**South Fulham Primary Care Network workshop – 22 October 2020**

1. **Overview**

What are Primary Care Networks?

What have they been set up to achieve - aims and progress so far

How do they fit into the Hammersmith & Fulham integrated care system?

* PCNs are Primary Care Networks which are groups of GP practices that have joined together. Patients of GP practices in South Fulham are also now part of the South Fulham PCN which is a network of 8 practices.
* PCNs were designed to work with other health and care providers and GP practices will develop relationships with lots of other providers with expertise in other areas of the health and care system e.g. mental health to support PCNs to look after their patients better.
* The role of the patient participation group members at this workshop is to tell us which partner organisations the South Fulham PCN should be working with and what are the needs of our patients.
* PCNs were incorporated last year in April 2019 so the relationships are developing and this part of that journey.

**Q&A**

What progress has the South Fulham PCN made?

* The first year from April 2019 to April this year has been about getting to know each other, building relationships across practices, and sharing the learning from across the PCN.

What are the issues in the South Fulham PCN?

* Currently, COVID-19 is the main issue and the impact of this on the development of the network.

What will your relationship with the H&F CCG be and after April, the North West London Collaborative in terms of budgets, decision making for your patients and local policy that will affect patients?

* The clinical commissioning group (CCG) remains at the moment for H&F, so the relationship hasn’t changed.
* A member of the primary care team at the CCG has been allocated to the PCN and this has helped with communications particularly around what the PCN needs to be doing as part of the COVID response.
* The Hammersmith & Fulham Integrated Care Partnership (ICP) is a strong partnership of organisations working across mental health, social care, primary care, secondary care and community and voluntary sectors who have responsibility for the joining up of health and care services in the borough. The role of the partnership is to design and implement integrated care services that meet local needs.
* The ICP also recognises that in the future there will be a strategy that we will have responsibility for delivering but we remain locally focused and are supporting this through facilitating workshops in each PCN.

What is a CCG?

* The NHS is organised between provider organisations and commissioned services through locally based clinical commissioning groups or CCGs. They are made up of GP practice members working in each borough and collectively they make decisions about the planning and buying (commissioning) of healthcare services. They are statutory bodies and they have a board.
* The vision for PCNs is to be the voice of primary care to ensure they have a robust voice for community services and local populations.
* PCNs are one of the building blocks of bringing in the patient / resident voice into the design and development of the local health and care system.

How does the PCN work and are practices working collaboratively or competitively?

* The purpose of the PCN is to embed collaborative working and what benefits one should benefit all.
* PCNs have regular network meetings with clinicians and practice managers and often invite other providers or services to join.
* GP practices have been working together before PCNs existed and have gone from strength to strength and are focused on working together.

What is co-production?

* The council’s vision is “nothing about us without us”.
* It’s about involving people in the design, building, and review of services at every level and in a sustained way to create a relationship and meaningful dialogue.

**2. Who are the partners?**

Patricia Kouadio - Patient Experience Manager for H&F Healthwatch

* Started in April 2020 new to the borough
* Healthwatch’s role is to speak to patients to gather their experience of the services they are using. We work with GPs, the hospital and community services in the borough.
* Challenge – used to go into the community to meet people face to face but are now calling patients and asking them to feedback. This has meant we’ve been able to help more people since the pandemic started and has uncovered issues we have been able to help tackle e.g. loneliness and residents who need food delivered.
* What would make the most difference from working in a PCN? Working closely with GP practices and building a good relationship with them.

Anna Bokobza – Integrated Care Programme Director, Imperial College Healthcare NHS Trust

* Imperial is the largest of the hospital trusts that serves H&F – working across St Mary’s in Paddington, Charing Cross and Hammersmith hospitals.
* Working on joining up how we deliver hospital based services with care that takes place in the community in a way that meets patient needs and is person centric.
* We are moving hospital doctors into community based teams to work alongside their GP and community services colleagues so they get to know each other and work together to support people with the most complex needs e.g. children and families in complex situations or people living with long term conditions so patients aren’t bounced from one service provider or professional to another.
* What would make the most difference from working in a PCN? Relationships – linking hospital teams to the GPs who know the local population and forming teams of clinical practitioners that know and trust each other. Would like for more hospital-based clinicians to start working in this way so GPs know who to call if they are struggling with a patient who has a complex condition and they need a specialist opinion.

Iulia Duplessis – Team Manager for the Treatment and Recovery team, Primary Care Mental Health Service Manager, West London NHS Trust

* Mental health services are in the process of transforming the structure of community mental health teams and becoming more accessible to GPs and PCNs - teams will be divided up into “localities”.
* One thing that would make a difference that PCN can bring? Accessibility to other colleagues – shown through the development of the Integrated Domiciliary Service where all professionals in the PCN come together to discuss complex patients, to make sure we’re not duplicating and support each other to make the patient journey easier.

