PATIENT CONFERENCE
2 SEPTEMBER 2019
Event report

Contents

Very well organised and supported event – thank you

1. INTRODUCTION

This report provides a record of the One Bromley Patient Conference held on Monday 2 September 2019 at Bromley Baptist Church. The conference was organised and hosted by NHS Bromley Clinical Commissioning Group.

The report includes a summary of the presentations and table discussions that took place. Outcomes from the session are included in section 3 and in more detail in the appendices. These outcomes will be reviewed by the One Bromley Executive Group, the outpatient transformation steering group and other relevant teams to inform ongoing work.

Our grateful thanks go to all those who gave up their valuable time to attend and share their views.

2. PURPOSE

The purpose of the September Patient Conference was to:

- Inform and gather feedback on One Bromley programmes – specifically the role of active sign-posters and social prescribing in primary care networks and improvements to outpatient care.
- Provide feedback on the influence of patients in the work of Bromley CCG.
- Provide an opportunity for members of the public and patient representatives to come together.
- Provide an opportunity to ask questions about local services.

3. HEADLINE OUTCOMES

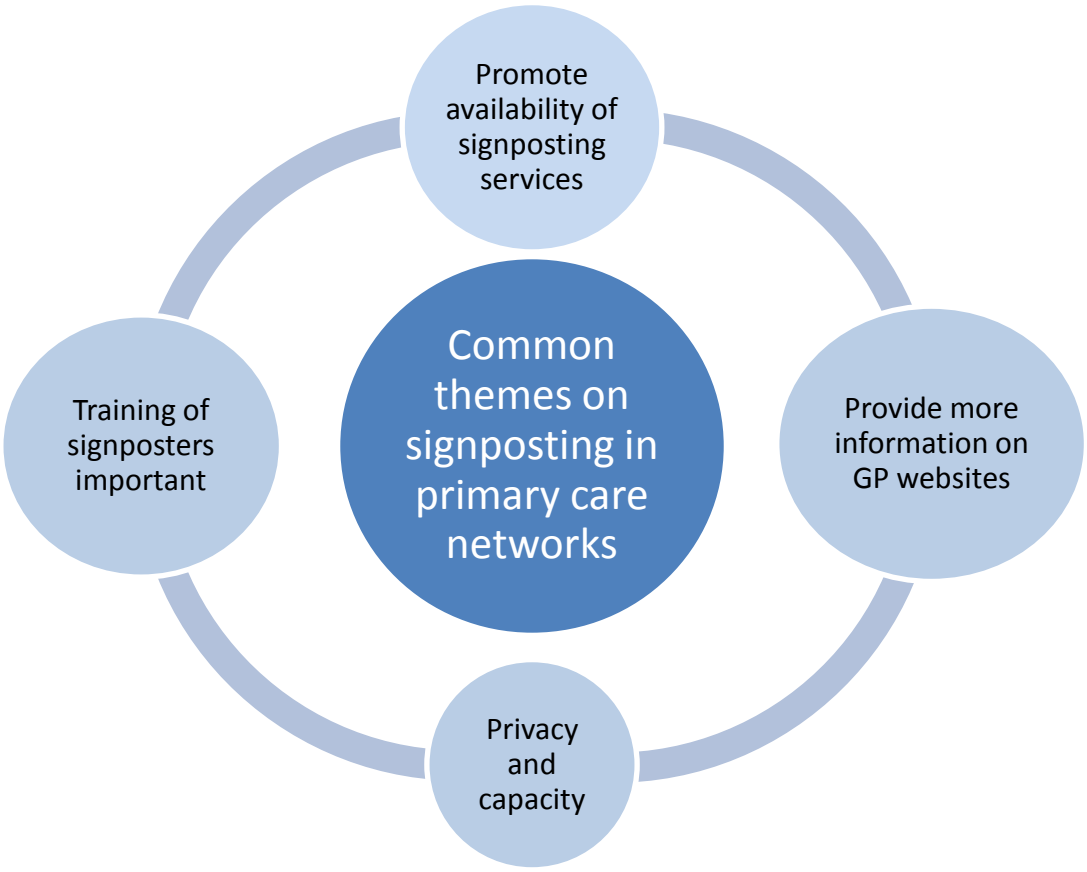
Do you think today's event achieved its purpose?

