

Lambeth Patient Participation Group
Network

Report

**Transforming Primary Care in Lambeth,
The Big Lambeth Health Debate continues**

June 2014



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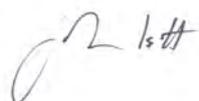
Preface



Healthwatch Lambeth champions patients, social care users and their families and carers so that they can influence all aspects of health and social care provision. Patient stories bring unique insights to service planning, helping commissioners and providers ensure that services meet both the needs of individuals **and** contribute to the broader objectives for local clinical commissioning identified through the Lambeth Big Health Debate in 2013: to provide people centred, prevention focused, integrated, consistent, innovative care that is also value for money.

This year, Healthwatch Lambeth Trustees have launched a programme of quarterly public meetings addressing issues of strategic concern. These meetings provide opportunities for residents to work with Healthwatch, elected councillors, local commissioners and providers including the voluntary sector and other partners to find solutions to common problems. Collaborating with Lambeth CCG, the Patient Participation Group Network and patients to deliver this workshop on '*Transforming Primary Care*' has been an exciting way to launch the programme.

Our publicity asked 'How can we transform GP services to improve health and quality and reduce inequalities **and** meet the challenge of an aging population, a rise in long term conditions and tighter budgets?' This report documents the range and scale of ideas that we generated. Healthwatch will continue to gather local people's experiences of primary care. We will also ensure that people who find it harder to engage with public consultations, especially people with caring responsibilities, learning disabilities, sensory impairment and other disabilities have opportunities to influence the new primary care structures as they emerge. We look forward to co-producing a shared vision for primary care for the future with all our partners.

A handwritten signature in black ink, appearing to read 'John Isitt'.

John Isitt
Chair Healthwatch Lambeth



As a patient, I realise how important is to have a good, effective health service on our doorstep. Quite often as patients, it feels that we are being ignored and not listened to by GPs and staff in local practices.

In Lambeth, all of this is changing, and changing for the better. This event was only one part of that process.

This was a collaboration by the Lambeth Patient Participation Group Network (PPGN), Lambeth Clinical Commissioning Group (Lambeth CCG) and Healthwatch Lambeth, but the people who mattered most at this occasion were You, the participants who shared your suggestions, thoughts and views about how, by working together, we can improve primary care in Lambeth. This has complemented what Lambeth CCG has already heard during the Big Health Debate. Your involvement needs not end at these events, and hopefully it will just be starting! There will be many other opportunities for you to shape the future of primary care in Lambeth. One of the ways to get involved will be to join your GPs' Patient Participation Group (PPG). If your GP practice does not have a PPG, ask why not, and contact the PPG Network for support in getting one started. The PPG Network has been working very closely with Lambeth CCG and will continue to do so in the future and it is hoped that every one of the 48 GP practices in Lambeth will soon have its own active PPG.

Personally, I think that these are very exciting times, and that we have a wonderful opportunity to influence and change the way that Primary Care is being delivered in Lambeth. I genuinely believe that patients are now being listened to, treated as equals and valued by the decision makers in Lambeth CCG, and by many GPs who want to make a difference. *Do not waste this opportunity - get involved, have your say and watch how things improve!*

Please continue sharing your thoughts, ideas and views, and remember this when doing so, "The individual who says it is not possible should move out of the way of those doing it." (Tricia Cunningham, Dietary author).

Robert Hill
Chair Lambeth Patient Participation Group



How do we know that primary care services within Lambeth are getting better for our patients and local citizens? An age old question that naturally we should know the answer to – for example, by observing what the national media tells us, how well we are performing, or locating where we are positioned in any health related league table. Useful as this may be, it only presents half a picture.

If we really want to answer this question, and we do, Lambeth CCG need to continue to keep the dialogue of engagement open with You, our patients and local citizens. At the event you freely and honestly shared your views and suggestions to improve primary care, which resulted in this comprehensive report. This is a great report rich in ideas and insightful. We are listening. This needs to continue and I would ask that anyone reading this, thinks about how to strengthen the engagement, by coming to meetings with your patient participation group, Healthwatch or the CCG.

