

NHS Lambeth CCG Public forum 19th September 2018 Notes

	Source	Question	Summary response	Action
1	Fraser Syme and Graham Syme, SymeBros of Streatham Hill	<p><u>Outpatient prescriptions process:</u> Presently people who are going to be referred to hospital have significant appointments waiting times for non-urgent procedures; they go as an outpatient to the hospital to see a consultant who writes a prescription which the patient then has to take back to their GP to be processed. Clearly, we are in the digital age however the current practices do not reflect this. Why is this not completed at the point of prescription and sent to practice/integrated with the relevant system? Can you confirm what is being done to remove this bothersome chore from the discharged outpatient who may have a condition that makes this difficult for them to do?</p>	<p>What you suggest is entirely correct and would reduce the inconvenience of the present practice as well as to alleviate potential safety implications where systems are not connected therefore one prescriber does not understand what another prescriber has been/is prescribing. The issues described are partly resolved with the local care records which allows for hospitals and general practice to read elements of each other's records. It does not presently allow for a consultant in a hospital to add to the GP record.</p> <p>I understand that work around prescribing is being undertaken towards this. DA confirmed that it is useful to receive feedback about the prescribing interface between the hospital and the GP. There is formal policy to govern how this should work. I will be happy to take this back to the South East London Area Prescribing Committee which has a policy for all six CCGs.</p>	DA t to discuss with South East London Area Prescribing Committee
2	Fraser Syme and Graham Syme, SymeBros of Streatham Hill	<p><u>Support for diversity particularly in relation to gender and sexuality:</u> Lambeth seeks to be identified as a multicultural, diverse, progressive and a forward thinking borough where much is made of the diversity of its population. What is not necessarily as frequently discussed is the fairly high proportion of what had historically been seen</p>	<p>Lambeth is a very diverse community and on a number of measures described it is ranked among the highest in the country.</p> <p>It may not be possible for this to be fixed at Lambeth level as it relates to national policy. Locally however further work is required around how to manage the patient registration process in the most appropriate</p>	None

		<p>as non-traditional sexual orientations. For example, lesbian, gay, genderqueer, bisexual, demisexual, transgender, transsexual, twospirit, intersex, queer, questioning, asexual, allies, pansexual and polyamorous.</p> <p>Where are we at within the LCCG and our main healthcare systems in making the new 'norms' inclusive across that system as most application/registration forms still do not make sufficient account for members of this community?</p> <p>Equally, how much training currently is undertaken within the LCCG and across the local healthcare systems to ensure that staff are aware of the new 'norms' (sexual orientations) and can adequately interact with this cohort of people? What budget has been allocated specifically for this purpose?</p>	<p>manner for this cohort of patients and some practices have begun to address these issues by use of an updated registration form nuanced to reflect this group of people.</p> <p>The Public Health Team/CCG was asked by Public Health England to be involved in piece of work earlier in year to look at a whole system approach to LGBT (lesbian, gay, bisexual, and transgender) plus inequality and what the experience of Health and care systems were for different communities.</p> <p>From that event there are a few recommendations which we are hoping to take forward some of which are exactly what you have discussed about registration, including how to understand whether people are able to access services, looking at the barriers for disclosure and helping some professional to understand why it is important to capture that information. Separately also recently worked with King's College Hospital trans clinic to see how this works and to identify gaps in provision to some specific groups in the community. It is hoped that this will lead to further work.</p>	
3	Jenny Cobley, Lead Governor, SLaM	<p><u>Bed position for mental health services at Emergency Departments (ED):</u></p> <p>As a governor at SLaM, I am concerned that at the moment, it is difficult for staff to find a bed for those with serious mental illness. I have heard from staff that mental health assessments may not take place when there are no beds available and patients may have to wait for days in A&E. Although SLaM has plans</p>	<p>The two people best placed to give an answer on matter Harpal Harrar and Moira McGrath are not present.</p> <p>As a general point we know that there has been for some time problems with bed capacity related to admitting people to hospital that need to be there and challenges linked to the discharge of number of people from hospital who no longer need to yet are unable to be moved on due to issues around housing</p>	AM to provide further information.

		<p>to improve the follow of patients through the wards, this is going to take time. Is there anything that the CCG can do to help the situation?</p>	<p>and social support. The CCG and Lambeth Council are working in partnership to address some of these issues.</p> <p>Equally, it is acknowledged that some processes particularly around reablement activities and early discharge work well in Acute Hospitals and do not work in quite the same way across Mental Health Services.</p> <p>There is also clearly a question of capacity in all parts of the system. As such, work is being undertaken in collaboration with the Living Well Network Alliance and with The Living Well Hub around early detection, early intervention and prevention.</p> <p>AP noted that there are system pressures which have implications for local A&E functions and it is important to look at how to manage this issue as we enter into the winter period and consider what projects can be put in place to help alleviate this pressure.</p>	
4	Wendy Horler, KONP Lambeth	<p>Public Health funding:</p> <p>Given that in the Public Health December 2017 Annual Report it was stated that there would be by April 2020 a £5m reduction in Public Health funding for Lambeth. Are there any procedures in place to monitor or assess the impact of these cuts on the people of Lambeth?</p> <p>Equally the current Quarterly Director of Public Health Report is very upbeat but it does not address failings that have been highlighted elsewhere.</p>	<p>Through the Staying Healthy Board a report is produced for the Health and Wellbeing Board on some high level key performance indicators which are effectively the state of the borough for public health. In our Annual Public Health report, published around December 2018, some of that detail will be presented.</p> <p>The quarterly report tends to focus on reporting information around activities that public health is undertaking in the borough.</p>	None

