

## CCG TRANSITION ENGAGEMENT FEEDBACK

Public events, jointly organised with Healthwatch Northamptonshire

### KETTERING

Joanne Watt, June 27 4 attendees

#### Q1. Do you support the direction of travel? Do you have any concerns?

General support for the direction of travel (ie moving to one CCG), but some questions about the detail of implementation:

- Will one CCG be too big and unmanageable?
- How will PPGs be used for engagement/feedback in future – more network-based?
- The CCG(s) need to listen more to the frontline workforce and capture the frustrations of the population

#### Q2. Would you add any further priorities for a Northamptonshire CCG?

- Communication and feedback – using all channels
- Making it easier to get GP booked appointments out of hours
- Ensuring continuity of care – there's a tension with access issues

#### Q3. Is there anything else you think the CCGs should consider when discussing future arrangements for commissioning?

- Work well with ALL health professionals – opticians, dentists etc
- Capture data across all health areas and use it well
- Show the cost of care/treatments to the public to encourage responsible behaviour
- How can social care be funded? What should public funding cover?
- Keep people updated with CCG changes (idea of information booths in public places)

#### General questions

- Q. Why did Corby have its own CCG?  
A. Corby GPs wanted to be able to address the particular local health inequalities.
- Q. What has driven this decision?  
A. It reflects a growing move towards a more joined-up health and care system, it will be more efficient and meets the requirements of national policy.
- Q. Does this cover ambulance/transport services?  
A. The CCGs do pay for local ambulance services, but they won't be affected by the move to a single CCG.
- Q. What is a membership organisation?

A. CCGs were set up to be clinically led, so all local GP practices are members of the two Northants CCG. They have elected representatives on the CCG Governing Bodies.

- Q. How will PCNs work with CCGs?  
A. Primary Care Networks have been formed by groups of GP practices joining together to provide local services they wouldn't otherwise be equipped to deliver. The CCGs will commission services from PCNs as they do with other providers.
- Q. Will the voluntary sector approve the move to one CCG?  
A. The voluntary sector is part of the local Health and Care Partnership, whose Board has indicated its support.
- Q. Why don't IT systems talk to each other?  
A. The situation is not helped by the fact that different organisations use different IT systems. It is now a priority to find ways to address this, and work is progressing.
- Q. Will savings fuel an increase in service budgets?  
A. The running costs of the CCGs are small compared to what is already spent on frontline services, so any benefit from moving to a single CCG will be limited. The savings achieved will go back to NHS England to support the funding of the specialised services they pay for.
- Q. Are we attracting more UK GPs?  
A. It's widely known that there is a national shortage of GPs, so different areas and organisations are competing with each other to recruit doctors. In Northamptonshire, we are working collaboratively to attract clinical staff.
- Q. Will prescribing and referral waiting times be analysed and reviewed?  
A. They are reviewed constantly.
- Q. How can health tourism be tackled?  
A. That's a policy question for national government to address.
- Q. How does the WAITless app affect patient decision-making?  
A. The app is designed to help people see where waiting times for local emergency are shortest. This may affect where people decide to go.

## **CORBY**

**Joanne Watt, June 2**

13 attendees

### **Q1. Do you support the direction of travel? Do you have any concerns?**

General support for the direction of travel (ie moving to one CCG), but there are questions about the detail of implementation:

- Will Corby be under represented in a larger CCG? Is bigger necessarily better? Will the town's particular health needs be met, and will local contacts be lost?
- There is the potential for economies of scale, but improvements and capabilities will need to be monitored.
- Is there a continuity and improvement strategy – linked to OD?
- Will complaint handling be better?

- The risk of losing some funding because Coby's inequalities will not show up in county-wide data.
- There needs to be a greater emphasis on wellbeing.

