

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

able to communicate freely, supportive. I feel that I am heard.

I am able to challenge and I feel that my views are taken seriously.

Very friendly, open for discussions and help in whatever way they can. Forward thinking and courageous and also have entrepreneur ideas.

Under the mandate of understanding public health has to work 40% of their time with the CCG so we are involved in planning of cardiology and diabetes prevention services and most recently with the diabetes bids 17/18 and we have good strategic involvement in our well being board.

proud of my CCG

I have been informed about the Slough CCG events and meetings. On some occasions I have been specifically invited to participate in some of those events and meetings. I have also been provided with some written information to keep me informed about the CCG activities.

The CCG needs to be more open and transparent and bring items out in the open better

I have a very good relationship.

I feel that Healthwatch has good contacts within the CCG, relationships are developing and I feel that Healthwatch is seen as a credible partner and our involvement is valued

I am quite satisfied the way Slough CCG's engagement with me

SLOUGH CCG HAS TRIED REALLY HARD TO BE TRANSPARENT, AND ALSO IN THE LAST FEW YEARS IN GENERAL.

Engagement in relation to the future of Slough Walk in Centre has not been consistent

The CCG has had a collaborative approach to End of Life Care. They have asked for and taken our views into account.

I have been kept very well informed and treated with respect at all times. I feel I have been given opportunity to voice opinions and have been given satisfactory answers to questions.

A relationship is two way and requires. In some instances I think that the CCG would have liked more engagement from us but sadly we have capacity issues which can limit this. I feel the relationship is positive and that we engage well within the limits we both face,

Arranging / coordinating meeting with busy people has been difficult. Coordinating busy people to get together in the same place at the same time is difficult.

I anticipate relying upon conference phone calls to achieve this.

All public and all presentations by Slough CCG have been well run and professional.

I am attempting to assist the Slough CCG with Professional services for Parkinsons patients, and PRE-Diagnosed Parkinsons Patients. I am very sure that this can be of benefit to CCG and patient alike.

Slough CCG have been a fantastic and valued partner on the Slough wellbeing board. The CCG chair has is a valued member and helps to ensure the topic of conversation is broader than simply health and Socialcare integration. Adding value at stakeholder events for the councils local plan, housing strategy.

CCG representatives at the Slough Joint Improvement Board are helping Slough children's services improvement journey to Good. The chair is always accessible and inclusive.

Has shown some improvement to the care being delivered out of hours

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

since started Joint commissioning,I feel that some of my views are diluted.

Now the project managers have to work for wider CCG,I feel that they are not efficient as they were before.This is not recognised by my CCG.

Got better.

One thing that is different is Slough has now federated with the two other East Berkshire CCGs, so we don't attend the board, but we do attend the better care fund meetings. The director however attends the boards.

now listening more

My working relationship with Slough CCG has remained stable and cordial - no change was required.

there has been some improvement only after GP's voted with their feet. But this seems to have deteriorated somewhat after the CCG got a result they wanted

Nothing really.

Delighted that the CCG are looking at commissioning healthwatch to undertake some specific pieces of engagement on their behalf

I am involved with many activities and attended the meetings

NO CHANGES.

Remains a positive working relationship although at times there can be delays in responding from some but not all people in the CCG.

The changing roles within the CCG have made it more difficult, but I am sure this will resolve with time.

very receptive, and hopefully even more so in 2017

Since taking on the chair for the SWB I have been told that relations with the CCG have improved greatly. That the CCG is being more proactive and engaged in wider issues. Certainly participation with the community has greatly improved as has the cooperation and willingness to improve.

Some positive changes but good do better

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

integrated work with other partners such as acute trust and local authorities ,recognising the needs of the local population and identifying the operational challenges and works toward it,
They have encouraged and helped me to set up new services.
Fully engaged in the diabetes programme and the prevention work scheme.

submitting evidences and feeling templates to qualify for payments are to time confusing, stressfull and demanding, which discourages GPs to take up new services or work extra because remuneration is not worth due to stress, extra work and hassle in submitting evidences, and feeling templates. Practices are refusing to sign up for new service as a result which is not good for patients or CCG

At times I feel I am being informed about some plans and priorities rather than being engaged to develop them.

