ITEM NO: 10.00

Title	**LINk Update**
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 29 May 2012
WARD	None Specific

WOKINGHAM LINk

LOCAL INVOLVEMENT NETWORK

General Matters

1 In cooperation with Stephen Madgwick Chairman of the Wokingham Clinical Commissioning Group and Richard Perry the Clinical Director of Wokingham CCG, participants of the Wokingham LINk were offered the opportunity to hear about "The New Responsibilities for GPs" at a meeting at the Earley Resource Centre on March 22.
44 members attended and enjoyed the presentation by the speakers.
There was then an opportunity to ask questions which the speakers cheerfully answered. We ushered the last member of the audience out 45 minutes after the meeting officially closed. Jennie Grieve produced a useful record of the presentation and the question/answers which are attached.

2 LINks members in the South East were offered a series of action learning events to share and embed best LINk practice in the run up to Local Healthwatch.. There were Wokingham LINk members at all 5 sessions held at the Reading Town Hall from March to May. The sessions were well run and it was useful to refresh the guidance on matters such as Enter and View and Engagement.

3 Berkshire Healthcare NHS Foundation Trust launched their public consultation on the future of Community Care in Berkshire called "Tomorrow's Community Health " at a stakeholders meeting on April 30th. Members of Wokingham LINk attended an interesting day, including presentations of outstanding work in this area and consultations on future planning. LINk members made frequent reminders of the importance of collecting and considering the views of patients and explaining NHS abbreviations in any responses.

4 Wokingham LINk is hosting a public meeting on "Changes in Health and Social Care and how they may affect you"on Tuesday 29th May at The Wokingham Methodist Church starting at 7.0 pm. There will be speakers on The Health and Social Care Act , Changes in Social Care and Changes in Community Care and Mental Health provision. I apologise for the clash with the meeting of the HOSC, but finding a suitable room, and dates to suit three speakers with busy diaries became a priority. Tony Lloyd and I send our apologies.

Projects

- Survey on Services for people with Neurological conditions The organisers await confirmation of PCT response.
- CAMHS and Autism Reply awaited on WBC progress in implementing the Adult Autism Strategy.
- Reviewing WBC Social Care material Current action completed. Leaflet available. Project removed
- Liberty of Earley Residents Survey: Report completed and circulated to Residents, staff and Trustees
- Review of Adult Social care: Series of Workshops with groups of clients are being held to gather views following the changes in services two years ago.
- Support to Norreys Project - No request for support received
  Project closed.
- Support to Westmead Group - Tony Lloyd attending meetings to offer support.
- NHS Community Dentists: Patient information.
  Website information collected for Wokingham Borough Area Dentists and collection of leaflets is in progress.

Report from the
Wokingham LINk's Public Meeting

New Responsibilities for GPs

Thursday 22nd March 2012
Earley Crescent Resource Centre

Guest speakers: Stephen Madgwick and Richard Perry

The Wokingham LINk held a Public Meeting to find out about how GPs will deal with their new responsibilities. 48 members of the public attended.

Christine Holland, Chair of the LINk Steering Group, welcomed everyone to the meeting.

Presentation by Stephen Madgwick

Stephen gave an update on the role of the Wokingham Clinical Commissioning Group (CCG).

Current Issues

- The Bill has now passed through Parliament and will become law around Easter.
- The Wokingham CCG is organising its structure.
- The CCG are developing relationships – ie engaging with the community and attending events such as today's meeting.
- The CCG is planning its commissioning (just produced plan of NHS commissiong for next year).

Structure

- Medical practices are the building blocks of this new group. GPs are becoming managers. Fortunately, the practices in this area are of a high standard.
- There are 14 GP surgeries in our area and each surgery has a GP representative to sit on the Clinical Council (Richard is the Chair of this Council). This group looks at clinical issues, eg long-term medical conditions, the new 111 non-emergency phone number.
- 5 GPs will be sent to the Governing Board which will be body held accountable (as PCT is now).
- The Governing Board will be made up of: Chair (Stephen), Accountable Officer, Chief Finance Officer, 2 Lay People (1 responsible for audit and scrutiny who will also be Vice Chair, and the other will be the patient representative), 5 x GPs, Nurse, Consultant. There can be more people than this, but this is the statutory amount.
- Executive Team – this is a small team of managers helping to run the show (approx 4 or 5 people).
- Federation makeup - A new support organisation called the Clinical Support

Organisation will supply what the PCT is becoming, ie. back room jobs such as HR, communications, IT, audit etc. This will be a huge organisation, supplying 4-5 million people. There will be benefits of scale although there could also be a danger of losing focus due to the large size.

Relationships

- Involvement of patients – how can we involve ordinary people in decisions? Every practice has to have a patient group to collect feedback and ideas for development.
- Practices – to keep good relationships.
- Providers – GPs and consultants discuss aspects to the service they provide. The 2 main providers are the RBH and the BHFT (Mental Health), but there are also voluntary providers.
- Unitary Authority – CCG and WBC will be commissioning some things together and hope to get more patients treated in the community rather than hospitals. The Health & Wellbeing Boards will be key to how they do things.
- Other professionals – both for the management side and health practitioners in the community (physio etc).
- Other CCGs – there are 4 CCGs in West Berks and 3 CCGs in East Berks. All 7 meet together.
- National Commissioning Board (NCB) will oversee the CCGs.

Authorisation Process

- CCGs are currently going through the authorisation process to ensure they are capable of doing the job!
- Chair, Accountable Officer, CFO 'tested' in April. West Berks CCGs will be working as a federation.
- CCGs compile evidence to show they have been doing these things.
- Application submitted from July-November 2012. Wokingham will probably go for an early application in July.
- Reviewed and authorised by NCB. Will either be given authorisation or not, or authorised but with conditions. (For groups not authorised, they will still have to do the job but the Dept of Health will hold the budget.)
- Go 'live' in April 2013.

