

Feedback Report on the Patient and Public Engagement (PPE) Event held on Wednesday 20 July 2015 10am-1pm Green Towers Community Centre, 7 Plevna Road, London N9 0BU

1.0 Introduction

NHS Enfield Clinical Commissioning Group (CCG) held its first patient and public engagement (PPE) event of the financial year 1 April 2016- 31 March 2017 on Wednesday 20 July 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 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.

Around 30 people attended this event and we had a mixture of members of the public, members of Patient Participation Groups (PPGs), Healthwatch Enfield and representatives from the local voluntary sector groups including Enfield Lesbian, Gay, Bisexual, Transsexual (LGBT) forum and the Enfield Deaf Image Forum.

Based on feedback from participants at previous events, our PPE events are led by GPs and workshop focused. The presentations from this event are available on our website: <http://www.enfieldccg.nhs.uk/patient-and-public-engagement-events.htm>

2.0 Theme of the event

The theme of this event was “getting value for every NHS pound.” This theme was selected as this is the stage in the commissioning cycle where the CCG has its financial plans in place for the year and is allocating resources and deciding priorities for investment. Due to the difficult financial position of the CCG which is predicting a

financial deficit, every spending decision has to be taken very carefully to ensure that we are using limited NHS funding for the best of our whole population.

3.0 Setting the scene

Teri Okoro, Governing Body Lay Member for PPE hosted the event and welcomed everyone to the morning's presentation and workshops. She introduced some new Governing Body members including our new Chief Officer, Sarah Thompson.

Rob Whiteford our Chief Finance Officer opened the event with a presentation on our financial position in 2015/16 and our challenges for 2016/17.

The main challenges Enfield CCG faces this year are:

- Last year we had an in-year (run rate) deficit of £14.4m.
- This year the CCG had a planned a deficit of £14.9m in 2016/17 which included delivery of a £9.9m QIPP programme
- NHS England rejected our 16/17 plan of £14.9m deficit and require an additional £7.2m of QIPP savings to reduce the deficit of £7.7m
- Due to scale of the QIPP programme, difficult decisions are necessary.
- We have identified £3.6m of schemes towards the extra £7.2m QIPP required. These include: complex care, medicines wastage, reprocurement of services provided by the Commissioning Support Service (CSU), reduction in Procedures of Limited Clinical Effectiveness (POLCE), clinically-led change through right care.
- We are also exploring other savings opportunities including: vacancy freeze in corporate departments, contribution from partner CCGs and Right Care schemes.

We need to deliver £5.4m recurrently in 2016/17. If we do this and achieve our QIPP of £12.0m in 2017/18 the CCG will be in recurrent balance. We want to engage to quickly identify and implement clinically led opportunities. Today's workshops are part of this engagement.

Rob Whiteford also briefly talked about the North Central London Strategic Transformation plan. Every health and care system has been tasked with producing a five year Sustainability and Transformation Plan (STP) – to become sustainable and deliver the NHS Five Year Forward View – better health, better patient care and improved efficiency. North Central London partners are collaborating to develop and agree a plan. This includes clinical commissioning groups, hospitals and local authorities. The plan will provide access to transformation funding so that the NHS can invest in improving local services.

4.0 Workshops

Teri Okoro introduced the workshops. There were three workshops, which were timed to give each table the opportunity to talk about each topic. The workshops were:

- Repeat prescribing
- Paediatric Assessment Unit
- Future of primary care services

4.1 Summary of workshop feedback

A summary of the key feedback from the workshop is as follows:

4.2 Repeat prescribing

This workshop discussed how we could reduce medicines waste associated with repeat prescribing. Around 10% of the CCG's budget is spent on GP prescribing. In 2015-16 5.2 million items were prescribed by Enfield GPs at a cost of £37.8 million. Over 95% of items dispensed are on free prescriptions.

Medications ordered on behalf of patients by pharmacies, without the patient being contacted for confirmation, are often over ordered or ordered too soon. Many patients who receive repeat prescriptions often end up with too much medicine and stockpile it at home. This medicine will eventually go out of date which is another risk to patient safety and it requires safe disposal through local pharmacies

Proposal: *In the future, patients will be asked to confirm with their pharmacy or through their GP practices website what items they need every month rather than the items being automatically issued. GP surgeries will not accept repeat prescription orders from pharmacies without proof that the patient has requested the items.*

Groups were asked:

- *What do you think of these plans?*
- *How do think it would impact the way you or people you know order medicines?*
- *How could the CCG help member practices educate patients if we recommended a change to this system?*

Comments from repeat prescribing workshop

What do you think of these plans?

- Do not increase bureaucracy for patients
- Do not ban third party involvement but wish to verify the repeat request
- Focus on repeats only

Clinical Commissioning Group

- Ensure cost/benefit analysis on all plans to demonstrate impact
- Issue arose before electronic prescribing and is about how prescriptions are managed.
- Auditing important to ensure that patient has requested the repeat
- Can accept pharmacy initialling where appropriate but this will still be audited.

How do think it would impact the way you or people you know order medicines?

- Increased admin on patients in the short term but also savings.
- Better to minimise wastage than to decommission other services because of financial position.
- Compliance of patients on medication
- Ensuring patient needs are verified
- Renew medication online
- Patients support closer analysis of the process, but it can be complex when you are on multiple medications.
- Pharmacies need to be proactive about this.
- Better relationships between patient, practice and pharmacist.
- More medication reviews undertaken – so safer for patients and carers

How could the CCG help member practices educate patients if we recommended a change to this system?

