

**Note of a meeting of The Enfield Clinical Commissioning Group
held at Holbrook House, Cockfosters
on Wednesday 30th October 2019**

- 1 Attendance: Dr. Abedi Chair, Enfield Clinical Commissioning Group **ECCG**, S. Wells (ECCG), R.Fatah (ECCG), G. MacDougall (ECCG), R. Karim (ECCG) and about 20 others mostly members of Patient Participation Groups.
- 2 Finance: The last set of annual accounts had been approved. In the 6 months to date there was a £4 million deficit, but break even was anticipated at year-end. In 2020/21 a £17 million saving is planned with service providers being asked to cut costs and to help transfer funds to improve community care.
- 3 Walk In Services: Hours of service were confirmed as 8:30am to 6pm with out of hours service via 111.

A review of the Chase Farm Urgent Care Unit's hours had been undertaken and it was decided that a 9am to 9pm service should continue, subject to another review at a later date.

An attendee asked that information about these services be publicised better so that the public were more aware of what these services offered. It was also suggested that the leaflet *My Health London* be made available in primary schools so parents are aware.

- 4 Organisational Changes: Commissioning Groups in the 5 boroughs that form the North Central London Group (NCL) had agreed to merge to improve efficiency. The new board would comprise about 15 members, but the constitution has yet to be finalised. Concerns were raised concerning the reorganisation and patient representation, but it was stated that local borough meetings would continue.

Monty Meth (Over 60's Forum) thought it was the biggest change in NHS history, approved by the NHS, being implemented without any discussion with patients and with 1.6 million people in the 5 boroughs now being covered by just one organisation. He considered that this change was unconstitutional having never been discussed at an ECCG Meeting.

- 5 Immunisation: The uptake of the MMR jab for children up to 5 years of age was only 75% and the ECCG was pushing to improve this rate by sharing good practice and in meetings to improve uptake.

- 6 Long Term Plans:

- * Commissioning: in future some commissioning will be done by the NCL.
- * Optical Diabetes Treatment: The service being provided by North Middlesex Hospital is under review.
- * Streamlining Pathology Testing: To be improved to avoid duplication.
- * Physiotherapy: Access is being reorganised so that patients can make appointments direct instead of needing to do this via a GP.
- * Long-term Illnesses: There are 89,000 with long-term illnesses, 32% with more than 1. These patients are costing Enfield £67 million per annum. The ECCG is working on new procedures to identify risks, diagnosis, and prevention in order to improve services.
- * Integrated Care Governance: A new organisation plan is being implemented.

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Mental Care:

- * More money has been invested by the government.
- * Crisis Cafes are being set up where people can go if they are “in crisis”, to supportive safe spaces.
- * Services are being reorganised on a 0 - 25 years basis.

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Primary Care & the Community: For people I'll at home response will be 2 hours, for those seeking rehabilitation help - 48 hour response.

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Primary Care Networks

These are clusters of services, for example GP's, Pharmacists, Social Services, Paramedics etc, working together in a community and this is a new initiative.

All Surgeries in Enfield are now linked to a network, **but no GP surgeries were identified in Bowes Ward so it did not appear that people in Bowes were linked in this way.**

DSH
31/10/2019