So what did I take away from the event? As a GP, I recognise that if we are to move forward in transforming primary care, we must all understand that this is a huge but an on-going task, which will take time. But we are committed to this as demonstrated through our five-year strategy. It is a task in which we will need the continued and full involvement of our patients, local citizens, local community and voluntary organisations. We must remember that in Lambeth, there are services that you tell us that we do really well, for example, the out of hours service. We must take the success from this and spread the learning to other primary care services.

So as I reflect on my original question at the beginning, how do we know...? We will know, because your input will be our guide. I shall leave you with this famous quote that I believe sums up the joint task that is ahead for all of us, "It always seems impossible until it's done". (Nelson Mandela).

A handwritten signature in black ink, appearing to read 'Adrian Mclachlan'.

Dr Adrian Mclachlan
General Practitioner and Chair Lambeth Clinical Commissioning Group

1 Introduction

- 1.1 On 4 June NHS Lambeth CCG, Healthwatch Lambeth and the Lambeth Patient Participation Group Network held a public meeting at the Community Room, Streatham Leisure Centre, to share ideas on how we can improve services in GP practices and how we can reduce health inequalities between different populations and geographical areas. A diverse mix of 80 local residents of varying age range took part in the event. The high turnout of the local residents is a clear indication of the genuine enthusiasm and commitment to work in partnership with Lambeth CCG to improve health services.

2 Aims

- 2.1 The purpose for this interactive event was to
- **Continue conversations with Lambeth citizens** which begun during the BIG Lambeth Health Debate in 2013 about how best to plan and provide local health services so that they meet needs, improve health, improve quality, reduce inequalities in health and are sustainable for the future
 - Set out the **case for change** for primary care, in particular, why GP services in Lambeth need to operate differently
 - Focus discussions around what **change** might mean to patients around the 4 Standards for Primary Care
 - Promote opportunities for the public to **influence** the development of GP services and primary care more broadly.

3 Summary of Key Themes

- Attendees discussed the potential for GPs to work in partnership with patients and their families to encourage take up of screening, long term condition self-management and wider healthy living opportunities
- Ways to help people keep fit and improve their own health and wellbeing were raised
- People called for an improvement in patient experience, particularly hospital discharge and providing additional support for people who are especially vulnerable or isolated
- Greater understanding and transparency on spending in healthcare services across primary and secondary care
- Improved communications within and across primary and secondary care
- Use of plain English throughout all forms of communication
- Greater support for our receptionists so that they are friendly and responsive to the different needs of different patients
- Attendees genuinely want to work in partnership with Lambeth CCG to shape services

4 Context

- 4.1 Healthwatch Lambeth Trustees invited Lambeth Clinical Commissioning Group to present the next phase of the Big Lambeth Health Debate at the launch of a series of quarterly public meetings seeking collaborative responses to issues of strategic concern.
- 4.2 The event presented an opportunity for the Lambeth CCG Primary Care Development team to continue the Big Lambeth Health Debate which began in 2013 and to deliver 2 key messages
- to reassure the Lambeth residents that the CCG has listened and acted on the suggestions made which are now incorporated into the CCG's five year strategy plan for 2014-18
 - Lambeth CCG remains committed to delivering the strategic vision. As an organisation Lambeth CCG is responsible for planning and paying for healthcare services, but more importantly to work in a way that is: Prevention Focussed, Innovative, Integrated, Consistent, Deliver Best Value and People Centred.

5 Capturing the Patient/Peoples' voices of Lambeth

- 5.1 This event was planned and managed jointly by three key partners in health in Lambeth:
- 5.2 **NHS Lambeth Clinical Commissioning Group** – which has overall responsibility for planning the majority of local health services for the people of Lambeth; the CCG has a duty to plan and pay for services that are safe, high quality and effective to meet the needs of Lambeth people. The CCG has to ensure that services make the best use of public funding and that local people are involved in decisions about planning these services.
- 5.3 **Healthwatch Lambeth** is one of a network of organisations established nationally to make sure that the views of the public and people who use health and social care services are taken into account. It was set up as a requirement of the Government's Health and Social Care Act 2012, which instructed every local authority to fund a local Healthwatch. Each local Healthwatch carries out a range of activities:
- Gather people's views about their need for and experience of local health and social care services.
 - Share this information with those involved in buying, providing and evaluating these services, and with Healthwatch England, the national champion
 - Make recommendations about how services could or should be improved
 - Signpost people to local health and social care services and choices
 - Help people get involved in checking, assessing and designing services
 - Carry out Enter and View visits to publicly funded adult health and social care services to check what is going on.

