**Islington Patient Group meeting, November 2016**

## Introduction

Gerry McMullan, chair, welcomed attendees to the event. He outlined the aims of the meeting and role of the group.

The Patient Group is funded by the Clinical Commissioning Group to give an opportunity for the CCG to tell the community about how services are being commissioned and to ask for the communities views on issues of importance to the CCG. Healthwatch Islington has been commissioned to facilitate these meetings.

As well as these meetings, Healthwatch Islington has been working with Manor Gardens Health Advocacy Project and Every Voice to gather the views of Black and Minority Ethnic community members. Eleanor Tomlinson from Manor Gardens Health Advocacy Project highlighted the work that had been done with Kurdish speakers and Turkish speakers to gather their views. Non-English speakers obviously face additional barriers to services but highlighted the same issues as raised at the June patient group meeting. Every Voice's findings from the Islington Chinese Association and African Caribbean Community did the same.

Feedback from the last meeting had highlighted that there is a lack of information about what's on offer at Pharmacy Services and that patients who use A&E but could have been seen elsewhere need more information about where to go.

Katie Coleman GP and Vice chair of Islington Clinical Commissioning Group gave a presentation on how services are being planned across North Central London, thorough Sustainability and Transformation Plans.

## Why we have Sustainability and Transformation Plans (STP)

NHS England has requested Sustainability and Transformation Plans for all areas of the country. The plans are a key part of the plan to transform the NHS and make a national saving of £22bn. Islington needs to make this plan with its partners in North Cnetral London (Barnet, Camden, Enfield and Haringey). NHS and Local Authority colleagues have been asked to work on the plan.

This planning process is based on the rationale that health and social care operate within an interdependent system and that changes and pressures in one area impact on other parts of the system.

The North Central London plan is trying to achieve better health outcomes for our population, improved quality and to balance the finances. As part of this work Haringey and Islington will be working closer together.

## North Central London, the geography

North Central London is made up of five boroughs; Barnet, Camden, Enfield and Haringey and Islington. Within these boroughs there are over 200 GP practices, a

range of general and specialist services, community-based and social care services as well as London-wide services, for example, the London Ambulance Service. They provide services to around 1.5 million residents.

**The North Central London, the need**

People in North Central London are living longer but in poor health. Whilst overall life expectancy is increasing for residents across North Central London, people here on average live the last 20 years of their lives in poor health. For Islington this is much worse than the rest of England.

There are different ethnic groups with differing health needs. Health needs vary across Black and Minority Ethnic (BME) communities, e.g. there is a greater risk of diabetes, stroke or renal disease for some BME people compared to White British people

There is widespread deprivation and inequality. There are high levels of homelessness and households in temporary housing. Poverty and deprivation are key causes of poor health outcomes, 30% of children in North Central London grow up in child poverty and 6% live in households where no-one works

Lifestyle choices put local people at risk of poor health and early death. Smoking, alcohol consumption and poor diet contribute to poor health – alcohol related hospital stays are much higher than average in Islington and number of overweight children is much higher than national average.

Furthermore, there is significant movement into and out of North Central London.

There is not enough focus on prevention. Islington has high levels of avoidable deaths with around a quarter of deaths considered preventable. Disease and illness could be detected and managed much earlier. Many people in North Central London are unwell but do not know it as they have undiagnosed conditions, for example there are thought to be around 20,000 people who do not know they have diabetes. There is a lack of integrated care and support for those with a long term condition meaning many people with long term health conditions end up in hospital, especially in Islington.

Many people are in hospital beds who could be cared for closer to home. This has knock on effects on hospital waiting times. Hospitals are finding it difficult to meet increasingly demanding emergency standards

There are challenges in mental health provision. Levels of mental illness in North Central London are very high, both serious mental illness and common mental health problems. There are high rates of premature mortality, particularly in Haringey and Islington.

**The financial challenge**

Across North Central London, annual spend across health and care in North Central London is approximately £2.5bn. If boroughs made no changes, there would be a

deficit of £876m by 2021.The consequence of this would be that local health and social care services could not be maintained.

**The plan**

The aspiration is to help people who are well to stay healthy and help people to make healthier choices and live as independently as possible within their own homes and communities.

Commissioners and providers want to use their combined influence and powers to prevent poor health and wellbeing, deliver better health and social care closer to home wherever possible and reduce the costs of the health and social care system, so that it is affordable for the years to come. They aim to ensure services remain safe and of good quality.