- A message would need to go out to all patients in Enfield advertising the change – perhaps on right hand side of prescription?
- There needs to be an integrated communications strategy including patients, pharmacies and practices.
- Leaflets/posters for patients in waiting rooms and pharmacies in easy read language. Include visuals of the prescription to help explain the changes.
- Could we hold a medicines waste awareness day and display the amounts being taken back to pharmacies for disposal to help get message across?
- Look at other areas of waste not just medicines but other products given on prescription e.g. continence products.
- Develop a policy to support member practices to implement the change. Any new policy would need to focus on improving patient safety and reducing wastage.
- PPG leads can raise this issue with their PPGs and practices
- Do community education sessions especially for patients whose first language isn't English.
- Look at ways that other CCGs have approached this and take the best practice approach.

4.3 Future of Primary Care – GP services

This workshop used the draft “Patient Offer” as the basis of discussion. You can view the Patient Offer on the PPE slides <http://www.enfieldccg.nhs.uk/patient-and-public-engagement-events.htm>

The groups also reviewed some of the projects that the CCG has been undertaking to improve local primary care services and looked at the General Practice Forward View as a way of discussing the future plans GP services in England.

Comments from workshops:

- Patient online services - Mindful that patients have a preference about how they wish to book and interact with the practice. Most of the group would not like to use online services, however recognised that many patients would. Noted online appointments do not allow you to book BSL or other interpreters services which could reduce uptake.
- Capability to book appointment more than 1 month in advance not permitted. The rational is ratio of DNA for appointments booked so far in advance. SMS messaging cancellation feature could better support this.
- SMS – patients were generally positive, not being able to send a text unless responding to an SMS set by the practice was felt to be self-limiting.
- Telephone consultations – most in favour of telephone consultations, especially for patients with a good grasp of the English language. Attendees asked if some follow up appointments could be managed appropriately by telephone consultation rather than face to face.
- Extended / seven day working –broadly in favour for extended hours – questioned the research that backed weekend demand for services. Patients commented about certain practices not open during core hours which they saw as a priority ahead of a weekend services. A discussion ensued about the trade-off between accessibility of care vs the continuity of care. Patients felt the latter was vital to build a rapport with their family doctor, especially for those with life long and complex care. But recognised that other patients may be less wedded to a named GP under certain circumstances and services need to cater for a blend of both. For weekend provision it was felt morning services would be most appropriate if offered as morning, afternoon or evening session.
- Receptionists – what’s the distinction between the receptionist triaging or filtering a patient to the right clinician? One idea was to review developing a good practice guidance / protocol.
- Interpreters – most commented that access to interpreters was poor and delayed access to primary care services – was there any technology that could be established to streamline and reduce these bottlenecks?
- Communications and engagement – more honesty from the CCG about what is achievable within our financial constraint. One commented she

Clinical Commissioning Group

would rather see the CCG “undersell and over perform” than the reverse. Most commented on the lack of tools be it verbal or electronic to support better self-care management, most suggested more can be done to promote NHS choices and their GP website.

- PPG – could be better utilised to support more informal engagement with patients.

GP workforce capacity – table discussions accepted that the GP workforce was under pressure and that the future look and feel of primary care would become multidisciplinary to plug the gap in service provision, as the only means for absorbing the current demand for PC services.

4.5 Paediatric Assessment Unit

This workshop was aimed at discussing how children, young people their families and carers accessed urgent care and in particular, the Paediatric Assessment Unit at Chase Farm Hospital. A range of issues were discussed with current local provision at the Chase Farm site including: staffing and skills, cost, Chase Farm site redevelopment, range of services available, choice and low attendance figures. A full description of each of these issues can be found in the presentation.

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

Comments from workshops:

Paediatric Assessment Unit (PAU) at Chase Farm Hospital

The session started with the Chair of ECCG presenting the information regarding PAU at Chase Farm. In the context of the presentation the following questions were raised and further discussions were held:

Table 1

- The level of awareness of the PAU at Chase Farm by local GPs
- Acknowledgement that GPs are confident in managing children or young person
- Preferred that Urgent Care Centre provides a walk in provision rather than referral based
- Acknowledgement that 2 attendees on average to the Chase Farm PAU was not cost effective
- Comment that decommissioning would not impact the North Mid greatly
- Raised concerns on the impact on staff if the Chase Farm PAU is decommissioned
- Is the public aware of what the service offers in PAU?
- The whole system needs to be invested in and strengthen rather than specific areas

Table 2

- Why/how was the need identified originally
- What has changed since the PAU opened

Clinical Commissioning Group

- Recognised that children with conditions that are in remission need access to health services promptly when that is not the case e.g. asthma. A walk in centre would be the better option than an appointment and referral pathway.
- Emergencies are directed to A & E at other hospitals who have inpatient beds
- The current activity is not cost effective
- Location is more convenient for some

Table 3

- More is less, we keep adding layers of services but we need simpler access
- Confusion over what is available where
- Self-help and prevention needs to be at the forefront of service provisions
- Money could be better spent elsewhere
- Service is not cost effective
- Can the expertise be used in other healthcare provisions?
- Parents need reassurance and sometimes it's the healthcare professionals that re-direct incorrectly rather than provide it themselves
- GPs find it difficult to say no

5.0 Next steps

5.1 Repeat prescribing

- Comments from the workshops will be used to develop the communications strategy for this project and the patient information posters and leaflets.

5.2 Future of Primary Care – GP services

- Comments received will be used to develop the Patient Offer and future primary care plans.

5.3 Paediatric Assessment Units

- Feedback from the group sessions will be used to develop an understanding of the issues around accessing children's urgent care services and services at the Chase Farm site.

6.0 Next patient and public engagement event

The next CCG patient and public engagement event will take place on Wednesday 16 November 2016 from 2pm - 5pm will be at Community House, Edmonton.

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