Bath and North East Somerset Clinical Commissioning Group

CCG BOARD MEETING
Paper Summary Sheet

DETAILS	Part 1 *(Open)*	X	Part 2 *(Closed)*		Agenda Item	4.2
Title of Paper	Your Health, Your Voice - Report of meeting on Thursday 18 June 2015					
Meeting	CCG Board					
Date	9 July 2015					
Executive Lead	Suzannah Power, Lay Member Patient and Public Engagement					
Author	Barry Grimes, Communications Manager					
Appendices	None					

PURPOSE	Approval		Discussion		Information	X	Assurance	

EXECUTIVE SUMMARY						
Summary of Key Points	The paper provides a summary of the feedback received from the June 2015 meeting of Your Health, Your Voice. The two topics on the agenda were the CCG's Primary Care strategy and a briefing on the CCG's Operational Plan 2015-16.					
Background	Your Health, Your Voice meetings are held every two months, usually one or two weeks in advance of CCG Board Meetings. The feedback from the group is presented at each Board meeting by the Lay Member for Patient and Public Engagement for consideration and action by the Board where required.					
Risk	**High**		**Medium**		**Low**	X
	If the CCG is unable to demonstrate how it has made changes in response to feedback provided by Your Health, Your Voice then this could have an adverse impact on patient care and will be damaging to the CCG's reputation as a patient-focussed organisation. Your Health, Your Voice members could also approach the media to complain about CCG decisions if they do not feel that their views have been listened to.					
Impact on Quality	Collecting feedback from the group and responding to it in an appropriate manner will ensure that the quality of care for patients is improved in both existing and new services that may be introduced.					
Impact on Finance	The cost of room bookings and materials required for meetings falls within the Communications budget.					
Recommendation	This report offers no recommendations and is for information only.					

OTHER INFORMATION	
Who has been involved/contributed	Your Health, Your Voice is chaired by Suzannah Power, Lay Member for Patient and Public Involvement. Administration and communication with members is carried out by Barry Grimes, Communications Manager. The CCG was represented at the meeting by Tracey Cox, Corinne Edwards and James Childs-Evans.
Cross Reference to Strategic Objectives	Your Health, Your Voice supports the work of the CCG in meeting the following strategic objectives: • Improving quality, safety and individuals experience of care • Improving consistency of care and reducing variation of outcomes • Providing proactive care to help people with complex care needs • Creating a sustainable health system within a wider health and social care partnership • Empowering and encouraging people to take personal responsibility for their health and wellbeing • Reducing inequalities and social exclusions and supporting our most vulnerable groups • Improving the mental health and wellbeing of our population
National Policy / Legislation	The work of Your Health, Your Voice builds on the legal requirements and guidance about public and patient involvement set out in the following policies: • Everyone Counts: Planning for Patients 2014/15 to 2018/19 • The Health and Social Care Act 2012 • The NHS Constitution Your Health, Your Voice contributes to delivery of the following National Outcome Indicators: 1. Preventing People from dying prematurely 2. Enhancing quality of life for people with LTCs 3. Helping people to recover from episodes of ill health or injury 4. Ensuring people have a positive experience of care 5. Treating and caring for people in a safe environment and protecting them from avoidable harm 6.
Review	Future meetings of Your Health, Your Voice will continue to be scheduled one or two weeks before CCG Board meetings. A feedback report will continue to be presented by Suzannah Power at subsequent Board meetings.

Equality & Diversity	Applicable		Not Applicable	X

NHS
Bath and North East Somerset
Clinical Commissioning Group

Your Health, Your Voice

Thursday 18th June 2015, 7:00pm – 9:00pm
Midsomer Norton Town Hall, The Island, Midsomer Norton, BA3 2HQ

1. Attendees

CCG Staff (5): Suzannah Power (Chair), James Childs-Evans, Tracey Cox, Corinne Edwards, Barry Grimes

In attendance (9):, Tony Crouch, Clare Hector, Jeremy Ince, Maureen Ince, Anne-Marie Jovcic-Sas, Lesley Mansell, Lynda Robertson, Terry Taylor, Rob Wills

Apologies (11): Richard Blunden, Heather Devey, Jenny Flake, Tina Fletcher, Diana Hall Hall, Ann Harding, Lyn Juffernholz, Mark O'Sullivan, Jane Pye, Jim Stone, Megan Yakeley

2. Welcome and Introduction

SP welcomed everyone to the meeting and reminded members of expected behaviour. The report from the previous meeting was reviewed and the following amends made:

Page 4, parag 2 now reads: *AH asked if the OOH service was run by Northern Doctors or BDUC. CR explained that BDUC, which is based in Kelston and managed locally, was owned by Northern Doctors, which is now known as the Vocare group.*

Page 5, parag 8 now reads: *RW recommended the "Meet Up" website as a good way to tackle social isolation and also noted that Age UK run a number of projects to provide social activities for older people.*

RW reported back on the *your care, your way* design day that was held on 21 May 2015 at Bath Racecourse. He noted that there was a good spread of patients and clinicians with lots of thoughts and ideas collected about improving community health and care services.