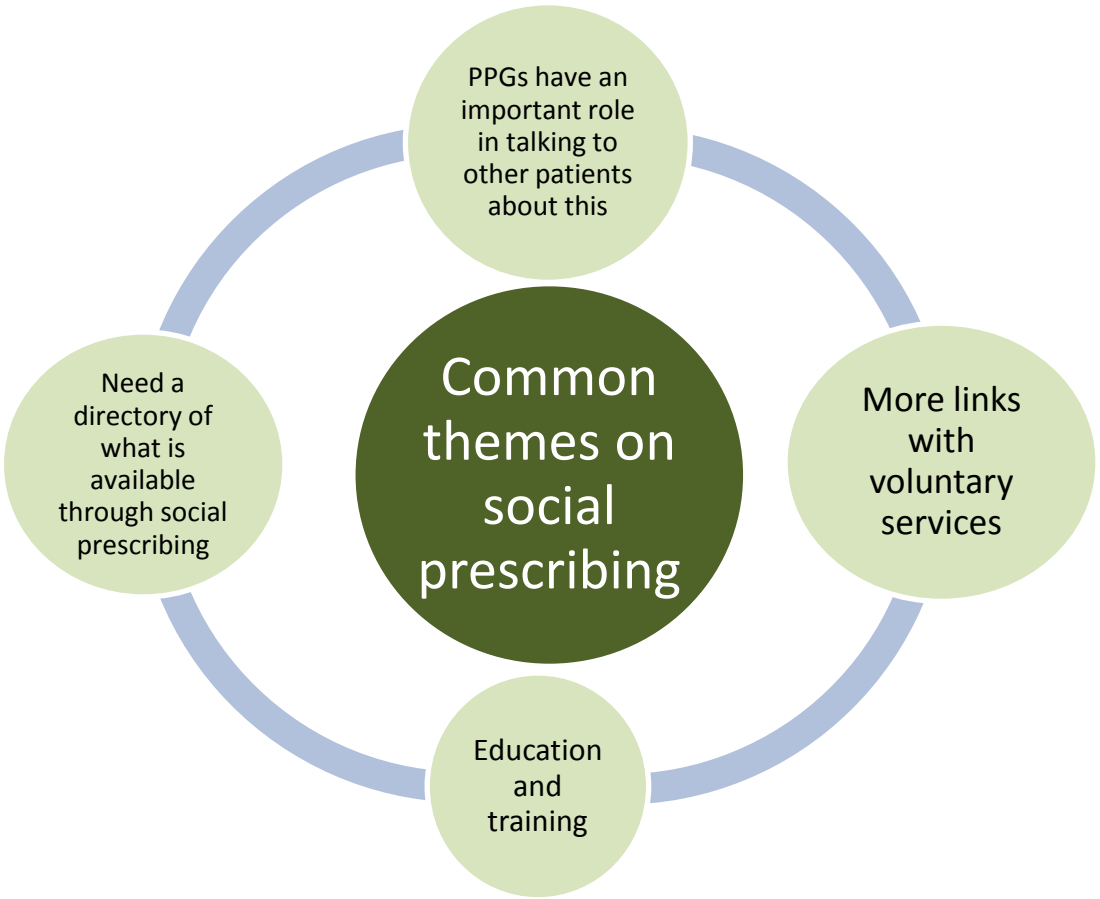
Scale of 1 to 5 with 5 being the highest.

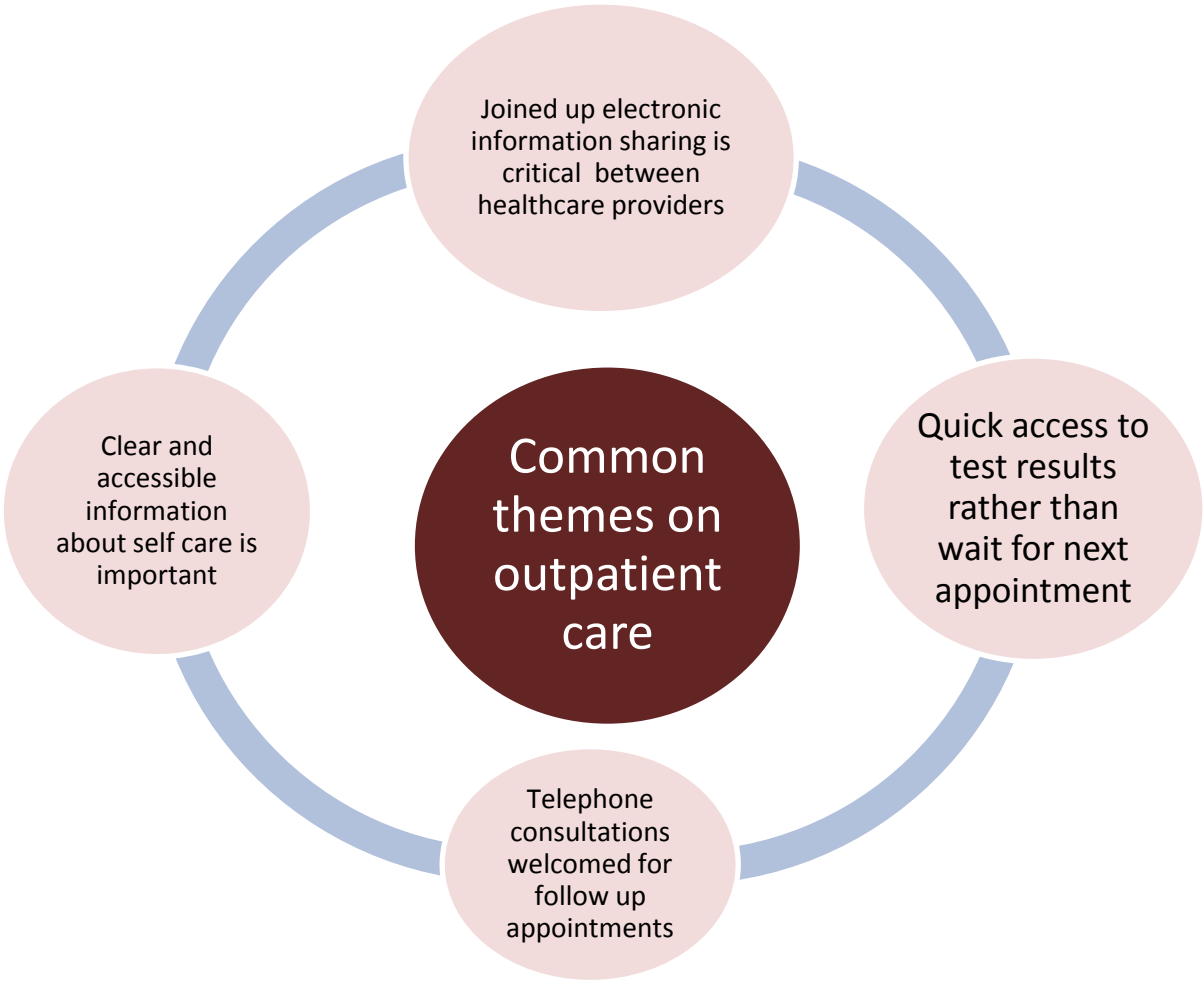
%	5	4	3	2	1
	17.6	73.5	8.8		

Was the information explained clearly?

