

NOTES/MINUTES FROM SOUTH LOCALITY 31st March 2015

Request from one of the attendees, Peter Gruner of Islington Tribune (pgruner@camdennewjournal.co.uk) to address the meeting about Mitchison Road surgery closure.

Islington Tribune ran a story to say surgery is closing in July after 20 years. Mr Gruner wanted to canvas opinion re this news and its effect and invited comments.

A patient said they were only informed by a letter; they are worried about knock-on effect on neighbouring practices; who is responsible for strategic planning; who will provide services.

No one present was able to answer definitively as the consultation had not yet taken place, but CCG staff invited patient input/feedback.

(UPDATE: NHS England is conducting a consultation with patients and stakeholders to determine the best way to provide GP services for the patients after July 2015. Two patient consultation meetings were held on 23 April at 2pm and 6pm at Harecourt United Reform Church. Patients will be informed about the outcome of the consultation by mid June 2015. At the meeting the two options for the practice were explained and discussed in more detail. The two options are:

- Another Organisation may be brought in (procured) to run an NHS GP practice from the current premises. If so, then existing patients will remain registered.
- The practice may close. This option can only happen if other local GP practices have enough space so that patients have a reasonable choice of where else they can register.

The current GPs will continue to provide services until 31.7.2015.)

LIVING WITH A LONG-TERM CONDITION

Presented by Julie Atkins, Whittington Health.

Queries and comments from the floor about positive thinking; making lists and doing things regularly; seeing a chemist if you can't get an appointment with your doctor quickly enough.

Not enough opportunities to go somewhere to talk, people with long term conditions need support. People often think they are on their own. Also people share ideas, and in talking to others, realise their condition might not be so difficult to live with.

A: People can learn triggers/patterns to their long-term condition, which allows them to help themselves more.

The chair who had done the course says it was very useful but it helps if a GP practice works with you; there was the suggestion that GPs do expert patient course themselves.

Is it self-referral or via a GP?

A: both. Also Whittington Health is starting to work with housing associations to publicise the service and make it more accessible.

Out of Hours (OOH)/111 SERVICES

presented by Dr Samit Shah, Becky Kingsnorth, Martin Machray of Islington Clinical Commissioning Group (CCG).

Currently there is lots of engagement (this is the last of 12 sessions), where CCG is presenting intentions and aims of procurement process and gathering feedback. After this meeting a report will come out addressing questions and reflecting conversations had. The report will inform the shape of services the CCG will commission.

Queries and comments from the floor:

A group in Camden is seeking legal redress because of no consultation, why is Islington not consulting?

A: formal consultation is only legally required if there are major changes to a service e.g. change in access. A consultation has rules and regulations, engagement has less "teeth" but ICCGs engagement would meet all statutory requirements. Islington CCG has done more engagement than any other of the CCGs involved in the procurement process.

There will be a Patient Reference Group (PRG) set up involving patients from all the areas involved in the joint procurement process. If interested in being part of this, please let the CCG know by contacting Rebecca.muncey@nhs.net.

5,500 people are on Mitchison Road list; NHS has a duty to consult on what to do with the patients.

A: The CCG needs to consult on things patients can affect: do you try to squeeze people in to other practices, do you set up another satellite service? The CCG welcomes patient input as to what would be patient preference.

Why is *type talk* being used - it is old technology and relies on people having a minicom at home.

A: NHS England is actively looking at apps etc. for the Deaf Community.

It is frustrating to have to repeat information if you have to call 111 more than once about the same problem.

Currently there is a 1 in 4 chance of getting through to the same 111 provider in which case last interactions are recorded. Also, 999 interactions would be tracked.

Would that be able to be seen at GPs?

Depends on areas. Islington GPs do want to be able to see that kind of information.

SUMMARY OF TABLE TOP DISCUSSIONS

- mixed experience of using 111/OOH service
- clinical input early on in decision-making is necessary – want assurance a doctor is available
- UCLH not St Pancras for Out of Hours Service
- don't want to have to repeat information given
- In terms of patient held records - there needs to be more explicit clarification about how records will be used and patient consent obtained.
- crucial to get clinical input early to get the right person quickly

All table top comments and suggestions will be collated and sent to PPG group members.

ANY OTHER BUSINESS

It was asked if patients wanted the meeting length to be reduced.

- Shorter sessions (2 hours) are of interest to a few.
- There was a general consensus that it would be a good idea if all locality meetings had the same agenda but with afternoon/evening options. That way people could attend at a date/time that is most convenient to them.