**Minutes from North Islington Locality Meeting: 27th March 2014**

Item 1. Welcome, introductions, apologies

Penny Borrow introduces chairs Dr Patrick McDaid and Pamela Moffatt, the new patient chair

PM welcomes Naomi Peck from Voluntary Action Islington who is the new support officer for locality and pan-Islington PPGs.

PB runs through evacuation procedure as fire marshal.

Item 2. Minutes and Matters arising

PM asks if minutes from the previous meeting are a correct record and it is agreed they are.

*Q: Any items on the minutes that need updating?*

*A: Atos.*

Action: will take issues regarding them back for answers and will update at the next meeting.

*Q: where can people get computer access to get on line?*

*A: Currently town hall but plans to open kiosks borough wide eg in schools.*

Action: will be picked up at the next meeting.

Summary re the survey for Lizzie Stimson of ICCG is that CCG will work to address patients’ concerns.

*Q: Has CCG excluded Healthwatch?*

*A: No some Healthwatch members do come to meetings and Healthwatch wants to be involved but separate from groups as they are monitoring ICCG.*

Item 3. Islington CCG – Organisational Structure and Budget

Presented by Clare Henderson, who apologises is not Paul Sindon but explains is part of his team and says will take questions at the end. Details organisational structure of the ICCG, different kinds of contracts and how the spend breaks down, quality and safety issues.

*Q: there is a vacancy for a GP lead. Is that going to be filled?*

*A: don’t know but can find out.*

Action: will take it back to Lizzie Stimson.

*Q: when were clinical matrons introduced?*

*A: 2006.*

*Q: why is there a shortage of practice nurses? Not just in Islington. Can’t there be a recruitment drive?*

*A: It is recognised that there is a shortage of practice nurses, it is difficult to recruit them. Are issues eg practice nurses work on their own. We need to rethink what our approach is. Why don’t nurses want to come and work in Islington and London, is it because of the cost? We are developing workplace improvement, thinking about how practice nurses can support each other better eg a bank of nurses that could fill in for each other. Point is well made.*

*A: Dr.PMcD. It is a national, London and immigration issue. Recruitment and retention is an issued. Islington taking a strategic overview is good. Need to go and meet with other practice nurses for peer support and education. Sky’s the limit if you use your imagination. I would expect the issue to come back and we should keep an eye on things in future.*

Item 4. Integrated care in the community

In 4 parts:

A) Kat Milward, Community Matron for North Locality who explained the role of helping people with chronic diseases, which are responsible for the vast no. of emergency bed deaths. Aim is to manage unplanned hospital admissions by looking at the whole person.

B) Tessa Cole gave a presentation about a 10-month pilot of a team of specialists to improve services offered to patients using more than one team. The aim was to improve patient experience and outcomes especially to reduce unplanned hospital admissions. The study had recently finished so results were not available.

C) Sarah Laurie of Camden and Islington Mental Health Foundation Trust (CIMHS)

D) Sue Gibbs of Islington Mental Health Foundation Trust (IMHFT) gave a presentation about Adult Hospital at Home pilot under the care of the consultant and specialist team, which aimed for quicker referrals for ambulatory care.

Action: add Sue Gibbs’ presentation to those available online.

*Q: I am concerned re the pilot scheme* [the N19 Pilot that ended 31.03.14] *– presented as new but appears to have been in force since 1993. Why is it only just now that it has come into force?*

*A: TC: some of what we learned is not new and some is obvious. Services do work together already but we are looking to see if we could make it better by restructuring services.*

*A: KM: Information governance, shared info between different teams is the problem between health and social care. Community matrons can access information on shared services system. There is still duplication of assessments as they have slightly different perspectives; staff try to use historic information on a patient, so things are not perfect but we are trying to improve them.*

*Q: Care plans should involve families/carers. Who trains them, who is responsible for them? Numerous people in community need these kind of questions answered. This is not personal, I am representing the community.*

*A: Dr. P McD: This is a very large issue and the frustration felt by patients, families and carers is obvious. I am delighted with the pilot scheme as one of the problems of the heath service is that governments keep changing. All these good ideas re single assessments from the 90s, all these people working in health need projects like this to get projects moving. 2% headroom fund is trying to cash inject to make things better.*

Dr. P McD comments that going forward, we should give things a bit of space in the PPG meetings. A bit of information and then discussion. Introduces:

Item 5. End of Life Care

Presented by Sarah Burnard (St Joseph’s Hospice) and Jenny Hurley (lead for Last Years of Life Care (LYOLC) at ICCG). Detailed the study set up by ICCG to look at care that is available in the last years of life. Explains the genesis of the project and invites attendees to suggest what services they would like if at the end of their life. Outcome of the survey conducted by phone was that people wanted to be confident in services eg delivered on time by competent and kind people. Explains the group that has been set up called Voice for Change.

Dr.P McD talks about benefits of the group and encourages people to join.

Comment is made about Dr Kate Granger who was diagnosed with a rare cancer. From her experiences, she started a blog #hellomynameis.

JH explains that ICCG has a steering group of LYOLC but no kind of representation from patients so ICCG set up project with St Joseph’s Hospice and information gathered was passed on ‘telling truths to power’ with the aim to improve and buy the best services we can. Will be developing work focussing on people with learning disabilities and culturally sensitive groups eg BME.

Item 6. Next meeting/AOB

Akunna Akpan from Whittington Hospital said they are running a course for managers etc to make sure that services are patient centered. Clear that is not enough patient engagement so she is leading a project at the Whittington focussing on gynae/obstetric and maternity care. Left email address akunna.akpan@nhs.net if anyone is interested in finding out more or participating.

SB and JH promoted Dying Matters Week

gave link www.dyingmatters.org. Leaflets will be available at surgeries. About preparing for a good death and how to prepare children.

*Comment that there is a taboo about childrens’ death, not really discussed.*

*A: JH said children’s end of life care is commissioned by the council and eg children with life limiting conditions is slightly different. Someone could come and give a talk on this topic if people would like this.*

*Dr.PMcD: Aiming for the same good death is as relevant to children.*

*Comment that the meeting had a scatter gun approach and that should focus on one subject in depth. Also felt that patients giving their own experiences/story would be useful. Too much information, too many acronyms, hard to take on board all the information. Patients are left a little bit at sea.*

*A: DrPMcD: one thing that works well is the subject talk and then a patient comes on to give their side of the issue.*

*A: SB is happy to come back should people want more in-depth info re her presentation.*

Naomi Peck of VAI gave people the date for the next pan-Islington meeting on the 19th June and asked if people like the idea of stalls giving out information connected with the presentations? Consensus from the group was yes.

Suggestions for pan-Islington meetings:

health and social care

data extraction

Patients were reminded of the slips to fill out should they have suggestions for future presentations.