People wanted more information on the impact on social care budgets and what the impact is on health and social care integrated teams.

Urgent Care

The third group was led by Dr Hardeep Bhupal, Governing Body member for South East Enfield, lead for unscheduled care and GP at Chalfont Road Surgery supported by Jenny Mazarelo, Joint Acting Assistant Director of Transformation and Peter Lathlean, Primary Care Project Manager.

This group focused on understanding the current urgent care system and included a fun quiz where people could guess how much it cost the NHS for patients to access different services.

You said

This group discussed local urgent care options including NHS 111, GP out-of-hours services, walk-in clinics, urgent care centres and A&E. It was felt that there was a very wide range of urgent care services but that people don't understand which ones to access and when. The key recommendations from this group included:

- More investment in the Choose Well campaign which explains local urgent care services to patients

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- Helping patients to understand what an emergency is and where to go for treatment
- Developing clear pathways for different illnesses and injuries
- Supporting people with communication needs e.g. translation to access urgent care
- More support for carers to help them with accessing urgent care.

Next steps

We would like to thank everyone for attending this event and all the feedback they have given us. The discussions from this event will be fed back to GP and managerial commissioners and they will inform the CCG's future commissioning direction and decisions.

We will use the feedback on these key areas at our PPE event either to move discussions forward on our investment decisions or where we can already start to implement change, to produce You said, we did feedback.

Our next PPE event is:

9 September 2015
10am-1pm
Dugdale Centre, Enfield Town

The focus of our next event will be our commissioning intentions.