

## **Patient Participation Group event**

### **Tuesday 16 October 2018**

### **Town Hall, Devizes**

This was the second PPG event in a week – the first time we’ve held two sessions, one in Salisbury and this one in Devizes. While numbers in Salisbury were low, it was great to see such a positive turnout in Devizes with more than 30 members attending.

Christine Reid, Lay Member for patient and public involvement at Wiltshire CCG welcomed members to the event.

### **Commissioning Alliance**

Sarah MacLennan, Associate Director, Communications and Engagement for Wiltshire CCG started the morning with a presentation about the new proposed Commissioning Alliance.

She gave an overview of the way the NHS and health services are provided in Wiltshire, including outlining the history behind the Sustainability and Transformation Partnership encompassing Bath and North East Somerset (BaNES) CCG, Swindon CCG and Wiltshire CCG.

Sarah said that the three CCGs recognised that some things could be done better at scale across the region and this has led to the proposal to form the Commissioning Alliance. The aim is to improve consistency and quality of outcomes for patients, without losing local clinical decision-making.

The three Governing Bodies support the alliance proposal which will see one single management team across BaNES, Swindon and Wiltshire CCGs – while still maintaining the three CCGs. This gives us a system that can operate at scale where appropriate, while still providing services at a local level to reflect the different health needs in each area.

There was considerable discussion about what services the group thought the NHS should be providing, how and why the NHS contracts out services, and the benefits and pitfalls of the privatisation of health and care.

Points were raised about combined buying power and the financial benefits of the Commissioning Alliance but Sarah clarified that the alliance wasn’t proposed as a cost saving initiative – the focus was on working collaboratively to provide consistent and high quality health services right across the region.

## Future commissioning and delivery of health care services

Maintain 3 CCGs, with a single management team which incorporates the Sustainability and Transformation Programme, and with streamlined governance.



### GP Alliance

Next up was Dr Alison Challens from Rowden Surgery in Chippenham. Alison explained what the Wiltshire GP Alliance (WGPA) is and why it was set up.

It is a not-for-profit group made up of almost all the GPs in Wiltshire. The alliance is currently managed by a small group of three practice managers and three GPs, one of which is Alison. WGPA aims to help GP practices work better together to improve resilience, make the most of funding opportunities and stimulate and share improvements across the county.

WGPA are managing the improved access provision in Wiltshire which has seen surgeries working together to provide extra appointments in the evening and at weekends.

The alliance is still in its early days but they aim to be a trusted organisation that supports genuine cooperation between practices, helps stabilise the workforce and facilitates transformative integration with other healthcare providers to solve problems in health and care.

Discussion continued around what services the NHS should provide itself, with questions about why GPs should be bidding for NHS contracts and looking for funding opportunities when they are already part of the NHS. Alison clarified that GP practices are usually partnerships and as such are independent businesses. There are areas where practices operate slightly differently, have different strengths and specialties and the important thing for the WGPA is to try to get them working together more.

Alison gave the introduction of General Data Protection Regulation (GDPR) as an example of where the alliance had added value to individual practices. With the new rules, practices were faced with each having to employ their own data protection officer. WGPA facilitated

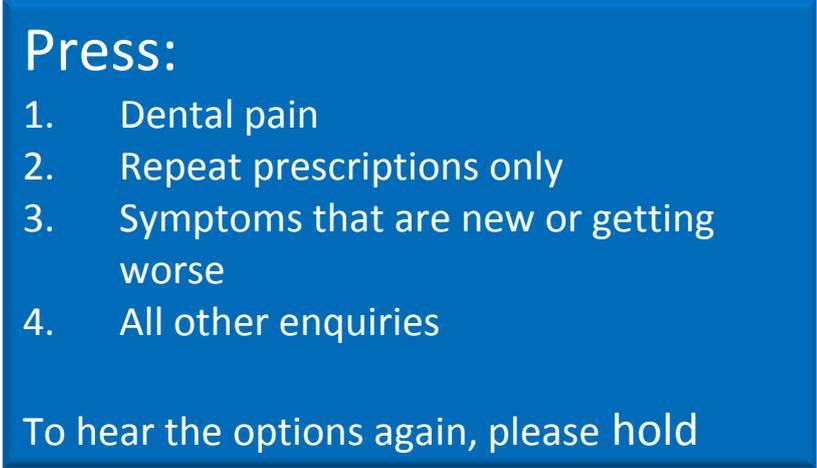
the employment of one data protection officer who now fulfils the requirements of GDPR for 30 practices in Wiltshire.

