

Haringey CCG Engagement Network Meeting
Tuesday 3 July 2018
Meeting notes

Attended by: Cathy Herman (Lay member and Vice Chair - Haringey CCG); Tony Hoolaghan (Chief Operating Officer - Haringey CCG and Islington CCG); Isha Richards (Senior Communications and Engagement Manager - Haringey CCG); Emer Delaney (Head of Communications - Haringey CCG and Islington CCG); Priyal Shah (Head of Integrated Commissioning for Adults - NHS Haringey CCG); Pauline Taylor (Head of Medicines Management, Haringey CCG); Geoffrey Ocen (Chief Executive of Bridge Renewal Trust (BRT)); Marcelle Van Tull (Bridge Homes from Hospital); Habte Lakew (Community Empowerment Manager - Bridge Renewal Trust); Val Chaggar (Business & Performance Manager – Healthwatch Haringey); Esther Myerson (PPG Central Haringey CHIN); Gloria Saffrey-Powel (CARIS Haringey); Graham Day (Haringey Wheelchair User Group); Helena Kania (CCG Patient Rep and West Haringey CHIN); Ivy Ansell (PPG - South east Haringey CHIN); Lauritz Hansen-Bay (Haringey Over 50s); Peter Richards (CCG Patient Rep and Haringey Over 50s); Rev. Gita Bond (Christ Church); Rod Wells (Haringey Keep Our NHS Public); Subodh Rathod (Wise Thoughts); Viv Sharma (CCG Patient rep); Chantelle Fatania (Haringey Council); Dimitra Lianou (St Mungos); Alison Vine (Healthwatch Haringey); Eleanor Lyden-Vieten (St Mungos & HAGA); Faiza Rizvi (BME Carers support service); Lydia Jones and Lva Simms (HAIL)

Apologies: Mike Wilson (Public Voice); Sarah Timms (NHS Haringey CCG); Ruth Johnson (South East Haringey CHIN); Faridoon Madon (PPG - South East Haringey CHIN);

1. Welcome introduction (Item 1)

Cathy Herman welcomed everyone to the meeting and a round of introductions was undertaken. Cathy informed the members of the Engagement Network meeting that The Bridge Renewal Trust and Public Voice had been re-commissioned to work with the CCG this year to support the CCG's public engagement including the running of the Engagement Network meetings.

Cathy explained the plan for the afternoon and said this meeting was being held to look at ways to improve our health service. It was emphasised that this is about strengthening engagement and that the feedback from members is invaluable to the CCG.

2. Engagement Network Membership survey (Item 2)

Overview of the key findings and recommendations from the membership survey

Geoffrey Ocen (Chief Executive, Bridge Renewal Trust) provided an update on the findings from the membership review survey which was conducted in May 2018. The membership survey was carried out by The Bridge to find out what is working and what needs improving with the Engagement Network. Special welcome was extended to new members: Eleanor Lyden-Vieten (St Mungos & HAGA) ; Faiza Rizvi (BME Carers support service); Lydia Jones and Lva Simms (HAIL). The following key points were noted:

- New memberships have widened the representation of population groups in Haringey including vulnerable adults, BME and LGBT related groups as well as new PPG (Patient Participation Group) members.
- Allow more time for discussions at the meetings as well as allowing queries to be submitted via emails after the meetings if necessary.
- Some members have difficulties with the 5pm finishing time for the meetings. Future meetings will be scheduled from 2.30pm – 4.30pm, which members agreed would be more convenient.

A brief discussion on the Engagement Network membership

One network member commented that there were not many patient participation group members. Geoffrey explained the aim is to have two representatives from each of the 4 CHINs (Care Closer to Home Integrated Networks) in Haringey. This target is being met.

Another member asked why the meetings aren't open to all patients. Geoffrey explained that it is intended that the PPG members from the different localities across the borough, as well as the various community group members, represent a cross section of patients/ residents at the meetings.

It was noted that 7 new members have been recruited to make a total of 39 members.

3. Prescribing medicine for minor illnesses consultation (Item 3)

Consultation led by NHS England around reducing prescriptions for minor illness medicines that can be bought over the counter. Presented by Pauline Taylor, Head of Medicines Management, Haringey CCG

The consultation proposes for GPs to stop prescribing medicines for minor illnesses that can usually be bought over the counter without a prescription, e.g. paracetamol or cough syrups.

The guidance covers the 33 minor illnesses as outlined below

Conditions that can be treated using over the counter medicines

Conditions	Conditions
<p>Self-limiting illnesses:</p> <ol style="list-style-type: none"> 1. Acute Sore Throat 2. Cold Sores 3. Conjunctivitis 4. Coughs and colds and nasal congestion 5. Cradle Cap (Seborrhoeic dermatitis – infants) 6. Haemorrhoids 7. Infant Colic 8. Mild Cystitis 	<ol style="list-style-type: none"> 19. Insect bites and stings 20. Mild Acne 21. Mild Dry Skin/Sunburn 22. Mild to Moderate Hay fever/Allergic Rhinitis 23. Minor burns and scalds 24. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain) 25. Mouth ulcers 26. Nappy Rash 27. Oral Thrush 28. Prevention of dental caries 29. Ringworm/Athletes foot 30. Teething/Mild toothache 31. Threadworms 32. Travel Sickness 33. Warts and Verrucae
<p>Minor illnesses suitable for self-care:</p> <ol style="list-style-type: none"> 9. Contact Dermatitis 10. Dandruff 11. Diarrhoea (Adults) 12. Dry Eyes/Sore tired Eyes 13. Earwax 14. Excessive sweating (Hyperhidrosis) 15. Head lice 16. Indigestion and Heartburn 17. Infrequent Migraine. 18. Infrequent constipation 	<p>Items:</p> <p>Probiotics Vitamins and Minerals.</p>

