



Notes from Patient Reference Group 28th February 2019

Yvette Robbins Lay member of ESCCG's Governing Body and Chair of the Patient Reference Group (PRG) welcomed everyone and gave apologies from Dr Elango Vijaykumar Clinical Chair of East Surrey Clinical Commissioning Group.

No new conflicts of interest were declared.

New Integrated 111 and Out of Hours Service

Presentation by Simon Clark Head of Integrated Urgent Care Contracts Surrey Care UK.

The new integrated 111 and Out of Hours GP services goes live on 28th March following extensive patient and public engagement and a robust tendering process. Care UK won the contract.

NHS England directed that the 2 services be combined, streamlining the right people to the right service in a timely way with less need for patients to repeat their information.

Simon showed a video that explained how the integrated services will work followed by a question and answer session.

Access to the services hasn't changed and will be by phone or online. A team of clinicians (Drs, nurses, paramedics, MH advisors and dental health practitioners) will be able to diagnose, advise and treat. They will also be able to set up certain appointments e.g. with a GP, Walk- In centres or emergency dental treatments. The aim is for patients to receive more knowledgeable, helpful advice more quickly by bringing multiple healthcare professionals together.

For all emergency healthcare needs (anything that is not 999 or GP planned care) patients should use 111 – available 24 hours a day, 365 days a year.

All calls are free of charge from landlines and mobile phones.

Q Will 111 inform patients own GP of episode of care?

A Yes unless you prefer not. Care UK adhere to GDPR guidelines and 111 advisors will be able key medical information - summary care records from day 1 moving towards Surrey Care Records over time.

Q Who are Care UK?

A The biggest 111 and OOH care provider in the country. A private company providing NHS services.

Q How long will it take to answer the phone?

A Aim for 95% of calls to be answered within 1 minute but could be longer at peak times (Saturday mornings and 5.30pm weekday evenings).

Q What about people who don't have English as their first language?

A Translators (Language line) and type talk (for Deaf patients) are available for phone enquiries. Booklets and sign boards (East read) are used in home visits and the online facilities access a number of communication aids.

Q Can 111 dispatch an ambulance if necessary?

A Yes

Q How can 111 keep up to date with all available services for people to be directed to?

A There is a dedicated member of staff whose job is to compile and update a Directory of Services.

Q How will you communicate new integrated services?

A National campaign will be run by NHS England (national press and TV ads). Locally we will use all existing communication channels, including targeting GP practices.

Q With the current staffing crisis, how will you staff 111 and OOH?

A Most Drs are "jobbing" GPs working additional hours but within a supportive multidisciplinary team. Working in the integrated service model with telephone and online advice will reach more patients. Other staff, NHS trained, are often attracted to 111 due to working in different, non- traditional ways.

If there are any further questions please send them to Carol carol.rowley4@nhs.net

Integrated Primary and Urgent Care Service Model (IPUC)

Today we have chaotic, fragmented and confusing urgent care services with multiple entry points, different opening times, little continuity, high numbers of staff, high cost and poor patient experience.

With the following issues designing new services must prioritise optimising our workforce;

- General practice continues to face significant and growing pressure – due to an aging patient profile with more complex needs – not just physical but also mental health needs and social and environmental factors that require coordinated responses and go beyond the traditional medical model of care.
- Whilst the population growth in over 65s in England overall is expected to rise by 48.5% over the next twenty years, compared with to 62.4% in Crawley for example.
- Workload is higher than ever, with GPs and practice staff working ever increasing hours and struggling to maintain a work/life balance. This low morale has a direct knock-on effect on recruitment and retention of staff
- Patient want routine access to general practice across 7 days a week and into the evening
- We have a larger than average number of GPs aged over 55 and able to retire at any point
- We have areas with new housing developments and a growing numbers of patients in local care homes.

There are also increasing expectations from our population wanting to be seen in a timely way that suit their lifestyle.

The currently commissioned service is not set up to support this changing profile of demand.

The future needs to be more streamlined, better managed and integrated.

NHS 10 year plan encourages more collaboration between GPs and their teams and community services, as 'primary care networks', to increase the services they can provide jointly. It places an increasing focus on NHS organisations working with each other and their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

All localities will have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111 into the nearest IPUC site.

NHS 111/GP practices will have accessibility to appointments in each integrated site and the standalone Improved Access hubs.

