

Haringey CCG Engagement Network

Tuesday 26 March 2019, 2:45pm – 4:45pm

Members present: Cathy Herman, (Lay Member, Haringey CCG), Dr Peter Christian (Haringey CCG Chair and local GP), Efa Mortty (Deputy Head of Medicines Management, Haringey CCG), Jalak Shukla (Senior Clinical Pharmacist, Federated4Health), Isha Richards (Communications and Engagement Manager, Haringey CCG), Geoffrey Ocen (CEO, Bridge Renewal Trust), Rev. Gita Bond (Christ Church), Gordon Peters (Frailty Steering Group), Ivy Ansell (South east Haringey CHIN), Joanne Stewart (Care Navigator), Lauritz Hansen-Bay (Haringey Over 50s), Lourdes Keever (Trustee of CAH), Robert Good (Haringey CCG), Rod Wells (Haringey Keep Our NHS Public)

Welcome

Cathy Herman, Engagement Network Chair, welcomed everyone to the meeting and set out the plan for the afternoon.

1. GP Contract, NHS Long Term Plan

Dr Peter Christian, Chair of Haringey CCG, provided an overview of the new GP contracts, as part of the [NHS Long Term Plan \(LTP\)](#) which was published in January 2019. Dr Christian went through some of the key highlights, including the planned £4.5 billion investment into primary and community care by 2023 to fund extra staff and resources; and the expectation for GP practices to operate as part of Primary Care Networks (PCN) to help deliver the plan's objectives. PCNs will see practices working more closely together and with community, mental health, social care, pharmacy, hospital and voluntary services to provide more proactive, co-ordinated, personalised care. Peter explained how this way of working will benefit Haringey patients and that the borough has already begun trialling this approach through its Care Closer to Home Integrated Networks.

Comments on the GP contracts

- Concern that GP practices are being forced into being a part of primary care networks in order to receive extra funding.
- Improve practice receptionists' effectiveness to triage patients.
- Improve service pathways so that patients don't have wasted appointments.
- Patients can sometimes feel 'abandoned' by their GP as soon as they are referred to secondary care as though the care from the GP ends when they are transferred to a hospital. There needs to be a more integrated approach or a dedicated care co-ordinator for patients.

- Referral and appointment administrative processes need to be improved, particularly for secondary care.

Questions

- **Is there anything the CCG can do/ is doing to incentivise GPs to do more social prescribing?**

Haringey CCG and Health Education England have commissioned 'active signposting' training to upskill general practice staff across Haringey, to help patients access the most appropriate person or service for their needs. This may be booking an appointment with the most appropriate professional within the GP practice, or signposting the patient to other health or social support services in the community. The Haringey GP Federation, Federated4Health, has trained 137 Haringey primary care receptionists in signposting so far. The primary care networks will also include dedicated staff responsible for social prescribing.

- **Will you be able to see your usual GP easily via these primary care networks?**

Patients will still be able to see their usual GP by booking an appointment in the usual ways at their practice. Primary Care Networks will enable patients to receive other forms of advice and treatment, where required, from other health professionals who will be working across practices. These include pharmacists, physician associates, physiotherapists, community paramedics and social prescribers.

- **Are practices being forced to get involved in these new primary care networks in order to secure the extra funding?**

Primary care networks will encourage a more collaborative approach amongst practices, as well as, with other health and social care services and the voluntary sector to provide more care and support within the community. The funding for these networks will be invested in additional staff and resources which will enable practices, that are part of these networks, to offer a wider range of services to their patients. For example, patients will be able to see a pharmacist or physiotherapist on-site, if required. The funding for primary care networks has been confirmed by the government as part of the [new GP contract](#).

- **Who decides which health professional is the best person to meet the patient's needs, in this new approach?**

As the first point of contact for patients, practice receptionists will play a key role in initially deciding which primary care health professional can best meet a patient's need. They will determine this by asking the patient for more information about their reason for booking an appointment. Practice

receptionists have been trained to be able to signpost patients to health or social support services in the community or triage appointments to the most appropriate health professional within the practice e.g. a doctor or nurse.

- **Is there anything in the Long Term Plan about how GPs can improve relationships with secondary care colleagues?**

The NHS Long Term Plan sets out how NHS organisations should work better together, as well as with local authorities in order to provide more integrated health and care services. This will include looking at how processes between primary and secondary care staff can be improved to deliver more seamless, co-ordinated care for patients.

In Haringey we have established/ are introducing initiatives to help strengthen communication and enable information to be shared more effectively between primary and secondary care. Examples include using an electronic referral system to refer patients for hospital and community care and plans to implement the new digital integrated health and care patient record, which will be able to be accessed by all the relevant health professionals connected to the patient's care.

We also regularly share learning and best practice with each other for instance, GPs can seek non-urgent medical advice from hospital consultants to help treat patients in primary care.

2. Over the counter medicines consultation update

Efa Mortty, Deputy Head of Medicines Management at Haringey CCG, provided an update on what the CCG has done in response to feedback from Network members last year on the [over the counter medicines consultation](#).

You said	We did
The guidance could discourage people from seeking advice	<ul style="list-style-type: none"> • Rolled out the national Help Us Help You community pharmacy campaign locally to help promote pharmacists as health professionals who can provide expert medical advice and treatment for minor illnesses.
Concerns that a more serious condition may be missed	<ul style="list-style-type: none"> • Organised a training event for local community pharmacists to cover this area of concern.
People on low income, with disabilities or communication issues would be more affected than others	<ul style="list-style-type: none"> • Produced a leaflet which makes it clear people on low income, with disabilities or communication

	<p>issues are covered by the general exceptions. The leaflet also advises patients that GPs could still prescribe in these circumstances and encourages them to access the community pharmacy minor ailments scheme too.</p>
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Efa also presented some patient communication materials which were created to provide more information about the changes to prescribing over the counter medicines, as well as, self-care advice. Network members were asked for their feedback on these materials.

