

## **Haringey CCG Network Meeting – Feedback Report**

**Tuesday 27 May 2014, 2-4.30pm (Winkfield Resource Centre)**

### **Introduction:**

This meeting was arranged to talk to the network in more detail about some areas of the CCG's five year strategic plan, starting with a presentation by the CCG's Chief Officer. This was followed by presentations from Positiv Youth News Haringey and Healthwatch Haringey summarising the findings of two recent engagement projects which looked at how young people and men from some black and minority ethnic (BME) communities access primary health care services. The feedback reports from this engagement are available on the CCG's website:

[www.haringeyccg.nhs.uk/news/pyn.htm](http://www.haringeyccg.nhs.uk/news/pyn.htm)

The second part of the meeting focused on an important part of the CCG's five year plan: value-based commissioning (or commissioning for outcomes). This new approach to commissioning was introduced to the network in a presentation by the CCG's Assistant Director of Commissioning. Members were then invited to discuss and provide feedback to help the CCG introduce this way of commissioning in two areas: for people with diabetes and older people with frailty. This report summarises the main feedback from the network in the context of the following discussion areas:

- **Outcomes** - are we focusing on the right outcomes? If we could only measure a few, which should we choose?
- **Your use and experience of current services**
- **The future** - what would need to happen differently in future to help the outcomes be achieved?

### **1. Key themes from discussions**

- **Joined up care:** Better coordination between health professionals is needed and this will require data sharing and an improvement in IT services.
- **Educational resources:** Information empowers patients to manage their own conditions. Current programmes and initiatives lack visibility. The voluntary sector needs support and its services to be better publicised to patients.
- **Improving patient access:** Access to primary care appointments needs to be improved.

Overall, attendees felt that value-based commissioning looks like a better approach, but feel that it will be challenging to deliver.

### **2. Feedback summary on value-based outcomes for people with diabetes**

**Network members shared experiences and what needs to change to achieve positive outcomes:**

## **Monitoring**

- More support is needed for patients to self-monitor diabetes
- For some patients, very little monitoring takes place between check-ups.
- There is a lack of consistency between GP practices regarding advice and support.

## **Mental health and wellbeing**

- More attention should be paid to the mental health of diabetes patients. Depression is a big factor in not following diet and other self-care advice.
- Lifestyle coaches and counselling could empower patients to make healthier life decisions.

## **Improving patient access**

- The inequality in primary care IT across the borough needs to be addressed.
- Patients worry that booking appointments over the phone means losing slots to those who book online.
- Too many different appointments for people with diabetes can negatively impact the benefits of work and social life. Patients would prefer weekly one stop shops, similar to the UCH Macmillan cancer centre to replace scattered appointments at different times and locations to see dieticians, GPs etc. Some patients are willing to travel further for this model of care.
- Members called for a named clinician for those with co-morbidities and complex conditions who would help plan and co-ordinate their care.

## **Coordination and sharing information**

- A care coordinator working on the needs of the individual – not their condition.
- GPs put the onus on the patient to book other appointments and don't check if these are followed up: e.g. a retinal appointment. This puts vulnerable patients with insufficient support at a disadvantage.
- Accessible records (online and offline) could help patients monitor their condition.
- Shared records would improve the coordination of services.

## **Voluntary organisations**

- Providers should be commissioned to ensure voluntary groups are included in the service specifications. This would aid patient access to peer support groups.
- Diabetes is lacking any ongoing patient support groups in Haringey and it was felt that they should be supported – financially, too.
- Organisations could include those who can help with child care, money/financial planning and work – areas that impact on health and wellbeing.

## **Education**

- Many diabetes patients do not fully appreciate the severity of their condition.
- Support organisations need to be better publicised. Members in attendance had not heard of the Desmond or Daphne programmes.

- PPGs could hold more talks on diabetes and provide educational support from peers.
- Patients would welcome 'Expert Patient Programmes.'
- More support and information is need for carers on diet, exercise and general health.
- There is a need for touring health checks in the area – perhaps a health bus visiting hard to reach communities in the east of the borough.
- Navigating the NHS is a culture shock for those unaccustomed to ill health. Diagnosed patients could receive a leaflet of local support, online and offline, specific to their condition. Separate organisations offer these for stroke patients, heart patients etc, but could they be produced in a 'joined up' world?