<http://www.careukhealthcare.com/integrated-urgent-care>

Over time we will see;

- A booked system reducing walk in activity
- Limited entry points, easy to navigate via 111
- Convenient appointments at right place
- Fewer contacts, improved continuity
- Better patient experience
- More integrated primary & urgent care services closer to home
- Consistent open hours, at convenient times
- Reduced staff requirement
- Lower costs

Proposed arrangements for East Surrey

Primary Care Improved Access

Improved Access available depending on nearest site at:

- Queen Victoria Hospital
- Caterham Dene Hospital
- Crawley UTC
- Hawthorns Surgery
- Birchwood Practice

Caterham Dene Site

- Caterham Dene unit open Mon-Sun 08:00-20:00 with direct booking capability
- Phased move towards booked appointments
- Services available depending on population need
- Improved Access integrated on site
- IPUC Mon-Fri 16:00-20:00 & Sat-Sun 08:00-20:00
- Absorbing OOH base visits & significant volume re-patriated A&E minors

GP Out of Hours



Next Steps

- The 10 Year Plan and GP contract has introduced guidance that needs to be considered alongside our plans for Integrated Primary and Urgent Care
- We need to consider how the model will work and support any emerging 'Primary Care Networks'
- The CCGs will be working with Primary Care and practices to consider this over the coming few months
- Working with STP colleagues, patients and the public to develop our engagement plan and activities (March 2019)

Q How does this address the issue of staff shortages?

A New GPs want portfolio careers rather than full time salaried posts or practice partners. This new way of working will be more flexible and attractive and allow time to look after complex care patients within general practice.

Physiotherapy in GP Practices

An army of more than 20,000 physios, pharmacists and paramedics are to be recruited in England to work alongside under-pressure GPs.

The proposals will allow more physiotherapists to provide patients with musculoskeletal checks, which will help to free up time for GPs and reduce their workload – as musculoskeletal health issues currently account for around one in five of all GP appointments.

It's a model that is already working across the country to ensure patients see the right professional at the right time, while easing the pressure our GP colleagues are under.

We are currently trialing **First Contact Physiotherapists (FCP)** in 5 practices

An FCP is a specialist Physiotherapist with advanced skills who assesses the patient presenting with a musculoskeletal problem.

The benefits for GPs include the release of GP time through re-allocating appointments for patients with MSK problems with In-house MSK expertise gained.

For patients this means;

- Quick access to expert MSK assessment, diagnosis, treatment & advice
- Prevention of short-term problems becoming long-term conditions
- A shorter pathway, so patients have fewer appointments to attend
- Opportunity to gain lifestyle/physical activity advice
- Longer appointment times, meaning patients feel listened to, cared for and reassured

All leading to

Improved patient experience

Practices Participating....

Moathouse

Greystones

Lingfield

Holmhurst

Woodlands

Su Ryan asked the audience for their help in suggesting:

- The name FCP or Specialist Physiotherapist?

All agreed that Specialist Physiotherapist would mean more to patients.

- What is the best way to promote this service?

Use Practice Champions, PPGs and newsletters. Posters and leaflets in practices.

Musculoskeletal Self-Referral

Another new scheme, currently only for patients registered at Elizabeth House and or Lingfield Surgeries that, will allow patients to refer themselves to our physiotherapy services without having to see your GP first.

If you are 16 years old or above, and registered with either of these surgeries, you will be able to refer yourself for physiotherapy by completing a self-referral form.

Self-referral is suitable for patients with relatively simple conditions such as joint pain, strains and sprains and back/neck pain

Referrals will be assessed by our physiotherapy team who will ensure you are seen by the right service at the right time. If your self-referral is deemed unsuitable we will contact you to explain why and suggest a more appropriate route.

The explanations and language was tested with the group.

Round the PPGs

Caterham Valley

Reports that the current Online consultations are not working well and have not been unanimously well-received.

Townhill

Health Champions are filling the gap of the PPG (which is virtual and do not meet face to face). They have been helping patients to get online and make appointments, sitting with them in the waiting rooms.

There are also support groups for Carers and people with diabetes and a walking group.

Greystones

The practice is to have a new extension and PPG members will act as stewards guiding patients around the new building.

The PPG has also been fundraising

Birchwood

Birchwood has had a recent CQC inspection and PPG members were interviewed by assessment team.

Health Champions have been holding social coffee mornings, helping with walking groups, assisting patients getting online and supporting Carers.