%	Yes	No
	94.1	5.9


Common themes on signposting in primary care networks
Promote availability of signposting services
Provide more information on GP websites
Privacy and capacity
Training of signposters important


Common themes on social prescribing
PPGs have an important role in talking to other patients about this
More links with voluntary services
Education and training
Need a directory of what is available through social prescribing



Keep communicating – there is so much change

4. EVENT ORGANISATION

The patient conference ran from 1.30 to 4.30pm. 57 people recorded their attendance which also included some staff from partner organisations in One Bromley.

Participants were asked to complete an equality monitoring form which is included in Appendix 4. No one in attendance requested any special assistance such as a signer or visual aids.

4.1 Promotion of the event

Invitations to attend the patient conference were extended to members of the public who have registered their interest in getting involved in local services. This included:

- Members of Bromley Clinical Commissioning Group's Patient Advisory Group (PAG)
- Members of GP practice based patient participation groups (PPGs)

- Members of One Bromley Patient Network

The event was also promoted on websites, social media and through voluntary sector newsletters.

4.2 Delegate pack

A detailed delegate pack was provided for all attendees and is available for those who did not attend on request. The pack included the following information:

- Welcome to the patient conference
- Agenda
- Information on changes to south east London Clinical Commissioning Groups.
- One Bromley – purpose and achievements so far.
- You said we did information based on feedback received at the January patient conference and other programmes of work over the last year.
- What a primary care network is.
- What outpatient transformation means.
- The outcome report on a survey undertaken earlier in the year with patients to test the principles of improving outpatient care.
- Presentation slides
- Questions for table discussions.
- A registration form to join the One Bromley Patient Network.
- Information about the winter flu vaccination.

4.3 Table discussions

The room was set up with six tables, each having a facilitator and scribe. Presentations were provided by a variety of CCG staff. Question and comment boards were made available in the room to capture any other feedback or specific questions that were asked. Feedback from these additional boards is available in Appendix 3

Great to have table discussions

4.4 Survey

A survey was also sent out to those patient representatives who were not able to attend the conference, in order to capture their views. Comments captured through the survey have also been incorporated into the findings in this report.

5. AGENDA

	Agenda Item	Presenter/s	Time
1	Welcome 10 mins	Dr Andrew Parson	2pm
2	What we did with your feedback	Paulette Coogan	2.10pm
3	Primary Care Networks 50 mins	Jessica Arnold Dr Agnes Marossy	2.15pm
4	Refreshment Break 10 mins		3.05pm
6	Improving outpatient services 50 mins	Dr Jon Doyle	3.15pm
7	Question panel	All	4.05pm
8.	Close and thanks	Dr Angela Bhan	4.30pm

Attendees were welcome by Dr Andrew Parson, Bromley GP and Clinical Chair of NHS Bromley CCG. Dr Parson set out the purpose of the event and what would be covered during the afternoon. This included the following information:

“Given our move towards more joined up, integrated service for patients in Bromley, we have established our One Bromley Integrated Care Partnership and I am pleased to welcome so many of our partners here today who are keen to hear from you about the work we are doing together.

“One Bromley includes the CCG, Bromley Council, the voluntary sector and health providers to improve health and care in Bromley. By working together in this way it enables us to focus on meeting the needs of our patents, rather than patients having to move from one part of the health and care system to another to get everything they need. Together we want to improve their outcomes, independence and quality of life.

“We have already seen some progress in this work including proactive care for our most vulnerable and frail patients who are at a higher risk of having emergency admissions to hospital.

“Patients can get involved in the work of One Bromley by joining the One Bromley Patient Network”.

5.1 What we did with your feedback

Paulette Coogan, Director of Organisational Development explained how patients continue to make a real difference to local services. Examples were included within the delegate

pack. This included what had been done with the feedback gathered at the January patient conference and other areas that patients had influenced over the last few months.

Paulette reported that NHS Bromley CCG had recently been awarded an 'outstanding' rating for delivering effective public engagement by NHS England.

5.2. Primary care networks

Jessica Arnold and Dr Agnes Marossy from the CCG's primary care team provided a brief update on primary care networks in Bromley and some of the new roles that are being established within the networks to deliver more joined up care for patients. This specifically focused on active signposting and social prescribing.

Table discussions considered the following:

- What has your experience been so far of active signposting and what do you think about what you have just heard in the presentation?
- Which services do you think we should consider for the next phase for active signposting?
- What do you think the role patients could have in implementing social prescribing in primary care networks?
- How can we help patients to get used to this approach?
- Can you think of any local services that patients need to know about, not related to health care?

A record of the key areas captured through the table discussions is available at Appendix 1

Ongoing training and education is so important to deliver the planned improvements and transform care

5.3 Transforming outpatient care

Dr Jon Doyle, Bromley GP and clinical director for NHS Bromley CCG described how the current process works when patients need to be referred for outpatient care and then went onto describe how a new proposed pathway of care would work.

He explained that the NHS Long Term Plan sets out the need to take a fresh look at how outpatient services are delivered whilst recognising that patient demand has increased and clinical practice and technology have both developed.

Working together as One Bromley, there is a significant opportunity to look at the whole patient journey from referral to discharge, speciality by speciality, to look at opportunities to improve it for patients and clinicians.

The first phase will be looking at the following four clinical specialities.

- Cardiology

- General paediatrics
- Haematology
- Rheumatology

The learning we gather will then be applied to more specialities in 2020/21.

Some of the improvements we are planning include:

- You don't always need a face to face appointment during your outpatient care. We are looking at providing different options such as telephone appointments, or being seen in a community clinic.
- GPs will be equipped with the right level of expertise and support so that more outpatient care can be undertaken in the GP practice and community settings
- Patients will be able to manage/arrange their own outpatient follow up care without the need for further referrals. This means you can directly book another appointment if you need one without having to go through your GP again.
- Patients will be able to get the results of any tests quicker over the phone or by email rather than needing to come in for an outpatient appointment just to get results.