Comments on over the counter medicines consultation

- Patients whose first language isn't English sometimes find it hard to communicate with pharmacists to explain their symptoms.

Questions

- **Do pharmacists have access to translation services, such as Language Line?**

Pharmacists do not have access to Language Line. This was piloted in a Haringey pharmacy a few years ago and was very rarely used. We are aware that pharmacies in Haringey employ local staff who often speak common languages spoken in Haringey. Patients often know where these pharmacies are and details of pharmacies with multi-lingual staff can be found on the NHS website <https://beta.nhs.uk/find-a-pharmacy/> under the departments and services page of individual pharmacies.

- **Will the medicines management leaflets be provided in different languages?**

Yes, we can print some of the leaflets in the most popular languages in Haringey.

3. Clinical pharmacists in General Practice

Jalak Shukla, Senior Clinical Pharmacist introduced the new clinical pharmacist in general practice service which will be rolled out across Haringey GP practices soon. The service will be delivered by Federated4Health, Haringey's GP federation. Nine clinical pharmacists have been recruited to provide the service across Haringey practices, which will initially focus on overs 65s. Jalak highlighted the benefits of the service for patients, such as longer appointments to discuss medication concerns and detailed medication reviews. She also showed a [video which illustrated how the service has](#)

[worked well at a practice in Bristol](#). Jalak presented various communication materials about the service aimed at patients, and asked Network members to provide feedback on them. The service wants to ensure that the communication materials are patient-friendly and will meet patients' needs.

General comments about the service

- A good idea if the patients are able to see the same pharmacist and build a rapport with them
- It will bring a better understanding of health issues and medication
- Having longer appointments will be beneficial for patients too. Some patients need longer appointments than others.
- Some were concerned that 9 clinical pharmacists spread across 37 practices isn't enough. Suggested that it might be better to start with fewer practices, gauge the response and then expand based around successes.
- Regarding data protection/ confidentiality - People feel more comfortable with a doctor having access to personal medical information rather than a pharmacist.
- The service leaflet could be advertised through door drops to households to maximise the likelihood of residents reading the material. It could also be promoted at community events, in educational and community establishments and attached to prescriptions.

Feedback on the patient feedback form and patient information leaflet:

- Like the colour scheme, but font is too small. Need to enlarge font and would not mind if it is double sided.
- Would prefer bigger NHS logo and for it to stand out more than that of the federation so that patients are not put off thinking it's a private company.
- Some elderly patients are not as IT savvy and so would like leaflets through the post.
- Can distribute to local churches, community centres, local magazines and even have them attached to prescriptions awaiting collection.
- Needs to be available in several languages, including Somali even if it is via a link or QR code online. Preferably, there should be a contact telephone number provided for translation – maybe an automated service where the user can choose their language by pressing options 1-10 for example. The instructions should tell the reader that the telephone number provided is for translation services and this should be provided in many different languages on the advertisement / published material.

Feedback on the What is a clinical pharmacist leaflet:

- Like the colour scheme. Need slightly less info and bigger font. Can put info in bullet points if needed.

- Remove one of the pictures of pharmacist consulting with a male patient to accommodate larger font.
- With literature regarding 'When will I see a clinical pharmacist?', under the sub-heading of 'Reviewing your medicines', only need first line, can scrap the rest.
- Under 'Medication review for the frail and elderly', only first paragraph needed.
- Rest of info is ok, but we can always shorten it and put bullet point.
- Need to put contact details of whom to contact for more info- e.g. reception.
- Can put QR code or Youtube link for more info
- The leaflet mentions elderly patients (65+) and there are lots of pictures of 'older' patients. Do Clinical Pharmacists also see younger people? If so there should be some mention on the flyer, even if it's just a picture.
- Different ethnic backgrounds should be placed on the front
- The white font on the blue background is easy to the eye and works really well as do the use of pictures although they should vary more and be smaller
- The same GP/ Health Practitioner is shown in both photos and in both instances the patients are men. It would be better to also see a female patient of ethnicity as well as a male patient. Such images could help build trust from ethnic minorities who don't currently access their GP as much due to perceived anxiety
- Less info should be displayed on the front, in exchange for a larger sized font
- More bullet points should be used for ease of digest
- What could be really great is a URL link as well as a QPR code (less desirable) which directs the reader to an educational / informative video online. If this could be available in many languages that would be great too. The video should be a similar format as the video guests were shown at the meeting. A link to a sound bite or translated soundbite could prove useful.
- Call for information option for residents who cannot read or who suffer from dyslexia or other learning difficulties
- Should remain simplistic

Questions

- **Will clinical pharmacists visit care homes as well?**

Haringey and Enfield CCGs have successfully recruited a clinical pharmacist and pharmacy technician to work across care homes in the two CCGs. This is part of an NHS England funded pilot programme. They started working with care homes in Enfield in March 2019 and will start working in Haringey June this year.

- **Haringey population is diverse; will the clinical pharmacists have access to translation facilities?**

The clinical pharmacists will have access to the translation services available at practices and will all receive sufficient training to be able to use the various options, such as Language Line.