BG noted that the CCG's new website will launch next week and will include a dedicated space for meeting papers and slides from previous meetings.

3. Primary Care

JCE highlighted the big challenges facing primary care over the coming years including workforce, sustainability and contractual changes. He also explained how primary care in BaNES is being influenced by the CCG's Five Year Strategy, the NHS Five Year Forward View, new primary care co-commissioning arrangements with NHS England (NHSE) and the local *Preparing for the Future* project being delivered by BEMS+.

JCE noted that there will be large increases in the number of over-75s and over-90s in the next six years. By 2029, the BaNES population is predicted to grow by 28,000 (based on 13,000 new dwellings). This would mean that approx. 16 additional full time GPs would be required by 2029. However, GP recruitment is proving difficult across the country and primary care will need to look carefully at the skill mix it requires in the future e.g. trained nurses could perform many of the tasks typically carried out by GPs.

JCE showed the results of a recent BMA survey of 15,000 GPs which showed their priorities continue to be continuity of care, trust and confidentiality and holistic care. In order to deliver this, the GPs requested increased funding, longer consultation times and a reduction in bureaucracy. 53% of GPs describe their workload as being generally manageable but 93% say that their workload has negatively impacted on the quality of care given to patients.

JCE explained that the CCG's Five Year Strategy is based on GP practices working more collaboratively together to offer a wider range of services to their local community seven days a week (where possible). The strategy encourages more services to be delivered out of hospital by multi-disciplinary teams of GPs, specialist nurses, physiotherapists and dieticians etc.

JCE explained that the CCG is now co-commissioning primary care in partnership with NHSE. This new arrangement brings together the joint powers of the CCG and NHSE to enable a more coordinated approach. A new Primary Care Joint Commissioning Committee will meet in public every quarter so that any decisions taken avoid any conflicts of interest.

JCE concluded by explaining more about the *Preparing for the Future* project being delivered by BEMS+. This project is being funded by the CCG and NHSE to look at how things could be done differently and how primary care can adapt to deliver services in the future. The project also includes a new telephone booking system for GP appointments and a pilot of a new Focused Weekend Working service where GPs visit vulnerable patients at the weekend to avoid potential hospital admissions.

The following comments were raised by the group:

RW noted that GP appointments often run over so he usually books two slots online to make sure he gets his full time. He noted it would be easier if all hospital appointments could be booked online as well. This used to be possible after receiving a yellow form in the post.

RW felt that better use of technology could save the health service a lot of time and money but MI noted that not everyone is online.

AJ explained that working people find it very hard to book an appointment as they can't always call in at 8am if they are already working. MI said that patients can wait outside her surgery until 8am to get a same day appointment.

There was general agreement that the process for making an appointment is far too difficult and that some surgeries don't even let you book an appointment more than two weeks in advance. AJ has friends who have come off contraception or been forced to self-medicate because they were unable to get an appointment to see their GP in time.

CH said that her practice in Bath had been closing the phone lines at lunchtimes for over an hour until a few weeks ago which makes it even harder for working people to book an appointment. She asked whether working people could get dual-registration with a practice near home and a practice near work to make things easier. JCE answered that this had been piloted in the past but there had been very limited take up.

JCE noted the concerns and explained that GPs do not work a 9-5, Monday to Friday week with many of them working out-of-hours shifts or doing other work such as research or working with the CCG. He noted that the GP contract is broad and flexible so there are lots of options for improving access. He suggested more work needs to be done to evaluate public awareness of current extended hours at GP practices and their use of this service.

RW said that he leaves a note for his GP in the practice comments box before his appointments so the GP is already briefed on the situation before he arrives for his consultation. There was support for this pre-briefing approach.

RW asked why patient records are only held by one department at the RUH and that more needs to be done to make patient information easily accessible. Tracey C explained that a key part of the CCG's Five Year Strategy is making sure that GPs and hospitals can view each other's records. BG explained that new cloud technology could help to get around software compatibility issues but there were important information governance issues to address.

Tony C asked for more details on the new joint commissioning committee. JCE explained it would be made up of CCG and NHSE staff along with some other bodies. BG agreed to provide more details of the first meeting when he sends out the minutes. **AP1 BG**

AJ noted that more needs to be done to provide better care for children and young people in Radstock. She felt that too much time is focussed on older people.