Table discussions focused on the following questions:

- Having heard the presentation, what do you think will work particularly well for patients and clinicians?
- Do you have any concerns about these proposals and if so how could we overcome them?
- Re there any other area or ideas you think we have not considered?
- What would make it easier for you to manage any long term conditions?

Included in the delegate pack was the outcome report on an initial survey undertaken earlier in the year to test the principles of what will change in outpatient care.

The outcomes of the discussions are captured in Appendix 2. These will be used by the One Bromley outpatients' transformation board to inform developments and improvements in outpatient care.

5.4 Question Panel

A panel of staff made up of representatives from Bromley Well, Bromley Third Sector Enterprise, Bromley Healthcare and NHS Bromley CCG responded to questions from the audience. These questions are captured in Appendix 3. Also included are further questions captured on the comment boards.

6. General feedback

Evaluation forms were used to capture feedback from those who attended, in order to improve any arrangements for future conferences. This feedback showed the following:

What can we improve for the next event?

Only a few comments were received and all from different individuals – so there were no common themes.

- Consolidate some of the slides that are used and make fonts clearer.
- Improve sound from the microphone – use microphones when taking ad-hoc questions from the floor (this was done for the main Q&A session).
- Some of the technology
- Clarifying who and which GP practices are engaged in integrated care and social prescribing.

What did you find worked particularly well regarding the event?

- Very well organised and supported event.
- Opportunity to ask questions.
- Clearly and simply explained.
- Practical experiences provided.
- Good interactions.
- Accountability and clarity.
- Facilitators.
- Understanding the timescales about these programmes of work.
- Table discussions – most popular element although one response asked for more time for this part of the session.
- Sharing information.
- Meeting members of the CCG and One Bromley partners.
- Information pack showing slides. Learning what is happening to our local organisations.
- Basic understanding of how healthcare will change and what role the PPG may be able to make in the coming months.
- Belief that the proposals set out were a benefit and there is a willingness to make it happen.

Any further feedback or comments not already covered:

- Positive feedback about the event and NHS services.

- Keep involving and reaching other parts of the population – young people in particular***. In addition to the patient conference we reach other age groups and communities in a variety of ways so that we can also capture their views. More information is available on the CCG website.***
- Suggestions about others who could be involved in discussions at events like this.
- Patients need information about what service they can self-refer to. Provide this information on GP websites.
- Patient education critical – especially when using new technologies. Particularly important for older people who may find using technology harder.
- Keep communicating as there is so much change.
- Positive about the approach at the event yet there is some scepticism from services delivering the changes. We need to keep morale high.
- I didn't learn about domiciliary services / reaching people in their own homes. ***There were opportunities to discuss these areas where they related to the topic areas during the table discussions. There was also a Q&A at the end where these issues could have been brought up.***
- Consider the emotional issues faced by people with long term conditions. ***The Bromley Talking Therapies service is specifically targeting people with long term conditions as it is well recognised managing an ongoing health condition can sometimes have a detrimental impact on emotional and mental wellbeing.***
- Keen on peer support systems and patients learning from each other.
- 18 week referral target needs to be reduced. ***This is a national constitutional target set by the Government which the CCG has no influence over.***
- New pathways are a great idea and will streamline care.
- Jargon busters for table discussions.
- Reduce waiting times at A&E. **This is an ongoing issue due to the local demand for care. Residents are regularly reminded to only use A&E services when it is serious or life threatening.**
- Improvement of transport arrangements due to limited parking.
- More NHS facilities for care home residents – such as physiotherapy
- Concern over GP workloads
- Make delegate pack available via email to save on paper. ***The delegate pack is provided in paper copy as some of our attendees would not have access to printers or online tools to use on the day.***

7. Next steps

This report will be presented to the One Bromley Executive and also the working groups leading on primary care network development and outpatient transformation. It will also be available on the CCG website.

APPENDIX 1 – Primary Care Networks

Headline feedback from the table discussions relevant to the questions asked:

What has your experience been so far of active signposting and what do you think about what you have just heard in the presentation?

- Some attendees had experienced signposting and were positive and felt it was important.
- Training important for those who will signpost.
- Important signposting questions do not come over as intrusive.
- Make signposting information available online.
- Privacy in the reception area.
- Ensure enough capacity is available on reception if the receptionist time is taken up signposting.
- Positive feedback on self-referral to MSK services – good outcomes.
- Share information on which practices have trained active signposters.
- Raise awareness of these improvements with patients. Promote the availability of signposting on GP answer phone and website.
- Consider needs of patients with learning disabilities.
- Is receptionist the best post to do signposting?
- Consider patients being signposting via the telephone system – ie press 2 for MSK services
- Use the screens in waiting rooms more effectively to communicate with patients who are waiting

What services do you think we should consider for the next phase for active signposting?

- Falls clinic
- Toe nail clipping service
- A&E and urgent care centres
- District nursing
- Health visiting
- Addiction
- Support groups
- Asthma, sleep, weight control and diabetes clinics
- Maybe managing toddler/teenager behaviour support
- Voluntary organisations
- Community ophthalmology
- Dementia services
- Support for young people

What role do you think patients could have in implementing social prescribing in primary care networks?

- Manage the expectations of patients. There is no need to see a GP if there is an alternative professional who can provide the information and advice they need.
- Members of practice participation groups could speak to other patients – it would be better having a patient to patient conversation.
- Share information about different groups that are available to help with issues such as social isolation, help with benefit applications, form filling etc.
- PPGs hosting coffee mornings for wider practice population. People can drop in and find out more about social prescribing and what it can offer.
- Is this duplicating services which already exist such as citizen's advice etc?
- One practice has a directory of services for social prescribing which is managed by practice staff.
- Point patients to information available on the council website.
- Patient representatives working closely with services such as Bromley Well .
- Patient led support groups – gardening, walking groups etc.
- Patients could share experiences of what works and highlight gaps.
- Share concerns and be open with the social prescriber.

