Notes from Patient Reference Group Meeting 22nd February 2018

Please find copies of the evenings’ presentations attached (also available on the ESCCG website).

Below are a record of questions raised and comments made following the presentations.

**Introducing the Central Sussex [and East Surrey] Commissioning Alliance**

There will be no difference in the way in which care is received; changes will mostly concern the financial and management structures. For instance there will be 1 Accountable Officer and a combined executive function.

This will make it easier for our local hospital (SASH) to provide similar services for all of their patients and work with 1 alliance rather than many CCGs. Commissioners will benefit by sharing expertise and having a stronger negotiating position.

Q - Will ES funding go up or Sussex come down?

A - What belongs to ES will stay in East Surrey. Funding is calculated by a complicated formula based on the needs of a given population (which is why there is some variation).

There are no plans to pool health budgets across the alliance, but, over time, ES health and social care commissioning are likely to share resources.

Q - Does this mean that you will send patients further afield for treatments and will there be an inclination to move services to Sussex?

A - No. Actually we are working on care models that aim for more care to be delivered closer to home, in the community, and hopefully stopping us from needing so much inpatient or hospital based care. We will hear more about this tonight.

There are no plans to change services provided on a Surrey wide basis e.g. mental health, screening, community equipment, wheelchair provision and Continuing Health Care.

Q - Will there be greater purchasing power?

A - Yes, but our priorities will always be safety and quality.

Good to see that clinicians will still have input into the decision making.

Q - Will there be a need for more expensive consultants/consultancy fees/interim staff?
One of the priorities of the alliance will be to look at sharing skills/roles and reducing the need for interim posts. We believe that within the alliance we have a lot of talent.

**Improved Stroke Services**

There was much support for the work of the Queen Elizabeth Foundation and praise for ESCCG’s innovative use of this amazing local resource.

Q- Is this free to patients or is there a cost?

A- This is an NHS commissioned service. There are some patients at QEF privately funded but there is no charge for ESCCG patients admitted as part of the new stroke pathway.

Q- Can patients access early supported discharge after receiving inpatient rehabilitation at QEF?

A- If they need the services of the community rehabilitation service this can be instigated within 24 hours.

Q- What is SSNAP?

A- The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. This basically tells us (by use of scores from A-E) how good the care of our stroke patients is and how it compares with the rest of the UK.

SSNAP also collects outcome measures at 6 months. The aim is to improve the quality of stroke care by auditing stroke services against evidence-based standards.

The latest SSNAP periodic report presents national and named team results for the entire inpatient stroke care pathway. It is based on patients admitted or discharged from hospital in the most recent 4-monthly time period.


This report contains results for important measures of inpatient stroke care including stroke unit care, thrombolysis, therapy assessments and intensity, timings of interventions, and discharge standards. It also provides comparisons where appropriate against the previous 3 periodic reports to show changes over time.
**Primary Care Homes (PCH)**

PCHs bring together a range of health and social care professionals to work collaboratively to provide enhanced personalised and preventative care for their local community.

Caroline gave an example of a case which demonstrated how in the future it will be the most appropriate health care professional who assesses a person in need (likely to be those most at risk of imminent unplanned admission to hospital) rather than always a GP. If an urgent need is identified then a “huddle” (multi-disciplinary team meeting) will be arranged by a Care Coordinator for the same day.

**Q-** With no more money or staff how can this help?

**A-** It’s about working differently, breaking down barriers that have previously meant time spent repeating assessments or making endless referrals.

We want to stop patients from becoming so unwell that hospital is the only safe place for them to be and want to ensure that all of the necessary help is available to them in their own home.

We also want to make ES the preferred place to be by creating attractive working environments to both attract and retain staff. Feedback from trial areas in Kent have already shown greater job satisfaction.

**Q-** Won’t this mean that more people will be waiting at home to see someone?

**A-** It should mean exactly the opposite if a wider range of more professionals are able to take the initial referral and make the assessment (rather than all waiting for the GP).

**Q-** We have heard about extended hours for primary care, how will we be able to get to see one of the ESCCG GPs at the weekend?

**A-** The 2 hubs for extended primary care access (Redhill and Caterham Dene hospital) will be open for ESCCG patients 8am-8pm 7days/week from 1st April. We do not yet know how appointments will be booked (likely through your GP practice and 111) but we do know that the GPs and nurses will be able to view your electronic medical records from your own practice.

