

Further comments on how the CCG has engaged with you, and the working relationship with them

no

In the early days of our contract, the CCG were very engaging and supportive. Key contacts have since changed and the engagement levels have dropped substantially. There is no longer as much focus as previously on understanding the providers view point. Financial pressures from the CCG can also preclude sensible discussions around realistic funding and unblocking obstacles in some of the care pathways/health care system.

We have a good working relationship and work together closely on all of our local strategic priorities

Overall a good working relationship throughout 15/16 and part of 16/17. Frustrations due to continual movement of contract management personnel resulting in poor understanding of service pathway, stresses across the pathway from a provider and patient perspective and poor insight into what constitutes value based care over target based care.

Invitations to CCG meetings held in public seem open but can only ask questions pertaining to stated agenda. You need an ology to understand half of the minutes and agenda's to have any chance of being able to ask a reasonable question. I can see that the CCG may be trying to engage with the public, but they need to train/teach people on how it all works and fits together. If that seems too complicated then perhaps it's a clue that it should be made simpler!

NO COMMENTS

sometimes feel that the CCG members are following other agendas rather than practice.

Always very responsive and easy to engage with. . Important to have a named person to go to for Bracknell & Ascot issues - otherwise difficult to know who to approach within a fairly complex staff structure.

The CCG have worked hard to engage with the Council's Overview and Scrutiny Panel, and that was very much appreciated. The Working relationship is good. Engagement could be improved further if the CCG were to issue regular updates on major developments as a mailshot rather than our having to attend meetings or scan the CCG's website to spot developments.

Regular email updates, newsletters. William Tong has visited the practice in the last year.

Being invited to the GP Council meeting is invaluable to gaining an understanding of the vision, challenges and aspirations of the CCG

communicate through GP council and reg e mails annual visit to practice by chair, involvement in key decisions such as delegated primary care commissioning. practice manager attended performance review group

Great Leadership, great amount of workstreams. Self Care very important, BASE excellent

This is now done in a federated way across all East Berks CCGs which is much better as a provider.

The CCGs are always approachable and available.

The relationship is based upon when decisions are needed by them to progress their agenda.

I don't think I have any except that some issues haven't been taken forward but I'm sure that's true for all practices. Bit disappointing that some proposals aren't accepted though.

we have regular CCG feedback from our CCG reps at each Friday meeting

No comments.

Further comments on how the CCG has engaged with you, and the working relationship with them

very good support provided

meetings regular with the team

GP council involvement

bigger picture involvement - though a little bit more explanation as to 'why' will help understand some issues

good communication channels

The arrival of a new AO has brought a much more proactive approach to engagement and a constructive dialogue on a wide range of issues. The drive to joint working with all three LAs is sensible, but its important not to lose sight of the fact that the LAs are separate and distinct for a reason.

Further comments on how the working relationship within/with the CCG has changed over the past 12 months

No, it wasn't a fantastic relationship the year before either unfortunately.

Since the closer working of the three East Berkshire CCGs and the appointment of the Accountable Officer, John Lisle, working relationships have strengthened and we have a number of partnership arrangements in place.

As stated very good communication historically although with personnel change around lines of communication have been fractured resulting in frustration from a provider perspective. Nil consultation with us as a provider on the STP plan and write-up.

I THINK WE ARE BEGINNING TO BE TAKEN MORE SERIOUSLY.

Many changes in personnel (admin) again, directors have become less visible and directors practices seem to be more engaged - a feeling of inequity sometimes

Arrival of Fiona Slevin-Brown has been a really positive change lots of enthusiasm and must easier to engage with than some previous directors. Engagement with our Health & Well-Being Board has also improved and I'm hopeful this will become a really good forum for system-wide thinking.

The working relationship is good and it has continued to grow and improve over the past year.

no new changes over the past 12 months

I certainly feel more engaged and able to ask to meet with the lead GP when needed

increased ability to influence decisions at GP council

Better Public Relations work. More transparency. The CCG has worked for the practices. Great learning opportunities and I-QOS

CCG chair and directors very approachable

As previous this is now federated. AS such relationship are often dependent on individuals and some members of the CCG team have been fantastic such as Jenna Gilkes.

Whilst I have had more contact there is a lack of appreciation at CCG and federation level that decisions cannot be given when papers are presented on the day or reports are incomplete. I recognise that NHSE have no intention of trying to understand the differences between health and care partners but perhaps the CCG etc could be a little more assertive in responding to plans and bid requests.

It hasn't.

now get weekly newsletter

It has deteriorated.

more engaged and working together to achieve better care to our patient. The CGG has been very proactive

See previous comment - greatly improved and more positive.

Further comments on the CCG's plans and priorities and how you have been engaged in developing the plans and priorities

No comments to add

As a provider of one service locally, but a national provider elsewhere in the country, we find it difficult to engage and influence as much as we would like to. We have a lot to offer and are not always involved in the decision making or made aware of things. This is compounded as we do not have registered GP services in the area so are not party to CoM meetings or other forums that other local providers are. This is likely a point that other smaller, non-primary care organisations will have flagged. There is more that can be done to understand the context and skills of providers and to use their experience to help deliver strategic priorities.

Engagement of Social care and my personal engagement in the CCGs plans is consistent and strong and a number of social care staff are regular members of the CCGs planning fora

The CCG and leadership of the CCG have historically looked to focus on local need and are invested in local priorities and value based care which we agree with. In the current climate we have perceived a shift away from 'local priorities' with decisions being made on the 'priorities' of all neighbouring CCG's with a push toward a STP built around one large organisation. The CCG leadership team respond to direct engagement from smaller providers and their concerns - it is below the leadership team where a vacuum on proactive engagement with smaller providers exists.