- 5.4 The **Lambeth Patient Participation Group Network** (PPG Network) was established in December 2011 and is supported by Healthwatch Lambeth and Lambeth CCG. The PPG Network membership is open to all general practice patient participation groups (PPGs) in Lambeth. Since its beginning the PPG Network has increased its membership and raised the profile of PPGs with both commissioners and providers. The purpose of the PPG Network is to ensure the interests of patients are fully represented in the planning and provision of healthcare by:
- supporting and promoting the development of practice based PPGs
 - providing a forum for existing and emerging PPGs to share information and best practice
 - creating an opportunity for patients and citizens to shape and influence health provision in Lambeth.
- 5.5 Promotion of the event was through word of mouth at patient participation group meetings, through posters displayed in GP practices and through the Healthwatch website, membership and networks.

6 Case for Change

- 6.1 General practice remains the first point of contact for the majority of the patients. General practice in England, is a mature model with a world reputation for excellence, ranking highly for access, coordination, electronic health records, performance data and patient satisfaction. Yet the model, which has been broadly stable for 60 years, is now under unprecedented strain, due to rising demand, higher expectations, and working to a fixed sum of money. There is time for primary care to move to a new model of service that can meet the changing needs of Londoners for the next fifty years or more, before the challenges facing today's model become insurmountable.
- 6.2 *Transforming Primary Care in London, a Call for Action* sets out a strong case for change for a new model recognising that is essential that to bring about change will need to work in partnership with the patient, local residents and the public to meet the challenge and influence development of the new service model to ensure high quality services to patients in Lambeth.

7 An overview of the Primary Care Standards

- 7.1 *Transforming Primary Care in London*, has identified three standards or high impact areas of intervention for primary care. These are designed to enable primary care to work better today and in the future. They are:
- a) **Standard One Pro-active care** is providing a holistic approach that supports population health, wellbeing and prevention building on community networks and encouraging self-reliance

- b) **Standard Two Accessible care** is supporting all patients, irrespective of their individual circumstances, lifestyle and condition, by providing options to access care that are appropriate to their needs and support their continuity of care
- c) **Standard Three Co-ordinated care** is providing an enhanced level of service for patients who required continuity, support, care planning and continuous review in order for them to live a healthier and stable lives in their communities

7.2 Recently a fourth standard was identified by the Primary and Community Care Clinical Leadership group of the South East London Commissioning Strategy which is

- d) **Standard Four Continuity care** is providing continuity of care for patients who need it, enabled by the effective and timely communication and information sharing between healthcare professionals, which ensures that patient care can be coordinated by one clinician or safely transferred between clinicians to provider consistent and coordinated care.

7.3 These four standards formed the basis to elicit informed table discussions where patients/people of Lambeth were invited to share their frank views and opinions and to explore what does each standards look like as a minimum of standard of care.
Note: All four standards are draft and still out for consultation.

7.4 Four table groups were formed one for each of the standards, to enable a dedicated in-depth focussed discussion. Each table discussion was facilitated by a GP, supported by members from Healthwatch Lambeth and senior staff from Lambeth CCG. The facilitator initiated discussion with a script that summarised what the standard covered. The group discussion was structured around the following key questions:

- What does the standard mean to you?
- What does 'transformation' of general practice mean to you?
- What do you expect from your general practice?
- How can we together make general practice better?

