NHS
Lewisham
Clinical Commissioning Group

PUBLIC REFERENCE GROUP (PRG) MINUTES

Friday 11th October 2019 at Civic Suite

Present

Alex Camies (AC)	Member, PRG
Graham Carter (GC)	Member, PRG (Chair)
Neville Fernandes (NF)	Member, PRG
Husseina Hamza (HH)	Member, PRG
Anne Hooper (AH)	Lay Member
Jude Ibe (JI)	Member, PRG
Adrian Ingram (AI)	Member, PRG
Rosie Jackson (RJ)	Secretary, PRG (Minutes)
Juliet McCollin (JMc)	Member, PRG
Mabel Nwoko (MNw)	Member, PRG
Tony Pilkington (TP)	Member, PRG
Keith Walton (KW)	Member, PRG
Russell Cartwright (RC)	Head of Communications and Engagement
Teresa Rodriguez (TR)	Engagement Officer

In attendance

BSL Interpreters

Speakers

Dr Charles Gostling (CG)	Senior Clinical Director
Victor Ferreira (VF)	Commissioner Manager
Aimee Mutambo (AM)	Primary Care Pharmacist, Medicines Management Team

Apologies

James Campbell (JC)	Co-Chair, PRG
Michelle Nembhard (MNe)	Co-Chair, PRG

In the absence of both Co-Chairs GC agreed to chair the meeting.

1. Welcome and Declaration of Interests.

GC welcomed everyone to the meeting. No conflicts of interest declared.

Previous minutes agreed, RJ has picked up a minor typo, to let TR know for correction.

2. South East London CCG Merger update

RC gave a brief update of the CCG merger. The proposals have been approved by all SEL Governing bodies and Lewisham GP members. The proposed plans were sent to NHSE in September. CCG staff have seen outline structures for roles and functions which are not yet finalised, discussions are still taking place. Formal staff consultation begins 18th November.

The new model with merged CCGs is likely to go ahead and be in place for 1st April 2020.

There will be a Borough based board at local level which will work closely with local authority, hospitals and providers to ensure unique Lewisham views are considered and local needs are met.

Lewisham currently plan to continue PRG, however this is not definite as it is not yet clear what resources will be available. PEEF have recommended that the PRG continues. Resources for local engagement have not yet been confirmed.

KW stressed his opinion that it is important to keep local PRGs and local public involvement. AI suggested it might be an idea to streamline numbers in each PRG i.e. reduce size of PRGs rather than abandon PRGs altogether.

NF expressed his concern about waiting times at A&E, following his experience of a 6 hour wait at UHL A&E, he questioned whether this planned merger will improve or worsen situation. RC explained that the merger is driven by the NHS Long Term Plan; the merger aims to put CCGs in a stronger position. It is designed to reduce CCG management costs by 20% but will not affect services.
MNw asked whether there will be a reduction in numbers of CCG staff. RC said yes there will be an overall reduction across the 6 CCGs. He explained that for some time staff haven't been replaced and that the CCG has been running with lower staff levels.

3. BGL Diabetes Model of Care (CG and VF)

CG presented the issues and current model of care, a very well received presentation:

- Diabetes care is complex, the current local model doesn't meet the needs of individuals.
- Patients report that specialists in hospital don't know their case or understand their GP treatment plan.
- It has become clear that care occurs in various chunks with patients moving around a system and that communication is poor.
- Systems are disjointed and dysfunctional.
- Approximately 6,000 people in Lewisham have not been identified as diabetic, i.e. remain undiagnosed.
- Care must match needs of our diverse population, and be appropriate to age, ethnicity, housing and resident postcode, i.e. areas of deprivation.
- Care must be of consistent standard and not vary depending on GP practice.

CG outlined planned way forward and implementation of plan.

Diabetes is a health priority; funding have been received from directly from NHSE as well as via CCG commissioning to:

- Upskill Primary Care staff
- Support access to appropriate quality services

BGL is working to introduce a model that has been developed and shown to be effective in other parts of England. Supported by Lewisham CCG the GP Federation working with the newly formed Primary Care Networks and Lewisham and Greenwich Trust seeks to ensure that all staff have the required competencies to deliver effective diabetes care within a community focussed model of care. Consultant support will sit within community services. This approach has been hugely successful in other areas but cannot be done too quickly.

Year 1
From 1st April 2020 it is predicted that there will be a skilled workforce working with appropriate support to reduce the need for outpatient appointments with specialists seeing patients in the community.