### **3. Feedback summary on value-based outcomes for older people with frailty**

#### **Network members shared experiences and what needs to change to achieve positive outcomes:**

Attendees shared positive and negative experiences of services that overall praised integrated care when it was coordinated. Some patients felt that integrated care had enabled their relatives to live at home for longer. Patients felt empowered when involved in the decision making process, but frustrated when aspects of care were discontinued without explanation.

#### **Joined up care**

- The cost of fragmentation demands improvements in joined up care.
- Coordination of information sources would benefit from having navigators to help you get the information you need through "wellbeing organisations." A hub, e.g. a third sector organisation like Age UK – who would tap into the right access to help with prevention of ill health.
- Risk stratification and case finding – actively identifying people who need support of any kind that they might not know about, for example support with walking their dog – i.e. to be a trigger to provide a "social prescription" (wellbeing) as well as a health one.
- A befriending service could provide peer-to-peer support.
- People over 65 themselves could also be employed to be peer-to-peer care / information /education co-ordinators
- Support for carers is a serious gap in services.

#### **IT and sharing information**

- Sharing patients' records is necessary for joined up care to succeed.
- Patient consent is a concern. Healthwatch and patients supported an 'opt out' model where consent is assumed.

#### **Improving patient access**

- GPs should be the care coordinator and should be accessible by phone.

- There needs to be sufficient GP numbers trained and financially rewarded to work in a flexible way.
- Management in primary care needs to change if we want innovative practice.
- Patients reported being on hold for 15-20 minutes when booking appointments.
- All services must consider how patients can travel and if they need 'Dial a Ride.'

#### 4. Prioritising Outcomes

Attendees were asked use stickers to illustrate which outcomes they thought were the most important and should be prioritised. The outcome for older people with frailty that was given the highest priority was 'I want to feel I am treated with dignity.' For people with diabetes, the outcome with the most votes was "I want to feel able to monitor my diabetes." The full list of outcomes is shown below:

##### Outcomes

Older People outcome statements	Number of votes
I want to feel I am treated with dignity	8
I want to feel I have more company and contact	6
If I have dementia, I, and my carers, want to feel supported	6
I want to feel my decisions are listened to and acted on	4
I want to feel that my care is coordinated	4
My carers and I want early access to services so we can make decisions about my care	4
I want to be able to discuss my death	3
I want my quality of life to improve	3
I want to feel more supported	3
I want my mood to be better	3
I want to feel I have control over my care	2
I want to feel my carer and family are supported	2
I want to feel more independent	1
I want to feel I am less of a burden on family/friends	0

Diabetes outcome statements	Number of votes
I want to feel able to monitor my diabetes	6
I want to feel I can manage my own diabetes care	5
I want to feel that my life is not disrupted by my care (I don't lose too many days from work/school/etc)	4
I want to feel happy	4
I want to feel in control of my condition	4
I want to feel that all the people who are involved in my care are fully coordinated with each other	4
I want to be able to recognise symptoms of high/low blood sugar	4
I want to get access to services whenever I need them	4
I want to access to the right person/service at the right time	4
I want to understand how to manage my diabetes	4

I want to feel confident to manage my condition	3
I want to feel supported to manage my health	3
I want to feel free from anxiety	2
I want to feel that my family/carer is supported	2
I want to feel that I am always involved in the planning of my care	2
I want to get access to services whenever I need them	2
I want to be free of all symptoms of high/low blood sugar	1
I want to feel supported in managing problematic sexual issues (erectile dysfunction, etc.)	1

## 5. Next steps

The feedback from these discussions has been shared with the team who are responsible for developing the CCG's plans to introduce value-based commissioning in Haringey. We have asked them to report back to the network at a later stage to let us know how your feedback has been used.

## 6. Next meetings

The next network meetings will be held in the months below. Dates, times and venues will be confirmed as soon as possible:

- 21 July 2014 (afternoon) – focus on how the CCG monitors and improves the quality of health services in Haringey
- September – to look at annual commissioning intentions
- 16 October 2014 (afternoon) – annual stakeholder event to look at commissioning intentions with GPs, local providers etc.
- March – final network meeting of the year