

GP services fit for the future

Healthwatch Waltham Forest Annual Event

Healthwatch Waltham Forest
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1. Summary

This report reflects the discussions that took place at our *GP services fit for the future* event. It highlights issues such as those concerning service accessibility; information and communication; patient involvement; joined-up services; and complaints mechanisms (to name a few), and it also goes on to present features for ‘ideal GP services’ of the future in Waltham Forest.

The topics and themes emerging from the discussions at this event will not be new to readers. They have been previously highlighted in other recent Healthwatch reports such as: *Accessing GP services in Waltham Forest*; *What do patients want?*, *Deaf and hard of hearing service user experience in Waltham Forest* and *Talking to the parent carers of children with disabilities and special educational needs (SEN)*, as well as other local reports and documents such as the Health, Adults and Older People’s Scrutiny Sub-Committee Review of GP Services, *Great Expectations*, and *Waltham Forest’s Vision Impairment Strategy*.

Despite the commonality of primary care experience that residents and communities express, the breadth of areas highlighted in event discussions outlined throughout this report, also serve to demonstrate the spectrum of need we see in Waltham Forest.

In acknowledging this spectrum, it is vital that in future GP services are organised around the needs of individuals and communities, provide ongoing and personalised care to people and ensure that staff are skilled in dealing with the differing needs represented within the borough.

In an increasingly pressurised environment this challenge is great, and two reflections on certain elements of the discussions that took place can perhaps best serve to demonstrate this challenge in action:

General practice must better utilise IT and online functionality to assist in overall improvement of GP services and communications, but it must do so whilst ensuring developments do not digitally exclude and isolate sections of the population from having access to appointments and information.

Similarly, general practice must ensure standardised information and communication with and to patients, and local organisations. This includes not just providing patient-friendly information which is easy read and jargon-free, but also consistently catering for their patients with, for example, visual impairment, learning disabilities or English as a second language.

How can GP services meet this demand and challenge? One way is through talking, listening and harnessing the rich feedback patients can provide. Invited to do so through meaningful engagement and co-production, patients and communities can

help services better shape provision to meet local need. As one of the most vital health services patients' encounter - over 90% of patient contacts within the NHS are carried out in general practice¹ - the service must be a leading light in meaningful engagement and involvement.

2. Recommendations

This report is not making specific recommendations. In choosing this approach we recognize that there are a number of local, regional and national developments and drivers for primary care which are challenging services to adapt and improve to meet an ever growing need. Much of these encompass long term and large scale strategic change to be implemented over the next 3, 5 and 10 years (and more).

Whilst Healthwatch recognises these challenges, and continues to work with commissioners to feed into these large scale strategic developments, we also recognise the need for more immediate and tangible change for patients.

Instead of pursuing specific recommendations in this event report, Healthwatch is highlighting all of the comments and feedback made at the event and inviting providers (individual GP services) to reflect on the content and choose 3 short term; 2 medium term; and 1 long term improvement they commit to making or working towards over the next 3, 6 and 12 month period.

We also invite commissioners (NHS England) and those with a role in quality of GP services (Waltham Forest CCG) to reflect upon the report contents and highlight where issues are already being addressed and through what mechanisms.

3. Introduction

On the 18th September 2014 Healthwatch Waltham Forest held an annual event to celebrate its first year in existence and reflect on its work during 2013/14. This event was made up of two halves and was attended by approximately 89 individuals (see appendix A).

During the first half of the event Healthwatch teamed up with Waltham Forest Clinical Commissioning Group (CCG) to provide a dedicated session reflecting on primary care services. The purpose of this section was to:

- Inform people of the draft Waltham Forest Primary Care Strategy, and local developments within the sector.
- Provide opportunity for input and feedback on the strategy

- Provide opportunity for consideration of the future of primary care services locally

The event involved some introductory presentations and talks, some open question time from the audience, and a number of ‘table time’ sessions where people discussed topics in more depth.

This report is a write-up of the first section of the Healthwatch event, capturing the comments, queries, views and experiences of attendees around local primary care services in Waltham Forest.

4. Background

What is Healthwatch?