Sometimes I have not been able to attend these kind of events so I can't really comment.

I think one of the biggest challenges is the CCG empowering the various GP practices to all sign up to the vision of the future - Healthwatch would happily facilitate a Facebook Live session about this - with Dr O Donnell talking about general practice in 5-10 years time and how it will be different

also think there is a challenge about multi disciplinary working. We were disappointed to hear that in the new Adult Social Care reshuffle the 3 localities do not align with the health hubs - missed opportunity for enhancing truly joined up care

Ccg,s plans are based on the local needs

I THINK SLOUGH CCG HAVE COMMUNICATED WITH ALL GROUPS EVEN THE SMALLER GROUPS , SO THEY NEED TO KEEP ON GOING AS THEY ARE SETTING A GOOD EXAMPLE.

There was no free text box for the leadership section so I am going to write something here: the Clinical Chair of Slough CCG writes emails when he wishes but rarely replies to emails so you have no idea if he has read the information let alone what he thinks of it and it feels like a one way method of communication - from him not with him. It is extremely frustrating.

I think this has been a more difficult year and subsequently I don't feel as involved as in the past.
It is difficult to know if there are developments where I have not been involved in the decision making.

I think that Slough CCG try hard to work with the 2 other East Berkshire CCGs in terms of diabetes care but that one of these CCGs does not reciprocate. They have still not identified a GP lead for diabetes and do not send representation to the meeting. This makes it difficult for Slough in making decisions and following them through.

Slough CCG appears to be open and receptive to external providers, and willing to include them where beneficial to both patient and CCG. This mutual benefit is important, and I agree with its importance. My interest is in Parkinsons Disease (Neurological Disease). This is a complex disease and has the effect of absorbing CCG resources. Slough CCG has been receptive to by proposed assistance. Hopefully this will come to fruition Q1/Q2 of 2017.

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

regular meetings with the public, patient participation group, working with local authority and voluntary organisations to improve health outcome

supporting primary care to address inequalities

They improved access to the general public via PMCF and that has been very effective.

Essentially their main work has been around diabetes and around various cardiology programmes which are beginning to show impact but it's too early to show with the latter that the benefits have been delivered. Where they struggle is with flu uptake and vaccinations in general and screening because of the diversity of our population.

Increasing appointments with local GPs throughout the week

Setting a Patient Reference Group, comprising of Patient Participation Group members from local surgeries

schemes to improve access diabetes care mental health care

They are making a very positive difference in helping the people.

Delighted that a number of Slough GPs were presenting at the recent Thames Valley Strategic Clinical Network in Jan 2017

Engagement with patients around the closure of Colnbrook Surgery was highly commended and second to none.

The extended hours of GP practices, and improves health outcomes to the local community based on the needs and priorities

Working with voluntary sector to deliver social prescribing.

THEY ARE ACTUALLY DOING BOTH AND THEY ARE ACHIEVING ON BOTH OUTCOMES.

Commissioning a 24/7 support service for EoLC patients.

Work on improving outcomes for patients with diabetes

Patients with a suspected stroke are now taken to High Wycombe instead of Wexham Park for immediate treatment.

The new Atrial Fibrillation pathways are being developed and outcomes will be monitored.

Longer GP opening hours.

Work around preventing diabetes and involvement in the NDPP.

My only interest is with the services for Parkinsons patients.

Slough CCG has been receptive to external proposals, and has engaged in discussions to exchange ideas to explore for further benefits to Parkinsons patients .

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

We have 2 joint commissioners and the better care fund and they have fully integrated full cardiology and diabetes care path ways and a variety of adult social care integrated programmes.

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

Already commented on this.

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

Patients have been invited to meetings and events

Through the Patient Reference Group

Through the appointed Patient Representatives

I am a member of Slough Senior Citizen group and we have found the CCG have given us easy access to the leadership of the CCG. They are very open and friendly and nice. They listen to us in what we say and I am very happy with them.