8 Findings from the interactive table discussion

Standard One

Standard One: Proactive Care

Providing a holistic approach that supports population health, wellbeing and prevention building on community networks and encouraging self-reliance

- 8.1 Using the key questions, as outlined in section 6.4, the following comments, ideas, suggestions, challenges were captured under this standard:
- GPs to empower people to look after their own health condition and build community networks
 - Support to have key services to stay well, for example, GP/nurse supporting me
 - Supporting me to stay well by through signposting and encouragement
 - GPs to be more aware about diagnosing cancer especially for women
 - GPs to influence local research – building on the established world class research teams in the borough
 - GP surgery to carry out health screening, for example, 5 years to enable picking up early signs of risk
 - GPs could play a more proactive role in supporting and referring to programmes that work to end violence against women and girls. GPs need to have information on FGM (female genital mutilation), domestic violence and forced marriage to help girls
 - GPs need to be more aware of social conditions causing health problems. Poverty, poor housing and poor lifestyles – they need to see the impact of the cuts to our services
 - Have TVs in each GP practice to convey health messages from for example, NHS Choices, YouTube
 - Encourage disabled people to keep fit (not just swimming). Expand exercise on referral and make it affordable; get information out and educate GPs
 - Better GP support after discharge from hospital
 - When GPs treat patients who have been discharged from hospital, they need to make sure that they have information on good diet and exercise programmes to get back to being fit. This will help to prevent a re-occurrence of the illness. We need better integration. As discharge plans are often too late to help patients and GPs
 - Receptionists who are responsive and more customer-friendly whether on front reception or over the phone, especially toward vulnerable people
 - Shorter waiting times.

9 Findings from the interactive table discussion

Standard Two

Standard Two: Accessible Care

To ensure there are options in place to access care that is appropriate to the patients' needs irrespective of their individual circumstances, lifestyle and condition

- 9.1 Using the key questions, as outlined in section 6.4, the following comments, ideas, suggestions, challenges were captured under this standard:
- The group recognised that Primary Care needs significant investment, particularly in London and getting the patients voice heard In NHS England and the Department of Health
 - A contract states a certain amount of appointments per 1,000 patients. Smaller practices can feel more personal, but can struggle with access. Larger practices can manage access better, but can be less personal if seeing different GPs
 - There is a wide difference in the level of service provision currently offered to the Lambeth population. We should look to reduce inconsistencies in service provision as soon as possible. How? Through patient influence by working collaboratively with whole population coverage
 - Book six-monthly reviews in advance, rather than having to telephone on the day
 - Access options discussed included: e-mail, telephone, face to face consultations, online booking, use of video/Skype
 - The acknowledgement that one size doesn't fit all patients
 - Telephone systems – a real difficulty to get through to the practice for many patients within the group
 - More information/self-help should be made available on the practice websites
 - Should test results be available online? This option will not be suitable for everyone, but something to look into further, clinicians would need to ask patients if they were happy for this to be activated
 - Patients' need to be put first, and not interrogated by receptionists when calling practices
 - Overcoming language barriers, options discussed included; Language Line and Google translate
 - Inviting patients relatives/friends in for support if appropriate and patient is happy to share their personal information
 - Could the types/numbers of medication available within Minor Aliments Scheme service be increased?
 - If a practice doesn't have the specialist medical expertise, why can't patients go to another practice that can offer the expertise as a one-off solution rather than being referred to a hospital?
 - Services in the community/primary care are cheaper than being seen in the acute trusts, so there is a need to recognise what services along with the resources can be moved out of secondary care and into primary care. This will involve close working with the acute trust

- It is not the job of receptionists to vet you to see if you deserve to see your doctor or not
- If some practices have special interest or equipment, would it be possible to share or make available to other practices? This is beginning to happen, for example, 18 practices agreed to work together on minor surgery
- Could the suggestions raised from these discussions go to the Health and Well Being Board for further discussions?

10 Findings from the interactive table discussion

Standard Three

Standard Three: Co-ordinated Care

Putting in place an enhanced level of care, e.g., use of care plans for patients who require continuous support and reviews from their GP and community care