Healthwatch Waltham Forest is a local Healthwatch organisation, established by the Health and Social Care Act 2012 to act as local independent consumer champions for health and social care.

Local Healthwatch organisations have statutory duties to:

- Gather the views and experiences of patients and public
- Make those views known to providers and commissioners
- Promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinised
- Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
- Provide information and signposting about access to services and support for making informed choices including independent advocacy support to make an NHS complaint
- Make the views and experiences of people known to Healthwatch England, providing a steer to help it carry out its role as national champion

What is Waltham Forest Clinical Commissioning Group?

Clinical Commissioning Groups (CCGs) came into being at the start of April 2013 as a result of the Health and Social Care Act 2012. They exist to buy (or ‘commission’) healthcare services for people. To do this they are led by local GPs and other healthcare professionals.

Waltham Forest CCG commissions healthcare services for the people of Waltham Forest, but does not buy all these services as other government organisations buy some of them.

Essentially the services Waltham Forest CCG commissions are:

Maternity services	Most community health services
Health services for people with learning disabilities	Most mental health services
A&E services	Urgent care services
Out-of-hours services	Rehabilitation services
Infertility services	Some services for children and young people
NHS Continuing Care (care for people who need long-term support as a result of a disability, accident or illness)	Elective hospital care (care that is provided at a planned or prearranged time rather than in response to an emergency)
End of life care.	

They do not buy services from GP practices and do not monitor GP practices. They also do not commission the following services as these are commissioned by NHS England, Public Health England and Waltham Forest Council:

Pharmaceutical services	Optometry services
Dental services	Specialist and highly specialist services (like children's cancer services)
Public Health services	School Nursing
Some sexual health services	Drug and alcohol services.

What is Primary Care?

Primary health care provides the first point of contact in the health care system. In the NHS, the main source of primary health care is general practice.

The aim is to provide an easily accessible route to care, whatever the patient's problem. Primary health care is based on caring for people rather than specific diseases. This means that professionals working in primary care are generalists, dealing with a broad range of physical, psychological and social problems, rather than specialists in any particular disease area.²

In addition to GP practices, primary care covers dental practices, community pharmacies and high street optometrists.

5. Waltham Forest Primary Care Strategy

After a brief introduction into the overall role of Healthwatch, Carl Edmonds, Deputy Director of Delivery from Waltham Forest CCG introduced the Waltham Forest Primary Care Strategy to attendees. The presentation provided a brief overview and information on:

- What we mean by Primary Care
- Why we need a strategy
- Roles and responsibilities of Waltham Forest CCG and NHS England around primary care (and other health services), and areas of overlap
- An overview of the development of the draft Waltham Forest Primary Care Strategy
- The three themes of the draft strategy: Accessible care; Proactive Care; Co-ordinated care
- Views and experiences received so far from patients and local people

Question and Answer

After the presentation attendees had the opportunity to ask questions. The following questions were asked and answered or commented on in response:

Question	Answer
Will changes come out of existing budgets or will there be any additional funding?	There will be limitations and managers are willing to accept this and focus on priorities. Things won't change overnight. We need to focus on what is important to the people of Waltham Forest.
You mentioned a GP network of 45 Practices. Will there be representation for patient's organisations within the network? How will patients be able to complain, compliment or recommend?	Patient engagement and involvement is being incorporated into the network. If you have a complaint or compliment you can talk to GP's or NHS England.
With the new [health] system, certain conditions don't meet the criteria for referral (for example varicose veins) as GP's don't have funding. So what can patients do? I had to pay £600 to be seen privately. GP's only referred me for an MRI scan after the local MP got	The CCG uses a list of procedures of 'limited clinical effectiveness' compiled by NICE, and varicose veins is not on the list. GP's will refuse referral due to this guidance. It would take a lot of CCGs to get the list changed. Of course CCGs want feedback through patients and patients groups about these issues. A 'Patient Reference Group' run by the CCG meets every 3 months. There is also a 'Rapid Feedback Group'. We know

