

NHS West Lancashire Clinical Commissioning Group (CCG)

Annual General Meeting 27 September 2016: Q&A session

The below write up acts as a summary of the Q&A session between a panel of CCG senior leads and the audience at our AGM and joint health event with West Lancs CVS. This write up is provided to give a reflection of the discussion and is not presented as word for word.

The CCG's AGM presentation can be accessed [here](#).

If you would like more information or would like to ask the CCG a question, please contact us via myview@westlancashireccg.nhs.uk

A question was asked about whether there were any vacancies for the position of CCG chair.

The CCG panel explained that the position is currently filled and that the remuneration is governed by national rules, which have to be followed by CCGs. There was also explanation around the chair position and that this role is also that of a clinical lead, and that they are reimbursed for what they would have earned as a GP. The CCG spokespeople also pointed out that there has been a misinterpretation of the pension figure quoted recently in the local media. The chair's remuneration is not related to the ongoing community health services procurement.

A question was also raised as to whether the CCG will consider the pay scale for the Chair, using a payment of £50 per hour and a maximum salary of £50,000 per annum?

No. There are no current plans to reduce the chair's remuneration. All of the GP executive leads are paid the same rate per session.

A question was asked about a review of rehabilitation services in West Lancashire.

The CCG panel explained that it is planning to spend a 6-9 month-period addressing elements of rehab services and engaging with patients and staff. The response highlighted that pulmonary rehabilitation will be offered in both the community and acute, but needs to be grounded in the community where patients need it most. The CCG highlighted that COPD is one of the highest reasons for hospital admissions. Pulmonary rehab needs to be accessible and local to support patients in managing and understanding their condition.

A question was asked about Move More

Move More is run in partnership with Macmillan so is not included in our procurement. The panel explained that the service is being actively promoted in West Lancashire. More info [here](#).

A question was asked about private (independent sector) companies and what their motivation was to be involved in NHS?

The CCG panel pointed out that the CCG will not pay a higher tariff for services from independent sector organisations. The Health and Social Care Act is in place to ensure there is legislation nationally which must be adhered to. In terms of the CCG's assurance and governance, this is the same around independent sector organisations and NHS organisations.

A concern was raised about small charities folding

The panel explained its close working relationship with West Lancs CVS and stated that the CCG's funds aim to help support this local sector. The CCG discussed how it is unable to invest in every group but aims to involve them where possible and appropriate – it was one of the first CCGs to invest in the voluntary community and faith sector. The panel highlighted that they are hoping to free up more money up over coming years.

A question was asked about why is paracetamol prescribed in the 100s.

The CCG panel acknowledged this and explained that patients with chronic conditions should ideally not have to get more paracetamol every few days. The response also explained that some individuals prefer to get their medication via a prescription rather than paying. This is a national issue.

An opinion was shared that West Lancashire should invest the £18.9 million spent on prescribing into other activities.

The CCG panel acknowledged that it needs to look at activities that reduce prescribing and incentivise GPs to prescribe differently. The panel stated it was open to good ideas to reduce this cost. More information on the CCG's medicine waste campaign [here](#). This launched in Autumn 2016.

A question was raised that stated Skelmersdale gets its "fair share of attention", and asked about other areas of West Lancashire.

The response explained the CCG has a duty to address health inequalities that exist particularly in Skelmersdale. The panel further explained that bidders within the procurement process have been asked to demonstrate how they will meet the needs of all areas in West Lancashire, including the more rural areas and northern parishes. The CCG acknowledged there was more work to be done.

A question asked about the CCG's plans for young people with mental health issues.

The panel explained its joint working with other CCGs and that it is considering people up to age of 25. It also highlighted that it is currently having discussions with stakeholders and GPs, which includes mental health staff.

A further question was also asked about what is being done to help those people living with mental health issues, who are struggling to cope with short-term interventions, such as time-limited support and changes in care coordinators?

The CCG is looking at improving mental health services generally and ways of joining up how primary care works with the mental health team here at the CCG and how we can work with our partners in the voluntary sector. We are hoping as a part of this, to develop a more recovery focussed approach. So that we can give people a wider range of understanding and strategies and encourage them to seek help sooner.

The CCG is also developing its understanding of how social prescribing can help to address some of life's difficulties, which if left can contribute to a deterioration in someone's mental health.