			In relation to the impact of the savings there is a public health dashboard set up by Public Health England (PHE) which is directly linked to what public health funds.	
4(a)	Wendy Horler, KONP Lambeth	<p><u>Public Health funding:</u></p> <p>The dashboard for the public is very obscure. Can I thank CC for her report and I wonder if she can influence the writing of this PHE report to be similar to hers or more coherent as it is not easy to understand impact of this currently from that report.</p>	I will feed these comments back to PHE.	RH to feed comments back to PHE.
5	Sarah Corlett, Healthwatch Lambeth	<p><u>Capture of potential inequalities for people who receive services outside of targets:</u></p> <p>Within the Integrated Governance and Performance Report whereas a lot of targets are being met there is always a proportion of people whom are not being served/receiving services in line with the target. What I do not see in that report is what that population looks like therefore I am not assured whether there is any systematic inequality operating for the cohort who is not getting their needs met on time.</p> <p>My observation is that at one point the each CCG programme area had its own equality target/equality objectives and this has disappeared from the highlights and exceptions received at this meeting and there is instead a separate section on equality. From a Healthwatch perspective we would like to be assured that the people who are in the not yet treated phase are not being systematically disadvantaged because something is happening to make the service more</p>	<p>The good question is do we know and can we describe the characteristics of those who receive a good in target service and those who wait longer.</p> <p>In relation to your general point about the equalities targets, these have not gone away and in our annual report we have given the annual view for 2017/18 and I am unsure whether this has been picked up in the new Integrated Governance and Performance Report partly because some of the measures are annualised. However it is a good prompt to check whether we are communicating this.</p> <p>In terms of access, this may be about patient choice and decision making. For example particularly in prostate cancer often the delay is because patients want to determine when they would like to have their treatment. However I am uncertain that in looking at inequalities whether we are giving choice to the different communities to do this in relation to treatment also. There is benefit to look at this with</p>	None

		difficult to access.	the Cancer Group.	
6	Gay Lee, KONP Lambeth	<p><u>Child and Adolescent Mental Health Service (CAMHS) review:</u></p> <p>There was information in a SLaM Board report about a Child and Adolescent Mental Health Service (CAMHS) review between Lambeth CCG and Lambeth Council, however there was no information about timescales. Can you please explain why there would be a review and how this will be carried out? There was also mention of a public meeting in Southwark scheduled for the following week. Are Lambeth going through the same process?</p> <p>Gay said that It is the CCG's responsibility to identify and update key stakeholders of any cuts to funding and ensure that these cuts are considered in a creative way to protect the vulnerable. From a campaigning perspective if there are cuts identified our role is to campaign.</p>	<p>We are aware of the specific Southwark meeting and it is hoped that there will be a Lambeth voice in the room.</p> <p>TP we are looking at formal funding across the Council and CCG. However there are no proposals of conducting a formal CAMHS review. Also we are in discussion with CAMHS colleague leads to look at how this will work.</p> <p>It would be worth checking the report and reviewing that there is not a misunderstanding and I offer an apology if there has been a miscommunication.</p>	TP to check the SLAM Board report referenced in order to clarify the position.
7	Cheryl Alfred, Patient Participation Group Network	<p><u>Integrated Care Organisation online consultation:</u></p> <p>There are a number of big issues from NHS England which are out for consultation from NHSE including Integrated Care and the national contract. For online consultations the response rate generally is not good and do not produce trust and relationship building with the local population. Therefore the PPGN would like to ask whether the CCG could host a public briefing meeting before Integrated Care Organisation Contracts deadline to ensure that people are informed and have opportunity to discuss the matter before people</p>	<p>The CCG will look at whether it might be possible to be undertaken collaboratively across Lambeth.</p> <p>AP confirmed that as the Primary Care Community Based Community was current discussing this matter would like to have further discussion with the PPGN outside the meeting.</p>	AP to look into whether it is possible to host an event as requested by the PGGN

		participate in the online consultation.		
8	Les Eliot, Lambeth Resident	<p><u>Update/clarification of changes at Vassal Road Surgery:</u></p> <p>Can the CCG please enlighten me as to what is happening at Vassal Medical Centre as it appears that the partnership is preparing itself to be sold to a third party and it would be helpful for patients registered there to understand any what is going on?</p>	<p>There have been some changes to the partnership arrangements which over past months have been reported on in Primary Care Commissioning Committee Meeting in Public.</p> <p>I would be happy to follow up with you outsider the meeting.</p>	<p>AP to provide information regarding changes to the partnership at Vassal Road Surgery</p>