involved.	that the CCG needs to get better in getting patient feedback and work more closely with Healthwatch to do this. Some initiatives have been started but a lot still needs to be done.
Should all GP Practices have a PPG?	No, but it is considered good practice. We have mixed views on PPGs - some are working effectively and others not.
Services that used to be available (chiropraxy for example) are no longer there. We do need to think of the financial cost, but also the cost to the person long term.	Resources are limited, so money 'just can't be spent on everything'. There does need to be a debate.
How will Healthwatch/CCG make primary care services more accessible for people with learning disabilities? People want to be independent - make their own appointments etc. [Learning Disability Experience (LDX)]	The greater the diversity of feedback the better. How can the CCG better involve groups such as LDX?
Will there be further charges for NHS dental services?	No, and there are no plans to change the system of dental charging.
There is a focus now on technology - this presents problems for older people in accessing services.	No answer
How can patients better self-manage their conditions?	This could be better addressed with a directory of services and access to information.
I hear GP's will be opening 8am - 8pm. Will it be just one Practice or all? Every time I phone the GP I get an engaged tone.	GP's are leading the commissioning agenda more now, so that's a reason for the shift. There are 3 GP localities in Waltham Forest - we imagine Practices will organise along these lines. Perhaps the largest (or a designated) Practice in each locality will be open 8am - 8pm with patient records centralised in the locality?

Comments and views

Attendees were then invited to discuss the Primary Care Strategy on their tables and post comments under the three themes: Accessible care; Proactive Care; Co-ordinated care

Accessible Quality Care

Waiting times /GP of choice/opening hours

- Please don't make me wait
- Accessibility - be able to see my own GP!
- Can't get an appointment - GPs are very good when you can see them
- Waiting weeks to see a GP is just disturbing
- I have to wait 2 or sometimes 3 weeks to see my GP
- Access - CRITICAL for everyone to access healthcare independently
- Reduced hours over time at local practices

Telephone

- Why have doctors landline numbers changed to 0844 number, which is costing the services users a lot of money
- Get the call answered
- Different phone number for those who can't use automated services
- Cost of calling in and being held waiting
- Accessible care - get through easily on phone
- Long waiting times on phone cause distress and angst to older/ learning disabled and other people with impairments

Premises

- Privacy in waiting area needs to be improved
- Wheelchair Access is not good

Use of technology

- Funds to access the internet and IT equipment
- Virtual services exclude anyone who does not have a computer/ capability to use a computer
- ISSUES WITH ACCESS - digital exclusion is a huge issues for large number of older and disable adults who do not have computers
- Often younger people/ families on low incomes also suffer digital exclusion - cannot afford smart phones - cannot afford internet access
- Technology can be very excluding - our local GP surgery has an automated sign in key pad - no good for every one with visual loss
- Appointment should be made online, prescriptions repeated etc. - no good for anyone without a computer

Quality of Care/experience

- Out of hours emergency doctors calls - why have this service when they are not helpful - doctor said "what do you expect me to do at this hour of night"
- Please call me back when you say you will
- Gatekeepers can be very unfriendly - receptionist can be very intimidating

Staff training/workforce

- Trained staff
- I need people to speak to me slowly, to help me and to give me the information I need

- When I phone my GP I need you to speak slowly
- 45 pending GP practices (new network) - all receptionists trained for interpersonal skills, relationships and people friendliness
- Standardisation of qualifications required to be at the front line
- Trust in who you speak to
- The core is caring
- Medical training required for GP staff at GP surgeries about learning disabilities and communication difficulties
- Easy to understand GP

Signposting/communication

- Good clear information easy to read
- Give me information with easy read/ picture
- Easy read with pictures
- More flexible communication
- Know what number to call/when
- Get the “right” advice
- Get to a place quickly
- Braille, large print, accessible formats
- GPs to use resources to advertise and inform patients by using monitors in the surgeries - regarding new legislation about patient rights.
- Language and jargon in leaflets and information can be very accessible
- Getting the best advice is most important

Services to meet the requirements of the population

- More GPs for the population
- Some services not available - foot care
- More blood test centres with more staff
- Why many GPs won't sign up homeless clients
- People with learning difficulties, communication difficulties flagged up by GP surgery
- Volunteers to conduct surveys in WX UCC to find out why patients are there rather than to GPs - need for expertise of ophthalmology - need for equipment of imaging
- Blood testing
- The blood test service is a mess
- NICE, CCG, PPC they need to work together to provide better services
- What is the clinical limit for a register per GP, I think my practice is overloaded and that is why I don't spend quality time with my GP
- Accessibility - new immigrants to primary care
- More blood test centres with more staff