The good news for Islington is that this builds on work already happening. For example, patients with complex needs had said that they wanted longer appointments and not to have to repeat their stories. This is being addressed by greater 'multi-disciplinary working', where care professionals from a range of disciplines input in to a person's care. Caremyway, the digital health care record for Islington residents will also help patients to take more control of their care. Residents registered with an Islington GP will have received information about this and information is also available on the CCG web-site.

**Questions and answers**

Q: IHUB is the extended hours GP service delivered across three sites in Islington and available to all Islington registered patients. Will this continue to be available?

A: There is funding to extend this service for the next three years.

Q: What is the timeframe for the Sustainability and Transformation Plan?

A: The plan needs to be implemented within the next five years.

Q: Will patients still be able to get referrals to services outside of the borough?

A: Yes. The right to patient choice is set out in the NHS Constitution.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

Q: Why has the funding for psychiatrists in primary care stopped?

A: This was a pilot project, whereby mental health workers have been placed in GP services. The plan is to extend this service but during the pilot there was an increased spend within hospital services and so this couldn't be continued. The plan is to roll this scheme out from April 2017.

Q: When can we see the plan?

A: The plan has already been published on the Camden Council web-site.

http://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3518090&

Q: What is the current financial deficit for North Central London?

A: Islington CCG has a break even position, Haringey has an almost break even position, and North Central London has a current deficit of £120mn.

Q: Within mental health services there has been a reduction in the number of hospital beds in recent years, and yet there is still a high need.

A: At the time that the number of beds was reduced there was a reduction in need. For the first year of the reduction, beds were kept open in case they were needed, this was run in parallel with increasing resources within community settings. The CCG has recognised that the need for beds is now increasing again and has commissioned an additional 16 beds.

Q: What is being done to make referral routes more accessible for Deaf people? Self-referral is not accessible.

A: The CCG recognises that services are not always getting this right. NCL CCGs will be commissioning certain services across 5 boroughs this may provide the economies of scale to think differently about how we commission for the deaf community. Patients can self-refer to a number of different services including physiotherapy and podiatry http://msk.whittington.nhs.uk/our-physiotherapy-and-podiatry-services/physiotherapy/ however there was a recognition that this was more complex for psychological therapies, but people could still self-refer via email and explain their needs this way. http://icope.nhs.uk/self-referral/#referral-fields

Q: What cuts are proposed to manage the funding gap?

A: There is a lot of duplication within the system and technology can help reduce some of this. For example, at present some documents are hand written and then scanned in to a computer. Being able to type information straight in to the computer, as GPs can, would save a lot of time. Also, if clinicians had more time to discuss options with patients they may choose different options which benefit the patient, but are also less invasive and therefore incur less cost.

Q: There is talk of encouraging greater use of pharmacy services but at the same time there are plans to reduce funding for pharmacy services.

A: Pharmacy services are currently commissioned by NHS England and there are no plans to change that. Therefore this is a worry.

Q: How can you pump prime primary care whilst saving money to get the efficiencies you need?

A: This issue is covered in the plan and we hope to get approval from NHS England for this.

Q: There are patients who find it hard to talk, and who are rushed through appointments, but we do have opinions and we need these to be heard.

A: There was applause from the audience and the speaker agreed.

Q: How can we manage these changes when we are struggling to recruit practice nurses who would be needed to deliver some of these services?

A: This is a continuing issue, exacerbated by the high cost of living and extends to GP recruitment. We need to think about how to make roles attractive and how to use different skills mixes within primary care and there is ongoing work on this issue.

Q: How do we get parity of esteem between mental and physical health amongst all these changes.

A: This is central to the CCG's planning.

Q: Tell us more about digital transformation.

A: The aim is for the NHS to go paperless by 2020. Islington is progressing this with Caremyway, which is a digital record.

Q: We need to be careful with discharging people early from hospital, particularly within mental health services. Discharge neds to be timely and considered involving key staff such as social workers. Mental health services used to have quiet space on the wards and this is not always used properly.

In part two of the meeting, attendees answered a series of questions proposed by Islington Clinical Commissioning Group. Below are table's responses to each question.

