**NOTES FROM NORTH SEPTEMBER 2015 MEETING**

Rebecca Muncey, Engagement Officer for the Clinical Commissioning Group gave an overview of engagement opportunities and committee member vacancies at the CCG. For futher information, please contact Rebecca on [rebecca.muncey@nhs.net](mailto:rebecca.muncey@nhs.net).

**1. Voluntary Action Islington presentation on services for Islington residents**

Mike Sheriff, CEO of Voluntary Action Islington (VAI) outlined the services that exist to support volunteering within the borough. These include support for those wanting to set up a charity or community interest group, those who have already set up such a group but need guidance and those wanting to volunteer (VAI runs a drop-in service on Tuesdays and Thursdays at their offices at 200a Pentonviller Road, London N1 9JP between 10am and 4pm).

VAI’s directory of local community organisations was also mentioned; this resource is available online and can help you find local organisations offering services such as mindfulness meditiation; support into work for people with Mental Health issues; social groups etc.

For more information on local volunteering opportunities please see [www.vai.org.uk](http://www.vai.org.uk) or call 020 7832 5800.

Summary of key points made at table-top discussions focussing on barriers to volunteering and how VAI could work more closely with GP surgeries.

* VAI could come to PPG meetings at the surgeries
* getting information about VAI and volunteering from GPs would be quite easy to do: eg by putting up posters; having specific targeted focus on specific services
* important to maximise the time and experience of third agers
* user friendly name to widen reach of Patient Participation Groups; could use the word ‘user’ instead as it is not just patients that are registered
* ensure Age UK navigators know about VAI
* Clinical Commissioning Group website should have links
* Practice websites should have links
* New patient registrations at surgeries; key information about the practice and associated services could be handed to new patients
* Publicise services at pharmacies and supermarkets on community noticeboards
* All surgeries could have a list on their website of health groups where patients could volunteer
* VAI could come to open days if surgeries have them

**2. Clinical Commissioning Group (CCG) presentation on achievements so far and commissioning intentions for the forthcoming year**

Paul Sinden, Director of Commissioning for the CCG and Lizzie Stimson, Engagement Lead for CCG.

Lizzie outlines the work that has been done around engagement and consultation with local population, especially with communities who tend not to have a ‘voice’. Feedback from engagement and consultation will help to inform future commissioning of services.

Paul looks at the CCGs challenges, achievements and future plans. Topics discussed included:

* the proposed iHubs which will deliver extended hours appointments which is being funded by Prime Minister’s Challenge fund. In Islington there will be three ihubs, one in each locality:

Andover for North Locality; Angel Medical Centre for South Locality; Islington Central or Central Locality

These ihubs are being trialled for 9-12 months and are networks of practices that will have integrated services e.g. community nurses, navigators etc.

* Also looking at value-based commissioning i.e. rewarding outcomes rather than the frequency of appointments, which is the current situation.
* Joint commissioning of GP contracts with NHS England going forward. Tapping into local GP knowledge is important to make services more efficient, so this approach will have benefit of local insight from local GPs while avoiding any conflict of interest..

**ACTION (from March 2015 PPG meeting): to clarify what is being done to find people with long term conditions in the community so they can benefit from early intervention and self-management.**

* NHS health checks are commissioned by Public Health and delivered in GP practices, some pharmacies and in the community, and aim to identify undiagnosed conditions in patients aged 35-74 without undiagnosed cardiovascular disease and who have not had a NHS health check during the last 5 years.
* Islington also has a primary care service which provides practices with extra support to help identify and manage undiagnosed long-term conditions and support patients at high risk of developing these conditions. Health checks for up to 75 year olds are also provided to identify condtions at an early stage with the aim of improving health outcomes.

**ACTION: to clarify what is possible with regards to being prescribed [alternative/ complimentary] treatments and access to gyms or exercise sessions**

Access to exercise and weight management courses can be made through GP practices (the services are commissioned by Public Health). Personal Health budgets can also be used for longer term use of gyms.

SUMMARY OF COMMENTS AND QUESTIONS

* There was a query about whether the overall budget for 2015/16 is more than the previous year; it is more [+1.5%] but asvthere has been an increase in the population it is effectively a loss.
* To save money, some hospital services are being returned to community and primary care eg outpatient follow-ups and ambulatory care and other ways of reducing overnight hospital admissions. In the future real cuts might have to be made.
* The care co-ordinator role ie a named GP will be maintained in the integrated care approach.
* A concern was raised about bigger wards in hospital and the effects on staffing with the merging of Victoria and Mercer wards at the Whittington Hospital given as specific examples.

**ACTION: to report back on the situation at the Whittington Hospital regarding staffing on the merged wards.**

* This will be taken to the next Whittington Trust contract meetings for quality.
* The CCG wants to improve monitoring and evaluation processes of services – in particular, diabetes and mental health services and pathways, along with iHubs.
* Islington CCG is the lead commissioner of Whittington Health. Islington CCG has invested £2–3million to community services; The contract has historically been based on a mix of cost and volume for hospital services and a block for community services. In response to a question the CCG acknowledged that a move to a more outcome-based contract would be beneficial and the CCG is working with Whittington Health to move towards a more outcome focused contract.
* There was a question about Out of Hours (OOH) and 111 services procurement (currently these services are being delivered by Care UK). OOH/111 services for North Central London will be the basis for procurement but because of the size of the contract and to get the right workforce, the CCG is looking at bigger organisations who will work collaboratively with local providers. So, eg Virgin would have to work with local GPs. There will be market days to meet potential local providers. How the OOH service will work with core hours of GPs and pharmacies needs to be considered. NHS 111 services, Urgent Care, A&E and OOH all have clinical leads.
* Local GP co-ops who could offer the 111 service include Barndoc (currently serving Enfield, Barnet, Haringey) and PELC (Havering, Barking and Dagenham.
* It was suggested that a future presentation could be on GP federations. These federations will be a welcome help to GP practices but first step are the iHubs.
* NHS England comissions and monitors in-prison health services. The CCG commissions any health services prison populations need outside prison. Healthwatch could get involved with monitoring these services.
* A query about treatments/exercise on prescription highlighted Personal Health Budgets (PHBs) for continuing healthcare for people with long-term conditions. Rare treatments ie ones not normally available can be considered on a case by case basis via a GP or consultant and patients can ask their GP for exercise on prescription.

**EXTRA INFORMATION**

We are looking for patient chairs! If you are interested in being one of a pool of patient chairs and interested in helping the PPG meetings in this way, and would like to find out more, please get in touch with Naomi Peck ([naomi.peck@vai.org.uk](mailto:naomi.peck@vai.org.uk); 020 7832 5800) or Rebecca Muncey ([rebecca.muncey@nhs.net](mailto:rebecca.muncey@nhs.net))