How can we help patients to get used to this approach?

- Having contact with the social prescribing link worker who can provide tailored support for each individual.
- Providing clear information that practices can use and managing expectations of patients.
- Social prescribing is NOT signposting and requires collaborative working with patients who should work together with social prescriber to produce an action plan. Without collaboration the patient is unlikely to undertake any of the follow up activities. Rather than push the onus for success onto patients, ensure that work with social prescribers is undertaken well and that the essential preparation is done in order to achieve any degree of success.
- Training and career progression for social prescribers.
- Linking patients with a social prescribing buddy so they can get used to the approach.
- Information in community spaces, newspapers, PPG newsletters, direct emails to patients etc.
- Provide evidence of successful outcomes.

Can you think of any local services that patients need to know about, not related to health care?

- Bereavement support.
- Debt advice.
- Leisure centres.
- Parenting support groups.
- Where you can learn new skills.
- Promoting volunteering opportunities.
- Use social media to help promote local activities and opportunities.
- Some kind of directory of services that people can access to get more information. Some attendees mentioned such a directory was available on the council website.
- Food banks.
- Age UK
- Dovetail – takes people food shopping.
- Bromley Welcare is for families with children aged 3 to 18 years and provides social needs support, referral is from schools.
- Dementia Cafés
- Anna Chaplains support older people.
- Biggin Hill Community Care Association.
- Biggin Hill Men in Sheds
- Biggin Hill She Sheds (on a Friday).
- Preventative health care – to improve healthy lifestyles etc.
- Safety for children in the current climate. Practices should be advertising sports and social clubs.
- Care Plus which is a church organisation, that sets out to help isolated people. St Andrews Church in Bromley has a Lioness Club. Suggestions not to forget these organisations
- After school clubs
- Art Groups and gardening
- Family forums to discuss social and community issues
- GP Practices need to be more involved in their community. North London GP Practices grow fruit and vegetables for the local community.
- A central directory for services needs to be available and kept up to date.

APPENDIX 2 – Outpatient transformation

Headline feedback from the table discussions relevant to the questions asked:

Having heard the presentation, what do you think will work particularly well for patients and clinicians?

- Being able to see other clinicians – for example hospital pharmacist
- Information being shared quickly.
- Ensuring that all essential testing is done prior to any appointments so that the results are available in good time.
- Less travel.
- Reduced risk of necessary outpatient appointments being cancelled.
- Reduce stress for patients who feel afraid of attending hospital.
- Being seen by the GP – but consultation length would need to extend to cover what needs to be discussed.
- Virtual appointments will be useful for younger working professionals or those with a busy family life.
- Better communication with patients.
- Don't want to attend a physical appointment unless absolutely necessary. Lot of experiences shared of having appointments face to face that were not necessary. It's better for the patient if they don't have to go.
- Patients getting test results via email or letter rather than having an appointment.
- Good to have outpatient appointments in the community rather than in hospital.
- Reduces the risk of spreading infections.
- Good to have various tests and results in one place to avoid multiple appointments.
- Lots of issues are administrative, not clinical – consider if we still need to use letters?

Do you have any concerns about these proposals and I so how could we overcome them?

- Poor communication between providers.
- Improve relationships and communication between GPs and hospital consultants
- Ensure patients get a copy of referral letters so they know who is taking care of them.
- Hospitals have different systems and cannot talk to each other
- Ensure a consistent approach for referrals process.
- Ensuring locum staff still have access to the shared care record as appropriate
- Poor patient experience of incorrect operation booked.
- Virtual appointments may take a lot of getting used to for some people.
- Some patients don't have access to computers, mobile phones or internet to take part in virtual consultations.
- Older people may struggle with technology.
- Whether the GP would have time to call the consultant whilst with the patient.
- Language barrier but not sure how we resolve this.

- Follow ups would need to be face to face if the condition becomes more serious.
- Staff knowledge and training would need to be improved.
- Is there enough capacity within each service to do this?
- Patients need to have trust in those delivering the service.
- Make sure the communications make it clear this is not about rationing services.

Are there any other areas or ideas you think we have not considered?

- Don't completely lose the face to face contact
- How we need to communicate this to patients and also ensure hospital staff and GPs know about it.
- Ensuring the right clinician has responsibility for test results.
- Correct information being entered into shared care systems.
- Patients should be able to email questions to consultants and departments, this will help those who are hard of hearing, have other questions to ask or felt rushed during the consultation.
- Maternity
- A&E (there is no outpatient care in A&E)
- Out of hours services (there is no outpatient care in out of hours services)
- How it can be made easier for patients to cancel outpatient appointments – ie via text.
- Could hospital specialists come out to work in PCN areas?
- Could GPs contact hospital consultants when doing a home visit?
- Co-ordinate care better so that all needs of the patient are dealt with at the same time.
- Consider consultant to consultant referrals to reduce waiting times and unnecessary GP visits for patients.
- Confusing getting lots of text messages for different hospital appointments. Three reminders are not necessary.
- Having GPs with special interests in particular conditions.
- Making sure vulnerable groups are informed and that views from hard to reach groups are considered.

What would make it easier for you to manage any long term health conditions?

- More education for patients and encourage them to be proactive about their health.
- Clear explanation of the medication prescribed and how to best use it.
- Support groups for people with different conditions (expert patient programme mentioned)
- Face to face information sharing.
- Clear information on self-care for different conditions
- More physiotherapy sessions available.
- Contact details shared for people who can help once you've been discharged from hospital.
- Improve discharge arrangements.

- Health and wellbeing centres.
- Services better connected up.
- Joint decision making between patient and clinicians on the care and management of conditions.

