

# Annual General Meeting's Questions and Answers

At **NHS Corby Clinical Commissioning Group's** (CCG) Annual General Meeting on 7 September 2017 the questions below were submitted by those present on the day.

All questions have been responded to by our Executive Team in the sections below.

## Mental Health

### **1. What is the current waiting time for the mental health counselling service following the initial call back?**

The NHS counselling service is working to a National target of six weeks from the point of self-referral. At this point in time the service is achieving this target in the majority of cases.

### **2. How have outcomes changed for patients, following the changes in counselling services?**

There has been a substantial improvement in “recovery” rates within the NHS counselling service as measured against validated mood screening questionnaires. The National target for recovery is set at 50% and in Corby, the service is currently reporting recovery rates of around 56% compared to just over 40% for the financial year 2016 to 2017.

### **3. What awareness training for mental health problems is available or planned for the police and security staff? These professionals can be the first point of contact in many cases.**

NHS Corby CCG is working closely with all stakeholders to improve awareness around mental health problems. There is a Mental Health Transformation Board for the county of Northamptonshire where the Police and Crime Commissioner and Police Service are represented.

First for Wellbeing are also actively working with private employers with regards to emotional wellbeing. This programme is in its early stages and being rolled out as more private employers wish to engage.

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### **4. How is the CCG planning to improve access to counselling services and reduce reliance on medication?**

The CCG has been working closely with both Northamptonshire Foundation Healthcare NHS Foundation Trust (NHFT) and voluntary sector providers to improve access to counselling services, as outlined above.

### **5. How can we improve access to services for younger people with dementia? Can they access the right consultants?**

The Memory Assessment Service hosted by NHFT has no age cut off point for assessment and support. This service is run by experienced consultants in mental health along with specialist nurses. The CCG encourages any individual with concerns (or family members) to contact their General Practitioner for initial assessment and referral into the Memory Assessment Service if they have concerns.

### **6. When will we see a 'crisis house' for mental health for Corby?**

The structure around future provision of mental health services (including "crisis houses") is currently being discussed at the Mental Health Transformation Board. We cannot give an exact timeline surrounding improvements at this time but discussions are ongoing.

## Finance

### **1. Given the financial pressures of the CCG, what are the plans for the future of healthcare services?**

The financial pressure created by the outcome of the expert determination means that the CCG is developing a financial recovery plan to ensure that its financial duties are met. This involves looking at all areas of spend in the CCG.

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### **2. Regarding the cost if the result of the expert determination; if there is a £1million left in the financial pot from last year and £2 million has to be left in the pot this year, can this not then be balanced by March 2018?**

NHS business rules require CCGs to retain a 1% surplus and a further 1% non-recurrent.

### **3. How will the long-term impact of any savings be monitored?**

The CCG's finances are monitored at every Governing Body meeting and also by the Finance Committee which meets every month.

## Corby's Urgent Care Centre

### **1. What's happening about the Urgent Care centre? Is this an issue because people are struggling to get access to primary care? Would it be better as a GP access centre?**

The Urgent Care centre will remain in place while we conduct a public conversation and consultation about its future with the population of Corby.

Corby is growing rapidly and we need more primary care as a result. We know that if people use primary care and build relationships with their GP's some more serious illnesses can be avoided and the ones which people have can be better managed by maintaining a regular relationship with their own GP practice.

We have a care anomaly growing in Corby where the very sick are supported by their GPs and a nursing team and remain in their own homes, but people who don't /can't use their GPs and are less sick tend to use more urgent care and have more hospital admissions than many other places similar look like Corby elsewhere in the country.

How we fix this anomaly will form the basis of our conversations with you, and the solutions we devise together will result in how we should best use the limited resources we have to improve care for local people.

### **2. What is the result of the UCC expert determination?**

The result of the UCC expert determination is not fully known at this stage. This is because we are still awaiting the expert to consider the activity data. However, based on what the expert has said so far, we estimate the impact to be £2.5m for the years 2014/15 to 2016/17 and £1m for 2017/18 onwards. The expert has determined that a local variation to the contract price agreed by both the CCG and Lakeside+ did not follow NHS guidance and therefore national tariff prices should apply to all activity.

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### **3. When I need urgent care what happens if the Urgent Care Centre (UCC) is no longer there?**

There are many different definitions of urgent need and this question will be worked through in considerably more detail when we engage and consult with the public. We have had situations where people who should have gone straight to hospital have gone to the urgent care centre, adding danger to them; and situations where we people have had no discernible need attending the UCC.

It is the case that many routine urgent needs seen at the current UCC can be provided for by your own GP with on the day appointments.

## Corby's fast-Growing Population and Planning

### **1. Is the CCG confident that it can meet the health needs of a rapidly growing population/why can't more money be provided for a town that is clearly growing?**

The growth in Corby is unprecedented but our settlements from the Department of Health have been made with that in mind. As much as the two elements can be made to match they have been and we are closer to 'fair shares' than we have been at any point in our history.

