

# Summary Report

## Neighbourhood Patient Participation Workshops

3-23 March 2016

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### **Introduction**

This report provides a summary of the key topics discussed by patients at the four Lewisham Neighbourhood Patient Participation Workshops that took place between 3 and 23 March 2016. The workshops were organised in partnership with local GP Practices and Lewisham Clinical Commissioning Group (LCCG).

### **Background**

Lewisham CCG and GP practices want to engage with patients on the work that is happening locally and to help shape future delivery of services. Lewisham CCG's Primary Care Development Strategy 2014 -16 aligns with national and regional strategies which view future collaboration as vital to ensure services are commissioned which meet the local population's needs. Lewisham GP practices have determined that they will collaborate through formal GP Federations; one in each of Lewisham's four neighbourhoods.

At individual practice level it is a core contractual requirement to involve and engage with patients and have a Patient Participation Group (PPG). As practices begin to work together to deliver services at scale across neighbourhoods it will become increasingly important to capture patient views on neighbourhood working. LCCG'S Local Neighbourhood Primary Care Improvement Scheme (LNPCIS) for 2014/15 and 2015/16 reflects this and requires practices to participate at two events a year which bring PPG patient representatives together across each neighbourhood.

### **The Workshops**

Participation in the event provides an opportunity for members of PPGs to meet others in their neighbourhood, share views and ideas, and discuss key issues.

## The Workshops

Neighbourhood	Geographical area	Number of GP Practices	Number of patients at workshop	Date of Neighbourhood Workshop
1	North Lewisham	11	19*	23 March
2	Central Lewisham	13	23	15 March
3	South East Lewisham	8	17	9 March
4	South West Lewisham	7	12	3 March

\*20 people attended N1 but one person had to leave for an appointment before the interactive workshop sessions began.

The workshops were attended by a total of 71 PPG representatives and fifteen practice staff from the neighbourhood practices. Three staff from the CCG facilitated most events.

Those attending workshops were asked on the event register if they had attended previous neighbourhood level PPG workshops. Just under 60 per cent of the total number of participants indicated this was their first experience of neighbourhood level workshops.

The aims of the workshops were:

- Increase awareness of national, London wide and local commissioning priorities
- To update and engage with PPGs on the Primary Care Review
- To share and discuss your views on how practices and PPGs will be working collaboratively
- To provide an opportunity for neighbouring PPGs to meet and share experience.

The outcomes were:

Engagement with PPG members about influences on commissioning intentions and the Primary Care Review. Comment and feedback on these intentions was provided to LCCG.

PPG members were provided with information about on line resources which may be of use in developing their on-line community. (This had been raised at the previous workshop in 2015).

Real time event evaluation was introduced, with participants using interactive voting to record their view of the events. There were also paper “parking areas” where people could record their views and comments on wider issue which were not on the agenda.

## **Summary of discussions**

The events were a combination of information sharing about commissioning intentions and discussion. Workshop group activities encouraged patients to discuss and debate with other PPGs what effective community networks might look like and also a session on the role of PPGs at neighbourhood level.

Information was shared about the national, regional and local alignment required in commissioning. Lewisham CCG, along with other South East London CCGs, has opted for co-commissioning and greater influence over some services provided by GPs which are over and above the core contract. The results of the Primary Care Review were shared. The aims were to ensure high standards and equitable funding for all practices in delivery of services above the core contract. It was clarified that resulting incentive schemes to improve pro-active care were open to all practices in Lewisham.

There was considerable interest at the workshops in the Joint Strategic Needs Assessment (JSNA) for Lewisham and how this assists both the local authority and the CCG in planning for future health needs. Specific examples of how this information had influenced Lewisham CCG’s plans for incentive schemes, such as proactive steps to reduce child obesity were discussed.