Pro - active Care

Prevention/self-care

- Help me take care of myself
- Proactive - contact me before I need to contact you about my care e.g. help me manage my long term condition
- Expert patient programme to support people to self-manage
- Early Intervention/Prevention is a move helpful than curing illness - EIP activities need funding for long term wellbeing
- Give me information please to keep me well
- Give me training so I can help myself be well
- Know who your patients are - target them
- Keeping well clinics/info sessions to help me stay well
- Move position of health and wellbeing awareness/clinics
- We need more staff that do outreach events with their patients and public

Early diagnosis

- Early diagnosis of dementia - a poor experience on table

PPG/Patient involvement

- PPGs should actively seek hard to reach groups to avoid uniformity of feedback
- Improve and encourage PPGs - active involvement
- Seeing service users - opinion and voice
- Patient forums online, very useful, but GPs and hospital doctors need to accept that patients can be very informed about their illnesses
- Patient group for GP services - again we need to inform when these meetings are taking place in advance

Holistic Care

- Holistic care - treating all conditions in one visit
- Work with the Macmillan cancer info and support centre at WX Hospital - that provides holistic care for people diagnose with cancer

Coordinated Care

Experience of services/issues/requirements

- Don't push me from person to person
- Why queue at fracture clinic and then told to go to x-ray and then re-join queue - poor queue management
- Better integrated care
- Better communication between Doctors and patients in hospital setting
- Need holistic approach
- Lack of communication between services
- Lack of comprehensive list of services
- GP knowledge
- To run a good service need to be over resourced
- Continuity of services

- Better communication between primary and secondary care (co-ordinated care)
- Elderly and complex healthcare patients need a friend who is better than google
- NHS England separate body detached from body
- Why do GPs not refer to substance misuse services in WF
- Hospital consultants consult with colleague via letter, email, seems more practical
- GPs not well informed around non statutory drug and alcohol treatment services in WF
- GPs/ primary care and secondary care passing the buck to each other
- Do/can GPs flag up vulnerable patients on the system - ease appt booking
- All service - talk to each other and me
- Data - information sharing
- GPS getting with this century - sharing IT resources, no barriers to that
- GPs wrongly referring patients to non-appropriate consultants
- Duplication of services - ambulances / more than one turn ups
- Co-ordinated - my information being shared between GP and hospital - my records up to date
- Teleconferencing for consultants who need to liaise about a patient's complex healthcare
- Failure of GPs to act on consultant referrals

Accountability /Complaints

- What accountability measures in place? - Who to complain to? - How to complain?
- Comments boxes at Whipps need to be reopened, PALS is useless
- Complaints about GPs and hospitals and patient records should all be in one place rather than in 3 different places.
- More work with the local, hold GPs to account with local people
- If my GP wont refer me to a specialist, what is the alternative (help me find the right alternative)
- Accountable GPs

Other

- Use voluntary sector experience and knowledge
- Look at borough services user's priorities and health
- More power for advocacies
- How is the new funding that makes GPs into business men affecting health care in the UK?
- Abolish procedure of limited clinical effectiveness
- Do CCG have the right skills
- Have a bit more action less talk
- GP understanding of 3rd sector initial services - voluntary
- Work with the voluntary sector - work more with more community groups
- How do substance misuse gain access to GPs to promote treatment

6. Future Primary Care services - Group Creations

During the course of the event participants were given 1 hour to design their **ideal primary care service**. They were provided with lots of creative materials, pens and paper to list, write, note, draw, build or model a service 'fit for the future'. This is what they came up with...

Ideal service 1

This table was made up of people with learning disabilities who were members of Learning Disability Experience (LDX) and staff, who designed and created their 3D model of a future primary care service.