The challenge in providing services is that the whole NHS is changing with its Five Year Forward View and is also expected to modernise. We in Corby need to do that to offer best practice local services and make our money stretch to meet the growing need. The conversations we are about to start will support both of those aims.

### **2. Regarding the five-year health planning cycle, where are we currently in this cycle and when do we start to formulate the next cycle?**

We are required to plan annually to meet business rules and within a five-year cycle. We are currently just about to enter year three of the five-year cycle but will be developing our annual plan over the winter period as usual.

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## GPs, Access and Primary Care

### **1. What are the plans for primary care workforce planning? How are we looking after them? Staff morale? How are we going to work across organisational boundaries?**

Primary Care workforce planning is something which as a county we are working on together. Our Primary Care workforce must be diverse to reflect the diversity of general practice and the increasing demand it must manage.

Along with colleagues at Nene CCG, Health Education England and other workforce stakeholders we are looking at training, demand analysis and marketing to ensure we can recruit and retain staff across a wide skill mix.

Looking after our staff is a priority and so we need to ensure that by analysing demand and capacity, workload is appropriate and that we train our staff as required to ensure they can progress and be confident in the care they deliver.

In addition, we are looking at new care models which look at care along patient pathways. This needs organisations to work together which allows closer worker and better patient care.

### **2. How can we change our staffing /workforce approach to make Corby and the county a more attractive place to work?**

We are looking at what is the appropriate level of staffing to provide the service needed and ensuring appropriate training is accessible to all staff. By doing this along with innovative ways of providing patient care we hope to make Corby and Northamptonshire a great place to work.

### **3. GP access is key to solving some major problems within Corby primary and urgent care. How is the CCG approaching this major problem?**

We are working closely with all our member practices to tackle this problem. This will allow the solution to be developed in conjunction with the providers of primary care thereby making it more effective.

### **4. Is the CCG looking to adopt a system of fully professionally trained triage staff on a front door basis to assist the public in being guided to the correct area of care?**

With primary care, we appreciate the difficulty in accessing the right care. It is not always easy to know where to access the care for the problem that needs to be dealt with.

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We are looking to adopt models of practice elsewhere where they have trained staff to be Health navigators. This will allow patients to be appropriately directed to the right person in the right place at the right time to deliver the right care.

### **5. How important is continuity for patients bearing in mind the changing nature of general practice – e.g. seeing 7 different people in 5 weeks for a leg wound.**

Continuity is different for different patient depending on their needs and health concerns/issues. Future of general practice will need to consider how much if any continuity is needed. This requires a flexibility to provide adequate times and availability for appointments to different patients depending on their needs. This may be a same day appointment with a nurse or GP, or it may be a patient requiring weekly appointments from a health care professional to provide adequate care. Therefore, the right type of continuity is of utmost importance for patients when it is required to benefit their care.

### **6. Why can't we see our own GP rather than someone else?**

Unfortunately, despite increased demand on GP services there has not been an increase in GPs. Therefore, to provide the care required for our patient's primary care is moving towards working together as a multi-disciplinary team with patient care provided by various health care professionals. The team will be overseen and supported by the GP but it would mean that for particular problems a patient will be seen by a health care professional from the multi-disciplinary team.

## Public Engagement

### **1. How much and how will the public be involved in influencing the decision on which services are affected in order to save the money for the CCG?**

It is a high priority for the CCG to ensure that local people are involved in decisions which lead to changes in healthcare. That can happen in a number of different ways – from ongoing conversations and workshops, to full-blown public consultation.

It is important to stress that saving money (or rather, ensuring value for money) is only one of several key factors to consider when considering the future of NHS services. For example, in community workshops run by the CCG earlier this year, the two most important criteria identified by people were quality (safety and clinical effectiveness) and access.

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The CCG is facing particular financial challenges in 2017/18, which have arisen mid-year. That is especially difficult, because decisions need to be taken quickly. A programme of public engagement (including presentations to community groups and drop-in sessions in public places such as supermarkets) is commencing now. This will provide opportunities for the CCG to seek people's views on changes driven by financial considerations, where appropriate.

### **2. How do we make sure that our patient engagement is meaningful?**

For patient engagement to be meaningful, it should be wide-ranging and on-going. The CCG is fully committed to ensuring that is the case. A calendar of intensive activity is being compiled which will last several months. All the evidence from conversations held will be captured and collated, so that it can inform the CCG's decisions. That is how we will make engagement meaningful – and we will also report back to local people how their views have influenced things.

### **3. How do we get the views from people at GP surgeries?**

Every surgery has a Patient Participation Group. The chairs of these groups meet regularly with the CCG and are represented on the Patient and Public Engagement Assurance Committee, which reports directly to the CCG Governing Body.