There was some discussion about how GPs were coming together to work at scale and comment at some workshops about concerns about perceived steps to privatisation. In neighbourhood 1 Dr Danae Politi, Medical Director of the newly form North Lewisham Health GP Federation spoke to the meeting about local neighbourhood Federations of GPs who were coming together to work at scale, to share resources and skills. Dr Politi emphasised that the Federation really wanted to work with people to shape local plans. Her brief presentation is attached at Appendix A.

## **Group Activity**

As part of the theme of understanding the context for commissioning there was discussion about developing wider care networks in neighbourhoods and what part PPGs might play. Participants at the workshop were asked to consider two scenarios of people with health, social, and housing challenges (attached at Appendix B) and to consider groups and individuals who might support them.

## **Challenges**

At some neighbourhood workshops people were uncertain that there was any role for PPGs in community care networks; others felt there may be a signposting role, though there were questions raised about where resources for this would come from. It was felt that a lot of the support that people needed was to do with information, that there was no single reliable source and that sometimes people did not read messages, such as those on GP TV screens or in piles of leaflets.

There were some strong views at neighbourhood two meetings that in the face of social care and wider spending cuts, improving support for the individuals would be impossible. There was a commonly expressed view that people knew resources were limited but they wanted transparency and honesty about how much was available to spend.

## **Solutions**

All the workshops identified issues that were much wider than health, including housing, school, social networks, church groups and transport issues and the impact these could have on positive mental health. Clear signposting, possibly from one electronic hub or contact point was though necessary. Again there were very strong feelings about the impact of cuts on effective joined up working.

## **Whole room activity**

Participants were asked their views on how they wanted neighbourhood level PPGs to develop. They were asked about awareness or training sessions. It was felt by some that there was a need for caution about “training”, as the PPG should be about “everyday members of the public” not experts.

A flow chart was suggested to show who has responsibility for what in our local NHS to help people’s understanding.

More information was needed about basic things like how to access your patient records – the details for the patient access site were given.

The need to try to develop groups which reflected the local population was discussed. People were asked about possible Saturday meetings with potential to attract people of working age or students. There was a stronger feeling in favour of this and for joint meetings with other neighbourhoods at the neighbourhood 4 workshop. This was the only meeting where whole borough level meetings were suggested. Other neighbourhoods were open to joint meetings once or twice a year but also wanted to retain neighbourhood level meetings.

The participants were keen to have external speakers, such as Healthwatch or Public Health. CCG staff said that in future it was hoped that agendas and content would be set by the group and the new neighbourhood federations of GPs in Lewisham.

For future events some people felt a longer event with another neighbourhood would be better.

### **Evaluation of the event**

Participants used inter active voting equipment to give real time feedback on the event, its overall usefulness, content, activities and the venue. The results were positive with over 85% of participants indicating that the event was either very helpful or slightly helpful. The most negative comments were about one venue, which was used as other venues were not available. The meeting was assured it will not be used again. Some participants said that they had not received the venue details far enough in advance and this was noted for the next meetings.

### **Next steps**

Further neighbourhood meetings will be scheduled for September 2016 and consideration will be given to a pilot of Saturday meeting in the next 12 months.

Representatives from the four GP Federations will be jointly leading the next round of neighbourhood PPG meetings to discuss working with PPGs to increase awareness of health initiatives, such as increasing immunisations and programmes to reduce childhood obesity.

In response to feedback about timeliness of information about meetings details of the dates and venues for the next meetings will be sent out 6 weeks in advance.

The reports from this round of meetings will be GP Federations and practices to share with PPG members. In addition it will be shared internally within the CCG to inform future engagement.

