

## **Summary Report:**

### **GP Forum**

**Wednesday 11th February 2015 | 2:30pm – 5:00pm**

**Salford Golf Club**

#### **1. YCYW Attendees**

- Jane Shayler (B&NES Council and BaNES CCG)
- Mike MacCallam (B&NES Council and BaNES CCG)
- Sue Blackman (Programme Manager)
- Tamsin May (BaNES CCG)

The GP forum was chaired by Dr James Playfair and attended by approximately 50 people. Attendees included mostly GP's and Practice Managers from BaNES, plus representatives from the CCG and Local Authority. Providers were not present at the meeting.

#### **2. Meeting summary**

Mike MacCallam and Jane Shayler presented an overview of the purpose and principles of the Your Care Your Way review. Emphasis was placed on how all partners and stakeholders will be working together to engage with as many people as possible. Jane also explained the definition of community services and the phases and timing of the review and that it is set within the context of statistics about the BaNES area, the population and their health and wellbeing.

#### **3. Group Q&A Session**

Mike invited the group to ask questions to clarify their understanding and the following were raised during the session;

***Q1. Clear responsibility for clinical governance is key to successful and safe delivery of Community Services and it is not always clear who is dealing with this in a community capacity.***

R. It is recognised that system integration will require clear and structured protocols for defining where responsibility for clinical governance lies. As part of the Your Care Your Way Programme a Clinical Reference Group is in the process of being initiated in order to develop strategies around this kind of issue.

***Q2. The case studies presented to support the Group Work identify a “complex case” scenario however this is not typical of the level of complexity that can be seen in GP practice.***

*R. It was noted that these are theoretical cases to help stimulate debate and can be built upon by stakeholders.*

***Q3. GP's often have to navigate multiple agencies and departments in order to deliver the appropriate care package for the patient or service user. Some services appear to be fragmented and agencies (as well as departments within agencies) are not communicating effectively with each other in order to delivery timely, focused care to the service user?***

R. We recognise that clear system navigation for the GP is key and this is an opportunity for Primary Care to help shape the model of delivery and to determine with our stakeholders where they would position themselves within this model.

#### **4. Group Discussion and Feedback**

Jane introduced four theoretical case studies who live in the B&NES area to help the group to think about the local services they might use and the services they might like to access in future. The room was divided into a number of groups and each group were asked to consider a number of questions:

***What are the Barriers? How do we overcome them?***

- Geographical and social isolation; We need to think about strategies for supporting isolated communities and outlying villages including improved transport links and clear signposting to services available within the community.
- Knowledge of available services; GP's are keen to be at the centre of a person's care and want to retain ownership of the clinical aspects of the care package however the concept of a link agent in GP practices to help identify what is available for social prescribing would be beneficial.

- Lack of communication and integration between agencies and departments often leads to fragmented services; it is an opportunity to review existing contracting methods between services to avoid “silos” developing and preventing care across pathways. Age restrictions within services should also be carefully considered in support of delivering seamless care. More consideration should also be given to services referring between each other. Community service staff need to be given more flexibility within their roles to deliver care across pathways.
- Enabling sharing of information between and within agencies is the primary key to enabling the aspiration of integrated care. This will require specific focus around cultural and behavioural change in order to facilitate fully integrated services.
- Workforce capacity and capability must develop in line with any new model of care.

***What are the Opportunities? How do we seize them?***

- Development of more local support, social networks and voluntary groups
  - Reaching out to the public so they know help is out there
  - More Community involvement
  - Improved communication
- Enhance links with education
  - Support health optimisation
- Develop a “central hub” and/or “cluster based” working
  - Providing tailored care packages for care cohorts e.g. dementia support
  - Co-ordinating carers respite and support
  - Providing key functions such as Community Matrons, District Nurses and Health Visitors
  - Further develop relationships between professionals
  - Support for the navigator role
  - Signposting is key
- Better planning for end of life care
- Enhance the flow of patient data
  - Make the GP record central
  - Integrate and connect care records
- Better planning for end of life care

### ***What role do GP's have in helping to realise our vision?***

- Primary Care is deemed to be at the core of a person's care but GP's require a clear remit in meeting a person's medical and social needs with targeted support for signposting and co-ordination of a person's complete package of care particularly around social prescribing.
- Primary Care are central to building community resilience, promoting self-care and mutual community support particularly in terms of the clinical liaison role.
- Primary Care can promote visibility of social networks, so that individuals can refer themselves into local community groups rather than relying on their GP.
- Responsiveness to providing care and advice at the time of need alongside capacity for intensive services for those most in need

### **5. Next Steps**

Mike and Jane thanked everyone for their input and suggestions. Mike re-iterated that the review is about encouraging people to be bold, imaginative, creative and also proud of their community services.

- Attendees could take away booklets and leaflets to read and share.
- Further feedback is invited via the website [www.yourcareyourway.org](http://www.yourcareyourway.org) including any local groups who may like to input their views into the review.
- Individuals can also feedback by writing a letter, calling, using Facebook and on twitter
- The Your Care Your Way Team will be carrying out further targeted workshops with particular care cohorts and will contact GP's directly once dates and agendas have been confirmed. It is expected these workshops with commence in April 2015.