They provided the following comments to help explain their creation, stating that they want to:

- *Access services independently*
- *Be listened to and taken seriously*
- *Be helped to help ourselves*
- *Be trained to self-mediate*
- *Training about our health condition(s) and needs and ways to keep ourselves healthy*
- *Make primary care services compulsory LD friendly zones*
- *Have as many services as possible in one place*
- *Make information user friendly*
- *Make all buildings that we go to disability accessible*
- *Teach primary care workers how to communicate with us*
- *If we are in pain or don't feel well, please believe us*
- *Have an NHS accessible website*
- *We want to be involved*

They also went on to describe and highlight some of the current experiences of services that they did not like:

- *Sometimes we get bullied by health professionals. Some of them are not very nice or very caring. No one believes us. Can you make them accountable for their behaviour?*
- *Please stop sending us to different people and passing us around*
- *Calling the GP or other primary care services can be very difficult: you don't always get through; lots of music playing; they said they will call back and they don't; it goes to an answer machine*
- *People talk to fast*
- *People are not always nice to me*

- *Nurses don't know how to look after me when I go to hospital I had an operation at Plane Tree Centre. They were not ready for me. They kept me waiting all day for my operation. They made me anxious. I cried. They had no LD training.*
- *Primary care workers don't have a lot of patience*

Ideal service 2 - “The Broadcast Tower”

This table was a mixed group of attendees. They created “The Broadcast Tower”, highlighting that ‘the future of health and social care is good communication’.

The creation reflected on the number of agencies and sectors that can impact on an individual’s health, and highlighted that the ideal primary care service would include a range of services/representation/presence/involvement/communication from and between the following groups:

Advocates	Assistive technology
Carers and other care workers	Care Homes
Chiropodists	Clinical Commissioning Group (CCG)/NHS England/Other commissioners and funders
Consultants	Dentists
District Nurse	GPs and GP receptionists
Health visitors	Healthwatch
Hospices	Housing and sheltered housing providers
Local authority	Mental health teams
Midwife	Occupational Therapists
Opticians	Pharmacies
Social Care and social workers	Registrars
Voluntary/Third Sector	

The creation was topped off with big tannoy on the top of the building, further stressing the importance of good communication.



Ideal service 3 - Health and Wellbeing Centre

This table was made up of mixed group of attendees whose ideal primary care service was a 'Health & Wellbeing Centre' with the following features:

- ☑ A 5 star service for quality and customer care, with a big warm welcome
- ☑ Smiley receptionists
- ☑ KPIs (Key performance indicator) where phones are answered within 3 rings!
- ☑ Booking online
- ☑ Email and text communication (both ways)
- ☑ Health education and wellbeing promotion
- ☑ Preventative services including 'managing your own health' and support groups
- ☑ All primary care services under one roof (optician, dentist, pharmacy...)
- ☑ Knowing what's available in the community, and referrals to local activities and sports
- ☑ Alternative therapies and holistic referral where needed
- ☑ Outreach!
- ☑ Confidential language support



Ideal service 4

This table was made up of attendees from the Waltham Forest Asian Seniors Club (WFASC) who focused their ideal primary care service around the three main areas discussed in the previous session: accessible care; coordinated care; and proactive care. They focussed on both ‘ideal aspects’ and also current experiences - the groups additional comments are listed below:

Accessible care

Ideal aspects	Current experiences
<ul style="list-style-type: none"> ● <i>People friendly services for deaf and blind</i> ● <i>Computer literacy requirement [for service operations and staff]</i> ● <i>Properly trained receptionists</i> ● <i>Appointments given in reasonable time</i> ● <i>Accountability and measures</i> ● <i>Regular blood testing</i> ● <i>Wheel chair access</i> ● <i>Patient privacy at reception</i> ● <i>Extended opening hours</i> 	<ul style="list-style-type: none"> ● <i>Only locums present for emergency appointment at A&E</i>