For further information please contact

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Lewisham

Clinical Commissioning Group

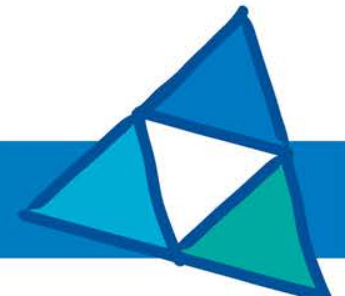
# Lewisham Neighbourhood Patient Participation Event



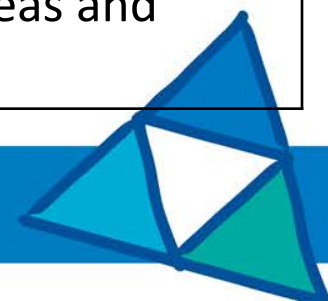
 Better health, best care  
for Lewisham people

# Aims for today

- Feedback from 2015 meetings
- Increase awareness of national, London wide and local commissioning priorities
- To update you on commissioning locally and neighbourhood care networks
- To support you to meet, share and discuss your views on how practices and PPGs will be working collaboratively



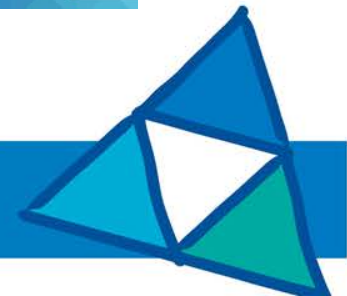
<p><b>Area discussed at 14/15 Neighbourhood PPGs</b></p>	<p><b>What happened with this feedback?</b></p>
<p>Access</p>	<p>The feedback was incorporated into the access work-stream to improve access to primary care</p>
<p>Patient Participation Groups (PPGs)</p>	<p>The feedback was shared with GP Practices to support the development of practice PPGs, including ideas on how to utilise ‘virtual memberships’ and make PPGs more representative of the patients they serve.</p>
<p>Collaboration</p>	<p>The feedback is being used to inform how practices are working together in positive ways for the benefit of patients across particular areas and services</p>





# Setting the scene:

Commissioning of Primary Care services is shaped by local and national strategies & frameworks.....



.....and by what people tell us

**Patient  
Participation  
Groups**

**Community  
meetings**

**National GP  
Patient survey**

**Deliberative events**

**JSNA\***

**Healthwatch**

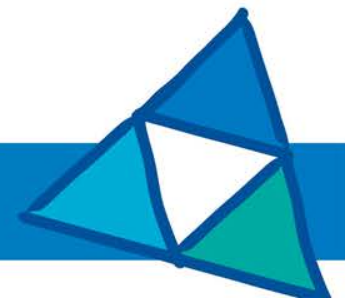
**Feedback**



NHS England are the core commissioners for GP services and set the specific requirements

**Lewisham CCG has a responsibility to support improving quality of care**

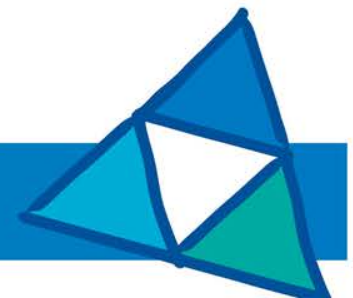
Lewisham CCG are now joint commissioners or 'co-commissioners' of GP services which allows us to have more local influence



# Review of Personal Medical Services



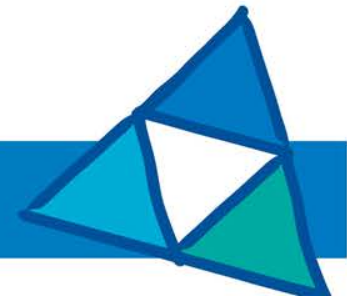
- More equitable funding
- Transparency about what is being provided over and above core services



# Incentives to provide improvement and services over and above cores services.

Any savings made from the PMS review must be reinvested in GP services

To identify how to get best value from investment in quality improvement and innovation

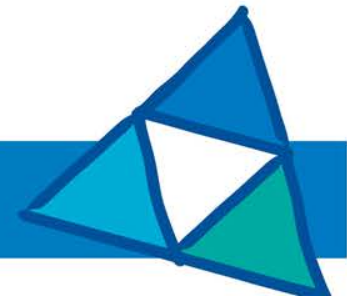


# The Premium

The focus for these services is:

Proactive, Accessible and Co-ordinated Care

Lewisham CCG's focus has been influenced by information it has about its local population and from engagement

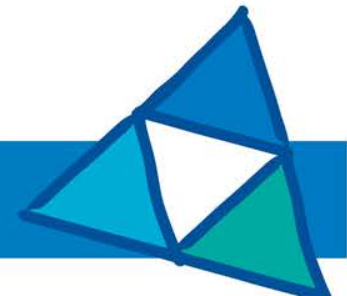


# 9 Mandatory Commissioning Intentions

Screening – Immunisations – Vaccinations  
Patient Experience

## Local Lewisham Commissioning Intentions

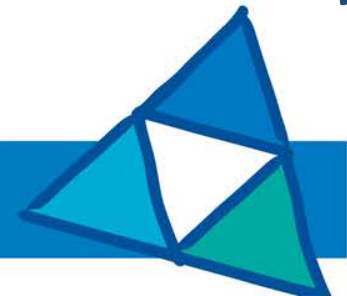
Referral Support Service - Childhood Obesity  
Alcohol - Diabetes End of Life -  
Multidisciplinary Working Injection therapy in  
community - Home visits



In Lewisham childhood obesity rates are significantly higher than average for England and above London averages



24.3% of final year primary school children are at risk of obesity

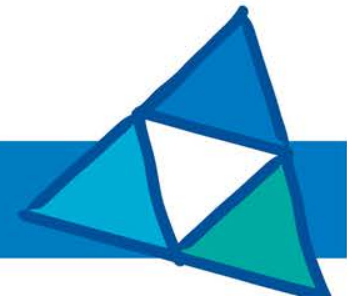




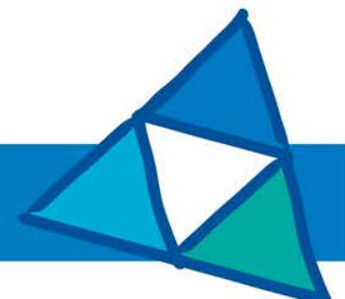
# These have influenced the CCG's choice of available options for incentives

Increased cancer screening - bowel

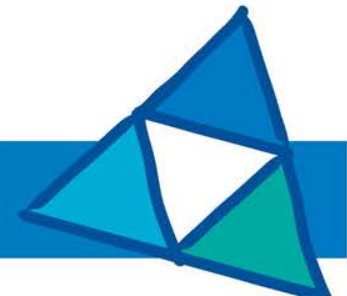
Signposting to healthy lifestyle organisations and brief interventions for obese under 16