There are currently 4 unused rooms which they are trying to persuade NHS England to open up.

Of 17,000 plus patients 925 are known to have diabetes which demonstrates the importance of this problem.

Planning of future health education evenings underway.

Oxted

Recent presentations by the Well- being prescription service and St Catherine's Hospice.

There were 90 appointments lost in the last month due to patients DNA and not cancelling (despite the practice texting reminders). The PPG are going to raise this issue and try to reduce the number and have sent an article to the local press.

The PPG have also been fundraising for a BP machine in the waiting room and had a really successful raffle at Christmas.

The NHS Long Term Plan and STP (Sustainable Transformation Partnerships) Update

As medicine advances, health needs change and society develops, so the NHS has to continually move forward so that in 10 years' time we have a service fit for the future.

The NHS Long Term Plan will do just that. Drawn up by those who know the NHS best – frontline health and care staff, patients and their families and other experts – the Long Term Plan is ambitious but realistic.

Published in January 2019 – the NHS Long term Plan sets out the ambitions and priorities of the NHS nationally.

- ✓ New service model to give patients more options, better support and properly joined-up care in the most appropriate place.
- ✓ Renewed focus on prevention and health inequalities.
- ✓ Further progress on care quality and outcomes.
- ✓ Easing the workforce pressures and supporting NHS staff.

- ✓ Upgrading technology across the NHS.
- ✓ Helping the NHS to a more sustainable and stable financial position.
- ✓ Changes that need to take place to support the Long-Term Plan, including creating Integrated Care Systems (ICSs) across the country.

Integrated care systems

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

In some areas, a partnership will evolve from these STPs to form an **integrated care system**, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

- ✓ Local services can provide better and more joined up care for patients when different organisations work together in this way.
- ✓ For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.
- ✓ By working alongside councils, and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.
- ✓ In return, integrated care system leaders gain greater freedoms to manage the operational and financial performance of services in their area.

What happens next?

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) now need to develop and implement their own strategies for the next five years. These strategies will set out how we intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities we serve – building on the work we have already been doing.

We have already started having **Our Health Our Care Our Future** conversations the first held at Reigate Baptist Church February 14 2019.

This meeting built on what we have already heard through our “Big Health and Care Conversation” across the area, and helped us to think about how we use the available money for health and care in the best possible way:

“We can do anything, but not everything”.

Attendees were firstly asked to help us prioritise changes and improvements that need to be made to ensure our populations continue to have the best possible care.

Priorities were selected from the content and context of the NHS Long Term Plan.

Whilst prioritising what we need to focus on most, participants were asked invited to concentrate on the **FUTURE** of health and care:

Facing up to our challenges

Understanding Need

Transforming services

Unwarranted variation – ensuring this does not happen

Resources and how we use them most effectively

Equity of access and care for our diverse population

The results of participant prioritisation (areas which they believe require most attention from ESCCG going forward) were as follows;

- Community and out of hospital care- integrated teams **19.4%**
- Mental health and wellbeing **17.9%**
- Prevention **17.9%**
- GP (Primary) Care **14.4%**
- Supporting people with long term conditions **12.2%**
- Dementia **5.7%**
- Maternity and Children's Services **5%**
- Cancer **2.9%**
- Digital solutions **2.9%**
- Improving Emergency Care **1.4%**

These results were reviewed by the group at the end of the session and accorded with the table top discussions that followed the prioritisation exercise. It seems that Cancer and Emergency Care scored low not because they are not considered to be of high importance, more likely because;

- a) People think that they are working/performing well and do not require additional effort at this time **or**
- b) National pressure and targets will ensure that they are not ignored.

Summary

The NHS is trying to fill gaps left by changes in society. We should think creatively about what resources already exist that we can use for maximum patient benefit.

We all need to work more closely together, but unless we can all share records and subsequent care plans, care will continue to be sporadic, fragmented and inequitable.

People need to take more responsibility for their own health, but too often rely on a paternalistic health service that promises “cradle to grave” treatment and care. Even when people are prepared to help themselves, they can feel disempowered and lack the necessary information and resources.

We should concentrate efforts locally on publicising what services are already readily available and “Make Every Contact Count”. All health and care staff should use every opportunity to inform and educate patients in regards to health and wellbeing, signposting to recognised support wherever possible.