Jo Baty - Assistant Director Mental Health, Learning Disability and Provided Services, London Borough of Hammersmith & Fulham

* The council are looking at how we bring our mental health and social care staff into localities.
* Working with West London Trust on the mental health integrated network teams (MINT) model which is focused on early help and preventing escalation of mental health.
* Social care is creating a new specialist service for learning disability and mental health.
* Working with members of the PPG to co-produce and involve residents more meaningfully.
* Would like to look at how we can collaborate on co-production work across agencies and use the PCNs to support this.

Helen Mangan – Deputy Director for Local Services, West London NHS Trust

* Since the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) mental health has received new investment and this has supported us in being able to wrap our services around PCN structures and increase the number of staff who can build relationships in localities.
* Ability to work around early help is new and exciting and very important in light of COVID.

Ian Jones, Clinical Business Unit Manager for Planned Care in H&F, Central London Community Healthcare NHS Trust

* CLCH is one of the biggest providers of community health in London and in the South Fulham PCN, are the main provider of district nursing and community matrons.
* Working as part of a PCN has helped improved communication and build relationships.
* The Integrated Domiciliary Service (IDS) is a virtual PCN level meeting with colleagues from health, social care, learning disability services and mental health come together to discuss clients.
* The IDS has been particularly successful in South Fulham and supported community staff to have a voice in the PCN and with other partners in the health and social care system.

Helen Poole – Director of Integration, Hammersmith & Fulham GP Federation

GP Federation host the link workers and based in all practices across H&F

* Link worker role is to proactively reach out to people who may be suffering from depression or other issues – they can sign post or work with people to offer support and motivational coaching.
* They also have a wealth of knowledge and built an asset map.
* Team meetings every 2 weeks and invite organisations to come and talk about their services to keep up to date with which services are operating during COVID.

Are there any organisations or voices missing from the PCN?

* Equal status of patient voice - the voice of client groups should be reflected in what health and care organisations are saying.
* Health services need to engage with local communities (like the local authority does) to avoid becoming disjointed from patients and council services.
* Mutual aid organisations and how they fit into the PCN structure
* How can patient participation groups support PCN development?

**3. What do we know about patients / residents in the South PCN?**

* Overview of public health data – slide pack included

NB – data to be circulated in advance of next session to support attendees in coming prepared to feedback.

**4. What does this mean for us in the South PCN?**

**Priorities:**

* Long term prevention re: obesity and diabetes – supporting people to implement change to improve their health
* Education and tools to empower people to be as healthy as they can
* Communications with patients particularly re: move to digital consultations
* Look at data across the PCN to understand variation between GP practices and bring practices up to the same standard.
* Information that is easily accessible to people who don’t see their GP e.g. they may have depression but don’t know what depression means
* Solving medical issues through social models - wider than health and care e.g. employment, housing, access to leisure facilities
* How can mutual aid groups and PCNs connect – taking the learning from how we’ve worked during COVID and applying it to how we want to work in the future e.g. the council resillience offer including the Community Aid Network (CAN) and contact centre that have delivered a range of services together.
* Further analysis to understand what kinds of people are getting ill - age, ethnicity, social status.
* Health trainers to support with health checks, mental health, encouraging healthy diet and exercise, smoking cessation services – focused on prevention. Healthy Heart and Kick It services already in place.
* Housing – linking the PCN to the council’s housing department and develop understanding of links between poor housing and poor health.
* Impact of Covid and how can we proactively reach patients who may need support e.g. carers who may isolated, people who have become unemployed
* Sharing learning across practices
* Co-producing the ways of working and communication systems to make sure the patient voice can shape the communication and what services look like
* Continuing to build relationships across organisations
* Care Information Exchange

**What are the next steps?**

* Sharing data with patient participation group – Emily & Margot
* Collate and share summary of discussion to continue the conversation – Emily & Margot
* Communicating what services are available in the PCN – Emily & Helen
* Mechanism to feedback any further ideas/thoughts after the meeting – Margot
* Looking at other PCNs for examples of good practice that we can apply to South Fulham – Helen
* An understanding of the PCN priorities from the GP perspective – Emily & Helen
* H&F Integrated Care Partnership to support continuing dialogue with patients in the South Fulham PCN – Emily & Margot
* Share details for the North West London co-production group to influence how services are joined up across a wider footprint - Margot
* Patient participation group members to share ideas, suggestions for taking co-production forward and how they can help connect clinical colleagues or professionals into how we do this – Margot
* Circulate details for H&F Healthwatch – Margot