## Local health update

Sarah provided a local update on four areas of interest.

## Integrated urgent care

Medvivo took over providing the NHS 111 service from 1 May 2018. At the PPG meeting in October 2017 we asked for input into the order of the voice prompts you hear when you call 111. Thanks to the feedback we received, the following options are now in place and seem to be working well.



**Press:**

1. Dental pain
2. Repeat prescriptions only
3. Symptoms that are new or getting worse
4. All other enquiries

To hear the options again, please hold

Statistics from Medvivo for the first five months of operation, May to September 2018 show:

- **111,362** calls received
- **87%** of calls are answered within 60 seconds
- **30 seconds** is the average time taken to answer a call
- **67%** calls are dealt with by a clinician – second best in South West region
- **92%** of call backs are made within 10 minutes – best in South West region
- **1.4%** of calls abandoned before they are answered.



## **Improved access**

From 1 October 2018 people registered with a Wiltshire practice are able to book routine appointments to see a GP, practice nurse or other health professional in the evenings from 6.30pm to 8pm, and at weekends and Bank Holidays.

Across the population of Wiltshire there is an additional 235 hours per week of clinical time in this move to improve access to health services.

You won't always be able to see your registered GP and may need to go to a different practice in your area to take up the after-hours appointments. This raised the issue of people who don't drive possibly having to find a way to travel to the available appointment. Sarah acknowledged this but explained that surgeries offering the late hours are grouping together to share the load and no one should have to travel a great distance for their appointment.

Educating patients is key to the success of these extended hours. Practice managers have been sent advertising material and PPGs could help by spreading the word among their patients.

## **Military repatriation**

In September Sarah went to Germany as part of a group to talk to troops and their families who are returning to Wiltshire next year. An expected 4,000 troops will be moving between November and July 2019, bringing an influx of families to the defence bases and surrounding areas in Salisbury.

While the defence personnel get their healthcare provided, families will need access to health services. A new medical centre is being built in Larkhill which should be able to manage the demand but surgeries around the area may see an increase in new patients as the families settle in.

## **New patient representative contracts**

Two services have changed providers in Wiltshire, both starting from 1 June 2018.



Healthwatch Wiltshire services are now provided by Help and Care who are an independent consumer champion for health and care services. They are currently providing the same services in Croydon, Dorset, Hampshire, Isle of Wight, Slough, West Sussex and Wokingham Borough.

The Wiltshire Centre for Independent Living (CIL) has taken over from the Wiltshire and Swindon Users' Network. Wiltshire CIL advise, mentor and assist disabled people to live independent lives.



## Winter preparedness

There's a saying in the NHS now that winter is a year-round season, particularly with the sustained pressure felt by the acute hospitals. The challenges felt by emergency departments continue long after the snow has melted. Every year there is a huge combined effort amongst health and care providers to try and reduce the number of people who need to go to hospital during the winter.

But it's not just about the providers doing their bit. We each have a responsibility to look after ourselves – and each other – to ensure we are in the best health possible and, when we do need to make use of health services, that we do so in a responsible way.

This year NHS England's winter campaign focuses on a partnership between health and care providers and the public – Help Us Help You.

The logo for the NHS winter campaign "Help Us Help You" is presented in a white rounded rectangle. The text "HELP US" is on the top line and "HELP YOU" is on the bottom line, both in a large, bold, blue sans-serif font. The letters have a slight gradient and shadow effect.

Helen Robertson, Communications and Engagement officer with the CCG, talked through the various aspects of this year's winter advertising campaign and showed examples of advertising you will be seeing in national and social media as well as in your surgeries.



Help Us Help You – Stay Well This Winter is aimed at reducing unnecessary A&E and hospital admissions and will include flu jab advertising.



Help Us Help You – Before It Gets Worse is about getting people to speak to their pharmacy team for advice on minor health issues. This is aimed at reducing the pressure on GP surgeries.



