



Putting patients first



NORTH STAFFORDSHIRE AND STOKE-ON-TRENT CLINICAL COMMISSIONING GROUPS (CCGs) PATIENT CONGRESS MEETING IN COMMON

Summary of meeting on Wednesday 12th April 2017

NHS RightCare programme update

Congress members heard that the NHS RightCare programme 1) is a national initiative about improving population based healthcare, through focusing on value and reducing unwarranted variation; 2) focuses on CCGs expenditure and the outcomes of the expenditure, looking at areas where too much or too little money was being disbursed and; 3) sets out the need for prevention, identifying and delivering improvements in health care, redesigning the NHS so it continues to meet the needs of patients, ensuring the NHS was financially sustainable and engaging the public in this whole process.

The CCGs have chosen to focus on 4 areas: falls, respiratory, dementia and diabetes.

Congress members were asked to support the following proposals for methods of engagement to hear ideas on how services could be improved, through to implementation and to sense check the proposal 1) hold design events with stakeholders; 2) utilise the Community Conversation events; 3) CCG / RightCare colleagues to attend the Patient Congress and Local Equality Advisory Forum (LEAF) meetings; 4) target patient support groups e.g. the Dementia Action Alliance; 5) utilise the GP newsletter and Datix systems; 6) Twitter update from North Staffordshire & Stoke –on-Trent CCG on a quarterly basis advertising “let’s hear your ideas to improve healthcare in our community” and; 7) utilise Dr Ruth Chamber’s (GP and Chair of Stoke-on-Trent CCG) health column published in The Sentinel newspaper.

Congress members raised 1) the need for the voice of carers to be heard; 2) that they could provide additional support through their networks and organisations; 3) the need for PPG involvement; 4) the need for Voluntary Sector input; 5) the need for additional links to be implemented for people to get involved who did not have internet access and; 6) the need to inform specialist groups in the community that this piece of work was underway.

Primary Care and GP Services update

Congress members heard that when the CCGs were first established Primary Care was set at arm’s length as the CCGs were clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. During this time Primary Care Commissioning was commissioned by NHS England, however moving forward this will be co-commissioned, with GPs and CCGs working together to commission general practice with various levels of authority.

Congress members heard that the current issues affecting Primary Care are 1) the Primary Care workforce and practices are under significant pressure; 2) it has been recognised that a wholly medical model is no longer sustainable or desirable; 3) the health service requires more assessable care and; 4) two new care models are being implemented across the country to deliver the 5 Year Forward View: integrated primary and acute care systems (PACs) whereby the acute provider absorbs all services underneath it and multispecialty community providers (MCPs); whereby community services are integrated and work together with GP surgeries.

Congress members heard that there are a number of things that are needed to develop MCPs 1) to continue to increase investment in GP services; 2) to modernise primary care premises to benefit both patients and staff; 3) to encourage practices to work together in Locality Hubs that will bring together communities of healthcare professionals to deliver a single health and care system for a combined patient population of 30,000 -50,000; 4) to develop urgent care alongside Locality Hubs, by looking flexibly at what the Locality Hub could do; 5) the need for localities to work closely with Voluntary Sector organisations; 5) the need for PPGs to be informed by and work together with other PPGs and locality groups; 6) the need to do what works, gain experience and share learning across the board; 7) the need to support patients to take a proactive approach to their own health by keeping active and well and to ensure that they receive the right treatment when needed and; 8) that communities would feel a sense of ownership of the MCPs.

Congress members led discussion through questions and comments some of which as follows: 1) that the future of the community hospitals premises will be determined by the outcome of the forthcoming consultation; 2) the need for Locality Hubs to be made accessible for all patients: 3) Locality Hubs will mean staff and clinicians work together more closely and will provide the right care in the right place by the right professional at the right time; 4) it has been recognised that there is significant GP recruitment issues and that the Sustainability and Transformation Plan (STP) will need to look at GP workforce and work to close this gap as priority; 5) the need for patients to be informed about the number of services delivered by community hospitals and; 6) the need for MCPs to work closely with the Voluntary Sector in supporting with identifying patients with needs, and to approach this need in a preventative way.

Community Conversation

Congress members heard that the next Community Conversation will be held on the 26th April 2017, 1.30pm to 4.30pm at The Bridge Centre, and will focus on PPGs.

Annual General Meeting

Congress members heard that the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Annual General Meeting In



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Stoke-on-Trent
Clinical Commissioning Group

Common will be held on the 18th July 2017, at the Bet 365 Stadium. The AGM will be followed by a Community Conversation event which will focus on health technology expo.

Community Hospitals

Congress members heard that the consultation for community beds 1) has been put on hold as a result of purdah due to the bi-election and County Council elections; 2) will commence on the 8th May 2017 or as soon afterwards as NHS England allowed; 3) will look at what services are required locally, what services meet the needs of the population and what services patients will or will not travel for etc.; 4) will be broader via community events and; 5) will not be about saving the Community Hospitals.

Hanley Health and Wellbeing Centre

Congress members heard that 1) there is two aspects of Hanley Health and Wellbeing Centre: GP practice and Walk in Centre; 2) the Provider has issued notice on the GP service contract; 3) the service and contract will run until June / July time to ensure that patients have been located a GP; 4) the Walk in Centre is commissioned by the CCGs who have started a consultation with patients gathering views from patients who have used this service and what patients felt future services could provide and; 5) the CCGs were looking at how to best replace and develop services following the impending closure.