

**NORTH STAFFORDSHIRE AND STOKE-ON-TRENT CLINICAL COMMISSIONING GROUPS (CCGS) PATIENT CONGRESS MEETING IN COMMON**  
Summary of meeting on Thursday 19<sup>th</sup> October 2017

Engagement on Extended Access to GPs

Congress members heard that 1) this is the procurement of additional primary care access being offered by GP practices in Staffordshire by the end of March 2019; 2) there is a need to provide additional evening appointments and an effective weekend service; 3) an Extended Access Task and Finish Group had been set up and was working with Communication leads across Staffordshire on the development of an overarching Communication and Engagement Plan. This plan would look at how to engage with the public to gain a clear message; 4) an Equality Impact Assessment would be undertaken; 5) engagement events will be held to engage with clinicians and the public to understand local access needs and extended access that will best meet local needs, particularly around what the shaping of the weekend provision may look like and to address any specific demographic requirements; 6) engagement events will be held with primary care localities to understand capacity and capability; 7) the need to ensure the public and key service users and carers are informed about how to access new services; 8) not all GP practices may open during evenings and weekends and; 9) experience, feedback and learning could be taken from three pilot schemes that had been operational over the last 18 months in Cannock, Stafford and Telford and Wrekin. Northern Staffordshire had an Out of Hours access Hub pilot running in Meir.

Congress member's raised 1) concern around interest received from practices due to workforce pressures / additional workload. It was noted that the pilot areas have received positive feedback; 2) that not all patients wanted weekend appointments; 3) concern around what would happen between now and March 2019, particularly if some GPs did not want to provide the service with other GPs. It was noted that winter pressure planning was underway, looking at practice collaboration to manage demand. Interest had been received by a number of GPs who welcomed working with other GPs and the CCGs were working with these GPs to see how they could be supported in delivering the right services. Pilot sites would continue to run between now and March 2019; 4) that some GP practices were launching surveys to collate patient feedback on weekend opening. It was noted that this is a good way to inform design of working; 5) the need for an app to inform patients of what services are available, including location and waiting times; 6) the need to look at what services patients access and the value of the services; 7) that PPGs held a crucial part in sourcing the needs of the local population; 8) that some patients may move location, however remain registered with the same GP practice and as a result distance may become an issue and; 9) concern around the difficulty in accessing day time appointments.

Care Navigation

Congress members heard that 1) Care Navigation is a tried and tested model of care that improves access to primary care services for patients and reduces GP pressures all in one and signposts patients to the right service at the right time; 2) Care Navigation enables frontline staff to provide patients with more information about local health and wellbeing services, both within and outside of primary care, in a safe, effective way; 3) Care Navigation offers the patient 'choice not triage' to access the most appropriate service first which is not always the GP; 4) Care Navigation is around providing receptionists (Care Navigators) with information as to the reason for the appointment and will result in a choice around appropriate service being offered. If receptionists are able to work with the patients who are willing to share the information about the reason for the appointment, this will build confidence in the service, and patients will quickly feedback to others in the community. It was noted that Care Navigators have undergone specific training and attended provider events and; 5) patients will be navigated to Pharmacy First, the Minor Eye Conditions Service (MECS); the Haywood Walk in Centre, Healthy Minds and VAST.

Congress members raised 1) the need for the Care Navigators training package to be available in an app that patients can use to educate themselves. It was noted that the CCGs Facebook and websites will be looked at in terms of how they can be utilised and that an app will be beneficial; 3) the need to widely advertise services available particularly in education settings; 4) the need to know what services are available and if they are being used for the right purpose; 5) the need for an app that informs patients of the services available for their needs; 6) concern around Universities not providing students with information on the healthcare services available and; 7) concern around the impact of growing patient lists, service changes etc.

Social Prescribing

Congress members heard that 1) Social Prescribing is referring people into a range of local, non-clinical community support services; 2) the Voluntary and Community Sector (VCS) Hub was commissioned as a pilot in 2015 and extended for 2017/18. The VCS Hub is a single point of contact with broad knowledge of the Voluntary, Community and Social Enterprise (VCSE) Sector and is backed up by a comprehensive and up to date database of services. The VCS Hub has been embedded as an option in Care Navigation; 3) through the VCS Hub referrals can be made by health care professionals, voluntary sector providers or self-referral by phone, online referral form or face to face in a growing number of community venues; 4) benefits of the VCS Hub are that individuals are listened to, their needs discussed and available options outlined, onward referrals are made with patient's consent and access into appropriate services is facilitated; 5) through the VCS Hub follow up will be made to gain information on engagement and to address any issues or barriers; 6) the common needs identified via the VCS Hub are that a large proportion of referrals received are for elderly people living alone with no family or social networks. Therefore services which address isolation are extremely important in helping people to regain social connections and; 7) the VCS Hub highlights the following five ways to wellbeing: connect, take notice, keep learning, be active and give.

Congress members raised 1) PPGs have a crucial role of informing what is going on in their localities; 2) concern around funding allocated for Social Prescribing; 3) concern around the provision of necessary services in Social Prescribing; 4) concern around healthcare workforce capacity; 5) the need to widely advertise particularly in retirement facilities and to note that not all people visit their GP; 6) concern around the funding needed in order for the Voluntary Sector to run and for this model to work; 7) the need to focus on the quality of outcomes and achievements; 8) concern around the proposal to free up GPs / referrals, however as a result patients may be referred to other services which may increase pressure and demand and; 9) the need for diabetes to be included within the support groups.