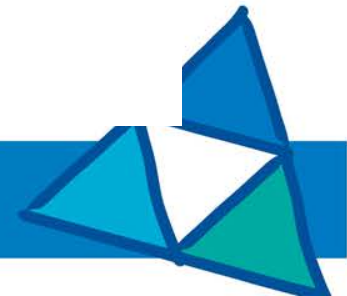
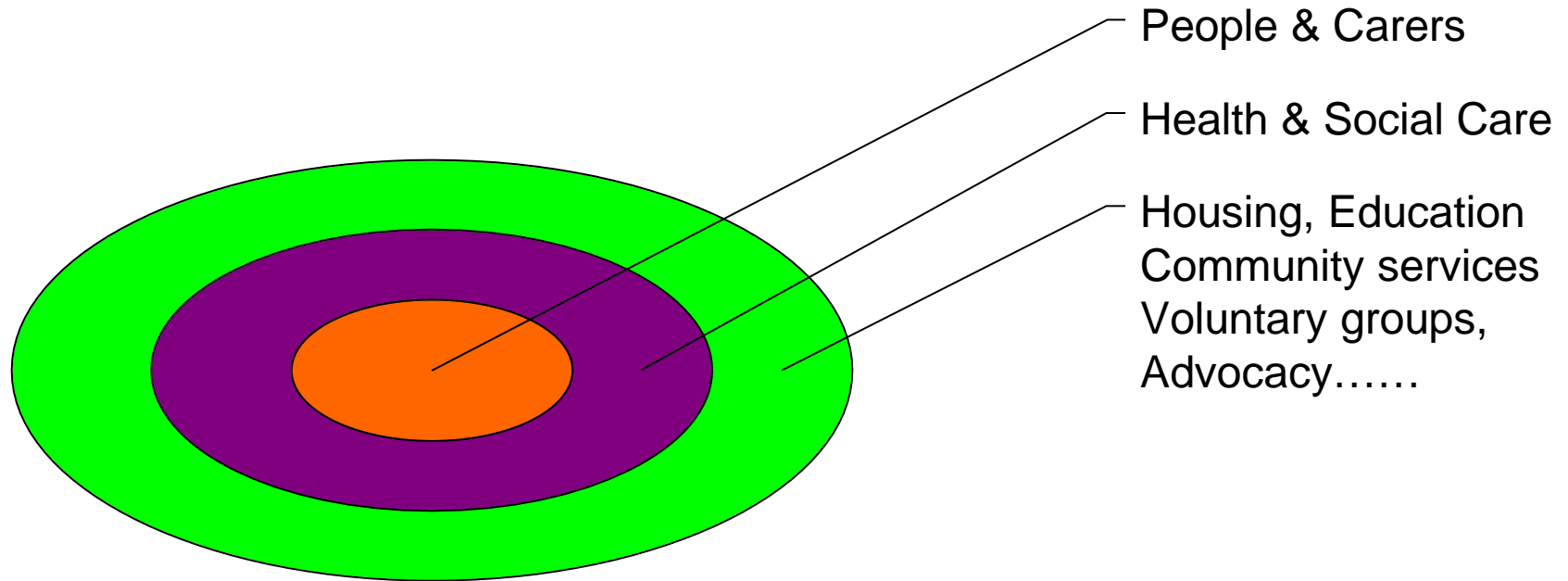
# Questions so far



# Neighbourhood Care Networks Activity



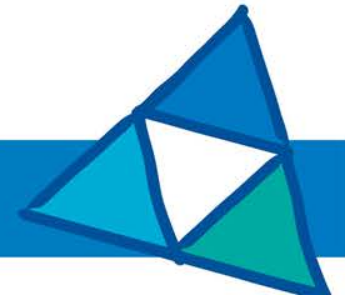
# Integrated networks of health, social care, community services housing and voluntary services



# Activity 1

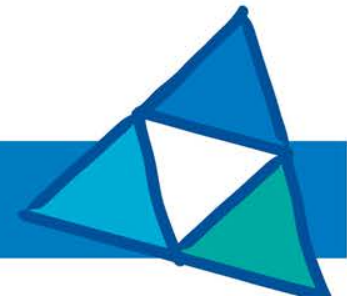
On your tables there are papers with a patient story on it. In your group consider:

1. Which individuals or organisations in neighbourhoods could support these people to live more independent, happier, healthier lives? How would they do this?
2. What role could neighbourhood level PPGs have?



# Activity 2

Looking ahead .....what will help PPGs to help together at a neighbourhood level?



Training or awareness sessions?

Information on commissioning .... Or meeting skills?

How often should we meet ?

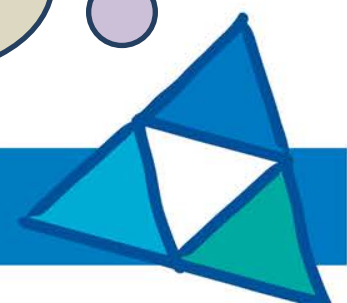
Would Saturday meetings attract more people?

Outside speakers?

Would we want to sometimes meet with another neighbourhood?

What do we want neighbourhood meetings to look like?

How can we connect on line with other PPGs or improve how we build virtual groups ?



# Thank you

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