The engagement programme we are embarking upon includes plans to hold drop-in sessions in every Corby practice, so that as many people as possible can be reached. For those who are more computer-literate, there will also be engagement via the CCG website and social media.

### **4. What does the CCG consider to be an effective public percentage response for engagement, bearing in mind that previous engagement only resulted in less than one per cent of the CCG's public coverage?**

It is important to understand that engagement is not just about numbers, because the quality of conversations really matters. For that reason, numerical targets are not particularly helpful.

The survey referred to was just the start of a much bigger engagement programme, which we expect to involve many more people. Therefore, it should not be seen in isolation. Having said that, the 700 survey responses provided a statistically sound sample of the local population. This was a much higher response than is normally received for such exercises.

The CCG wants to ensure that everyone feels they have an opportunity to give their view – whether online, by email or face-to-face. It is then up to people to decide whether they want to participate or not.

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To reassure people that our public engagement is far-reaching, we are recording every piece of activity so that we can present a record of how many people we have involved, and how.

### **5. What mechanisms are in place regarding future plans to ensure the specific involvement/engagement of the population in developing and promoting a localised determination of local provision within a bigger county wide plan?**

The CCG is always looking to strengthen our engagement processes. To that end, we have recently established a Patient Reference Group, to act as a regular sounding board on a wide range of issues. The group already has more than 70 members, and we invite others to join increase that number further.

County-wide issues are covered by the Northamptonshire Sustainability and Transformation Plan, which is a partnership of local NHS organisations the county council and voluntary sector. As the STP considers future plans, we and all partners will use our engagement networks to involve as many people as possible.

## General Questions

### **1. I know of a GP who requested an ambulance for a frail 83-year-old Corby resident to go to hospital at 11am and the ambulance arrived at 3.30am the next morning. Is this acceptable?**

When a GP books an ambulance to take a patient to hospital they will give the ambulance team an idea of how urgent the problem is. However, this seems like an unacceptably long time to wait even if the problem was not immediately life threatening, and this person or their family may wish to enquire directly with the services to the reason. If it was an urgent issue as part of an assessment by the GP that day you may wish to follow this up with EMAS, if it was for a routine hospital outpatient we will be able to supply the non-emergency patient transport service contact details.

### **2. Can care home staff also get free flu jabs and do they need to take identification as proof that they work in a care home?**

Care home staff should receive free flu jabs via their employers since this is a routine occupational health service that they should provide and pay for. If these staff have any medical conditions or are also an unpaid carer then they can receive a free NHS flu jab via their GP or pharmacist.

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### **3. How can we increase access to the voluntary sector? We have already started to work on this area and developed the Access Corby website together with Corby Borough Council.**

We would like more organisations to use this site to publicise their services and are working on this with Voluntary impact Northamptonshire who are in touch with a wide range of organisations. Contact with the voluntary sector is an important part of social prescribing and the CCG plan for the coming year.

### **4. How will the CCG get information about the Directory of Services to the wider public?**

We will be publicising this work via our upcoming engagement work and will be talking to the public, patients, partners and local organisations.

### **5. What assurance can you give this year about improving the delayed transfers of care situation at KGH?**

As part of the sustainability and transformation partnership (STP) all the relevant organisations are working hard to make sure that patients receive care in the right place, and as part of this it is important that patients are discharged from hospital when they do not need to be there anymore. We continue to monitor the situation as one of our key risks to high quality patient care, and devote significant amounts of governing body time to making sure that the situation improves. We will be working closely with KGH, NHFT, NCC and the voluntary sector to make sure that things get better for our patients.

### **6. Why are patients complaining when the CCG presentation suggests things are improving?**

Although many areas have improved in the last year, we know that our local population could still receive better healthcare services. We will always listen to our patients when we try to make improvements and will be using the upcoming period of patient engagement to listen to these complaints. In particular we are aware that some patients have difficulty getting access to their Primary Care and are working to improve this.

### **7. What efforts are being made to reduce prescribing costs?**

Our CCG works closely with our prescribing team to understand when medications can be switched to more cost effective alternative medications, which ineffective medicines should not be prescribed and where different packet sizes reduce wastage. We also work with our PPGs to reduce medicines wastage and help people to only order the medications they need, since medications cannot be reused once they have been issued.

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### **8. How many people a year are invited to AAA screening?**

All men in Corby are invited in their 65th year and are offered a routine ultrasound scan to see if they have an aneurysm which requires monitoring or surgery, or if they can be reassured that they do not have an AAA. Last year 323 men were invited and 80% attended.

### **9. What are the impacts of delayed transfer of care on dementia care?**

When people spend time in hospital after they are ready to go home they often experience a decline in both their physical and cognitive function. This is particularly important in people who have dementia, and can make the difference between independent living and needing to move to live in a supported venue. Concerns about this decline in function are a key reason why our CCG has made reducing delayed transfers of care one of our key targets this year.