

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

great support and resources provided when needed

My PPG is arranging for a CCG representative to talk to our group in one of our meetings to explain the role, objectives and plans for the CCG

We have a very good working relationship.

I do feel that our CCG is currently under a huge pressure to hire and keep staff due to their financial restrictions. This is based on the unfair funding formula that we have nationally.

Good working relationship, local team. Valuable that interested in our town.

Relationships continue to improve as the organisation beds down. it is constantly open to exploration.

Sometimes it is concerned about hierachiar relationships.

Regular PPG Network Meetings.

AGM.

Other specific subject promotional PPG and CCG meetings.

I enjoyed the Cumberland lodge course - that was excellent and the monthly assemblies have been generally useful and informative

My experience on behalf of the 'mature' is that as long as one knows who to speak to, the CCG is helpful. My concern is that jo public would not know who or how to speak to someone. In the days of FHSA, there was good contacts and publicity, some of that has been lost.

I have responded to the questions using colleagues rather than my own opinions

Excellent working relationship benefit from close working with CCG executive team who are visible and approachable to Practices.

The CCG make every effort including weekly news letters to keep us informed

NA

Involvement in the new vision of care

Good at inviting to meetings for discussion on priorities perhaps less good at actually involving and informing on what has been decided

Email , Assembly, EPIC , practice visit

Engagement is continuous and at the level required to maximise the benefit for both parties

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

improved communication and contacts within the team, away day with all CCGs was great for networking

I have personally been asked to attend the Quality Oversight Assurance Group meetings following the recent inspection. I was asked in my capacity as Chair of our PPG

I think it has progressed and they have tried to improve communication with the practices

More engaged

Improved and strengthened

N/A

I have felt more involved and reassured - the main accountant seems competent and sensible and I feel as a practice we have had some more support eg with the CQC outcome

Colleagues say that find the unexpected changes of staff slightly disconcerting. There are also comments that often they do not know who to ask and the web site is not up to date with names of contacts

A focus on managing priorities keeping local Clinical engagement is important. Accountability of senior management team to members.

they're trying their best in a difficult environment

Same

NA

Better voice at meetings e.g. Assembly

N?A

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

CCG follows a centrally driven agenda that is expensive and has poor evidence base

I have attended two CCG AGM's and a meeting explaining plans for closer working relationships for GP practise and social services. They were very informative. There are some excellent plans for the future development of services but fraught with difficulties which is no reason for being despondent. I appreciate that it is difficult for the CCG to keep patients, PPG's and even Practices fully informed. We plan to get a CCG representative to talk to our PPG at one of our meetings. The recent WAM-CCG review of PPG's was very helpful and enabled us to focus on necessary improvements

We have been engaged with the process all along. Where the system falls down is there isn't the funding to either manage commissioning properly to hold providers fully to account or the finance to commission the services that we feel our population needs. This is not the fault of the CCG but of those people who provide the budget

Heavily, directly and indirectly.

My strategic knowledge on this topic relies on PPG and CCG meetings, plus specific promotional presentations and other general communications

I think they have developed and are moving forward in difficult financial circumstances

Comments from members is that they have to make the effort to find the answers, there are concerns that systems to give information are concentrated on the NHS. There is not one source of information to cover health and social care and the social care element does not seem to be high on the CCG agenda

ccg is struggling with balancing the books - it is tough for the leadership to manage when they are so clearly under funded

the developing STP is vital and the CCG are trying to input and influence the development of that for benefit of our population - its hard to know how effective that process is

overall the CCG priorities and plans are sensible and well thought out

NA

We have had lots of info at assembly meetings regarding the GP outcomes framework and the STP

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

No notable improvements come to mind

Don't really know

Our CCG has made significant progress in our Stroke pathway redesign, work with Nursing homes, work with the local Trust to improve services in Cardiology and paediatrics, and takes an active role in urgent care network

Wexham hospital (much improved)

7 day GP services (hub system)

active in continuous improvement

The work in mental health and community groups and support has been helpful -also the year of care initiative has been a positive step forward in practice

Consensus from members is that there is more understanding of how the CCG s work than there used to be but people are still unsure of how the decisions on commissioning are made and the feeling is that the decisions are made on financial basis.

Frailty identification Proactive care nursing home work children's work nursing homes

focus on new models of care for elderly is excellent

NA

Coordinating health and social care

Developing new pathways e.g. the GP renal comic protocol

Improving the quality of discharge summaries

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

The CCG is active - however the focus has been on assessing the LA performance and service. The CCG generally is defensive and manages challenge less well.

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

No comments given

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

CCG report on PPG's; post inspection monitoring improvements via the "quality Oversight Assurance Group; meeting with patients in surgery to ask and promote the PPG

Engaging successfully with patients and the public in a proactive manner is a long term hard challenge for all involved and little is heard of resounding success ! It appears without a self need patients are not forthcoming or prepared to take part/shared responsibility for their own health needs. More work is much needed to encourage the public to engage in building an affordable, and efficient sustainable NHS based upon essential priority needs and shared partnership involvement. We must drive out the current culture/attitude/belief that the NHS is FREE!! so why worry?

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

To start by explaining to the Runnymede PPG, the CCG role and aspirations. (we have arranged for a CCG representative to talk at our next meeting).

To use the screens in the surgeries to pass relevant CCG messages.

I do not believe any one knows how to successfully fix this yet ? but the answer must be found. Maybe improved communications and effective education can play a part? How do we create the incentive and rewards? We need a fresh culture/attitude/partnership with patients/public.

A demonstration of the NHS efficiency (continuous improvement) and control will help in leadership by example. with quality/fit fit purpose services.

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

Better financial compensation for the practice time lost. The main stumbling block currently is the lack of availability to back-fill when away from the practice.....

Having suitable backfill resources ie pool of good locum clinicians
more time

A supportive executive team training leadership development

CCGs nationally are now struggling with clinicians getting involved in the CCG - why would they do it when they have so much pressure now back in their practices

there needs to be a formal process by CCG for encouraging the development of leadership from within the practices to take on roles

To remunerate handsomely

Time constraints i.e. Balancing CCG work with running a practice. I am not sure that the CCG managers really understand the pressures on primary care . I would welcome them shadowing me for a day !

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

None

They could do with better support from NHS England!

I feel the three options mentioned are all form part of the target strategy but to what degree of success I do not know?

keep up the good work

The main comment from members was that there does not seem to be consistency on how GP practices respond to new social care incentives. Some practices seem to be more proactive than others.

CCG not only supported by local population changes but leading collaborative efforts across a wider system. Please not return to PCT dominated organisational structure.

The chair is doing well in a challenging environment.

NA

Overall good interaction and relationships which will hopefully strengthen further with fully delegated commissioning