



NOTICE OF MEETING

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Robert Mack

Friday 16 January 2015 10:00 a.m.
Enfield Civic Centre, Silver Street,
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Councillors: Alison Cornelius and Graham Old (L.B.Barnet), Alison Kelly (L.B.Camden), Alev Cazimoglu and Anne Marie Pearce (L.B.Enfield), Gideon Bull (Chair) and Pippa Connor (L.B.Haringey), Jean Kaseki and Martin Klute (L.B.Islington),

Support Officers: Anita Vukomanovic, Andy Ellis, Robert Mack and Harley Collins

AGENDA

1. WELCOME AND APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members of the Committee are invited to identify any disclosable pecuniary or prejudicial interests relevant to items on the agenda. A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting at which the matter is considered:

- a) must disclose the interest at the start of the meeting or when the interest becomes apparent; and
- b) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in their borough's Register of Members' Interests or the subject of a pending disclosure must notify their Monitoring Officer of the interest within 28 days of the disclosure.

3. URGENT BUSINESS

4. MINUTES

To approve the minutes of the meeting of 21 November 2014. (TO FOLLOW)

5. INTEGRATED CARE (PAGES 1 - 8)

To receive a case study from Islington CCG on integrated care and the development of joined up working between the NHS and local authorities.

6. ROYAL FREE ACQUISITION OF BARNET AND CHASE FARM HOSPITALS - UPDATE

To receive an update from the Royal Free on their acquisition of Barnet and Chase Farm Hospitals.

7. NHS 111/OUT OF HOURS SERVICES COMMISSIONING

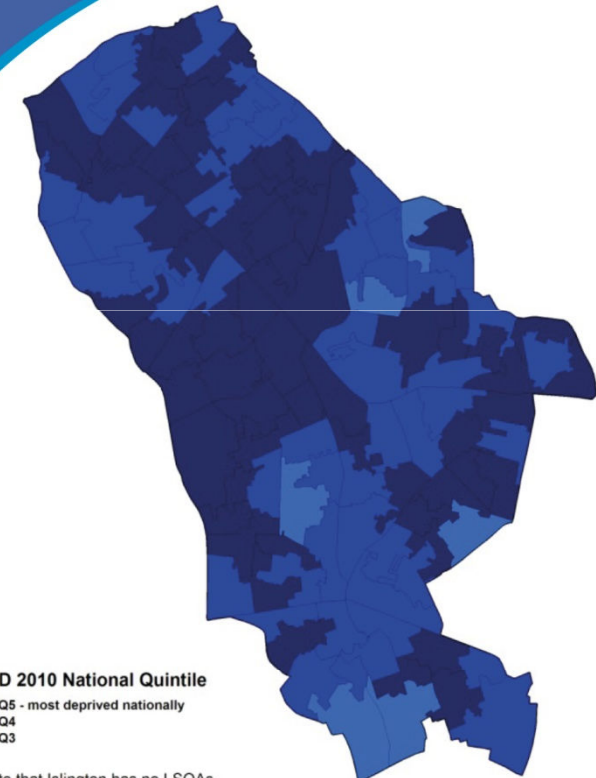
To report on the future commissioning processes for the NHS 111 and out-of-hours services across the five boroughs.

8. COMPLAINTS REGARDING PRIMARY CARE SERVICES (PAGES 9 - 14)

To receive a presentation from NHS England regarding complaints regarding primary care services, including volumes and themes. A briefing paper from Healthwatch Islington - in liaison with Healthwatch Barnet, Camden, Enfield and Haringey – on the outcomes of work undertaken by them on this issue is attached.

9. WORK PLAN AND DATES FOR FUTURE MEETINGS (PAGES 15 - 16)

Islington's Integrated Care Journey



IMD 2010 National Quintile

- Q5 - most deprived nationally
- Q4
- Q3

Note that Islington has no LSOAs which fall into either Q1 (the least deprived) or Q2 national quintiles.