There are various patient engagement channels that have been good - however encouraging a diverse response is always challenging- now using text to do family and friends has made a positive difference

Twitter account also reaches a different audience.

Appreciate how the CCG respond to Healthwatch's report around vulnerable groups use of the walk in centre

Loved the "GP: behind Closed doors" series on Channel 5 about Farnham Road Practice - gave a great insight into the work of the GPs

Various meetings in different localities

EXTENDED APPOINTMENTS AND EXTENDED USE OF SERVICES , INTRODUCING YOGA TO LOTS OF PATIENTS. THE EXTENDED APPOINTMENTS ARE BROUGHT IN BUY HUBS.

There is a 2 monthly meeting of a patient representative group where one member of each PPG across Slough meets with a member of the CCG to discuss different topics and take the information back to our next PPG meeting..

Patient panels have been set up to discuss issues ie

End of life care

Carers

Some comments made to me

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

Find ways to generate greater interest in the local community so that patients begin to feel able and inspired to participate in the events organised by the CCG.

Find ways to address patient apathy in health matters and events.

They're doing enough.

The working population find it a struggle to keep positive communication - more online stuff.

The PPGs being supported to develop and be more representative would be good.

Communicating more in easily accessible (non corporate) language. An example would be providing a glossary of abbreviations at all public meetings and doing a one page summary. Holding more board meetings on line so people can tune in from home rather than travel to the venue.

The community navigator should be used as communication agents

Not necessary, they are doing their best

I THINK THEY ARE ENGAGING ON A BIG ENOUGH LEVEL AT THE MOMENT , BUT THE PUBLIC NEEDS TO TRY AND ENGAGE MORE WITH THE CCG.

All ages need to be considered

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

Our Chair always encourages the member practices to take leadership role, very supportive, sending them to appropriate funded leadership courses and Regular reviews and appraisals.

Needs more encouragement to the members.

far too busy running my own practice

1. Enough GPs locally to provide back-fill in their practices to release them from direct patient care - there are not but I don't know what the CCG can do to influence this.
2. I do not think that there has been nearly enough work done to share values. In my opinion a lot of GP's personal values are at odds with each other or those of an effective health economy and that until this gap that I perceive is addressed their will be relatively poor engagement but many local GPs with the CCG

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

Clinical leads cannot offer to their potential if they don't have an enthusiastic project manager. Turnover of project managers are high and they are changed to different roles very frequently and some are coming in without any prior knowledge of the projects.

Hence the projects are not moving on as they should be and they are static which is frustrating for the clinical leads.

Doing extremely well to keep it going.

I think their capacity is so limited because of funding issues, they are absolutely reliant on local authorities and the commissioning support unit to be able to deliver the changes quickly enough.

CCG should first find out what GP practices wish before coming out with an idea or proposal which CCG officials think is a good idea and push through and try hard to convince later. While commissioning more money should go to practices with a freedom to GP practice on how to use resource rather than waste resources on non-clinical aspects. e.g. too much weighing towards IT, technology, mobile etc should be avoided

I am generally satisfied with the overall performance of Slough CCG

I have had a very positive impression about them. The first time we got in touch we didn't even know what they were but over the last few years they have been accessible and friendly. We have come to know a lot more than we did and they have been very open with us.

NO FURTHER COMMENTS.

I think that most 'members' are just too busy and too tired to engage effectively. They do not share values and do not think that they can make a big enough difference to make a commitment

They are making a lot of progress in developing relationships between the CCG and PPG and a lot of work is being undertaken to increase the number of people joining PPG.

I feel once the new people have settled into their role in the CCG things will improve rapidly.

I think that patient involvement needs to be widened. There are patients on key CCG diabetes groups but these people aren't always representative of people with diabetes and other channels to get these wider views could be explored.

I have found Slough CCG very helpful, receptive, and professional to work with. Although I am having difficulties arranging meetings between Slough CCG and ParkinsonsUK (the Parkinsons charity). This is not entirely Slough CCG's fault. High workload from both is the cause, and is fairly unavoidable.