- Begin public and patient engagement
- Training needs analysis
- Type 2 diabetic patients moved to community services
- Reduce outpatient appointments. Resources diverted to 'Super Six' and specialist support in Primary Care
- Primary Care and community services to focus on 3 target areas HbA1c, cholesterol and blood pressure
- Introduce group consultations

Year 2 April 2021 Everyone who has diabetes will have access to quality health care Federation between GP and community services in place

- Development of effective interventions for groups of people including those with mental illness and learning disabilities
- Psychological support
- Specialist services in community for those with type 1 diabetes
- Pre-conceptual diabetes services
- Support to care homes
- Diabetes support for patients with palliative care

The PRG members asked:

- How the federation between GP and community services is and what is meant by Virtual clinics? CG described role of One Health Lewisham. He explained that nurses working in Primary Care would work at an enhanced level. The Specialist would work alongside the Practice Nurse and GP. Multi-disciplinary clinical meetings will be part of the model where cases are discussed holistically, including social factors, not solely a medical model.

- Is this model focused on adults only? CG explained that this model focussed on adults, but with Type 1 diabetes many would be young adults. CG further explained that the diagnosis of type 1 as a child can reduce life expectancy by 15 – 20 years if effective care is not started promptly. Effective care from the start is essential. There should be a focus on effective transition from children to adult services. This can be a challenging time with a change in lifestyle and a change in treatment and care.

- Are there diabetic groups meeting locally in Lewisham? There was a monthly meeting supported by Diabetes UK, which no longer meets. Healthwatch had diabetic champions; Peer Support Facilitators. These facilitators worked 1 in each neighbourhood. Evaluation showed it added some value but not currently funded. There are adhoc group in practices, some patient, some health care professional led. CG said one of the Primary Care Lead Nurses is working on group consultation models for various long term conditions. AC talked about PPG Networks; she thinks the diabetes group was disbanded since no longer supported by Diabetes UK.

- Do the Diabetes Transformation team and the Mental Health Transformation team communicate? CG confirmed he sits on both boards and recognises that learning can be transferred across.

- Does the Diabetes transformation uses the Consultant Connect app? CG replied that it is not yet used for diabetes, but CG sees technologies as part of the solution. In the future it is intended the GP information system EMIS should be used by all healthcare professionals providing community diabetes services.

- Are there plans to engage with people suffering from inequalities? VF replied that it is critical to engage with this group. Intelligence is a 'must' to understand the distinct groups affected by diabetes. VF replied that a precise plan has not been designed yet. It was noted that one of the biggest inequalities related to diabetes concerns age e.g. young adults who are less likely to attend care and whose outcomes are poorer.

- Are genetic factors related to diabetes? CG explained there are genetic and environmental factors, and possibly viral infection triggers.

The group suggested and discussed:

- How patients will understand that the current model isn't working, why things are changing and moving to a new system and asked when individuals will see an impact on them.

- The new model needs to include mental health, IAPT and Social Prescribing.

- People with learning disabilities should have an annual health check. Support to encourage uptake of these checks which include check for diabetes could help to prevent/detect diabetes in people with learning disabilities and Down's syndrome.

- Other factors to consider include finances, variations in outcomes across the Borough. There is a need to benchmark, budget and outcomes across other areas.

- Prevention: JMc asked what information is available to people on how diabetes is increasing and what national Diabetes prevention model is linked to high obesity and high calorific food. She suggested honest frank conversations with patients are necessary. CG alluded to a significant increase in the burden of the complications of diabetes, included readmissions to hospital and diabetes related ulceration.

- Education: AI suggested Healthwatch could go into schools to give information on Diabetes. CG promoted the ongoing local Sugar Smart initiative and '1 mile' runs in schools by Public Health. KW, who chairs a local tenant's food initiative, suggested this platform is a way of discussing healthy eating.

To summarise CG asked whether the PRG thought the proposed model would work well in Lewisham. Members were positive but recognised that enhanced skills and knowledge of community health care professionals is vital and that these skilled staff must be consistent across the Borough. The model would provide less stressful, easier approach for patients.

For supports group consultations, there is a need for space for confidential and personal issues.

VF concluded the key priorities include stakeholder engagement. VF asked whether the PRG could help to think of indicators; measures of quality to help measure improvement from the service users perspective. The PRG Diabetes subgroup agreed to support this work.

Action: VF/CG/TR to organise Diabetes subgroup meeting to discuss indicators/measures of quality.

4. **Progress of actions from previous minutes. 'You said we did' – update**

Progress from previous minutes

- TR has shared the Healthwatch presentation with the PRG members. The presentation is not yet for sharing widely until confirmation received from HW
- PRG members details will be shared with HW to receive newsletter
- TR asked for people to let her know if planning to attend I-Thrive
- TR is awaiting the stated outcomes of the I-Thrive event for CYP subgroup
- Members of subgroups to send minutes/notes to TR is ongoing

'You said we did' – update

It was noted that 90% of the tracker was related to Pharmacy First which is on the agenda.