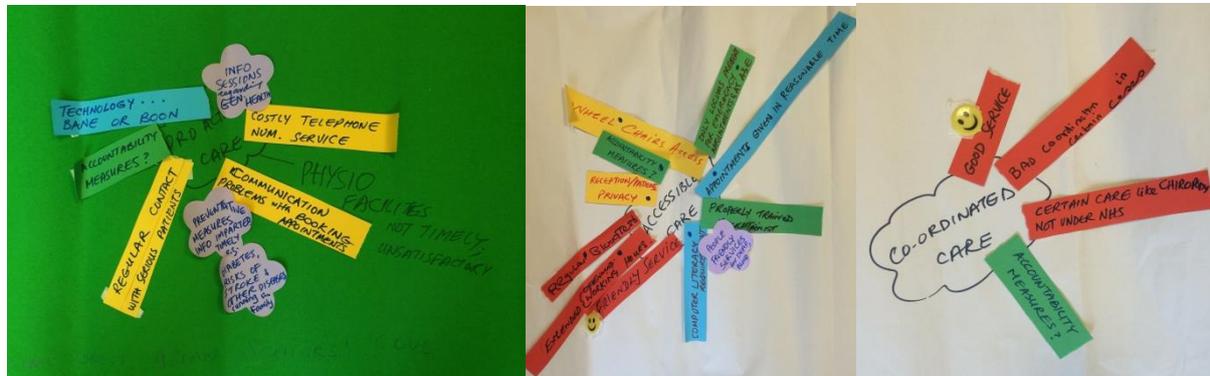
Coordinated care

Ideal aspects	Current experiences
<ul style="list-style-type: none"> ● <i>Good services 😊</i> ● <i>Accountability and measures</i> 	<ul style="list-style-type: none"> ● <i>Bad coordination in certain cases</i> ● <i>Certain care like chiropody not under the NHS</i>

Proactive care

Ideal aspects	Current experiences
<ul style="list-style-type: none"> ● <i>Regular contact with serious patients</i> ● <i>Preventative measures and information imparted timely eg diabetes, risks of stroke and other diseases running in the family</i> ● <i>Accountability measures</i> ● <i>Information sessions regarding general health</i> 	<ul style="list-style-type: none"> ● <i>Costly telephone number service</i> ● <i>Communication problems with booking appointments</i> ● <i>Physio facilities not timely, unsatisfactory</i>

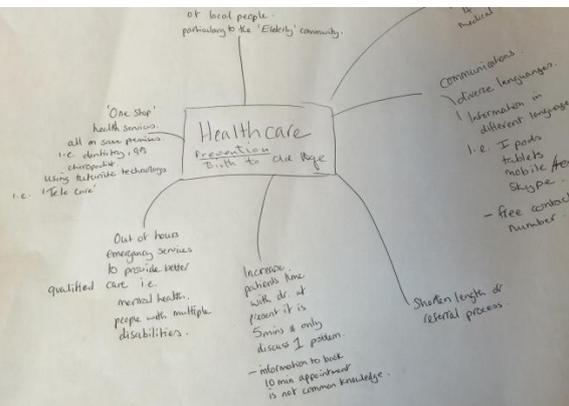
They group also highlighted the ‘technology bane and boon, discussing both the positives of technology developments, and also the negative, including in particular the inaccessibility for older people and other community populations.



Ideal service 5 - Healthcare prevention: Birth to old age

This table was made up of a mixed group of attendees who noted down the following features of their ideal primary care service, and went on to discuss other healthcare services within their discussion:

- *'One stop' - health services all on the same premises ie dentistry, GPs, chiropody...and using futuristic technology ie telecare*
- *Out of hours emergency services - to provide better qualified care for mental health and people with multiple disabilities*
- *Increase patients time with the Dr - at present it is 5 minutes and you can only discuss one problem. Information to book 10 minute appointments is not common knowledge*
- *Shorten length of referral process*
- *Communications*
 - *Diverse languages - information in different languages needed*
 - *Make use of ipads, tablets, mobiles, texts, skype*
 - *Free contact number*
- *Regular face-to-face meeting with various patients and medical staff*
- *Funding - tailored to the needs of local people, particularly the 'elderly' community.*



