NOTES/MINUTES FROM NORTH LOCALITY 19th March 2015

LIVING WITH A LONG-TERM CONDITION  
Presented by Susan Barber, Whittington Health.

**Queries and comments** from the floor:

**Where the money is going to come from for self-education and education of others?**

A: Islington CCG are very forward looking and have been funding this kind of programme for several years. Funding from the Council to Whittington Health. Programme is set to continue in Islington and expanding to Camden and Haringey.

**Education is very important and that there are two aspects: money and expertise – need volunteers to be educators.**

A. People in Islington are offered DESMOND, a one-day course followed by a self-management course. All lay tutors come from the programme and then are trained (and assessed). SMP want people to continue to be self-educators.

**Some diseases eg muscular dystrophy are not recognised as a long-term condition and some patients are not offered opportunity to be included in self-management programme if their consultant is out of borough.**

A. It is possible to self refer. GP surgeries are reminded about this once a month and leaflets are sent. More outreach is necessary.

**Is the information on the internet? Can people able to use the internet, pass on information? What about facebook and social media?**

A. On Whittington Health’s website (http://www.whittington.nhs.uk) there is an option to find out more and there are videos about living with long-term conditions to view. The programme is for people who are not already considered to be self-managing.

**The internet is OK but it is really important to see people and talk person to person. Being open about having a condition perhaps makes it easier for others to relate to you. Tesco brochure on type 2 diabetes is excellent.**

**Action: to feedback about what ICCG is doing to reach people who would benefit quickly.**

Out of Hours (OOH)/111 SERVICES  
presented by Kath McClinton and David Davies of Islington Clinical Commissioning Group.

Currently there is lots of engagement (12 meetings); opinions and feedback is being taken on board and at the end of March a report will come out addressing questions and reflecting conversations had. This will be presented as part of the tender/procurement process.

**Queries and comments** from the floor:

**What is the attraction of working out of hours for ‘lesser’ doctors?**

A. Not all doctors are the same, some work out of practice in eg training and assessment. Better doctors will not work out of hours for less money. It comes down to remuneration.

**How do you assess suitability of doctors for OOH service?**

A. Compared to Harmony (the previous contract provider) Care UK (the current contract provider) does more to check their doctors by listening to calls and carrying out audits eg on productivity, complaints and praise. They conduct an out of hours appraisal.

**How do you get rid of ‘bad’ OOH doctors?**

Providers can get rid of them. Problem is that there are not always people to fill the positions

**We need good quality of care: a bike paramedic came quickly – but someone else had waited so long to get an ambulance that a neighbour ended up taking them to hospital.**

**What is the difference between the 111 system and the London Ambulance system?**

A. Both systems triage is very similar. There seems to be little point to have 2 systems so there will probably be just one in future.

**Will OOH services be local to Islington or not?**

A. We are concerned with making OOH doctors as good as possible. We can dictate the standards we require. Currently in Islington 20% of OOH doctors are local, whereas in Hackney 30% are local and part of a co-operative. We need high quality doctors with a good knowledge of local services.

We want to help doctors work locally but government is looking to make GPs to be available 8am-8pm, 7 days per week.

Fifty percent of Islington doctors are salaried and not partners in a practice.

**When patients are involved in consultation, CCG should provide a mentor/panel member etc to support them. The process can be very daunting with lots of information to read and absorb.**

A: there is going to be a Patient Reference Group set up, hopefully with 2-3 patient representatives from each of the five boroughs involved in the joint procurement process for OOH/111 to sit on panels. The process has to be understandable and doable if patients are going to give up their time.

**Table top discussions:**

Comments on post-it notes were collected to be read and included in the forthcoming report. Among points discussed were:

* Security of medical record sharing – consent needs to be given
* Yes, people would like for a 111 doctor to book an appointment at their own GP the next working day. Concern that some people might try to use this as a short cut to get an appointment: it was pointed out that this would only be done if the doctor thought it was the best course of action. We need to use the NHS responsibly, it is part of our national heritage and with rights to it come responsibilities to it also.
* Suggestion that the system could show automatically where people lived so that is one less question to ask

**Is this the end of urgent care centres?**

A: hopefully there will be one, integrated system in the future.

TOPIC SUGGESTIONS/COMMENTS FOR FUTURE SESSIONS

* It was suggested that PPG meetings reduced to 2 hours (from 2.5 hours) including 20-25 minutes for break and initial

Of attendees present just six wanted shorter meetings. The general feeling was that 2 hours is not overly long for the meeting, 90 minutes would be very difficult.

* Poor attendance to this meeting. Consider having only one meeting for all localities. Somebody can check attendance ie who comes from which practice. Also there are quarterly [actually biannual] Pan PPG meetings quarterly as well. Too many meetings! Needs to be for patients and not for doctors.
* Collection of patient data from GP Practices (as soon as government has made plans clear)
* How to reconcile the de facto conflict of interest arising from the co-commissioning of GP services by the CCG and NHS England.
* Systems for monitoring and creating an independent complaints service to which in practice complaints would automatically be notified as well as independently accessible.