

Lewisham Clinical Commission Group (LCCG)

SUMMARY REPORT

Lewisham Neighbourhood Patient Participation Workshops

INTRODUCTION

This report provides a summary of the key topics discussed by patients at the Lewisham Neighbourhood Patient Participation Workshops that took place during February and March 2015. The workshops were organised in partnership between local GP practices and Lewisham Clinical Commissioning Group, and were a requirement for neighbourhood practices to hold under the 14/15 Lewisham Neighbourhood Primary Care Improvement Scheme.

BACKGROUND

It is important for Lewisham CCG and local GP practices to engage with patients on the work which is happening locally with GP practices and how care is delivered. These workshops provided an opportunity for patients to share their experiences of local NHS GP practices in Lewisham and express their views on important areas such as Patient Participation Groups (PPGs), accessing GP services and collaboration between practices.

Neighbourhood	Geographical Area	Number of GP Practices	Date of Neighbourhood Workshop
1	North Lewisham	11	19/03/2015
2	Central Lewisham	14	03/03/2015
3	South East Lewisham	9	27/02/2015
4	South West Lewisham	7	25/03/2015

Info in table accurate as of Feb/March 2015

THE WORKSHOPS

The aims of the workshops were:

- To provide forums for patients across the neighbourhoods to share their experience of local GP services
- To engage with patients and obtain their views on specific areas:
 - Local Patient Participation Groups (PPGs)
 - Accessing GP Services
 - Collaborative Working
- To inform patients on how they can engage locally with their practices and the NHS

The outcomes of the workshops were:

- To receive feedback from patients on the specific areas highlighted
- To share this information with patients/the public, local GP practices and Lewisham CCG

In total across the four workshops there were 70 patients who attended and gave their feedback.

FEEDBACK FROM WORKSHOPS

1. Patient Participation Groups (PPGs)

Patients were asked to “*discuss how you think PPGs should operate and what they should be doing*”. Feedback has been collated from across the workshops and is organised in bullet points below:

PPG membership & meetings

- Patients can chair PPGs and meetings should have structured agendas and be minuted.
- PPGs should strive to be as inclusive as possible so that the patient populations are reflected as much as possible. Meeting times and meeting formats can be varied to enable a more diverse group of people to participate, e.g. people who work normal daytime hours
- Practices should consider having virtual PPG meetings and memberships
- Information about practice performance and patient feedback (e.g. surveys and complaints) should be analysed in PPGs and resulting practice improvements discussed
- Core to PPGs should be improvements in patient experience and outcomes of services
- Communication methods about meetings, and outcomes from meetings should be communication by a variety of means including online, notice-boards etc
- PPG materials should avoid using NHS acronyms so that it can be understood by all
- GP Practice staff should attend PPGs so that they act as an effective channel of communication and patients can work constructively with their local GPs and nurses

PPG potential roles & activities

- Signpost and inform patients of other local health services
- Deliver health promotion and education programmes to a variety of audiences
- Collaborating with other PPGs to generate new learning and ideas
- Promote a wider understanding of the NHS to patients
- Brand themselves as ‘Friends of the GP Practice’
- Findings from patient surveys and complaints could be discussed and evaluated by practice PPGs
- Help local NHS services by identifying new demands for services
- Practice PPGs should be involved in decisions and planning arrangements for their respective practices to improve services and contribute to service developments
- Utilise opportunities to work with other local health and wellbeing groups to ensure the patient voice is coordinated

Across the workshops it was felt that PPGs were a resource which could positively contribute to improving local services, and the differences between local PPGs was highlighted.

2. Access

Patients were asked “*What are the main access challenges in local GP practices and how can these be addressed?*” Feedback from the various workshops on this question is summarised below:

Access challenges (factors which prevent patients seeing or speaking to their GP or practice nurse)

The most frequently cited access challenges were i) getting through to speak to someone on the phone ii) opening hours that are too restrictive for working people, iii) the availability of

appointments, and iv) the number of DNAs (do not attends) in practices and the impact of these on others.

Solutions:

- Reducing DNAs - Employing as many ways as possible to reduce DNAs including text reminders, introducing penalties, writing to patients informing them of missed appointments
- Extended opening hours – Patients were keen on GP services being extended into weekdays evenings and at the weekends (eg Saturday mornings) as well as 24/7 access.
- Phone Systems – Practices should use where possible smart telephone systems so that when patients phone up for an appointment they know where they are in the queue and aren't left waiting for information
- Phone/skype consultations & online booking - Offering telephone/Skype consultations (with GP ring-backs) to patients and allowing them to book online would give patients a higher degree of flexibility and more options about how they access GP services and potentially free up staff time in practices. .
- Appropriate signposting – Pressure could be taken off practices by ensuring that patients know the other services they can access which can meet their needs. The utilisation of pharmacies was identified as something which should be explored and encouraged. Also, peer support, education and advice services should also be used where appropriate to avoid unnecessary GP appointments.
- Priority/urgent appointments – Patients with long term conditions (or otherwise particularly vulnerable) could be flagged so that their care is prioritised

3. Collaboration

Patients at each of the workshops were provided with the following information:

“Practices will be working more closely in future to provide care to patients, on your tables please discuss your views on the following:

- *Visiting another practice for your care*
- *Practices partnering up to educate patients*
- *Practices sharing staff and other resources*
- *Information / data sharing”*

Patients across the four workshops broadly recognised that collaboration presented many opportunities for practices and patients, but also identified challenges which should be addressed: These are presented below:

Opportunities:

- Closer working between practices could lead to sharing clinical expertise/best practice , training and staff thus providing access to an enhanced level of service (and choice) for local patients
- Services which are traditionally hospital based could be situated in GP surgeries.
- Appointments could potentially to be made across different practices where there are available appointments

- Other aspects of service development could be shared, for example the provision of extended opening hours, e.g. Saturday mornings
- Collaboration has the potential to lead to better trained staff if training and development resources are shared. This would help standardise care across the locality.
- Increased data sharing has the potential to support easier access to patient information by relevant services.
- Social prescribing could be supported more through collaboration
- Non-clinical needs (such as assistance with housing etc) could be channelled more routinely to the appropriate services who can support individuals with these queries
- Patients could benefit from sharing peer support networks across practices
- Pharmacies could collaborate more closely with their local GP practices to support patients

Challenges:

- The duties and responsibilities of practices who work together, and accountability arrangements would need to be clear for all parties
- There is a need to balance the continuity of care for a patient by seeing their regular GP, with the benefits of their care being delivered perhaps more quickly but by another individual or practice/service
- Visiting another practice may pose transport problems for patients with limited mobility (e.g. people with physical disabilities) and incur greater transport costs. Alternatives should be in place for people who cannot or do not wish to travel
- Services that emerge from collaboration between practices should not negatively impact patient choice
- Attending other practices to access more specialist care could potentially lead to less holistic care by, for example, just focussing on one condition. People may have more than one condition and would need access to a wider system of treatment and support.
- Clarity would need to be sought as to the limits of data sharing between practices and proper safeguards would need to be in place. Patients should have a say over the sharing of information. Also, some data may be more sensitive than other data and confidentiality concerns would need to be addressed.

Appendix 1 – Summary of feedback form responses

PATIENT PARTICIPATION WORKSHOPS - Workshop feedback from patients				
How would you rate the workshop in terms of providing you with an opportunity to feedback on the topics raised?				
POOR	BELOW SATISFACTORY	SATISFACTORY	GOOD	VERY GOOD
0	0	1	22	26

NB. A total of 70 patients attended the workshops - not all responded to this question and there is no available data from the Neighbourhood 1 workshop.

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END OF REPORT