LM noted that GP surgeries are full and have no spare capacity with many practices located in old houses that are not very accessible. Where will the new community services go when there is no space to expand? This is a particular problem in Radstock and Peasedown St John.

JCE explained that the Government has set up a £1billion fund for practices to improve their buildings over the next two years. The CCG is working with local GPs and the Council to encourage practices to submit strong, evidence-based bids for extra funding.

BG noted that the ***your care, your way*** review is also taking a wider look at where community health and care services could be delivered e.g. community centres. CE suggested children's centres could be used and CH agreed that it is good to go to other places to access services other than your GP practice.

4. Operational Plan 2015-16

Tracey C introduced the CCG's Operational Plan for 2015-16. She explained that the plan is written primarily as an internal document for the CCG and to set out our plan for the year to NHS England but the CCG will be producing an easy to understand one page summary soon.

Tracey explained the national requirements upon the CCG for this year are waiting time standards for mental health services, increased investment in mental health, emergency care, seven day working and improving staff health and wellbeing. LM asked if there was any extra funding to support this and Tracey replied there was not.

Tracey then detailed the CCG's six transformational workstreams:

1. Prevention, self-care and personal responsibility
2. Improving coordination of long term conditions (diabetes)
3. Creating a sustainable urgent care system
4. Commissioning integrated, safe, compassionate care for older people
5. Re-designing musculoskeletal services
6. Ensuring the interoperability of information systems across the heath and

care system

In addition to these long term projects, other workstreams for 2015-16 include the Better Care Fund, redesigning community services, mental health and learning disabilities pathways, primary care co-commissioning and children's and maternity pathways.

Tracey explained the CCG has 136 deliverables overall but has chosen to focus on three key priorities this year:

1. To complete the community services re-design work to inform our future plans for the commissioning of community services across BaNES

2. To restore system performance around the 4 hour target and 18 week Referral to Treatment Times (RTT)

3. To develop a primary care strategy for BaNES to support primary care to provide an increased range of services and new models of care

Tracey presented some graphs to illustrate the performance of local health services against the 4 hour and 18 week RTT targets. They showed that the targets were not being met at the moment and LR asked why this was the case. Tracey explained that although demand was not increasing significantly the length of stays in hospital are increasing which is reducing overall capacity in the system. The CCG's plan is to focus on reducing lengths of stay and delayed transfers of care, ensuring that people are discharged as soon as possible.

Tracey then provided further details about the CCG's key service developments for 2015/16 which include:

- £573,000 new investment in mental health services
- Re-provision of inpatient mental health beds
- A new autism strategy
- £1.136m to support the urgent care system
- A review of the Minor Injury Unit at Paulton
- Piloting of personal health budgets for children
- Re-procurement of Child and Adolescent Mental Health Services
- Referral Support Service
- Developing pathways for community-based musculoskeletal services
- Managing demand in Gastroenterology and Diabetes Services
- Pilot and roll out of community-based diabetes pilot
- Reducing use of antibiotics
- Medication reviews of our most vulnerable patients
- Closer working with community pharmacists

Tracey concluded by explaining the CCG's financial position. The CCG has a budget of £221million to fund commissioned services. The CCG spends £4.2 million on running costs and plans to find savings of £4 million this year.

LR commented on the fantastic staff at Paulton Hospital and Tracey noted that more services could be delivered from there in the future. AJ noted that public transport would need to be improved to support this.

CH expressed concern that some children she knew in Bath are having to travel to Oxford to access mental health services. SP agreed to follow this up with the commissioner for Child and Adolescent Mental Health Services and report back at the next meeting. **AP2 SP**

RW advised that prevention is better than cure but many healthy lifestyle programmes are not easily accessible. AJ said that the 'community activator' programme was very good and RW highlighted the free walking and hiking groups available through the 'Meet Up' website.

5. Comments from the Floor

MI asked why the RUH hernia clinic was now operating from Fairfield surgery as transport there is difficult from Midsomer Norton. Tracey explained that the RUH have outsourced the clinic to Fairfield but Choose and Book should be offering alternative choices for where to receive the treatment. MI noted that she'd been turned down by Circle and BMI.

MI requested an update on the performance of the Min following its acquisition by the RUH. She expressed concern that standards had dropped as many of her friends had experienced delays and had no response when calling the helpline. Tracey noted the CCG had been aware of issues with follow ups for some time so this is not a new problem. Tracey agreed to investigate further and provide an update for the next meeting. **AP3 TC**

6. Next Meeting

Thursday 10th September 2015, 7:00pm to 9:00pm
The Board Room, St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP

The agenda will include a session on the CCG's Medicines Management Strategy and some workshop sessions with GPs to discuss primary care.