- 10.1 Using the key questions, as outlined in section 6.4, the following comments, ideas, suggestions, challenges were captured under this standard:
- For reception staff it was suggested:
 - training that covers being courteous to all patients at all times
 - a calmer approach when talking to patients who may be stressed. GPs are aware of patients who have particular needs and it was suggested that it may be useful to have patient medical records flagged to indicate to reception staff that this patient will require additional support and patience when booking an appointment at reception
 - maintain the importance of confidentiality e.g., the use of cards to ask discreetly for something
 - being more friendly, helpful and knowledgeable, particularly when it comes to sign-posting. We know that reception staff, have busy and demanding roles and we do not expect them to know about other services. One suggestion was to consider members from the practice PPG groups to be healthy living champion or a patient advocate to support reception staff to signpost or direct patients to other services
 - The use of TV screens in the waiting area to provide useful health information
 - support for sharing our medical records with other healthcare professionals - another practice, community care, secondary care, with the GP central in co-ordinating continuity of care. Patients want to be involved and informed when their notes are being shared
 - To always use clear, plain English when communicating about healthcare services. In return we will be more confident to raise things that simply don't make sense, or where jargon or abbreviations are being used
 - For people entering the UK on a long-term basis, to consider a welcome pack about services available in the NHS and how best to use it.

11 Findings from the interactive table discussion

Standard Four

Standard Four: Continuity of Care

Promoting sharing of information and improved communication between health care professionals, to maintain consistent care for the patient

11.1 Using the key questions, as outlined in section 6.4, the following comments, ideas, suggestions, challenges were captured under this standard:

- Should the person responsible for our continuity of care be a specialist?
- We need more care navigators to support us through the maze (do they need to be clinical?)
- If care is co-ordinated and feels integrated this gives a better sense of continuity. It is not just about seeing the same doctor
- Use the wider primary care for continuity of care, for example, Pharmacy
- IT such a barrier – not ‘talking’ to each other – primary/community/secondary care disjointed
- We need a consistent approach to co-ordination and the same applied to processes
- Spend more time with the GP who knows my condition
- Appointment time not enough. Often only one problem allowed
- Recognition of special patient needs. This should be identified on patient notes, for example, partially sighted, deaf
- Use resources more effectively, for example, the use of the multidisciplinary team in the practice. We don’t always need to see the GP
- Patients made to feel empowered and encouraged to see their own records/results
- Important we consider patients where English not first language. There should be an adequate interpreting service provision across the borough
- Triage systems currently being adopted across the borough are inconsistent. Clinical triage should be with a clinician
- Opportunity to evaluate the different triage models available
- On-going relationships are key to continuity of care
- Carers need to be known to the practice because they offer the best continuity of care to the patient.

12 Other Views Shared

Listed below are a mix set of other views, issues, questions raised by the patients/people of Lambeth that emerged from the table discussions. The key themes were organised under the following headings:

12.1 Practice Focussed

- We would like to see practice based projects, for example, book clubs, time bank, walking clubs organised around the practice via patient and participation group
- Education for health, for example, sign-posting/subtitles
- More information about health checks
- Literacy service at the practice where needed. Recognising there are people who can't read
- Whole family approach to health
- All patients get access to same services, e.g., podiatry, sexual health services
- Promote Well man services
- Promote equalities and proactively reach out to Black, Asian, Minority and Ethnic communities
- Patients should have the option to choose to have a female doctor
- GPs need to be more aware of social conditions that cause ill-health
- GP surgery to be the local centre for follow-up
- Better co-ordination of services
- For people with long-term conditions to access to self-management services
- Join up physical and mental health services
- More physiotherapists at GP surgeries
- We feel it is not the job of receptionists to vet you to see if you deserve to see your doctor or not
- There's less money overall in the system and the NHS is in to many different bits – it's difficult for support organisations (for example, HIV peer support) to represent people in consultations when there are so many. many voluntary organisations rely more than ever now on volunteers since funding is harder to find
- If some practices have specialisms or equipment, can't they share? make it available to other practices? [response: yes they can, and this is beginning to happen – I was at a meeting last week where 18 practices agreed to work together, for example on minor surgery - we can do more of this
- Doctors don't understand mental health

12.2 Culture and Workforce Training

- GPs could encourage patients to keep healthy and well. We need more joint working and linking up with providers of services and activities that will keep us active and healthy
- We should find ways for GPs to work in partnership with patients and their families – for example the practice should encourage people to take up screening and health check opportunities

- In Maidenhead people are offered health checks at 30, 40 and 50 years of age. We need to find a way to make it automatic for people to take up screening
- It is very important that receptionists are very nice. Some are not peoples' person. This is especially important if you have a disability, a mental health condition or are elderly. People should just be nice!
- How can we help GPs to better understand the underlying social determinants of health, for example, isolation, unemployment, that make patients vulnerable to disease and poor health? GPs already make referrals to the food banks and this enables them an insight into what patients' lives are like. Why don't GPs refer to book clubs and time banks so people can do more for themselves?
- Prevention means access to self-management, mainstreaming self-management, joining up physical and mental health work.