Dr Jo Sauvage
Clinical Lead for Integrated Care, Islington CCG

Clare Henderson
Programme Director Integrated Care

The story of Maggie and Rose

Islington's vision for integrated care

<https://www.youtube.com/watch?v=3aUXW3FBNlc&feature=youtu.be>

THE ISLINGTON INTEGRATED CARE JOURNEY



Working together to
deliver better care with
the people of Islington.

Opportunities through the Better Care Fund

- Developing our locality offer - where-ever a person lives in Islington, they will be offered the same range of local services and support
- Building on MDT teleconferences and the work of 8 test and learn sites
- Currently covering 30% of registered population
- Managing those at highest risk but also want to develop our prevention offer

Opportunities of being a Pioneer

- Systems Leadership Support
- Transformational change will only happen with leadership
- Provides a mandate to make change happen
- Allows reflection on partnership working – who's in the room?
- Supports difficult conversations

Case study

Our recent multi-disciplinary team video, tells the story of integrated care in Islington set within the context of a recent case study.

<https://www.youtube.com/watch?v=-2ZSRtNpetA&list=UUEeentcOvADOOBsEC9v96XA>

Thank you

**Islington Integrated
Care Pioneer**

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Making a complaint about NHS Care - the patient's experience:

A briefing from Healthwatch Islington in liaison with Healthwatch Barnet, Camden, Enfield and Haringey
January 2015

Healthwatch England's report *Suffering in Silence*, 2014 states that around 2/3 of people wishing to make a complaint about health and care services do not actually do so. One of the explanations for this is the complexity of the health and social care systems and their respective complaints pathways. The report highlights that:

- People are not given the information they need to complain
- People do not have confidence in the system to resolve their concerns
- People find the complaints system complex and confusing
- People need support to ensure their voices are heard
- People need to know that health and social care services learn from complaints

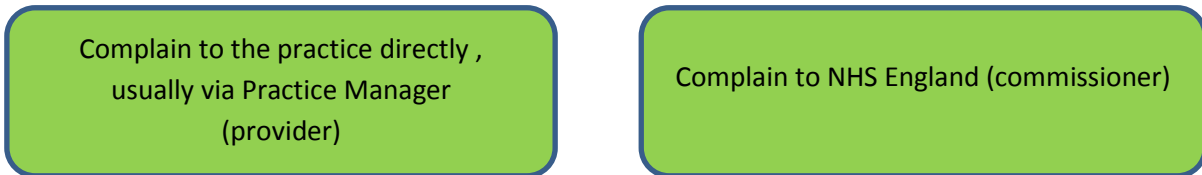
Healthwatch England recommend making it easier to complain, ensuring a compassionate response and resolution, and holding to account those who fail to listen.

Across Barnet, Camden, Enfield, Haringey and Islington our findings echo the findings of this national work.

Complaints in GP practice

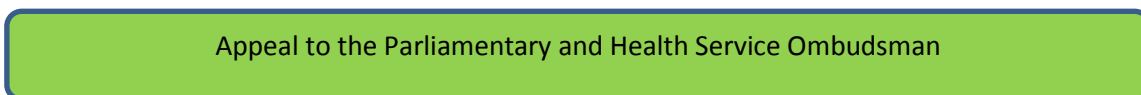
Following the introduction of the Health and Social Care Act 2012, patients have two routes for complaining about GP practice.

Stage One



Patients must choose whether to complain to the commissioner or provider, they cannot do both. Complaints to the Practice Manager could also include local resolution and the matter not needing to be progressed to a formal complaint. Complaints via NHS England greater oversight of how the complaint is handled (though practices are required to report to commissioners on the number of complaints raised and upheld).

Stage Two



Stage two can only be tried after stage one has been completed, and assumes that the complainant was not happy with how the complaint was managed.

