Primary Care Patient/public engagement notes

PRIMARY CARE	**1 Session**
DATES:	**8 September 2015**
PRESENT:	**78 attended**

General Comments:

a) Estates issue – patients want easy access not to have to travel to a HUB
b) Secondary care integration issues – PBR issues
c) Amount of constant change an issue GPs need consistency for budget planning
d) Overall cost of medical training high
e) GPs have become to preventative should be diagnostic - preventative elements to be provided by other health care professionals
f) Media Bashing – discredits GP reputation negative public perception and does not encourage medical students to enter into GP training – NHS Choices a platform for negative comments with no ability for GPs to respond should be proactive – selling positives rather than negatives
g) HV and District nurses no longer in surgeries – service is disjointed
h) Full time locums and issue
i) 600/700 less trainee GPs in 2015 – National issue
j) Use the winter pressures model in the HUBS
k) Need medical social nursing integrated teams in HUBS
l) Locally services are disjointed, some GP practices are good but others are not. Some have moved with the times others have stood still.
m) The appointment system does not work, if you don't get through when you ring at 08:30 you don't get an appointment. This can have a knock on effect for employers with staff going on sick because they could not get a GP appointment
n) gatekeepers at reception are a problem
o) Are we at the stage where we needed a greater presence of less skilled staff to deal with specific conditions or issues?
p) Practices should hold cold and flu clinics over winter for all people not just high risk.

New Ideas:

a) Estates – best use of NHS buildings - sale of buildings to increase revenue.
b) Look at PAHT pharmacy opening hours – limited hours keep people in hospital – effects transport, social services etc. – need to review pharmacy availability
c) Contract reform required – red tape – GPs able to cover different practices
d) Working group to speak to speak to trainee GPs, employed for 5 years or soon to be employed - what do new GPs want? What would make becoming a GP in HMR more attractive? Speak to medical students??
e) Manchester University – 2 year prescribing course – trainee spends a day and half in practice – perfect for seeing patients with LTC, and supporting patient care plans. – But who would fund??? Medical training funding essential
f) PAHT to reduce jargon in patient correspondence - more patient friendly so GP appointments are not wasted trying to explain the hospital letters.
g) Patient Education/Possible charges for patients regarding inappropriate appointments e.g. DNAs and inappropriate second opinions
h) Physician Associates/ Pharmacists in surgeries – treating minor ailments and

increasing GP availability but who would fund? Funding required

i) All GPs to become salaried GPs employed by acute trust
j) Join up training practices - increased support with the aim of retaining trainee GPs once qualified and lock in contracts for 5 years
k) When an appointment is needed in advance you should be able to phone up and book one two weeks before needed. This would benefit patients with long term conditions Recruitment of GPs from abroad
l) Scrap the appointment system and have a triage nurse to see people arriving at surgery who decide if they need to see doctor, practice nurse, pharmacy or other service. Triage could be carried out by phone, on line or in person.
m) GP rounds in large workplaces to enable those in work to see a doctor. The employer could contribute to cost from savings made by less people being off sick.
n) Remove patients from practice list if they persistently fail to attend appointments without good reason and without notifying the practice.
o) Salary GPs and pay on the delivery of outcomes
p) 6. Forge closer working with GPs, pharmacists, opticians to deliver an integrated front end for primary care

Flipcharts RBUF 28/01/2016

How do we move money from acute to the community?

- 3rd sector – information sharing? When people move from secondary care they are no longer eligible for some 3rd sector services.
- Support organisations are not informed when clients move between services.
- Need improved communications.
- Carers are being excluded from conversations regarding care.
- New IT integration should include 3rd sector – working blind.
- Mental health must have points of esteem within the plans and communications.
- There are gaps, because there isn't enough support for carers. CMHT is forced to discharge people back to their GP, which puts increased strain on carers.

What happens if hubs become a bottleneck?

- Some people may use them inappropriately.
- The 7 day GP service is not well publicised.
- Community hubs should be 7 day access and they need to be integrated with medical records etc.
- Elderly mental health services need more resources or a spectrum of services.
- Should be needs-based not age-based.