APPENDIX 3 – General Q&A

Q: How much is spent on IT and computer software and other new technology as part of the total CCG annual budget?

A: The CCG commissions IT services from Bromley Healthcare as part of a wider community services contract. This includes software and updates. Computer hardware is bid for annually to NHS and the value will depend on what the needs are and the available budget. As set out in the NHS Long Term Plan, advancements in technology are playing an important role in improving care for patients. Community based staff are piloting the use of hand held tablets to remotely monitor patients including those who are vulnerable and housebound so that their information is quickly captured and is fed into the services that are caring from them to ensure their needs met.

Q: How do patients and residents know which services in Bromley take self-referrals?

A: Self-referral is a relatively new concept for many services so the majority do not allow this at present. Bromley CCG is constantly reviewing this whenever service developments are considered and if a service decides to allow self-referrals we would ensure any patients who may need to use the service would be informed. There is also an expectation that GPs, consultants and other healthcare professionals will inform patients of improved services and supporting them to self-manage their conditions (ie information giving, peer support and use of technology).

Q: Would it be possible for the PPGs in Bromley to have a forum or website that can be used to share good practice and ways of working?

A: There is a PPG Chair/Vice Chair network already in place in Bromley run by PPGs. Members meet and discuss areas of common interest. If PPGs are interested in getting involved, please email broccg.patientquery@nhs.net Groups of PPGs from some of the Primary Care Networks are also working together to aid closer working on what will be delivered within their network and how they can influence this.

Q: Bromley Council is part of One Bromley but there were no council representatives at the conference. Given the importance of council services for adult social care this could provide a valuable topic for a future event.

A: The Council are part of One Bromley and are committed to joint working with health and the voluntary sector to improve the wellbeing of residents. The topic events for

the September conference were very health focused but the council will take part in future events where appropriate.

Q: Would we be able to have more 'Whose Shoes' type events for patients to get support?

A: Whose Shoes events are not directly aimed at providing patients with support but more about helping staff to see care through the patient's eyes, using a series of thought provoking exercises and scenarios. The aim is to help staff share good practice and challenge attitudes and assumptions in a non-threatening way. We ran a Whose Shoes event for maternity care in 2016 which helped to inform a number of improvements. There are no current plans to have more of these events.

Q: What is the training for a social prescriber?

A: We are developing a broad programme of training for the new social prescribers, to include safeguarding, data protection, motivational interviewing and health coaching. We will be tapping into the training already delivered by Bromley Well for their social prescribers as well as new training being offered by NHS England. In addition, social prescribers will have access to a network for action learning sets and reflective practice.

Q: How can you access or involve patients with hearing problems and patients with dementia?

A: A range of different approaches are used to involve patients in Bromley. As well as holding events and going out to where patients are, we also work with a range of voluntary organisations and charities that support patients with particular needs. Examples of how we engage include:

- Provide information in easy read formats to enable more people to contribute their views.
- Provide signers at events so that people with hearing impairments are able to actively contribute.
- Go out to community groups, dementia cafes and other places where people with particular conditions are.
- Work with families and carers of those with dementia to capture their views (for example of the reprocurement of the Bromley Dementia Hub service).

Q: Could we have a directory incorporating all volunteer organisations in Bromley?

A: Community Links Bromley provides a range of information about volunteering in Bromley. More information is available on their website: www.communitylinksbromley.org.uk

Q: Will social prescribers carry out home visits?

A: Social prescribers will work under GP supervision and individual GPs may decide to include home visiting in the social prescribing role.

Q: How will local pharmacists be aware of the changes that we have been discussing?

A: Pharmacists play a key role in the health and care of people in Bromley and will be engaged through the development of services within primary care networks. Some of our practices already have clinical pharmacists as part of the practice team. Clinical pharmacists participate in direct patient care in the practice whilst community pharmacists provide advice to their local community on medication, checking and dispensing of prescription drugs and advising on a range of minor ailments and illnesses.

Q: If patients self-refer e.g. to physiotherapy, is the fact recorded on the patient's record? Likewise any treatment given and the outcomes?

A: Yes it is.

Q: I have major concerns about the merger of the six south east London CCGs which would cover 1.8 million people. Although there has been some engagement with Healthwatch and unidentified stakeholders, there has not been a full public consultation with the general population of the CCGs. This appears to be a legal requirement in the 2006 NHS act. This could lead to major concerns about the legality of this merger.

There are major problems with this huge CCG – otherwise known as – Integrated Care System (ICS). The influence of local clinicians as well as patients and the public will be diminished. This is losing power at a local level?

Although there will be 'place based boards' which will include local councillors – will they have any power? I believe they will have no statutory basis and no right to veto plans and decisions made at ICS level.

What are Bromley CCG's views on this?

A: There has been extensive engagement with stakeholders across south east London on the plans to merge the six CCGs. This includes governing bodies, GP practices, providers, local government and staff working in services. Formal public consultation is not a requirement as part of this process as the merger will not result in a service change for patients. However, we still value feedback and engagement with our residents and so have held events across south east London since May to gather views.

In September, the application to merge the six CCGs and create a South East London CCG from 1 April 2020 was approved by all the CCGs in south east London and our application will now be submitted to NHS England. Just like the CCGs we have today, a single CCG for south east London would be the statutory body that commissions NHS services for our communities. It would remain clinically led and every general practice in the six south east London boroughs would be a member.

The main reasons for merging are twofold. Firstly and most importantly, we believe that a single CCG will enable us to commission more effectively and consistently for south east Londoners whilst reducing management costs so that more money can go into patient care. We believe it will enable us to improve outcomes for patients and address any variations in what is available. Many patients, in fact 90%, travel across and remain within south east London to receive hospital-based care.