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Question and Answer Session

Stephen and Richard took questions from members of the public:

Q: Will NICE guidelines be in place?
A: Yes

Q: How will you be audited?
A: NCB will keep a close eye. CCGs will be audited and scrutinised. The government would like patient feedback.

Q: How will funding work when at the moment organisations get funding from West and East Berkshire PCT?

A: It won't change. The Federation will provide resources.

Q: What will be done for children?

A: Hopeful that things will get better and aim to have a more co-ordinated approach.

Q: What about "postcode lotteries"? Will the new arrangements improve this and are the budgets agreed according to demographics?

A: The CCG will commission at various levels: local, county wide and larger area (for very rare conditions). These larger areas are huge groups which do 'risk sharing'. Risk sharing is good because all CCGs over the larger area, share in the costs. For example, there are a lot of nursing homes in the Wokingham area, and fewer in other areas within our larger boundary. Wokingham CCG will share exceptional costs with the other CCGs in the larger area.

Q: Will patients have a choice which CCG will commission services?

A: Don't know. Probably have to change GP practice as the practice belongs to the CCG. The government is trying to get rid of boundaries, but patients shouldn't be too far away from their doctor to allow for home visits.

Q: Commissioning – How much choice does a patient get – Can they choose the hospital?

A: Yes – it is hoped that local services will be so good that people will choose local hospitals! At the moment, 90% of patients want a local service. Doctors know the NHS consultants and can therefore advise their patients. However, they don't know the private consultants who do NHS work. Patients can use the Choose and Book system to choose where they go – either locally or further away. The hospitals get paid by results.

Q: Do hospitals get paid the same for operations?

A: Yes. The NHS and private hospitals are paid a fixed tarif.

Q: Preventative Services and Public Health – What are the links with preventative services and CCGs?

A: CCGs will work closely with Public Health on the Joint Strategic Needs Assessment (JSNA).

Q: Will the NHS become private?

A: 90% of our commissioning is NHS and that won't change. Unfortunately media hype has suggested the NHS will become privatised – this won't happen. As long as the NHS service is a good service, commissioners won't look to buy services elsewhere. The tariff is fixed. 'Any qualified provider' means that some services such as physio are already being done privately - but people are worrying unnecessarily that privatisation will mean patients have to pay for their services. Don't forget that all GP medical practices are a private business and no-one worries about that – practices have to make their own money.

Q: **Will private companies be able to get rid of the 'competition'.**
A: If staff move from the NHS to a private company, their terms and conditions will be transferred across (TUPE). Patients will have the responsibility to say if the service deteriorates.

Q: **Will it be the patient and the GP who decide treatment, or will the CCG do it?**
A: The CCG will be purchasing the service, but will be heavily influenced by GPs and patients.

Q: **How does the new commissioning differ from the old system?**
A: The PCT are the current commissioners, and the CCG will be the new commissioners. The CCG are already working closely with the PCT around commissioning. The PCT have already seconded their top tier commissioners to the CCG, and they will remain there when they go live.

Q: **Who will take on specialist commissioning for rare or expensive treatment?**
A: It will all go to the National Commissioning Board, although there might be a specialist group to make the more difficult decisions.

Q: **How will you gather patient feedback/complaints?**
A: It will probably be handled in the same way but through a support organisation like PALS. The CCG will have the same responsiblity to make sure complaints are handled correctly.

Q: **Older people often have multiple medical needs and have one referral to a consultant after another, each time going back to the doctor for the next referral. Will this improve?**
A: GPs should refer the patient to the first consultant for treatment. If more treatment is needed involving a different medical need, then the consultant should refer you straight to the next consultant without your having to see your GP first.

Q: **How will patient representation work?**
A: Patients will be encouraged to get involved with their practice groups and engage with other groups such as LINk, HealthWatch etc.

Q: **How will you make sure that volunteers are involved?**
A: Volunteers are crucial to making the whole system work. Some will be through forums (like the current PCT and Local Authority forums) as they are specialist groups.

Q: **How will you ensure that the voices of the most deprived and socially excluded are heard?**
A: We will continue to involve Public Health.

Q: **How can you justify rationing?**
A: There is not enough money to pay for everything so efficiencies need to be made. It is important to treat the people who really need treating and make GPs think about simple things like reducing things like multiple blood tests as well as more expensive operations. It is difficult to think about "value" but money needs to be saved.

Q: Will things such as flu jabs continue to be a national decision?

A: They will stay the same. The JSNA (the public health assessment of all the health needs in the area) have an influence on the decision, but the government says what we need to do.

Q: If your GP decides you need surgery, but another provider can do it better/cheaper than the NHS, what would happen?

A: It wouldn't be any cheaper because of the fixed tariff. The GP would be looking at outcomes and would give the patient the choice. With patients researching procedures on the internet, it is often the patient who is the expert rather than the GP!

Q: What service would the CCG commission from another party?

A: If we were unhappy with patient experience and outcomes, then we would go to the provider and say they are not offering an adequate service and either give them the chance to improve, or put the service out to tender.

Q: How is the tariff fixed?

A: It is worked out on the average price of the particular procedure. NHS hospitals are at a bit of a disadvantage because private providers aren't able to offer an ITU service. So private patients who might need ITU aftercare would have to go to an NHS hospital (which would involve a cost to the NHS hospital) – but the original tariff is fixed.

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If you would like a copy of Stephen's presentation, or you have any feedback following the Public Meeting, please contact Michelle at the Wokingham LINk:

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