Sometimes a short-term intervention is appropriate, but what is important is the ability of someone to refer themselves back into service easily, when they feel that they need to and we are looking at this as part of the new mental health redesign.

A question asked what 38 Degrees group is.

A representative of 38 degrees explained that they are a campaigning group and that name is taken from the angle with which an avalanche can begin. This question was raised as the CCG had previously explained during its presentation that it had a positive meeting with the group around the procurement process.

A question was asked about integrated care and how this may look "given that the successful provider is likely to depend on staff transferred from the existing NHS team, who the existing CCG monitoring team have been so far unable to coach and drive to deliver that level of 'improved integration'?"

The CCG explained the importance of community health services and about the collaborative programme Facing the Future Together which aimed to have worked with Southport & Ormskirk Hospital NHS Trust to improve integration, with the aim of developing skillsets and scope of community services. The CCG is very much looking forward to working alongside the existing staff and the new provider.

The CCG explained the milestones and gateways that were part of this programme, and the progress against them. More about the current procurement process is available at the following link: <http://www.westlancashireccg.nhs.uk/have-your-say/community-health-services/>

A question was asked about how a new provider will be any different.

The panel discussed how it will be looking at what training could be offered to staff by the selected provider(s). They also talked about a culture shift.

A question was asked as to whether if selected, a private provider would still offer healthcare free at the point of contact, and if so, will they be profit making in anyway?

The CCG's presentation slides on the procurement explained that all NHS commissioned services will remain free at point of access, regardless of whether a NHS organisation or independent sector organisation provides them.

A question was also raised about the upcoming new provider, as to whether they would still deal with the most difficult to engage with people – and would they still try?

There is a clear expectation from the CCG that recognising the nine protected characteristics, the successful provider(s) will continue to engage with all communities across West Lancashire, which

includes any hard to reach groups / individuals building on the existing links that already exist or new ones that will be established.

This expectation has been highlighted as part of the procurement process and via competitive dialogue discussions and is something that will continue to be overseen by the CCG following contract award.

A question was asked about whether any company directors included in the tendering process were also doctors on CCG board.

The panel explained that yes there was a case of this in Lot 2 (local out of hours' provider) but the provider was not successful at progressing to the next stage following the evaluation of the Pre-Qualification Questionnaire.

A question was asked about whether any GP serving on the CCG board be permitted to provide services for the private out of hours' provider chosen.

The panel explained that any provider chosen will require GPs and that the CCG has no control over whether its GPs on the board choose to take on this work

A question was asked as to whether cancer screening services are readily available to older people?

In West Lancashire screenings are provided for breast cancer from 50 – 70 years, bowel cancer from 60 – 74 years and cervical cancer from 25 – 65 years of age.

These are our main target age groups, following research carried out which revealed at what age groups cancers are picked up.

We would actively encourage any residents who feel that they may have any symptoms to visit their GP. It is important to remember that even if you fall within any of the screening groups, but develop any symptoms outside of screening, to visit your GP straight away.

Early detection is key to successful treatment.

A question was asked as to what provisions the CCG will be putting in place in both the new community health contract and wider health contract in West Lancashire to protect our unpaid carers in society?

The CCG considers carers to play a fundamental and pivotal role in keeping patients well and out of hospital. The CCG in its contract has asked bidders to use partners to maintain people at home and deliver care closer to home, as far as possible. Part of the contract also asks bidders to use measures which considers the voice of patients, carers and families to help improve and shape future service provision.

A question was asked as to why there were no market stalls at the AGM to talk about social budget and the procurement process?

The CCG's stall at the front included lots of information about the procurement process, as well as the presentation slides themselves.

West Lancs CVS who facilitate the regular West Lancs health networks issue an open invitation to local VCFS groups and stakeholders to attend and provide their service information.

The display and cascading of this range of project and service information helps to ensure awareness of both medical and social support services available, which are reflective of the wider determinants of health.

A question was asked as to why the CCG is using an organisation from Cheshire for its Personal Health Budget support, when there is a local organisation, trained by NHS England who can do this work?

This is a process that the Midlands and Lancashire Commissioning Support unit run on behalf of the CCG. However, Mike Maguire, Chief Officer at NHS West Lancashire CCG is personally looking into this further.