Workforce is acknowledged as an area of great concern. Patients would prefer to see the same clinician for continuity of care but recognise that this will not always be possible moving forwards. There is a recognition that Allied Healthcare Professionals (pharmacists, physios, nurses, paramedics) can support primary care and may increasingly be the most appropriate first point of contact for patients rather than the GP. Patient Participation Groups may be helpful in reassuring the practice population about changes.

Look at all services and do not withdraw support in areas with good patient satisfaction and who are performing well

This early feedback seems to accord with the principles of the NHS Long Term Plan, particularly;

- ✓ New service model to give patients more options, better support and properly joined-up care in the most appropriate place.
- ✓ Renewed focus on prevention
- ✓ Easing the workforce pressures and supporting NHS staff.
- ✓ Changes that need to take place to support the Long-Term Plan, including creating Integrated Care Systems (ICSs) across the country.

We will continue these conversations with existing groups ensuring that the voice of those “seldom heard” are also listened to.

Unfortunately, due to really engaged conversations and challenge, the last two agenda items could not be discussed but the group agreed that they could be covered by including them in the meeting notes.

[NHS England Improvement and Assessment Framework](#)

NHS England has a legal duty (section 14Z16) to assess how well each CCG has discharged its public involvement duty (section 14Z2).

NHS England completed the first national assessment of patient and public participation in CCGs as part of the CCG Improvement and Assessment Framework in 2017/18.

Last year at the time of the IAF PPE assessment our new website was under construction, and issues with different browsers meant that not all information was visible to everyone and East Surrey CCG was rated as ‘Requires Improvement’ overall for PPE. Unfortunately we were not able to appeal the grading awarded once the website was fully

operational. We believe that these problems have now been resolved and hope that this year all of our evidence will be fully accessible.

The assurance process for this financial year has been launched and this time we are able to submit evidence in the form of our own assessment against set domains, as well as an external review of our website taking place by NHS England to verify what we have submitted.

Whilst we could have done this internally, we really wanted the insight and experience of our patients to help us to complete our assessment and so undertook this piece of work with a small working party of representative patients, Surrey County Council engagement colleague and Healthwatch and are grateful to members of the PRG for their help.

Over a working lunch we reviewed the proposed evidence (all available on the website), worked through the 5 domains:

- A. **Governance**
- B. **Annual reporting**
- C. **Day-to-day practice**
- D. **Feedback and evaluation**
- E. **Equalities and health inequalities**

And agreed a rating for submission.

The assessment for each domain is converted to a score as follows:

Outstanding =3

Good=2

Requires improvement=1

Inadequate= 0

ESCCG Scores

- A. Governance - **3**
- B. Annual reporting - **3**
- C. Day-to-day practice - **3**
- D. Feedback and evaluation - **3**
- E. Equalities and health inequalities – **2**

RAGG ratings are auto-generated from total scores as follows:

0-4=red

5-9=amber

10-13=green

14-15=green star

CCGs identify and submit evidence using the evidence template. Submissions then need to be signed off by the Accountable Officer of the CCG.

CCG Accountable Officers receive the outcome of their Patient and Community Engagement Indicator assessment prior to publication in July. Final scores for the indicator are published on the MyNHS website as part of the CCG ratings under the CCG Improvement and Assessment Framework.

The NHS Values

Our staff, volunteers and memberships have told us in staff surveys and workshops that there are a lot of good things about our organisation and things we should be proud of.

However, they have also told us there are areas that we are not doing so well on and which we need to improve. It is clear that this is something we need to change. Culture and values is all about people and how we behave so it is within our gift, everyone one of us, to collectively agree that we can do something about it.

Everything we do - every decision, piece of work, meeting, etc. - ultimately contributes to how we commission services for our people. The first step to us improving how we work in the future is ensuring that we bring the NHS Values to life in all that we do.



Previously the PRG agreed that these values should be present in the everyday workings of the NHS. That should not just include direct employees of the NHS, but those who use services and those who represent the NHS through their volunteering work.

What you can expect from the NHS and the NHS from you;

- Openness,
- Courtesy,
- Responsiveness,
- Respectful of other peoples' views and contributions

The NHS belongs to all of us.

Date of next meetings;

27th June 2019

7pm -9.30pm Nutfield Lodge Nutfield Road, Redhill, Surrey RH1 4ED

24th October 2019

7pm -9.30pm Nutfield Lodge Nutfield Road, Redhill, Surrey RH1 4ED