12.3 Communication

- There are 10 GP surgeries in Streatham. They have TV screens in every surgery which could be used to show YouTube and other videos giving information about local services, keeping health and keeping active. This would be much more successful than leaflets, which no one reads. Patients could learn something very useful while they wait
- Communication with patients is very important
- Deaf patients really don't get good access - they don't always know when it is their turn to see the doctor. People with Learning Disabilities often feel excluded as a GP surgery is not fully accessible. The literature is not accessible
- The localities are still large therefore difficulty in moving between surgeries
- Addressing inequalities is important. A lot more needs to be done to proactively link the Black, Asian, Minority and Ethnic communities, refugees and older people to GP surgeries
- The slide was really important: 62 per cent of women like to see a woman doctor. More women than men are becoming GPs now. But perhaps there needs to be a better understanding of gender working
- More help to set up patient participation groups in all practices across Lambeth
- GPs talk to politicians/councillors about concerns raised from patient participation groups
- When GPs treat patients who have been discharged from hospital they need to make sure that they have information on good diet and exercise programmes to get back to being fit. This will help to prevent a re-occurrence of the illness. Discharge plans are often too late to help patients and GPs. We need better integration
- We should have a lot more information on the website (or links to trusted websites). This can reduce demand on the service and would be especially useful for young people
- To raise awareness of key information to patients/public, for example, pharmacists can make an emergency repeat prescription in the absence of a prescription.

12.4 Signposting

- I would like GPs to have more awareness around diagnosing cancer, especially in women. Often symptoms are described as being the menopause, when they are actually cancer
- I think women have much greater access to tests and screening for cancer. Men have to ask for a test for testicular cancer, women get called for cervical and breast cancer screening
- GPs should be more proactive about promoting good sexual health. Do people feel confident asking for help with sexual health?

12.5 Exercise and Well-being

- How can we get a system to support borough wide exercise programmes? We must expand the range of exercise referral services commissioned from an external provider such as the Streatham Leisure Centre. Tomorrow's diabetes diagnoses are today's 20 year olds or even children – how can we prevent them from developing diabetes? We need a whole family approach to health promotion. Why can't leisure centres give free places to exercise sessions to doctors to allocate to families that need them?
- How do GPs encourage disabled people to take up exercise and stay well? Disabled people really benefit from swimming, cycling and access to the outdoors. How can we ensure that GPs know who to refer to?

12.6 PPG Development

- We feel it is quite hard to get a PPG going. The PPG Network investment will help with this
- We could make more use of Healthy Living Champions – they could signpost to walking groups, get patients more fit and out and about meeting new people
- More healthy living champions recruited and developed from the PPGs
- People want to be involved in their own health. PPGs could organise displays, for example, about healthy eating, keeping warm and well, managing diabetes, in all the surgeries and keep them up to date and refreshed.

12.7 NHS Budget

- All this work reflects the push to reduce spend. This is a political issue. It is part of the process of privatising health care. We need to campaign to stop this happening
- There's less money overall in the system and the NHS is into many different bits. It's difficult for support organisations (for example HIV peer support) to represent people in consultations when there are so many voluntary organisations who rely more than ever now on volunteers since funding is harder to find
- If only 8 per cent of the whole NHS budget is spent on primary care, why can't we (the patient/public) say something to NHS England about this? (Yes you can and yes, Lambeth CCG can feed back to NHS England that more money is needed for primary care; but we can also look at pulling services out of hospitals where they

don't need to be in hospitals, and provide the same care for less in primary or community settings

- Doctors need to be honest about how the money is spent. We did not know that 92 per cent of the health budget goes to hospitals and 8 per cent to primary care. If one episode in an acute ward costs £4000, how can we prevent that spend and use the money for exercise programmes or YouTube videos and leaflets?

