

Islington South Locality Patient Participation Group Meeting 25th March 2014

Note: unless otherwise indicated answers are from the person giving the presentation

No. of attendees (Patients, Practice Managers and GPs): 30

1. Welcome, introductions & apologies

Inyang Kubianga introduced the meeting and welcomed the participants.

Attendee asked whether anyone was a member of Healthwatch.

2. Matters arising from the last meeting

Q: Attendee asked why the subject of Donor cards (opting in/opting out) which they had raised as a subject of interest at locality meeting in September was not on the agenda for this meeting?

A: Lizzie Stimson explained items could not always make it to the next meeting but would be kept on a list for future meetings. She highlighted this had been raised by Katie Coleman previously at June 2013 meeting.

3. Welfare reforms and impact on Islington residents

Presentation given by Barry Curtis from the IMAX team at Islington Council focused on changes in welfare reforms and the impact on the residents of Islington: 'to make work pay'. Information around Atos assessments for Employment and Support Allowance (ESA) and Disability Living Allowance (DLA) was also given. Looked at available financial support etc to the Islington residents that are affected by the changes in welfare reforms. Attendees were invited to get in touch with IMAX if there was any information they wanted

Questions from attendees:

Q: On bedroom tax – is more council accommodation going to be made available?

A: People can downsize and then bigger properties are more available but it's not just about money. People do decide to stay and pay if they want to stay in the family home.

There are incentives for people of pensionable age to downsize.

Q: If people are being pushed to 1-beds is there enough 1-bed council housing available or are tenants going to have to move to rent from private landlords?

If this is the case what provision would be made for disabled tenants?

Q: In relation to people getting severe disability benefit – are you concerned/involved re what people are capable of?

A: Being moved into a new home can put strain on someone's health.

IMAX are a support organisation which seek to support clients through the current changes. There are other organisations in the borough too which do this. IMAX can also put patients in touch with these.

As an organisation IMAX have good results in many areas – including employability.

Please get in touch with them if you have any queries about your benefit changes.

Q: (Dr.Katie Coleman) A large percentage of my patients have problems working but want to be part of society and be involved. I see GPs role as helping people to be independent and be able to contribute in some way. Most people don't want to sit at home and do nothing.

Action: to follow up on requested information above.

4. ICCG update

This item was presented by Katie Coleman, giving an overview of ICCG how it is run and how the clinical commissioning budget breaks down. An explanation of the structure of ICCG Governing Body and members was given along with ICCG business objective sustaining their four priorities which are Quality, Organisational Development, System and Delivering Operating Plans. Presentation emphasised that bulk of the ICCG expenditure was allocated to acute and integrated care. Looked at who got ICCG contracts; this includes Whittington Hospital, UCLH and Camden & Islington Foundation Trust.

Questions from attendees:

Q: Are the GP positions salaried or voluntary?

A: They are salaried.

Q: How much is paid out?

A: The exact figure was not known but all management costs come out of a budget of £25 per head of (Islington) population (which has been assigned to every CCG).

It was also highlighted that an effective and successful Charity runs on total costs (includes management, buildings etc) are approximately between 5-10% of what is commissioned and ICCG's costs are way below 5%. This is a public service so its important it is run in a financially efficient way but it helps to put the total running costs in context.

Q: Regarding integrated and acute care, how much of the money is contributed to the maternity care unit?

A: A relatively small amount for maternity but I could not tell you the exact figure for A&E.

Q: Is there a system for assessing quality?

A: Yes, there is a monthly Clinical Quality Review Group at Whittington Health and within the ICCG there is a contract monitoring and quality group to look at how contract holders are performing. There are different kinds of quality assurances.

Q: Regarding the balance between community and hospitals how is that looked at?

A: This is a big issue: as needs of community are changing there will be changes in shifting costs from hospitals to communities so people should not need to use acute hospital care. The objective is to shift the hospital care to facilities in the community bringing care nearer to and in people's homes – with this some of the cost would be refocused on the community.

Q: Changes in health service can be unsettling to people, if they are not sure which services they should be accessing or how.

A: It is important to inform people – there is lots of discussion about how people go to A&E but we need to make sure that service are in place that will stop patients from using A&E inappropriately. We need to talk about what we are doing and show that things are happening.

It is the CCG's responsibility to improve the health of the local population and is to ensure there is a healthcare system which supports them to look after themselves and provides them with the right care when they need it.

Comments from attendees:

- *One practice which works with student doctors and this had made a big difference with regards reducing the appointment waiting time and general quality of service at his GP surgery.*
- *Concerns were raised regarding the communication between ICCG and the community. It was raised whether patients knew what CCG was and did and how patients fed into the CCG.*

It was highlighted that the CCG has strong engagement throughout the work it does. Engaging with patients across GP practice and local communities, using a range of methods.

It was also discussed that the thing most patients were really interested in were health services and community services in Islington. There is now work underway to improve communication to the local community.

Chair apologised that it has felt rushed and there was not enough time to look at things in more depth.

There was a general consensus that the agenda should be less packed for following meetings.

5. Dying Matters: Last Years of Life Insight

Presented by Sarah Burnard; joint project between St Joseph Hospice and ES at the ICCG to evaluate what patients and carers think about the care received in the last years of life.

Engagement Research carried out via a variety of methods including open public event and in depth phone interviews. An overview of results of research largely about the sense of isolation and loneliness of patients and carers.

As a result of the findings, a group called Voice for Change was formed for patients or carers involved in their last years of life or with life limiting illness and carers. Both actual and virtual meetings so as many people as possible can participate.

Comment from attendees:

- *Regarding bereavement services and the lack of care given for those experiencing bereavement.*
- *Other issues raised regarded the lack of communication with district nurses and the attempts to resolve this.*
- *Death being a taboo subject*
- *Everyone wants to be able to choose where they die whether this is hospital or home*
- *Movement called Death cafes to discuss what happens at the end. Advanced directives and living wills; people need to get to grips with it.*
- *Most people want to die at home*
- *Grief is devastating – and even if you are ‘prepared’ for a loved one’s death when it happens it is still a great shock – you need some support to be as prepared as possible beforehand e.g. will writing, bereavement counselling offered etc.*

SB would like to come back to the group to do something interactive and discuss in more depth how to practically prepare for dying and what Last Years of Life means to different people.

Announced Dying Matters awareness week 12-18th May 2014.

Dying Matters: you only die once event at Islington Town Hall, 14th May 10am to 4pm.

There will be lunch, advice on will writing, living with a long term condition, being a carer as well as advice on healthy living.

Also invited attendees to come to the next Voice for Change meetings details of the group attached with these minutes)

Closing and any other matters:

LS suggested looking at different venues to Laycock Street due to timing restrictions on the venue (no meetings past 8pm). All agreed.

It was asked whether at the next Pan-Islington meeting in June whether attendees would like to have stalls for health education, health promotion and information connected with the presentations at that meeting. All agreed.

Action: explore other accessible venues for South Islington Locality meetings