The CCG has so many plans and priorities it's difficult to make a sweeping statement. I still do not know how the CCG is going to serve the current population explosion in Bracknell with Dr's surgeries and other clinical services.

NO COMMENTS

I would obviously say that I'd like to see more investment in preventative work, especially as local authority resources continue to disappear. However, when it come to prevention, Bracknell & Ascot CCG still remains one of the most forward thinking CCGs in the UK and the enthusiasm is certainly there.

I am concerned that Bracknell and Ascot CCG's plans and priorities should not be supplanted or driven off course by the wider priorities of the Frimley Health STP

member of practice actively involved at a CCG director level and feeds back to practice. workshops at GP council on primary care strategy and dermatology. AGM allowed all areas CCG was working on to be presented in a clear summarised way. would have liked to have influenced other areas of operational plan more at the members meeting, it was presented rather than giving member practices a chance to shape it

Part of GP council, BASE, AGM and a number of CCG meetings

None

We have been involved in the End of Life care services across East Berks.

I tend to be involved when plans have been drafted and issued for approval so early engagement is poor.

I don't think so.

No comments.

Examples of where you think CCG has made a positive difference to local health services, including reducing health inequalities and improving health outcomes.

I know they invested in a couple of community based projects, one that worked with a physical therapist that helped patients who needed hip replacements. They also invested in a project called the green gym which targeted elderly patients or patients with deminita.

Cannot provide example that we have been made aware of since the last MORI

Brants Bridge Minor Injuries Unit, Healthmakers, clinical talks for the public ie: Diabetes, Arthritis...

THEY HAVE DONE SOME REALLY GOOD WORK LIKE EXTENDING HOURS

I feel communications could be improved in relation to how they are used to engage residents and influence health outcomes. There needs to be more partnership on proactive, more imaginative communications that go beyond just giving out essential information.

Creating the Urgent Care Centre at Brant's Bridge, and working with GP Practices to overcome problems with primary care capacity.

active solutions for reducing hip and Knee replacements

the clinical concerns process allows clinicians to raise areas of concern directly with providers and receive a response to that concern. feedback through GP council illustrated some wider pathway changes as a result .

Self care is very strong and member practices and patient groups participate very actively

Working closely together with Public Health and the local authority. Great deal of schemes and project including a nationally recognised and award winning self care week with over 2000 participants.

Engagement events throughout the year and delivered by different surgeries. Self care workstream, text messaging, leaflet drop on bowel cancer, AF (check you pulse), hydration and many more

Extended hours

Health education to gps and staff

Closer working with Public Health and social services.

i think on the urgent care centre. That is a big issue.

the use of clinical concerns

No comments.

1-Green Gym

2-Health makers

3-group consultation

4-IT connect

5-Prescribed exercise

6-Others

Further comments on the way the CCG and your local authority are working together.

The relationship is strong. I seem to have a better relationship with our CCG than many PH Colleagues in other areas. The CCG leaders are enthusiastic about prevention while being very understanding when it comes to our reduced resources. Our CCG Directors are great to work with from a Public Health perspective.

Further comments on the way the CCG and the Health and Wellbeing Board are working together.

The Chair of the CCG is the deputy chair of the Health and Wellbeing Board and as such contributes to the discussion and work of the board. The CCG work closely with social care to deliver the agreed outcomes that are outline in the HWB plans.

Example(s) of the way in which the CCG has engaged successfully with patients and the public

Healthmakers

PATIENT ASSEMBLY.

Example(s) of where the CCG needs to do more to engage with patients and the public

Be more open with finance, for instance, how much does it cost to run and man an ambulance, a ward or a clinic.

Give people a forum to pose any question to the CCG.

Advertise preventative measures for all sorts of illnesses, advertising works!

THE PATIENT ASSEMBLY IS GOOD ABOUT ITS FURTHER DEVELOPMENT TO INFORM THE REST OF THE POPULATION.

What, if anything, would encourage representatives from member practices to take more of a leadership role within the CCG

regular direct contact with the practices

the pressure on primary care makes it difficult to release clinicians. Adequate funding for backfill is important. It would also be useful if the CCG could looking at innovative solutions to provide additional manpower to help practices release clinicians eg similar to the previous GP fellowship scheme

They are already very good. We have lots of good leaders

Our chairman always communicates with us before taking a decision

I don't know.

we already have 2 MEMBERS OF OUR PRACTICE IN LEADERSHIP ROLES ON THE ccg

I would say, if they had the time.

Any changes you would like to make to the way in which the monitors your services?

No comments given

Anything else that you would like to comment on about how the CCG works with you?

No comments given

Any further comments you would like to make on the CCG

No further comments to make

Historically a good CCG focused on value based care while understanding the need for local community based services for the local population. Insight into the need for interfacing service control levers helping to highlight shortcomings / stresses across pathways. From our perspective the landscape on continual service provider communication and collaborative working has changed in favour of a more target driven restrictive landscape not reflective of local need or value based care. There has been no engagement and consultation on the STP with smaller providers who currently provide elements within pathways and overall the STP proposal takes a very singular acute orientated stance without external control levers that can be applied to assure delivery. Communication on commissioning intentions from the CCG has been and continues to be poor despite continual efforts to engage from a provider side.

NO COMMENT

Protected leaning time and BASE sessions are a particular strength

I think the CCG is developing its role well and achieving better and wider buy-in for what it is trying to achieve. This is helped by its aims and objectives commanding widespread agreement and support.

our BASE educational sessions are extremely good. They are targeted appropriately educationally and give a valuable opportunity to network.

Excellent educational sessions. Also now BASE at lunch.

Very approachable board and chairman

Good Luck to them

No.

BACCG Base education is a standard we would not want to lose

No comments.

Well Done