There will be exceptions in some circumstances or for some groups of people. For example, medicines will still be prescribed in the following circumstances (as outlined in the following diagrams):

Exceptions. Healthcare staff would still prescribe for:

- ✓ The treatment of long term illnesses e.g. arthritis
- ✓ The treatment of illnesses that are not serious but stop someone living life normally e.g. severe or frequent migraines
- ✓ Illnesses that are not normally serious but are not getting better e.g. a cough that lasts more than 3 weeks
- ✓ Patients with complex needs
- ✓ Treatments that are only available on prescription
- ✓ To treat a symptom of a more serious illness

- ✓ The medicine has a license which says it cannot be sold over the counter to certain groups of patients e.g. pregnant women or children
- ✓ If the medicine bought over the counter hasn't worked
- ✓ Where the healthcare staff considers that an individual's ability to self-manage is compromised because of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care

Haringey CCG wanted members' views on how this guidance should be implemented locally. Please see the following for the main discussion points, along with questions and answers on this item.

Discussion on prescribing medicine for minor illnesses consultation

Comments

- More local engagement should've been carried out on the initial national consultation.
- There should be exemptions for vulnerable groups who cannot afford to pay for medicines.
- One member was concerned that this guidance could lead to privatisation of services.
- The availability of more offline options to provide feedback especially for people who do not have access to online channels.
- People need to be more aware of the different places where over the counter medicines can be purchased e.g. supermarkets

Question and answers on prescribing medicines for minor illnesses consultation

Are there saving targets for this initiative?

Answer: We anticipate that implementation of the recommendations will save the NHS approximately £96,000 in medicines expenditure, which can be used to fund other areas of patient care.

Are these medicines affordable?

Answer: For many of the conditions considered as minor illnesses or suitable for self-care, no medicines are needed. Where medicines may help symptoms examples of the cost from supermarkets and pharmacies are as follows:

Paracetamol Liquid 100mg/5ml, 100ml - £1.77
Paracetamol Liquid 250mg/5ml, 100ml - £2.99
Cetirizine (for hay-fever) 10mg tablets, 14 from £0.99-£2.99
Paracetamol 500mg tablets, 16 – from £0.30

Feedback from the national consultation was that some groups (those of low income/lower socio-economic background) might not afford over the counter medicines.

How will this new guidance affect people who genuinely cannot afford to pay for medicines for these conditions?

Answer: There are exemptions to the guidance where the healthcare staff considers that an individual's ability to self-manage is compromised because of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care. Social vulnerability will include people who genuinely cannot afford to pay for medicines for these conditions owing to low income/ socio-economic background.

What are the other ways people can feed back their views on this consultation apart from online?

Answer: Residents can share their views on this consultation by contacting Haringey CCG's Medicines Management team via post or by calling 020 3688 2729. The deadline for feedback is Friday 31 August 2018.

Members were encouraged to submit any other comments they had on the consultation to the CCG's Medicines Management team via email, post or telephone by Friday 31 August.

4. Home from Hospital service update (Item 4)

Presentation provided by Priyal Shah (Head of Integrated Commissioning for Adults - NHS Haringey CCG) and Geoffrey Ocen (Chief Executive Officer of The Bridge Renewal Trust)

Home from Hospital service supports patients aged 18 and over to return and settle back in at home after discharge from hospital. Haringey CCG commissioned the Bridge Renewal Trust to deliver this service. The service offers practical and emotional support including food shopping, getting medications, ensuring the home is safe and warm, visits to GP appointments and help with accessing social activities in order to settle well in the community. Other key points:

- Up to 3 support visits over a 4-week period after discharge.
- A key aim is to reduce hospital readmission due to practical and emotional needs. Readmissions to hospital are now down to 7% from around 14% three years ago.
- Service aims to support care pathways by making sure services are joined up. Challenges include patients being confused about the roles

of the different care providers that they interact with and the need for the care providers to liaise better.

Discussion on Home from Hospital

Comments

- Access to the service by people with alcohol/ drug/ cirrhosis was discussed. It was noted that multi-agency working would assist with the review of what they need for their care. It was advised that where relevant, people with additional needs were referred to relevant agencies for support.
- Better information sharing is needed between the hospital and service provider and should be compliant with the new General Data Protection Regulations (GDPR).
- Some patients do not know what practical help they need or what other services they can access. Home from Hospital staff (Marcelle) mentioned that the Bridge has a well-established referral network which is used.

5. NHS 70th birthday and closing

Tony Hoolaghan, Chief Operating Officer - Haringey CCG and Islington CCG, highlighted the importance and achievements of the NHS over the last 70 years. Cathy also underlined the good work that the NHS does despite numerous challenges.

Cathy thanked everyone who attended and expressed her appreciation. She added that feedback from members was highly valued and looked forward to the next Engagement Network meeting.

The meeting ended with members taking a group photo with and sharing in the NHS 70th birthday cake.