**Q-** The 2 hubs for extended primary care access (Redhill and Caterham Dene hospital) are no good to those without their own transport. This was mentioned in the survey filled out but we haven’t had any feedback.

**A-** Apologies. Caroline will look into the survey findings and see how they can best be shared.
Wherever the 2 hubs are sited some patients will see limited benefits. However, it should be stressed that these are additional services for ES patients and even if someone cannot get to a weekend appointment, maximising Saturday and Sunday consultation opportunities may free up more appointments with patients own practices.

Caroline explained that it is her intention to hold co-designing workshops for the Primary Care Home work and would value contributions/attendance from any PRG or PPG member. Caroline reassured audience members that NHS Accessible Information Standards and accessibility would be a key topic for discussion at the workshops. Members from the ES Disability Alliance Network offered to share their contact details and to advise Caroline on issues of accessibility.

Q- There are plans for building all over East Surrey with no explanation of how the health service and particularly Primary Care will cope with this increase. What can we do about it?

A- Other than responding to the formal consultations and contacting your MPs our next presenter may have some ideas.....

**Altogether Better**

“We have increased our patient list by 45000 people but have seen no increase in demand for either primary or secondary care consultations because we do things differently”. *Mev Forbes, Managing Partner Robin lane medical Centre Leeds*

In a GPs working week;

- 10-15% of patients seen have minor ailments such as a headache or sore throat that they could have consulted a pharmacist or “wise granny” for.
- 10-15% are depressed, anxious, stressed or fatigued. They needed a job, some friends or a loving partner, not antidepressants
- 10% have obesity and lifestyle related diabetes, hypertension or heart disease
- 5% are lonely and the GP practice is the only source of social contact
- 5-10% are just getting old! They have lots of problems for which there is no cure but which they need to be able to manage.

“I estimate that 40-50% of patients I see every week could be better supported by someone else- they don’t need to see someone with 5 degrees” *Dr Niall Macleod GP Exeter*

Altogether Better have been commissioned to work with 8 ESCCG practices to recruit Practice Health Champions to either deliver or connect patients with activities that can help them (often more that their GP can) e.g. Coffee mornings, film matinees, singing, conversation, local history and gardening groups.
Q- What do you need from the PRG?

A- We need an 8th practice to volunteer for the Altogether Better project! Ask your practice if they would be interested.

If you receive a text from your practice (this will happen in a staged way- so may be some time in the future) asking for champions, volunteer or encourage your friends and neighbours to.

NHS at 70

Members are asked to contact Carol with thoughts and ideas about how we can celebrate the NHS being 70 years old in June and how we could use this opportunity to find out how we would like to see the NHS look in the future.

carol.rowley4@nhs.net

As a GP of locality and as the Chairman of East Surrey Clinical Commissioning Group, Dr Vijaykumar said how proud he and his team are to serve the NHS, and that we should all remember that, however imperfect, the NHS is still the envy of the world. We should all be prepared to play our part and preserve this wonderful institution.

Other questions

Q- What is happening in Lingfield? There is no PPG and past members have not been contacted (as promised) to form a focus group for the refurbishment/ new building.

A – I’m afraid we don’t know – Carol will contact the Practice manager and get back to the group next time.

Q- What are GPs doing to help the hospital with bed blockers?

A- Hopefully preventing inappropriate admissions in the first place!

Q- Will GPs be too busy with finances to look after their patients?

A- GPs are not the best at worrying about finances. They help make clinical decisions; assess services for quality and treatments for safety etc. there are finance experts that work with clinicians, managers and patient representatives so that collectively we can make the best decisions.

Q- East Surrey patients cannot participate in Consultations for Surrey Heartlands, even though some of the services are commissioned for us.

A- Not sure why ES residents would be excluded from contributing their views and opinions on services/support that is delivered to them. Carol will contact Surrey Heartlands to see whether ES residents are able to contribute.
Q- My GP practice and pharmacy have not responded to my enquires about compliance with the NHS Accessible Information Standard – what else can I do?

A- NHS England is responsible for commissioning these services, have you tried contacting them, if you are getting no response to your enquires/concerns?

https://www.england.nhs.uk/contact-us/complaint/

Dr Vijaykumar closed the meeting by thanking all that attended for their time and contributions.