Secondly the proposed merger of CCGs will help us to deliver the ambitions that are set out in the NHS Long Term plan, particularly in relation to the development of more integrated care for our residents.

The development and implementation of Integrated Care Systems (ICS) is intended to join up what is currently considered to be a fragmented system that looks at specific aspects of a patient/person but rarely considers the person as a whole, looking at both health and social care needs at the same time. The aim of the ICS is to remove barriers that currently exist between the NHS and the local authority, and blur the boundaries between commissioners and providers. In this way it is expected that patients will benefit from more joined up care across the system.

As outlined in the NHS Long Term Plan, Integrated Care Systems will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation. In south east London we already have an established sustainability and transformation partnership (STP) and this will become the ICS. It is expected that providers and commissioners will work more closely together and be jointly accountable for the improvements in outcomes for residents.

As part of our merger proposals, we plan to establish borough based boards that will take responsibility for decision making, planning and commissioning of local community based care. These boards would bring together health and local authority commissioners to plan local services, with delegated responsibility for budgets in each borough. These would operate with the same statutory requirements as we have now; to involve local people, understand and address population need and address inequalities. They will continue to have the same scrutiny arrangements

with each of the borough's Overview and Scrutiny committees and the new CCG will maintain its relationship with the Borough Health and Wellbeing Board.

Q: How will the extended hours provided in PCNs work? Will GPs have to work longer hours?

A: PCNs are required to provide 30 minutes of Extended Hours appointments (outside of core 8am-6.30pm hours) per 1,000 patients within the PCN. For 70% of GP practices, this is what they were already offering for their own patients prior to PCN introduction. Now, there will be 100% population coverage so all patients have the same access. To ensure this is deliverable, PCNs have come to different arrangements that work for their practices and patients. There are four models in Bromley:

- Each practice provides extended hours to their own patients
- One practice provides extended hours on behalf of the other practice to all patients within the PCN
- An outside organisation (in Bromley, this is the GP federation or community services provider) sets up, administrates and rotas staff into extended hours 'hubs' that any PCN patient can access
- A combination of some practices doing their own and an outside organisation delivering the remainder

In addition, PCNs are offering a mixture of GP and nurse appointments and online consultations to give patients a choice of who and how they contact the practice during extended hours. This will be better for patients and easier to resource for PCNs compared with only offering GP appointments. GPs will not have to work additional hours unless they choose to do so; shifts in the extended hours appointments are optional and where local GPs from PCN practices are not able to cover all extended hours, noting that most practices were already offering extended hours, sessional GPs will work with the PCN to provide additional resource.

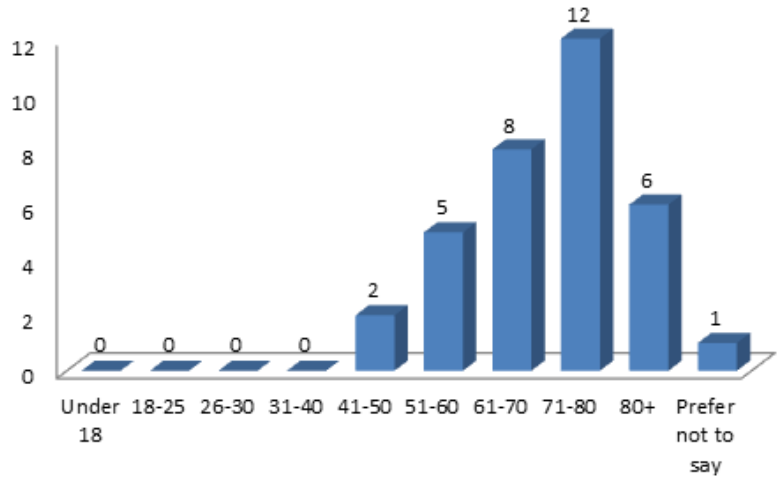
Q: Whenever change is proposed, it can impact on staff morale. Practice participation groups have not had any guidance about PCNs – did doctors get any?

A: GP practices should have been engaging with their PPGs to let them know about these changes since early 2019. Some PCNs have held combined PPG meetings with representatives of all of the PCN practices to share views and ideas together. PCN guidance was sent by NHS England to all general practices, starting in January 2019 and at regular intervals since then to ensure practices are aware of the changes and requirements.

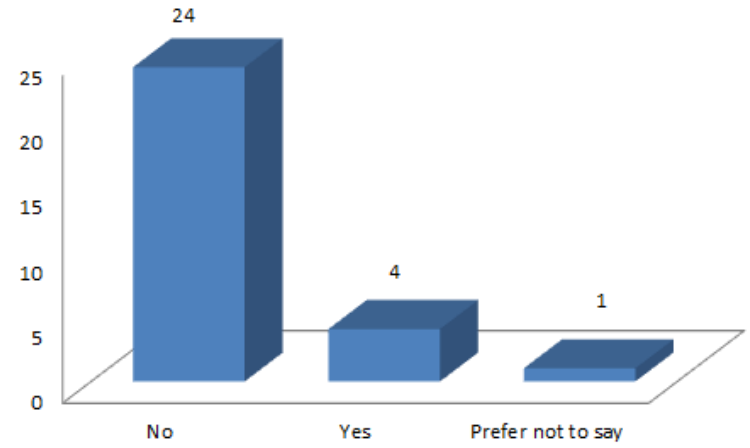
APPENDIX 4 – Equality data

Equality data from those who attended (and who completed the equality forms)