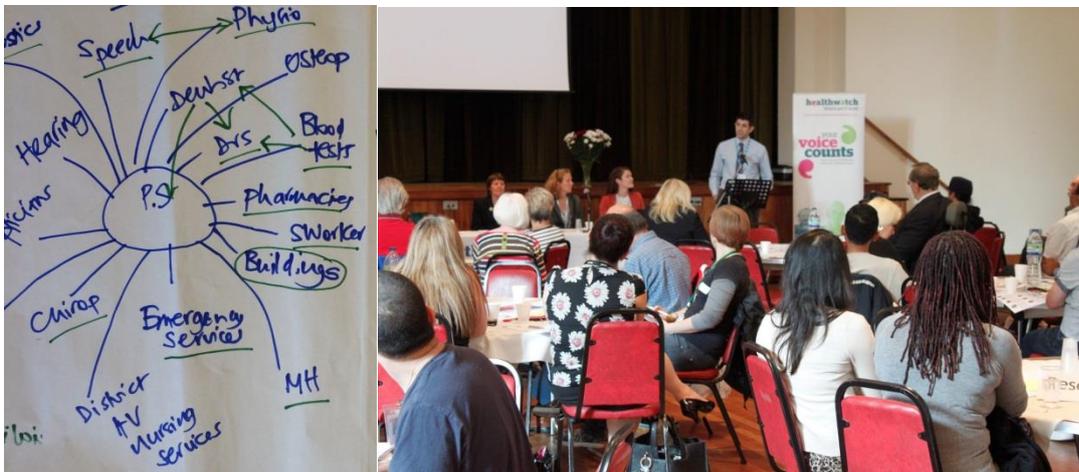
Ideal service 6

This table was made up of a mixed group of attendees who each contributed their own 'wants' looking at both single, mixed and integrated services. These included:

- 24 hour telephone number in Waltham Forest
- A 6 stop pathway
- Reduced waiting times
- Improved communications - use of phone and IT
- Online access 24hours
- Signposting
- Personal choice including choice of professional/specialist
- All staff to be medical
- Structured GP protocols
- Health passports/ ID smart cards
- Community libraries

The group also talked about the linking of services such as:

- Speech and physio
- Dentists, doctors and blood tests



Ideal service 7

This table was made up of a mixed group of attendees who used post it notes to document the groups discussions around the topic of primary care. The issues identified were:

- 📌 *Acting on comments eg make sure issues are resolved if there are complaints - listen to patients and act*
- 📌 *GPs less defensive about complaints*
- 📌 *Open to complaints*
- 📌 *Identify the cost of care for people so they each know how much their care costs*
- 📌 *All patient care should be costed and each patient receive a statement each year! It would deter those who overuse the service inappropriately*
- 📌 *Consistency of care*
- 📌 *Phone back with appointments!*
- 📌 *Make appointments accessible and have a number of GPs in each practice (ie more than 1 GP)*
- 📌 *Put patients first, not £ - practices are too market orientated*
- 📌 *Turning Point (a local drug and alcohol substance misuse charity) has 300+ patients - GPs should come to sessions and do outreach health work*
- 📌 *Outreach and care to those who don't access eg homeless and others*
- 📌 *How do homeless people who often don't have ID get easy access to GPs*
- 📌 *Prevent A&E attendance*
- 📌 *Share patient notes with patient*
- 📌 *Receptionists need customer care [training]*
- 📌 *Confidentiality at reception*
- 📌 *When practitioners are burnt-out they should receive the necessary care, rather than continuing with the stress and being in a bad mood*
- 📌 *Doctors must be less defensive about patients who are knowledgeable about their condition via internet sites or patient specialist groups*
- 📌 *GP surgeries [should be] a resource centre for specialist patient groups in their areas, including [access to] specialist online patient forums so patients can get informed about their illness*
- 📌 *Shared care scheme - offer incentives like Redbridge CCG*
- 📌 *GP mental health services*
- 📌 *Integration with social care*
- 📌 *Same standards for different patients*
- 📌 *GP referrals based on personal relationships with patients. A standard is needed*
- 📌 *All 70+ year olds to have a named GP responsible for coordinated care - what happened?*
- 📌 *Friendly, consistent, open to change*
- 📌 *Sharing records with patients*

- One stop shop
- Self care - contract LBWF/NHS
- Clustering patients together
- Outreach for GPs and nursing, particularly for the vulnerable and those that need support accessing services
- Example Enterprise House - it has a GP/primary care and one stop shop



