



City and Hackney CCG: Response to recommendations from NHS Community Voice meetings (Feb 2015-June 2015)

The below provides a summary of responses from the CCG's programme boards to the recommendations collated from the NHS Community Voice meetings in City and Hackney, delivered by Healthwatch Hackney and Age UK East London between February-June 2015. We will provide a more detailed response and an update on the outcomes in the next issue of the PPI newsletter which goes out in September 2015.

Mostly, these responses are provided to the recommendations relevant to the CCG and do not cover recommendations relevant to other statutory bodies such as NHS England and London Borough of Hackney. We have also included the feedback loop that has been agreed.

1. Urgent Care and Out of Hours Care (30 March 2015, Prescribing and Medicines Management and Urgent Care programme boards)

Prescribing and Medicines Management

We will raise the possibility of texting patients when their prescriptions are ready to be collected as well as emergency supply of medicines in out of hours situations at the next Prescribing programme board meeting.

Urgent Care

Develop and promote clear and stable/long-term - message about the doorways to all primary out of hours services. This is something we are in the process of doing and will continue to do throughout the year, we have published several stories in the local newspapers about urgent care pathways and we will continue to do so throughout the year, we want to also conduct some specific outreach and workshops about urgent care with community groups and have started this with the PPI training but need to build on this early work.

Information centred on patient rather than individual service - one leaflet explaining simply how to access all Primary care out of hours (including pharmacies and emergency dentists) – We are working on this but are also waiting on evidence from the London Urgent and Emergency Care Transformation Network about whether such schemes work to create more demand. If the evidence shows that targeted campaigns help manage the demand appropriately we will begin the work over the summer months.

Priority to make sure these clear messages reach those who do not speak English well or at all, or have other communication needs. And that there is explanation

and support to then reach the service – We are working with all of our providers to ensure they offer translation services. We monitor this through our Urgent Care programme board and will be reviewing if there are any gaps.

CCG to look at satellites for Out of Hours so people don't have to go cross borough to Homerton. Issues people face are: a) taxi fares b) distance c) may well go to A&E anyway once got there – We are undertaking a formal review of the out of hours service which is due to be completed by the end of the summer and it will consider the affordability for additional OOH sites.

Clarify for patients the Duty Doctor Service - including cover and opening hours – Every patient in Hackney that has an urgent care need can call their surgery and request a call back by the Duty Doctor. This service is available between 8.30am and 6.30pm.

Revisit and review the VLC (Centre for Refugees from Vietnam, Laos and Cambodia) communities' understanding of Out of Hours in one year to see if there is any change in their knowledge of Out of Hours Care – We are keen to work with all community groups as part of our targeted engagement campaign.

2. Mental and Emotional Health support in the family (22 April 2015, Mental Health programme board)

Early intervention and schools- The document has been put on to the agenda of the Emotional wellbeing board which has LA/Schools/PH representation. This should stimulate some debate and hopefully some answers.

Better communication/parent involvement/navigation- Our user voice project is working on various aspects of this, including parent support groups/mentoring/school work/training service users and having the service users on interview panels etc. We can provide a report on this project if desired.

Better provision of talking therapies- We have excellent provision with maximum of 5 week waits to be seen, various therapies used and now our CAMHS alliance ensures that there is good communication by providers including the voluntary sector.

Interlink comments: There are single sex parenting groups running and Beth from First Steps has been working with the Charedi community of the last 9 years. She is looking for more men from the Community to co-run male groups and will work with Interlink and Look Ahead for this. Referral to CAMHS can be self -referral- we will ensure that this is better advertised.

Educational psychology support- Commissioned by the Learning Trust and schools themselves the CCG does not have a remit for this, although this is, and remains, a difficult issue. We have asked Interlink to provide us with a “map” of all voluntary groups in the Community working on children’s mental health – including CCG/LA/PH funded ones- so we then can meet to discuss gaps in provision and how we can work together to address these. We have offered to do a community meeting to exchange information.

Children with disabilities- We hope that the user voice project can address some of the feelings of isolation that carers expressed. CAMHS for disabilities services generally have good feedback but we will ensure that these comments are addressed by CAMHS. The newly commissioned Autistic Spectrum Disorder service will address some of the concerns about late diagnosis- this was clearly a gap identified by parents, schools and clinicians, which we have addressed.

3. Menopause (26 May 2015, Planned Care programme board)

Innovation Fund – We are funding a project by Hands Inc. aimed at raising awareness of menopause and the information, services and support that are available for women. As a result it is hoped that:

Women will be better able to manage menopause symptoms

Menopause peer-led group will provide women a support network. The programme will reduce stress levels of women experiencing menopausal symptoms.

Women feel more confident to express their health concerns with health professionals.

Health professional increased awareness of peri/menopause women's needs improves patient experience.

Health Professionals become aware of EMIS Menopause Templates to identify risks and initiate prevention strategies.

Primary Care - A large number of the recommendations were related to care delivered in primary care settings such as GP surgeries. The organisation responsible for commissioning primary care is NHS England, and the CCG's Planned Care programme board has agreed to write to them to share and to reiterate the recommendations.

Additionally, we will be working with the Primary Care Quality programme board to look at how women's experience of receiving support and care related to menopause can be improved.

Whilst we are keen to not over-medicalise the menopause, we also want to work with the Community Gynaecology Services in City and Hackney, who we hope will be able to support women in more complex cases.

4. Reablement and Integrated Care and Median Road (11 June 2015, Integrated Care and Better Care Fund programme board)

The London Borough of Hackney, the lead commissioner, made the decision to close Median Road. They are currently undertaking a review of bed based intermediate care. The council is planning to consult from July to September and have a business case submitted by October. Integrated Care /Better Care Fund patient and service user group will be involved in this process.

NHS Community Voice feedback loop