**Q2. Would you add any further priorities for a Northamptonshire CCG?**

- Prevention and the promotion of health
- Social prescribing and referrals for keep fit etc
- Breaking down the barriers between agencies – information sharing
- Build in evaluation of transition to see if it's going to work
- Involve patients in service development
- Better communication with patients and the wider public
- Overcome barriers to health improvement, eg language, financial and environmental issues
- Make people more responsible for their own health
- Be innovative
- Have a safety net to cover everybody

**Q3. Is there anything else you think the CCGs should consider when discussing future arrangements for commissioning?**

- How to work effectively as a county CCG with two unitary local authorities (what about the Better Care Fund?)
- Monitor social prescribing performance, so that savings can be re-investment to make the programme sustainable. The voluntary sector mustn't be used to subsidise healthcare.
- Health education in schools/children's centres and more widely – working with Public Health
- Identify what "good" or "excellent" look like, including what works well now
- Tackle non attendance at appointments
- Don't assume that everyone is digitally literate
- Capture and use patient experience

**General questions**

- Q. Why do Corby practices have more patients than Nene practices?  
A. Lakeside's large size affects the overall figures
- Q. Are the CCGs getting more management heavy?  
A. No – we have to recue running costs by 20% by April 2020
- Q. Will Corby lose services as a result of transition?  
A. No
- Q. The role of Primary Care Networks isn't clear.  
A. PCNs have been introduced quickly so they're work in progress. They are a national initiative. Northants has been successful in getting 100% of practices into a PCN. There are opportunities to bring some services closer to home through PCNs.
- Q. How will PCNs affect continuity of care?  
A. They have the potential to help, if GP time can be freed up to support people with long term conditions.
- Q. How will patient data be shared safely between practices?  
A. It's essential that data can be shared. Secure systems will be used.
- Q. Is the centralisation of specialist services a good thing?

- A. For issues like stroke and heart attacks, there is overwhelming evidence that specialist centres improve patient outcomes.
- Q. Where are the weaknesses in moving to one CCG?  
A. With Corby CCG being small, we have been able to ensure public and patient input into our work (eg mental health). We need to keep that local focus.
  - Q. What's changed since Corby CCG was created?  
A. There were clear health inequalities in Corby. They still exist but progress has been made and local services have improved. We can now make the biggest difference by looking at services county-wide.
  - Q. Who will social prescribers be and what training will they have?  
A. This is work in progress. We do expect that some social prescribers will already be working in the local voluntary sector.
  - Q. Will the new CCG have a public membership scheme?  
A. A new communications and engagement strategy is being adopted which covers a range of engagement methods, including membership.
  - Q. How far ahead is your funding set?  
A. Historically our planning has been annual, but CCGs are now being asked to plan for the next 5 years.

## **BRACKLEY**

**Toby Sanders, July 5**

11 attendees

### **Q1. Do you support the direction of travel? Do you have any concerns?**

Generally yes, but:

- It would be good to know that any savings will be used wisely.
- Will there be any job losses?
- CCGs must ensure the locality focus remains and that local voices are heard – especially in South Northants, which is out on a limb and people feel ignored.
- Be clear about geographical responsibilities in border areas.
- There will be variance with the new unitary authorities – there needs to be a consistent footprint for services
- The new CCG must be called Northamptonshire so people understand it.

### **Q2. Would you add any further priorities for a Northamptonshire CCG?**

- Improve transport, especially in rural areas, to ensure good service access.
- Standardise service eligibility and delivery across county borders – get rid of the NN/OX/MK postcode lottery.
- Sort IT so different service providers can share records and other information.
- Ensure continuity of secondary care so you see the same consultant.
- Better primary care access.
- More patient information to inform decisions (including in different languages).
- Ensure consistent naming of services and less jargon.

### **Q3. Is there anything else you think the CCGs should consider when discussing future arrangements for commissioning?**

- Invest more in the voluntary sector.
- Close the gap between health and social care.
- Stop the pilot projects – there are too many that don't go anywhere.
- Communication needs to be better. People want to know what's happening.
- Ensure meaningful patient choice. Private contractors sometimes influence the pathway too much.
- We need a single clinical IT system. Should patients hold their own records?
- More bottom up – let GPs and primary care have more say.

### **General questions**

- Q. Will CCG transition bring services together?  
A. No, this is not about services.
- Q. Are CCGs influenced from the bottom up (ie front line staff) or top down?  
A. Both.
- Q. How does funding keep up with population growth?  
A. National formulas are used to decide local funding allocations. Population size is a factor.
- Q. How does the money work for patients who go out of the county?  
A. Some services are funded on a “pay as you go” basis, where the Northamptonshire CCGs are billed for services used elsewhere by local people. Other services are covered by block contracts, where a fixed sum is paid for year. In these cases, no money would change hands.
- Q. Why are UK trained doctors allowed to go overseas so soon after qualifying?  
A. That's a question of national policy which CCGs cannot answer.