**CCG – Clinical Commissioning Group**

**STP – Sustainability and Transformation Plan**

**IHUB – GP services can now be accessed 7 days a week through 3 'hubs', anyone registered with an Islington GP can ask for an IHUB appointment from their regular GP**

## Which services are important to you?

**Across the tables, all services were raised as important.**

- GP, (7 tables)
- Pharmacy, (3 tables)
- Hospital
- Housing, (2 tables)
- Public health
- Doctor, dentist, housing, transport
- Mental health services (3 tables) improvement and the parity that was being discussed being reached, dementia care, support for carers.
- NHS Trusts,
- Ambulance services,
- Physiotherapy (2 tables), musculo-skeletal services, occupation therapy, sexual health, maternity services, cancer services, stroke services, prevention services, cardio-vascular.
- Integrated care (GP services) and (secondary care) (all services integrated)
- Access to communication for all
- A&E

## What isn't working and what would you change?

**Across tables attendees noted the pressures on services.**

- Shift from secondary to primary needed
- Podiatry – too long to wait (nursing home – no provision for many months); physiotherapy – too long a wait.
- GP appointment limitation and overload, (3 tables) are GPs able to record details from appointments (sometimes from memory) correctly? Can this be improved? More appointments. More time to discuss problems.
- At least the Healthwatch is holding a patient participation. Meets twice a year which is good and welcoming for patients. Feedback on the health and

care they receive from health providers in Islington but we need more meetings for more focus and discussion.
- Continuity of care needs to be improved
- Self-referral for Deaf people – need to change; people with long term conditions other than diabetes need to be listened to as well as understood
- Access

### What are we currently not doing that you would like us to?

**People raised concerns about possible re-organising of services because of funding pressures, and the need to make accessing services easier for all.**

- Have an honest discussion with public about likelihood that even with efficiency savings NHS services likely to deteriorate if planned funding cuts are implemented.
- Speed up the wait for hospital appointments
- Booking services – more facilities that are available to disabled people
- In a multi-GP surgery, the particular one sees at an appointment having had time to read any consultants' letters or other info prior to the appointment to be au fait with patient's situation
- Engage more with the patient and allow more patients' feedback on the STP plans as one session on the STP plans from CCG is not enough
- Co-ordination between services, e.g. cataract people didn't know about my epilepsy
- Increase patient awareness of IHUB (extended hours GP access)
- Listen!; HURRY UP! Where are the access to services for Deaf people; Pathway – too complicated; Get rid of CCG as it's a "Yes" or "No" service; TALKING SHOP! WHERE'S THE WALK?
- Think of the future = NOT CUTS

### What would improve health and care over the next five years?

- More money
- Easier to get a GP appointment; education about health (starting in schools) and ways of assessing advice
- That the treatment does truly become holistic; all aspects of patient care are looked at together. Mental and physical together.
- We need to get the STP plans right allowing all the key stakeholders to participate in this process to feedback and input for good STP plans ensuring health and social care
- Continuity of care improved
- Patient/service users led; Clearer signposting for all, including Deaf people; A need for a "Care Navigator" for disabled / Deaf.
- Authorities to listen more
- More GP appointments; more time to discuss; short waiting time for hospital appointments
- Clearer signposting for ALL including d/Deaf people

## Are there more services you would like to see delivered in community-based settings such as your GP practice or local pharmacy?

- More diabetes services in GP surgeries. More help with patients that suffer from kidney failure
- GP practices to have resident pharmacist two or three times a week, to take pressure off doctors
- Physiotherapy, podiatry, mental health, minor ailments
- Testing for bacterial versus viral infections and need for antibiotics
- I would like my community based small pharmacy, who give me fantastic support and advice, not [to be] under threat as they seem to be. Their closure would be a great loss to the community.
- Keep own local pharmacy to be more accessible; mental health support for GPs to ensure they deal with mental health patients; increase mental health funding to achieve parity between mental health and physical health.
- Blood tests in pharmacies – publicise which ones; minor ailment forms – more publicity
- Mental health
- Mental health support; GP practice  Patient Participation Group meeting often compromised disabled d/Deaf access to feedback/challenge
- Doctors to listen that bit more
- GP surgery should have physiotherapist (once in a week); Housing/ benefit people once in a week (Age UK no good).

## Any other comments

**Funding an access were the key concerns within additional comments raised.**

- Longer GP appointment times, i.e. more than 10 minutes
- Needs specifics of cuts
- For the process of the STP plans, engage with all the key stakeholders: patients, GP practices, clinicians, local authorities, health providers and others. More meetings are needed for transparency and accountability for the STP plans.
- More engagement with young black males who are reluctant to present with Mental Health problems
- I would like to see “core funds” on access for disabled and d/Deaf to access the voluntary and public sectors providers since the majority have a “low level of duty of care” and demonstrate a breach of the Equality Act 2010. Sadly CCG does not ensure that voluntary and public show compliance. Disability is NOT expensive, it is society’s attitude towards us that is expensive. Since we would have health issues across the board, experience social isolation and deprivation.