We need:

- Move away from service users only being service users in one place
- A consistent referral process that is quite simple and robust
- Shadowing staff between different organisations and sharing office spaces
- A full audit of money coming into the sector and skills that all organisations have
- More holistic approach
- Shared values
- A good IT system to support collaboration
- Strong partnerships

- A big enough space to meet many organisations
- Flexibility
- Service user involvement and consultation
- Honesty between organisations to ensure there is no duplication
- Dedicated roles within organisations to support staff and organisations
- To include organisations of all sizes – smaller organisations make a big difference
- Partnerships between voluntary sector organisations and other organisations – needs support to create this – systems in place to share resources
- Transparency
- Openness about outcomes not related to funding
- To include homelessness in the thought process
- Hotdesking between organisations

Better Partnerships

- Find out how many groups there are and ensure you communicate with them
- Service directory – who are the providers and what do they do?
- Leaflets in GP practices
- More health roadshows out on estates
- More work in schools – especially at the start or finish of the day
- Use Sure Start centres or children's centres
- Open Days from providers
- More events in the town centre
- Communicate with care homes
- Work through the support worker
- GPs to give right treatment – refer to better services
- Better targeted at communities who need things differently
- Sustainable funding for groups who work with those with protected characteristics

What does devolution look like? Is it going to be better?

- Better use of Rochdale Infirmary
- Data protection
- Need for continuity
- Basic transparent complaints system
- Standards of care
- Less bureaucracy, more profit
- Care closer to home
- Standardising IT system for different people
- Better use of resources
- What happens to the organisations that are not providing one stop shops?
- Clear information to citizens
- Not clear what it is
- One telephone number
- More person centred
- How much notice are they going to take?
- Monitoring
- Taking power or devolving power

- Too many cooks spoil the broth
- Basic mental health training
- Is there enough money to pay for it?

- Listen to service users and show actions as well
- Comparing and contrasting what works and feedback – regulation
- Hospice and supported living
- Training of staff on mental health
- Cleaning and facilities – what is being done?
- Mixing with other patients
- Monitoring and assessing by people e.g. Healthwatch

Notes from engagement event – Thursday 23rd March 2017

When contacting practices the view was GPs were not very accommodating with most being told to ring 999/111 when the perception was it wasn't serious enough.

Members of the group were slightly confused around 111/Bardoc and who they contact OOH's

Concern patients were admitted / conveyed to an acute setting when targeted care at home is more appropriate.

Response

Explained the process of how 111 / OOH operate.

Also discussed the proposals in the UC theme around 24/7 triage and how this should prevent patients being conveyed / admitted to the acute .

Discussed the intervention within the Neighbourhood Theme around linking care workers to the neighbourhood teams to provide a more joined up approach

Locality Plan – Community Views – engagement event (21st September 2017)

Primary Care (Shaju Ahmed, facilitator & Pam Dickinson, scriber)

- Medical history (ability for this information to be shared is critical between health and care organisations)
- Health and Social Care integration – developing primary care at the heart of the care system
- IT & Governance – CCG developing nerve centre (summary care record) subject to Digital Transformation Fund – Bid submitted to GM
- Ensure new clinical people/services can deliver – skills and competencies
- Primary Care Academy – an institute for the advancement of primary care (working with schools, colleges and universities), to attract, recruit and retain primary care workforce to make it sustainable into the future
- NHSE funding – international GPs, promoting Rochdale borough to work and live.

- Core+ (access and improving access)
    - Outcomes based approach – reduce variations between GP practices
    - Behaviour change and educating – seeing GP, nurse, clinical pharmacist, etc
    - Active signposting and clinical triage
- Focussed care workers – to support non-clinical presentations in GP practices
- Easy hubs – each township having its own hub to support wider health and wellbeing services inc. housing, debt, employment services
- The right service at the most economic cost
- Need to support homelessness - More engagement with wider organisations, e.g. Petrus and third sector
- Accessibility – access to GP appointments or other primary care professionals e.g. community pharmacists, dentists, opticians
- Five Year Forward View (NHSE)
- Longer appointments for specific cases, e.g. dementia, learning disability, special needs
- Continuity of care for Long Term Conditions
- Language and cultural barriers (community), font style of translated materials is incorrect on a lot of documents

I Statement

- I want to be seen be seen at the right place, right time and by the right health / care professional
- I want to be seen by competent clinicians who can manage my illness/condition
- I want to be understood when I see a health / care professional (language)