## **NORTHAMPTON**

**Dr Darin Seiger, July 11**

12 attendees

### **Q1. Do you support the direction of travel? Do you have any concerns?**

General support - theoretically makes sense, but:

- Will two unitary authorities cause a regional divide?
- Are you taking the 'eye off the ball' by reorganising (like Brexit!)
- What about social care? Border issues with people registered with out of county GPs – postcode lottery.
- Will the organisation become too top-heavy? (What guarantees to mitigate this?)
- Develop and support PPGs
- This seems to be a corporate restructure of good service
- Where will the management team be? Will Corby be disadvantaged?
- Will there be any disparity in services/spend per area?
- Will there be redundancies?
- Will there be cuts in services?

**Q2. Would you add any further priorities for a Northamptonshire CCG?**

- Service user involvement/co-production – including across health and social care
- Work closely with the voluntary sector, including with social prescribing and staff, carers etc
- Avoid duplication of services

**Q3. Is there anything else you think the CCGs should consider when discussing future arrangements for commissioning?**

- Difference between rural and urban practices
- Patient involvement
- Better communication
- Diversity and inclusion
- People who do attend appointments
- Mental jhealth:
  - Child services – how will CCG ensure additional services for the disadvantaged include mental health
  - Focus on dementia – including carers
  - Mental health provision at a lower level
- Drugs and alcohol – schemes, eligibility
- Local commissioning of services– eg blood tests
- PCNs – can't make appointments with other surgeries in the network because of system incompatibility (two GP software systems) – when will this be sorted?

**General questions:**

- Q. Only 10 of the 22 GP recruits interviewed have passed the tests – were told this at a CCG meeting yesterday.  
A: 20 GPs recruited through the international recruitment campaign)
- Q. What will the cost savings be?  
A: must save 20% management budget – almost there
- Q. What patient consultation took place before decision made?  
A. Kate Holt from Healthwatch: as this is not a change in patient services we are happy that there doesn't need to be a high level of patient involvement and that the four group sessions (plus the Facebook poll and a poll at the Healthwatch AGM) are sufficient to what is essentially an organisational change
- Q. What disadvantages re merger did you consider?  
A: No change to services. No disadvantage for Corby.
- Q. Will patient care improve?  
A: We are confident it will
- Q. Isn't everything going full circle to what was there before?  
A: The NHS Long Term Plan aims to stop the cycle of change that is dictated by politicians and terms of office.
- Q. The Corby CCG budget higher than Nene – is that a potential issue?  
A: One CCG should emphasise spending impact.

- Q. How will services deal with the diversity of the population and reduce health inequalities?  
A: This is a detail to be looked at.
- Q. How will GP Federations work in the new world?  
A: This is being debated. Clinical PCNs may decide to use federations or federate.
- Q. Why aren't digital patient records shared across services (including NHS to private contractors). Are there stats on the negative impact of data issues?  
A. Data sharing is a national issue. We have local plans for improvement.
- Q. Are patients who abuse appointments systems reprimanded? Are there plans to reprimand?  
A. That is a matter for individual organisations and GP practices.
- Q. Will it be easier to make complaints?  
A. Complaints to the CCG are already handled by one team.
- Q. Are the elderly/people without computers considered when online prescriptions are promoted?  
A: It's about patient choice and offering people who want to be able to do things like order prescriptions online to be able to do this.

# CCG TRANSITION ENGAGEMENT FEEDBACK

**Public survey run by Healthwatch July 8-31.**

There were 79 survey responses in total, 23 of which were captured at Healthwatch's Annual Meeting in July.

## Questions asked

1. Do you support the creation of one CCG for the whole of Northamptonshire?
2. Rank the current CCG priorities according to how important you think they should be to the new organisation, if they merge:
  - Remain a GP led organisation
  - Enable the development of a joined-up health and social care services for Northamptonshire
  - Ensure consistency of health and social care services across the county
  - Improve patient care and experience
  - Improve the way we plan and buy services
  - Reduce health inequalities
3. Are there any other priorities the CCG should consider? (free text response).

