NHS
Bracknell and Ascot
Slough
Windsor, Ascot and Maidenhead
Clinical Commissioning Groups

Community Partnership Forum – 27 September 2017

Declaration/ conflict of interest - none

Sarah Bellars and John Lisle declared they worked for the CCGs

Sarah Bellars said that unfortunately Peter Haley was unable to attend as he was unwell and proposed that she chaired the meeting.

Notes of previous meeting - Agreed as an accurate record

Michael Shefras stated that he would prefer forums to be called 'patient forums' rather than patient assemblies

Mike Connolly said that there has been work undertaken by PPGs in collaboration with other organisations in the community to address the issue of appointments that are not kept.

John Lisle introduced himself as Accountable Officer and said that he was not only going to talk about managing the local NHS but also joining up care as Fiona Slevin-Brown was not able to be present.

Managing your local NHS

Health and care systems were asked to put collaborative plans together and for our CCGs it was Frimley Health, community providers, 5 CCGs and 5 local authorities. We have been keen to include social care all along. Sustainability and Transformation Partnerships (STPs) have changed their names over time; they are designed to plan and deliver care for our residents. Ours covers a population of 750,000 and just over £1bn worth of budget.

The Frimley Health Foundation Trust has been chosen to be one of 9 fast developers in the country. This brings some new investment and responsibility about making change.

CCGs have done well in keeping a local connection and that is what Accountable Care systems will continue to do. We will continue to build our plans from a local focus. There will be one pot of money and different areas have different strengths. The focus will be on addressing inequalities and seeking the greatest health gain for the money that we have.

At the moment there are 12/13 organisations around the table with their own decision making powers. In the future, the money will come to the collective organisations who will decide how to spend the money. This will reduce some of the previous competition in the system. All organisations will be mutually independent of one another. We will need to step up our local engagement and in order to make this work. Lay governance will need to increase.

There is a memorandum of understanding about the obligations of how we spend our money. There is also a set of principles about how all the organisations work together and these will form a separate memorandum of understanding. There will be a system approach to services and pathways. For example, we have one A&E delivery board which allows us to share our resources and plan collectively.

We also need to make sure that we engage the public and patients more effectively.

Commissioning will change to be much more focussed on outcomes and populations.

The merger of CCGs – one of the rationales for doing this is partly due to the number of relationships that we have to manage. We also have trapped resources where it is harder to be flexible with our staff. If we have areas of good practice it is sometimes difficult to spread these quickly in order to transform our services to fit the resources we have.

It will not change what we do in localities – the members meetings are the engine rooms of our work. These will stay at a locality level as will our engagement relationships with the public and patients. Staff say that they are happy with the changes to the structure that happened a year ago to bring the teams together. Clinical leadership will remain an important part of what we do.

The membership of all but one member practice has voted to support a merger and have had good engagement from partners. An equality impact assessment has been undertaken and approved. Members are working on a new name and vision and values. We will then have to set up our processes such as ledgers to support one organisation.

Self-care will feature highly in the future as some people are inappropriately using health services.

John Lisle then went through a list of questions and answers which are set out in his presentation.

We have been successful in getting additional investment into our area.

Questions and answers

Asked about the new housing and how GP services can be put in place. JL said that there were talks going on with the planners about how this could happen although GPs are independent contractors and the CCGs are only able to influence to a certain extent. End of October there should be a long list of options, and decisions made by Christmas.

There are also issues about practices recruiting doctors. One of the issues is about key staff not being able to afford housing. The key worker scheme is no longer available. There is a STP workforce group and it covers other groups such as paramedics and domiciliary care workers. There is also a workstream going forward about how GPs make best use of their time and skills. There are several workstreams that are trying to address different organisations fighting for the same staff. Prevention and self-care will become increasingly important to manage the demand for services. For the first time we are starting to share information about the numbers of staff we have and what we need.

There was a question about the cost savings. JL responded that much of the money was tied up in the Commissioning Support Unit but the merger was not about saving money it is about delivering higher quality, more evenly and faster.

Governing Body in common has 3 lay members – assurance on a whole range of things in line with national best practice. Also have 2 PPI members who are more focused with local communities with increased number of hours.

Sarah Bellars took the opportunity to talk about flu and the fact that a lot of people have been affected in the southern hemisphere. She stated the importance of people having the

vaccination, as we need to reduce the amount of the virus in the community. Young children are super-spreaders and so are being encouraged. If you are in an eligible group you will receive the vaccine free. GP practices have additional clinics for this with appointments. They are also available from pharmacists.

Concern was raised that the vaccine might not be valid. Sarah Bellars responded that the there is a very sophisticated system for predicting flu strains.

Concern was also raised that self-care could be pushed too far. Sarah Bellars responded that a lot of work was being put into getting patients to understand where they should access the right services for them particularly through NHS111. John Lisle said that part of self-care is encouraging people to take care of their health e.g. stop smoking, eat well and exercise.

Joining up services for local people

One of the STP workstreams is integrated decision making which is a process. New vision of care was a really successful inclusive process of imagining what care should look like in the future with care being provided around the patient not organisations.

Integrated decision making is the culmination of that process. This is all about getting the right care at the right time in the right place.

It will not affect the whole patient population, only about 5% of those with complicated needs.

The building blocks will be many of the services that are already in the community but working differently together. This is about a process not a place as with a shared care record, a care plan could be put into place without patients having to go from one place to another and professionals not knowing what has happened. There is also something about rapid response to get to people quickly without having to go to hospital.
There is a new 111 service which has a much higher level of clinical input and this is a pivotal part of our new strategy. This should be the first port of call. There is some positive feedback now compared to the past.

There are some decisions to be made about real estate. This is a partnership discussion with public services called 'one public estate' to work out where a variety of services should go. There are different potential models of hubs – some may be primary care based, others virtual, community based urgent care services or health & wellbeing centres. The options are currently under discussion and development.

The assumptions will be circulated and the CPF was encouraged to comment.

Questions and answers

Will the number of surgeries be reduced? No but some may decide to group together so that they can work differently and become more efficient.

In London there are pressures on smaller practices. General Practice Forward View talks about working at scale which is not necessarily about mergers. Practices are the only ones that will make decisions on this.

CPF time

Is there any truth that Wexham Park Hospital will be charging for blue badges?

We have not consistently got the same messages. How do we get that message out? Share plan out.

Review of what has happened this evening and comms strategy.

There is a coordinated approach across the STP area.

Mike Connelly reminded all that Slough's first public assembly would be taking place on the 5th October at the Chalvey Community Centre. The title is the future of general practice in Slough.