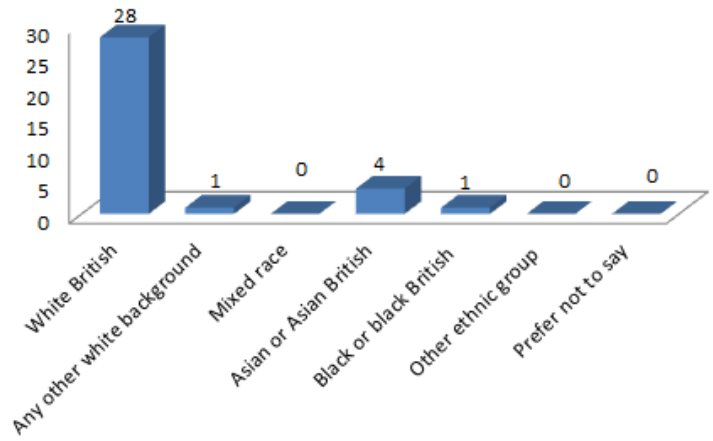
Age



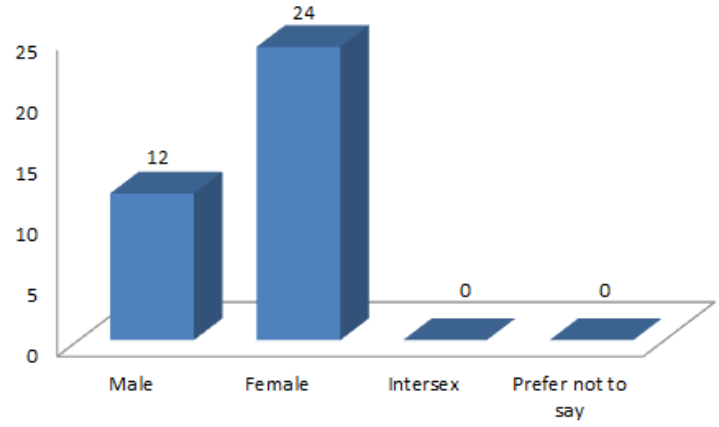
Disability



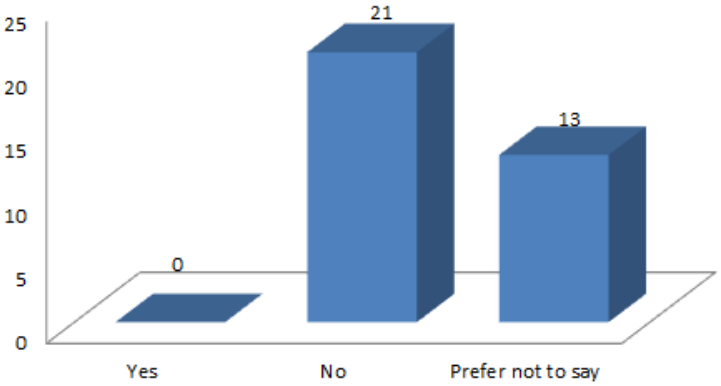
Race and ethnicity



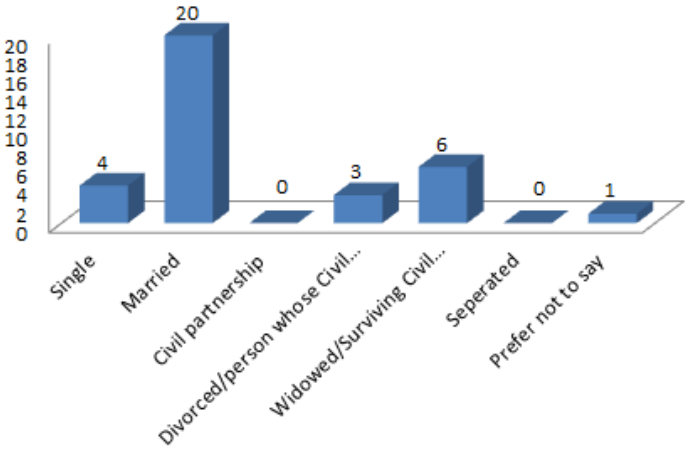
Sex



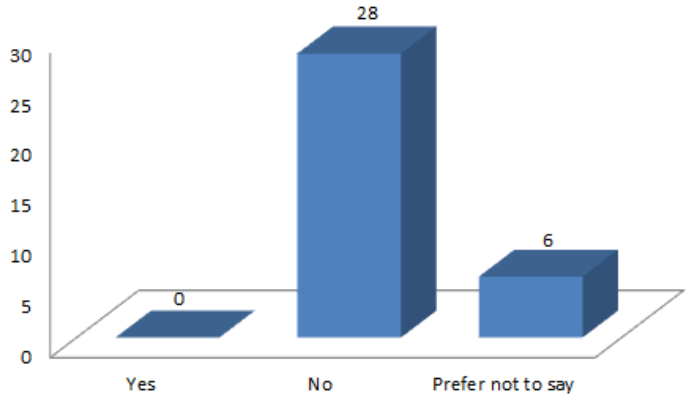
Gender reassignment



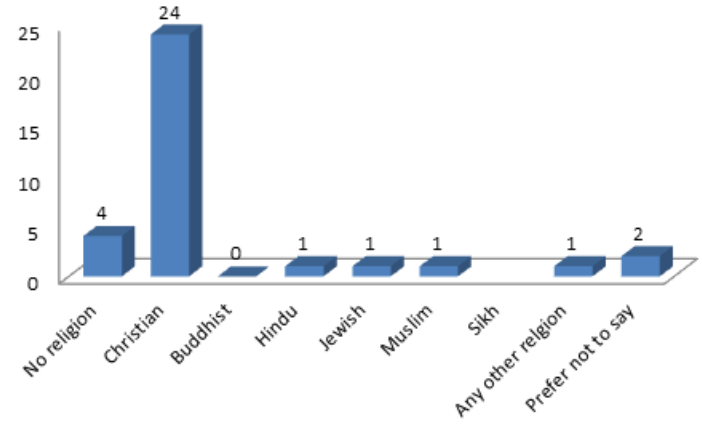
Marriage and civil partnership



Pregnancy and maternity



Religion and belief



Sexual orientation