## Results

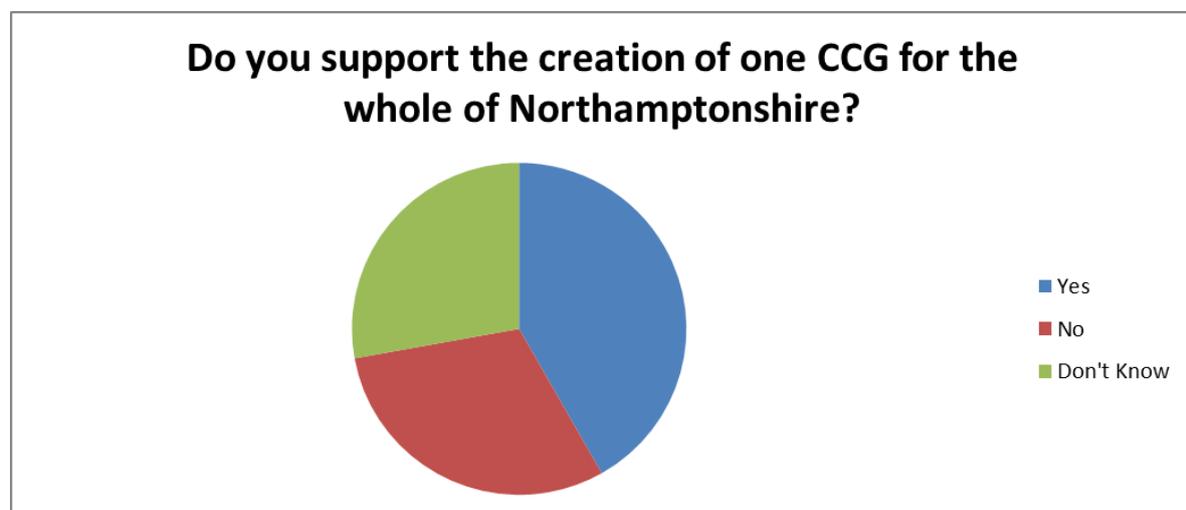
### Question 1

While there was a relatively even split between the answer options, there was a majority in support of the move towards a single CCG.

Yes = 33 (42%)

No = 24 (30%)

Don't know = 22 (28%)

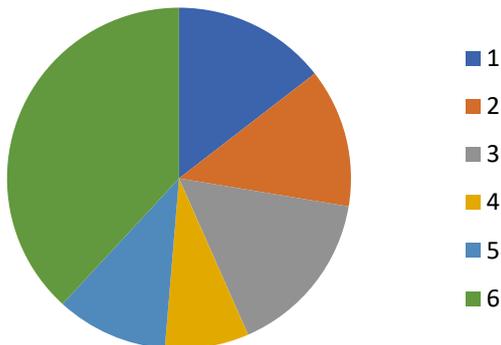


## Question 2

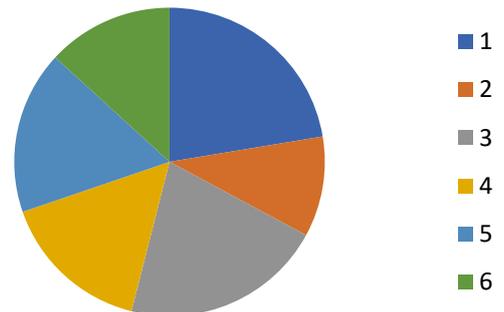
While there was a relatively even split between the answer options, there was a clear majority in support of the move towards a single CCG.

Priorities	Votes for each ranking					
	1	2	3	4	5	6
Remain a GP led organisation	11	10	12	6	8	29
Enable the development of a joined-up health and social care services for Northamptonshire	17	8	16	12	13	10
Ensure consistency of health and social care services across the county	13	22	14	16	6	5
Improve patient care and experience	21	20	9	16	8	2
Improve the way we plan and buy services	2	7	11	11	27	18
Reduce health inequalities	12	9	14	15	14	12