Ideal service 8

This table was made up of a mixed group of attendees who made a 'one stop shop' for health and wellbeing needs. Features included:

- *An effective PPG voice*
- *Signposting to alternative therapies*
- *20 minute consultations*
- *Front line staff mandatory training*
- *A patients charter*
- *Partnership work*
- *General health and wellbeing signposting*
- *An LD zone*
- *Listening GPs*
- *Improved technology*
- *Environment - art and music*

Ideal service 9

This table was made up of a mixed group of attendees who made the following suggestions and comments:

- *A 3 floor triangular shaped building open 8am-8:30pm*
- *Accessible by bus routes*
- *Specialist services including diabetes; childrens; and muscular skeletal*
- *Drop in emergency treatment, information and referrals*
- *Roving community assistants*

They also made an additional comment about GP letter charges, stating that *high charges for medical letters that people need to access housing services etc can cause real hardship.*

7. Feedback forms

Before leaving attendees were asked to fill out feedback forms. The forms were used by attendees to comment on the event workings and any other matters they wished to provide feedback on.

Healthwatch received a breadth of positive comments and suggestions for how we plan, run and advertise events and we will be making use of these comments as we move forward.

Additionally there were a number of comments relating to the primary care aspect of the event, partnership working and keeping people involved and informed in future. These comments are relevant for our health and social care partners, commissioners and providers, and are shared below:

Primary care comments

- *I have found patient forums online very useful - far more informed than my GPs about my illnesses. GPs need to take on board that patients can be very well informed about their illnesses.*
- *Patients are aware of the toxicity of drugs and also want help in self-care.*

Working together, co-production, partnership

- *Need more clinicians involved in these discussions*
- *We want to meet Healthwatch and the CCG*
- *More participation of GP in such workshops for future events*

Information, engagement and involvement

- *The talk on primary care strategy and GP Networks was very informative (eg the 45 GPs-Network).*
- *Make information accessible and meetings more user friendly*
- *Issues need to be addressed in more detail, addressing all views of all stakeholders, especially vulnerable ones*
- *Need these events more and more frequently*
- *More events like that even if only for a short space of time or twice a year*
- *Regular monthly meetings please*
- *More of these events needed to reach a wider audience*

8. Glossary of terms used

CCG	Clinical Commissioning Group
Commissioners	Those that buy services for the local population. In the context of health and social care this is Waltham Forest CCG, the Local Authority, and NHS England.
Co-production	Co-production is a term that refers to a way of working whereby decision-makers and service providers and users, work together to create a decision or a service which works for them all. The approach is built on the principle that those who are affected by a service are best placed to help design it.
GP Network	The coming together of GP practices in Waltham Forest to form one body which can help drive up standards through peer support and partnership working.
GP	A general practitioner (GP) is a medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients
NELFT	North East London Foundation Trust
Primary Care	Health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. Includes Pharmacists, Opticians, Dentists.
Provider	A person, organization or business that offers a service. In the context of health and social care, some of the providers in Waltham Forest are: Barts Health who provide services at Whipps Cross Hospital; NELFT who provide community and mental health services.

9. Appendices

Appendix 1 - Attendees

89 local people took part in the event, including several representatives from local community and voluntary groups covering:

Alzheimer's Society	Asian Parkinson support group
Carers Association	Crest
HEET	LDX - Learning Disability Experience
MacMillan Support	Motor Neurone Disease Association
PL84U-al suff	QALB Centre
Reaching Out East	Scope
Stroke Association	Turning Point
Voluntary Action Waltham Forest	Waltham Forest Asian Seniors Club (WFASC)
Waltham Forest Disability Resource Centre	

10. References

- 1 Royal College of General Practitioners press release, October 2013, <http://www.rcgp.org.uk/news/2013/october/patients-bear-brunt-as-gps-reveal-shocking-400m-black-hole.aspx>, accessed 09/10/14
- 2 Definition taken from University of Bristol's Centre for Academic Primary Care, <http://www.bristol.ac.uk/primaryhealthcare/whatisphc.html>, accessed 09/10/14



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