TR said that in future completed items will not show on the tracker, they will be there but hidden, which will make it easier to use as a working document.

5. Pharmacy First (AM)

AM gave a presentation, an overview and update on the Pharmacy First Scheme; it was the first time that the new cohort of PRG members had a presentation on this and there was much discussion.

The Pharmacy First scheme is open to all registered with a Lewisham GP. The pharmacist will give advice and support to people on the management of common ailments, including where necessary the supply of medicine (from a list of medicines that can be bought over the counter) for short term treatment. The service is due for a refresh and relaunch early 2020.

One of the purposes of the scheme is to reduce number of GP appointments, where an appointment is to request a prescription for a medicine that is available over the counter. It is not designed to move those that currently appropriately self-manage.

CPPE is the Centre for Pharmacy Postgraduate Education (CPPE) provides continuing professional development opportunities and learning materials for pharmacists.

Questions from the PRG were:

- Are the data linked up to see if the scheme is reducing demand for GP appointments? AM explained that it is difficult to correlate and match data to evidence this, and Lewisham population is increasing and demand not static.
- Would pharmacists in the scheme be opening at weekends?
- Are there systems in place for patient who overuse the service? AM replied there are currently no restrictions. Pharmacies are not aware, but the CCG will know and could set up system to reduce overusage.
- Do pharmacists signpost to GP if they have concerns or if the issue requires medical intervention? AM confirmed pharmacists would signpost appropriately.
- How is the quality of the service being audited, e.g. using patient feedback/satisfaction. Are details of how to comment/complain/compliment made clear for service users?
- Nurses are trained as non-medical prescribers. AM agreed that nurses, pharmacists and allied professionals are training as independent prescribers, however this is completely different; Pharmacy First is where pharmacists support patients to self-manage simple conditions and supply over the counter medicines. They do not prescribe medicines.

The group shared the following concerns:

- Some patients being directed from GP to Pharmacy may see this as a rejection.
- Is it a concern or risk that pharmacists have no access to patient records? AM reassured the group that the pharmacist asks all the relevant information required and that the medicines in the scheme are medicines that are available over the counter.

Suggestions:

- If pharmacies had a specialist nurse to give depot injections it would be useful for patients and could support a reduction in GP appointments.
- The scheme could be more widely publicised and advertised: posters, videos, phone line. For the latter, AM explained that currently resources are not available to support a patient phone line.
- When printing leaflets, consider the environment and reduce the amount of printed material. Possible use of videos and suggested that a BSL video could be incorporated on a corner of the information video.
- It would be useful to have Pharmacy First at the hospital.

The group also learnt about the CPPE the Centre for Pharmacy Postgraduate Education (CPPE) which provides continuing professional development opportunities and learning materials for pharmacists.

Another service available in some Lewisham GP practices is the 'Push Doctor', a face to face video consultation. If necessary, the GP will ask to book a further appointment in the surgery.

The PRG requested to see a draft of the revised leaflet before it goes to print. AM agreed this would be the case. It was suggested that it could be circulated to the group by email rather than waiting for the next meeting.

Action. AM to circulate Pharmacy First draft leaflet to the group for comments.

6. Any other business

TR thanked everyone who attended the BSL workshop, it was an enjoyable day and those who attended reported they gained and learnt a lot. AC had mentioned the training to a GP in her practice who had asked for the papers and material used. TR explained she was unable to share the material, they would need to contact the organisation who supplied the training.

TR informed of upcoming meetings

- 14th October Mental Health Stakeholder event at Civic Suite
- 16th October CYP I-Thrive event
- 25th October Learning Disabilities and Carers Big Health Day Kidbrooke
- 8th November - Falls prevention awareness– AC spoke of her exercise class which includes how to get up from a fall. She shared contact details with the group.

AI asked whether Falls comes under wellbeing umbrella. He noted that the Frailty subgroup haven't met yet.

NHS emails - several PRG members were unable to access nhs.net with passwords given. RJ suggested maybe they were time limited and had expired when access tried.
TR asked that everyone try to use their allocated passwords and to let her know if access unsuccessful.

Issue of electronic payment raised.

Next meeting 20th November 2019 9.30 – 12.30, Town Hall Chambers, room 304.

Actions

REF	ACTION	LEAD	DUE DATE	COMMENT
1	Organise Diabetes subgroup meeting to discuss indicators/measures of quality	TR	November 19	COMPLETE – Scheduled 20 November

2	Circulate Pharmacy First draft leaflet to the group for comments.	AM	Ongoing	Ongoing
3	Members of subgroups to provide minutes/notes to TR	All	Ongoing	ONGOING