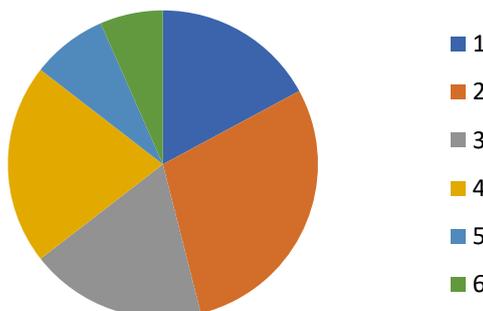
### Remain a GP led organisation



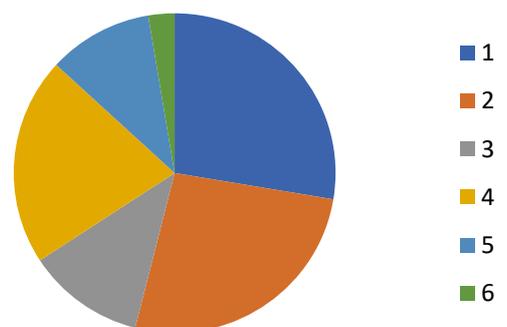
### Enable joined-up health and social care services

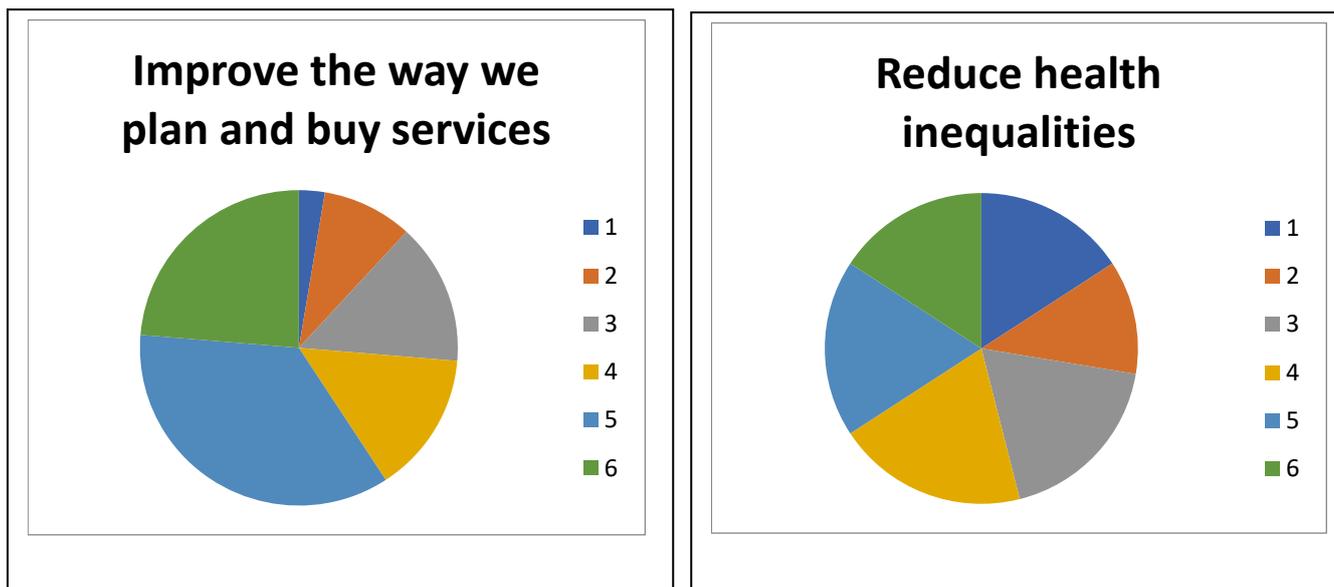


### Consistency of health and social care



### Improve patient care and experience





To show preferences across the entire survey cohort, the responses can be weighted by multiplying those placed first by 6, those placed second by 5, those placed third by 4 – and so on. This gives the following results:

Ranking	Priority	Score
1	Improve patient care and experience	328
2	Ensure consistency of health and social care services across the county	309
3	Enable the development of a joined-up health and social care services	278
4	Reduce health inequalities	258
5	Remain a GP led organisation	227
6	Improve the way we plan and buy services	196

### Question 3

Not all respondents answered this question. All responses received are listed on the following pages. Issues raised most often are:

- Parity for mental health
- Major concern about the potential impact on health of proposed incinerators
- Better communication and more patient involvement
- Support for Corby Urgent Care Centre
- Waiting times and service access
- Support for voluntary sector involvement and social prescribing

