**NOTES FROM CENTRAL SEPTEMBER 2015 MEETING**

Apologies that Richard Harley could not chair the meeting; Naomi Peck and Mike Sherriff from Voluntary Action Islington stood in and co-chaired the meeting.

Rebecca Muncey, Engagement Officer for the Clinical Commissioning Group gave an overview of engagement opportunities and committee member vacancies at the CCG. For futher information, please contact Rebecca on rebecca.muncey@nhs.net.

**1. Voluntary Action Islington presentation on services for Islington residents**

Mike Sheriff, CEO of Voluntary Action Islington (VAI) outlined the services that exist to support volunteering within the borough. These include support for those wanting to set up a charity or community interest group, those who have already set up such a group but need guidance and those wanting to volunteer (VAI runs a drop-in service on Tuesdays and Thursdays at 200a Pentonville Road, London N1 9JP 10am–4pm).

VAI’s directory of local community organisations was also mentioned; this resource is available online and can help you find local organisations offering services such as mindfulness meditiation; support into work for people with Mental Health issues; social groups etc.

For more information on local volunteering opportunities please see [www.vai.org.uk](http://www.vai.org.uk) or call 020 7832 5800.

Summary of key points made at table top discussions focussing on barriers to volunteering and how VAI could work more closely with GP surgeries.

* Some people might not be able to open up to their GP or social circle as to their loneliness; this could be a probem for identifying anyone who might be interested in and/or benefit from volunteering. GPs could ask directly yet gently, especially if a patient has depression etc.
* add information about VAI and volunteering to practice websites; also electronic noticeboards and other noticeboards in GP practices
* It would be useful to include the Volunteer Centre and information about volunteering in the “CCG Map of Medicine” [a directory of local NHS, public and third sector services available to doctors]
* Promote volunteering through surgery based PPGs
* Try to get information about volunteering and the Volunteer Centre in the CCG Newsletter, the Council (Islington Life) Newsletter and the Council e-bulletin – which goes to 90,000 people
* Provide people with examples of what they can do and how volunteering has improved lives
* Useful to highlight volunteering opportunities that people can get involved in outside of normal business hours

**2. Clinical Commissioning Group (CCG) presentation on achievements so far and commissioning intentions for the forthcoming year**

Martin Machray, Director of Quality and Integrated Governance for the CCG.

SUMMARY OF QUERIES AND COMMENTS RAISED DURING THE MEETING

* The Out of Hours (OOH) service due to be recommissioned in April 2015 was put back 1 year to listen to public concerns. NHS England wants to pause all reprocurement to issue national guidance, so now new contracts will begin in October 2016.
* A point was made about the confusion between iHUb and OOH services. OOH ensures a seven-day service but does not offer appointments. IHub has been created by the CCG with funding from the Prime Minister’s Challenge Fund to make it easier for Islington patients to get an appointment out of standard surgery hours. [It will add 378 nurse and 378 doctor appointments a week plus triage.] Following the pilot, assuming the scheme is successful, funding will have to be found from within the existing CCG budget.
* Increased opportunities for appointments will hopefully reduce the number of attendences to A&E and OOH services. The CCG doesn’t think the pilot will achieve all its objectives – it depends on what the targets are, eg a 5% reduction in A&E access is achievable. Some commissioning decisions related to iHubs need to be made in Mar/April 2016.
* The CCG is looking to see if pharmacists can be placed within some GP practices as currently there are more pharmacists than jobs for pharmacists
* There are more patients registered with GPs in Islington (228,000) than Islington residents (224,600) but 20,000 people in Islington are not registered. 15% of the population moves out of the borough each year but people are not good at changing practices.
* The high incidence of mental health issues in Islington is because of various reasons including a high incidence of alcohol and drug use (which have associated mental health problems). The borough’s dense population means that residents are less likely to speak to neighbours and a compounding of mental health problems.
* Two Islington GP practices have closed, but this shouldn’t affect ability to get appointments as these two practices only had 900 and 1400 patients on their lists.
* CCG will invest more money into Practice Nurses, Practice Managers and GPs and needs to work with universities to ensure correct level of training opportunities.
* When there are planning approvals for big developments, the council takes into account provision for GP surgeries. The CCG hopes that one of the advantages of co-commissioning would be greater input into planning decisions and the provision of suitable primary care premises.
* Prevention is vital to reduce the demands on the NHS but there are only small pots of money available for prevention initiatives. GPs are treating more people AND more frequently. Prevention initiatives have to come from outside the NHS also, eg the council could limit the number of off licenses and fast food outlets within the borough.
* The different parts of the NHS compete for funding. Hospitals are paid for what they do not outcomes. So far, the NHS budget is protected at the expense of eg school mental health monitoring, education, social care but these are important services that will save costs further down the line. Employment also keeps people health in mind and in body.

**ACTION: to find out what is spent on primary care in Islington**

* A concern was raised about uneven quality of mental health services in Islington. The trust will start to take this on board and primary care is picking up the pieces of loss of serious mental health services.
* For 2015/2016 the CCG plans to change the contract for physiotherapy and podiatryservices to i) reduce waiting times ii) give patients a longer window to book in an appointment iii) ensure that providers do not reduce their budget for services when the CCG has not reduced spending for services.
* Personal health budgets (PHBs) is expected to grow over the next year allowing more people to stay at home. With residential care the CCG needs to maintain quality of services in and out of the borough: Islington has only 9 respite residential homes, so many patients are sent to Barnet (who have 120) but the CCG and Islington patients need to know that Barnet homes are of high enough quality.
* There was a comment that all the different names for the different NHS services can be confusing to patients. The CCG needs to take on board people’s comments and suggestions. In answer to a question about whether the CCG has focus groups: there isn’t a focus group at the CCG to specifically give feedback on the names of services, but we involve patients and the public in developing services and provide many opportunities for people to share their views.

**3. AOB**

General concensus was to leave meeting time as 6.30-8.30pm and not move to 6–8pm.

**EXTRA INFORMATION**

We are looking for patient chairs! If you are interested in being one of a pool of patient chairs and interested in helping the PPG meetings in this way, and would like to find out more, please get in touch with Naomi Peck (naomi.peck@vai.org.uk; 020 7832 5800) or Rebecca Muncey (rebecca.muncey@nhs.net)