Help Us Help You – Know What To Do will be used to remind people about the ways they can find out how to get help if they are unwell. You'll see this on material talking about the NHS 111 service.

A timeline for the national advertising is available in the slide presentation we have shared with you. Local advertising and media opportunities will line up with the national timings to get the greatest coverage possible.

## Winter preparedness group task

The next hour or so was spent on group work discussing and reporting back on what PPGs and practices are currently doing to support patients at-risk of becoming seriously ill over winter, how we could reach more patients and sharing initiatives that have had good results in practices.

The following is a summary of the shared knowledge, experience and ideas.

### 1. How do you currently support your local at-risk patients with being prepared for winter?

Most practices seemed to have the basics covered with information on their website, notices in surgeries on noticeboards and on screens in waiting rooms, articles in newsletters and some using text messaging.

PPGs are involved in supporting flu clinics, coffee mornings and other group meetings where self-care and services over the winter are discussed.

Other things happening were:

- offering vaccinations for pneumonia and shingles
- living well café sessions
- using the PPG page on the practice's website
- paper copy of PPG monthly newsletter delivered to patients around the village – small charge of £5 a year to cover costs
- informal carers are noted on a database and they are offered yearly health checks and are sent information on self-care such as flu vaccination
- Wiltshire Walking group promoting wellness
- articles in village newspapers
- a PPG member in the surgery that patients can talk to for information and advice
- PPG suggestion box
- health fair organised by the health and wellbeing group.

### 2. How can we reach more of your local at-risk patients in your community?

General ideas shared were:

- take extra posters and leaflets to clubs and groups you were involved in
- health and wellbeing representatives from at-risk groups under the aegis of the local Area Board could contact all the at-risk groups with info and advice
- articles in Parish magazines
- develop 'where to find help' leaflets for surgery

- think about where patients go, like supermarkets and get information displayed there
- work with associated staff and professions to help spread information – social care, advice services, volunteers
- engage with other health professionals in schools, nurseries, care homes, and involve District Nurses, midwives, and home visitors
- be aware of people in your community and talk to them about what is available
- education in schools using services like St Johns Ambulance and British Red Cross
- add information to Dementia Friends training
- information in libraries
- information to targeted groups like diabetic groups and asthma organisations
- put information on community boards in local shops
- enclose a flyer with repeat prescriptions
- talks at clubs and groups
- a session for a GP on local radio
- use sign-in screens with a prompt to talk to reception if you are in the database as a carer or other at-risk group.

Specifically for over 65s

- get information into care homes, residential services and supported living
- hold special clinics for over 65s.

Two to five year olds and their parents could be reached with

- social media
- advertising in village halls that are used by playgroups and children’s activities
- information to children’s centres, schools, nurseries and child minders
- information on mumsnet.com.

For carers, including those who might not see themselves as carers, we thought of using

- carers’ clinics
- PPGs pay special attention to carers.

### **3. What one extra thing could you do to help us help your community?**

As the groups reported back on their conversations and ideas, there seemed to be a number of initiatives that PPGs thought might work in their practice.

**To access the free resources from Public Health England, you can register on this website and order what you would like, or download posters and print them yourself.**

<https://campaignresources.phe.gov.uk/resources/campaigns/81-help-us-help-you>

## Prescription Ordering Direct (POD)

We closed with a short talk by Pablo Jimenez-Moreno from Wiltshire CCG on the POD service. Patients from seven surgeries in Wiltshire can phone the POD and order their repeat prescriptions. Callers speak to a trained prescription coordinator who can discuss their needs and help them with issues such as not understanding dosage and frequency instructions.

The aim of the POD is to ensure that patients are receiving the correct quantity of medication that they need in a timely manner, to help reduce the amount of prescription waste. Unused prescription medicines cost the NHS £2.7million every year in Wiltshire.

Pablo was asked about extending the hours of the POD which are currently 9.00am to 5.00pm Monday to Friday, and about increasing the number of practices using the service. He said both things were possibilities but would involve employing more staff to manage the increase in calls.

He circulated graphs showing call volumes at certain times of the day. The busiest time of the day was first thing in the morning so Pablo recommended calling in the afternoon if you use the service.