## Comments given:

- Hidden disabilities or invisible disabilities should be just as important as physical. We need to get on top of the process of deciding capacity and for those that are more complex have a robust protocol and procedure in place to deal with this because currently this process is flawed heavily
- Involve patients in planning their care services.
- Ensure every PCN has an effective representative Patient Participation Group which is PATIENT led, consistently monitored and listened to.
- All priorities equally important! "Enable the development of a joined up health and social care services for Northamptonshire" - when? How long is a piece of string?
- Inclusion of young people's views and access to mental health support when needed.
- Closer working with the voluntary sector.
- Keeping the Urgent Care Centre in Corby open.
- Invest further in health prevention strategies aimed at the younger population
- Transition of complex needs children into adult services it is too much of a cliff edge at the moment and no coordination.
- Support the delivery of the long-term plan by delivering more care out of hospital
- Communication across units to ensure consistency
- Social prescribing!
- Keeping the Communities they will serve fully informed.
- More GPs so patients can have same day appointments. Fining people who repeatedly DNA appointments. Less prescribing of low cost over-the-counter medicines (paracetamol, nit treatments etc)
- The needs of ALL residents, not just the majority demographic
- The proposals for an incinerator in Corby, should there be a review if the impact on lung health- and the cost of medical care needed for the possible impact
- Reduce waiting lists for treatment
- Ensuring private providers who undertake NHS work are held to the same standards as NHS bodies, and don't unduly benefit from cherry picking while also not managing their own complications.
- Prevention to avoid overuse of already stretched services
- Clean air! The building of an incinerator in Corby will only pollute the clean air further and could lead to long term health concerns!
- Increasing capacity in line with the increase in local population i.e community hospitals.

- Please look at proposed incinerator at Shelton road as that will greatly impact health across our region. I expect there to be a rise in lung and skin conditions consistent of other sites similar to this one across the country. Clean air must be a priority for health
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5080298/> - increase in ill people due to incinerator if it goes ahead, the levels of pollutants will sky rocket....
- Treat mental health patients better
- Waiting times for appointments.
- Clean air for all residents. Impact on more cars and lorries on our health as the country grows and effect of less trees/wildlife on our health and we'll being
- I think they should investigate the massive impact on people in Corby if the four waste incinerators get the go ahead ! We have a high % of people with respiratory issues , arising from the steelworks and high stats of smoking With the further air pollution and omissions from these incinerators , this is going to impact financially on health service . We as a community and a county need to stand united and say we do not want these monstrosities anywhere . They are planning for one of the 4 to be built 75 metres from a school !! It just does not bear to think how this will impact on our children's health ! <https://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/northamptonshire-jsna/Pages/default.aspx> The CCG should be involved with this decision !
- Mental health
- Environmental factors such as the proposed incinerator in Corby. This will make health in Corby much worse as poor air quality is related to obesity, heart attack, stroke and more!
- Maintain Corby's 8 to 8 walk in centre. This is a first class service providing excellent care for people in and around Corby. Reducing the impact of emergency care at Kettering hospital. It is extremely difficult to arrange a GP appointment, being told there are none available, call back tomorrow morning, then being told the same thing. Hence a trip to the walk in 8-8 clinic.
- Working with partners for the patients doing the right thing
- The amount of patients they can safely cope with without compromising efficiency and care
- Work on Innovation projects with partners such as Northampton University and the Voluntary Sector to gather data evidence that can be used to apply for future funding. This could link to Social Prescribing or Public Health.
- Public health led priorities
- Stop wasting money on so many pen pusher staff, who do nothing all day
- Mental health to be incorporated into same CCG
- The cost to the community of the CCG, lots of expensive staff, no competition

- Return blood taking to surgeries to help those that cannot/do not drive. Reduce the 4 large Community Nursing Groups to small local groups to return continuity as recommended by the RCN and improve quality of service. Make it possible in ALL surgeries for a patient to eventually to a Doctor and not a non medically qualified receptionist. Make it easier to get through to SPOA. Reduce the pre set number of questions on 111.
- Make facilities local including blood taking especially for the elderly & those that cannot drive. Change District Nurses into small groups instead of the 4 large groups with no continuity as recommended by the RCN and which has led to a lot of experienced nurses leaving the service.
- Empathy training for all staff Openness, respect and honesty in their dealings with clients Transparency Client safety to be above money saving
- Just people.