Mystery Shopping Findings

Information about complaints

Mystery shopping activity carried out across the boroughs within GP practice showed that many practices did not let patients know *how* they can make a complaint and in some cases displayed out of date information about the complaints process. For more information, see the full reports from Islington and Camden:

http://www.healthwatchislington.co.uk/sites/default/files/mystery_shopping_gp_complaints_1.pdf

<http://www.healthwatchcamden.co.uk/resources/healthwatch-camden-gp-complaints-report>

Islington

Healthwatch Islington have found that some patients think that they have made a complaint because they have had a conversation with staff about their experience,

but that this is not recognised as a complaint by the provider because it has not been put in writing.

Across services patients tell us that they did not complain because they didn't know how to, or didn't feel able to. These barriers are more greatly enhanced for patients facing any additional barriers. For example, focus group work with Deaf users in Islington showed that although all attendees had cause for complaint, none could actually complain because they could not access the process (most providers relying on written communication). Likewise, for those who rely on interpreting because English is not their first language, access is limited.

Camden

HWC Camden followed up their mystery shop recently, looking at the worst performers. One practice had used their report constructively and improved its process. Unfortunately most of the others were still poor, and a couple were rather rude to our repeat mystery shopper. So it seems that a small number of practices are not interested in the rights of their patients at all. This is not typical of Camden practices, but does affect several thousand people who are registered at these practices.

Haringey

Haringey are in the process of compiling their report but also noted inadequate facilities for those with hearing difficulties, very few practices had hearing loops and a common response was that " we only have one or two deaf patients so we don't have anything specific for them"; though Healthwatch Haringey noted the growing prevalence of those with hearing difficulties.

Main areas of complaint within GP practice

For Islington

- Access to the GP - making an appointment,
- Patients not having their health concerns heard and taken seriously,
- (At some practices) Getting referrals on to other services.

For Camden

Access to the GP - making an appointment is number one, but they also get a number about receptionist attitude (mostly from the same handful of practices) and about muddled referral processes. Another recurring issue is around prescribing, usually because the GP and a hospital doctor are recommending different things.

For Enfield

Enfield's audit of information available from GPs found a number who seemed to have no website. Aside from limiting the information available online about them, this means that these practices are poorly placed to offer online appointments and repeat prescriptions, as required from April 2015, and despite considerable IT investment over the past 2 or 3 years. With many other practices already providing comprehensive online services, this finding is also consistent with the very variable reports they receive from across Enfield on people's satisfaction with their local GP practice. Many patients are happy with access to appointments and with the general service they receive, but they also hear complaints about lack of appointments, lack of time at appointments, and unclear referral processes. They intend to undertake further work to learn more about the issues and the areas most affected.

Other Feedback

Access to the complaints procedure

As within GP services, patients comment that it is hard to find out about how to complain across other areas of the health service too. Again the issue of complaints procedures relying on written English has been raised.

Fear of reprisal

For some patients, they state that they do not wish to complain for fear of repercussions whilst using a service or of being denied access. One complainant told us of how following a complaint the service to which they were entitled had been reviewed and withdrawn. Luckily an intervention from Healthwatch Islington resolved this case. There is not a way for complainants to remain anonymous within the system.

Not being taken seriously/ Complaining not changing anything

For some patients they feel that their complaint won't be taken seriously or that nothing will change as a result of making a complaint and so they are less inclined to make a complaint in the first place.

The complaints process can be lengthy and require a lot of input from patients, who may have been through a traumatic experience. Systems can seem more geared to providers than complainants.

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North Central London JHOSC

Agenda Items 2014-15

20th March (Camden)

1. Whittington Hospital; Five Year Plan/Development of Integrated Care
2. Cancer/Cardiology Reconfiguration
3. Maternity Services
4. Stroke/Dementia
5. London Ambulance Service - Update

To be arranged

1. Academic Health Science Partnership
2. NNUH – Foundation Status

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