13 Positive Patient Experiences

13.1 The event provided an opportunity for the patients/members of the Lambeth public to share their positive experiences and their observations in accessing healthcare in Lambeth:

- GPs are doing a good job
- Experiences of contacting out of hours services, 111 and SELDOC, have been positive
- We recognise that to bring about change requires a cultural change from all involved
- Patients/public feel empowered when educated about their healthcare and have access to information
- Making positive use of my time spent waiting, by watching health promotion on TV in the waiting room at the practice.
- Like getting together with other people to hear their views to help improve healthcare services in Lambeth CCG.

14 Next Steps and Shared Commitments

14.1 The event on 04/06/14 clearly demonstrates that the Big Lambeth Health debate goes on and needs to continue if we are to meet the challenge of implementing a new service model in primary care but more importantly, that Lambeth CCG continues to work in partnership with the patients/people of Lambeth. Building on the channels identified by Healthwatch to capture the patient/public voice of Lambeth, in section 5.3

- as an individual in your GP practice to any member of the general practice team
- as a member of the practice patient group
- as a member of the wider Lambeth Patient Participation Group Network
- as a Healthwatch member.

14.2 **For the Lambeth Patient Participation Group Network**, we are pledged to continue to work jointly together with the patients/public of Lambeth and comments will be fed back into the primary care development programme. Working with Carers Hub Lambeth, a Carers' forum meeting is being planned for September with the theme on improving the health and wellbeing of carers.

- 14.3 **For Lambeth CCG**, we will present this report to the Primary Care Development programme board, to keep at the forefront on-going conversations to involve the patients and people of Lambeth in transforming primary care. In addition, we will review the suggestions and ideas that were volunteered when we go forward when developing and shaping new high quality service models of health care in GP practices in the borough. However, it should also be borne in mind that Lambeth CCG cannot make a change to every request. Where changes cannot be made, a full and clear explanation will be given.
- 14.4 **For Healthwatch Lambeth** we will work with our members and partners to build a shared understanding of what transformed primary care could look like. Healthwatch Lambeth will co-ordinate a second workshop to explore the types of outcomes patients, clinicians and commissioners want to achieve through collaboration. We will implement a work plan to gather feedback from primary care patients, with a focus on people who seldom attend public consultations.

End



15 Acknowledgements and Thank You to

The Patients and People of Lambeth

Healthwatch Lambeth

John Isitt, Chair of Trustees

Sukainah Jauhar and Will Nicholson, Trustees

Catherine Pearson, Chief Executive

Wai Ha Lam, Community Engagement Officer

Jeanette Threadgold, Communications and Liaison Officer

Healthwatch Lambeth Members and Volunteers

Lambeth Patient Participation Group Network

Robert Hill, Chair

NHS Lambeth Clinical Commissioning Group

Dr Adrian Mclachlan, Governing Body Chair

Dr Hasnain Abassi, Governing Body Clinical Member

Dr Raj Mitra, Governing Body Clinical Member

Andrew Eyres, Chief Officer

Therese Fletcher, Assistant Director, Primary and Community Care Commissioning

Andrew Parker, Director of Primary Care Development

Elaine Richmond, Practice Manager

Catherine Flynn, Engagement Manager

Lesley Connaughton, Primary Care Development Manager

Antoinette Scott, Locality Care Network Manager (Interim)



16 References

The Big Lambeth Health Debate report 2013

Transforming Primary Care in London: General Practice - A Call for Action. NHS England. November 2013

17 Contacts

If you would like to take part in Healthwatch Lambeth, the Lambeth Patient Participation Network, or join a patient participation group, please contact the following:

HealthWatch Lambeth contact:

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Lambeth Patient Participation Group Network contact:

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In line with our joint pledge, to use easy to understand language in everything we write, this paper has been reviewed for readability, using the Flesch Reading Ease test, which rates text on a 100 point scale. The higher the score, the easier it is to understand the document. For most standard files, the score to aim for is between 60 and 70 – see attached link for further information <https://readability-score.com/>

The Flesch Reading Ease score for this paper is:

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