PRG report Sept 2017 Richard Hepple

Arriva non-urgent Ambulance Service.

One of the roles of the Patient Reference Group is that it is possible to bring problems experienced by patients to the Group and, through the PRG representatives on the Governing body, raise these issues with the management of the CCG. Over the past 18 months the PRG have raised questions concerning the efficiency of the ambulance service which takes patients that need transport to their hospital appointment. This service is run by Arriva. A representative from Arriva has twice attended the PRG to answer questions and complaints, most recently at the May meeting. Arriva drivers complain that, on reaching either QMC or the City hospital, the drivers have difficulty have difficulty finding an available wheelchair. Apparently both hospitals experience a serious shortage of wheelchairs due to theft as they are only secured by a £1 “shopping trolley” coin system. It has been pointed out that in the equivalent service in Derby, each car has its own wheelchair. Some kidney dialysis patients from Nottingham West CCG attend dialysis at Ilkeston day hospital and on a recent occasion, Arriva were so late in collecting some patients that the patients, with some staff, had to wait outside the hospital when it shut at 8pm. The last patients had not been collected until 9pm.

One Patient Representative on the PRG has taken it upon themselves to capaign for Arriva to lose its contract and has repeatedly requested a copy of the contract. As Nottingham West CCG did not have the lead role in tendering process, it dos not have a copy. At one PRG meeting, the discussion became quite heated and the representative’s right to go down this line was challenged, quite rudely, and I felt, quite tellingly, by a staff member of the PRG. I seriously question whether the PRG is judged to be anyting other than a necessary inconvenience for the CCG. The problem for the CCGs seems to be that Arriva continues to fail to reach the targets set in their contract but no other company is prepared to offer a alternative tender.

In August, the PRG had a training afternoon with peresentations about the changes brought in by NHS England, firstly, about required Financial Savings and consequential organisational changes.

Nottingham West CCG has to make savings of 5.2% in this financial year which amounts to a cut in the budget of £8.7 million. Across the four CCGs in the south of Nottingham: Nottingham West, Nottingham City, Nottingham North and East, and Rushcliffe, a total saving of £44 million is expected. One step towards these savings is that these four CCGs will move to an integrated commisioning body, the ***“Greater Nottingham CCG”*** under one head “Accounting Officer”. Other steps towards savings will see the Urgent Care Centre being manned by nurses not doctors, more efficient prescribing, the tightening of criteria for operations and certain other treatments, improvements in emergency care and reducing overstays in hospital. This degree of savings is obviously worrying and, I believe, has to be considered to be political. There are always ways of organising a service to make it more efficient but, the main concern at the PRG, was that services are being pared to the bone. The whole principle of patient representation comes under question as there are now, in theory, four PRGs for one new commisioning body.

The Greater Nottingham CCG Financial Plan can be viewed at http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2017/06/GB-17090-Greater-Notts-Financial-Recovery-Plan-1718-FINAL-PUBLIC3.pdf

NHS England is rolling out, across England, a new programme to, basically, integrate *(NHS)* Health Care and *(City and County Council)* Social Care . This programme has the title of the *“Sustainability and Transformation Partnership”* and is being introduced across eight areas in the country; we are in one.

The ***“Greater Nottingham STP”*** will combine the services of:

* the four CCGs working as the “Greater Nottingham CCG”,
* the Nottingham University Hospitals, ie. The City and QMC.
* Nottinghamshire County Council
* Nottingham City Council,
* East Midland Ambulance Service,
* NEMS
* Healthwatch, City and Nottinghamshire
* all the involved Borough Councils
* Circle (the Treatment Centre)
* the voluntary sector.

The plan can be seen at http://www.stpnotts.org.uk/media/116404/sustainabilitytransformationplan2016-21.pdf

The immediate consequence of this “transformation” is the closure of 200 hospital beds. The savings are to be used to set up a new means of service provision.The intention is to have quicker recovery from surgery and hospital treatment, less bed blocking and to give more treatment in the community. One step for this area is that NHS England is to give a £2.7 million to a UK subsidiary of a private US Health Management company, the Centene Corporation to be “an integrator of care”. There was great consternation when it was revealed that this contract was given to Capita as Capita have had a series of failings when contracts with NHS General Practice Services” left GP surgeries short of supplies and lost thousands of patient records, with Transport for London when a Capita IT upgrade failed to collect the congestion charges, and with the DWP which lead to delays and errors in the award of PIP, personal independence payments, to disabled claimants. Capita seem to have been only involved as a “preferred provider” for the NHS ie. as a means to pass on the contract to Centene.

Whatever is delivered by the Greater Nottingham STP will be done under the title of *“****Accountable Care System”.*** I cannot translate their use of terms such as “New Care Models Programme support for a Value Proposition”, and “Actuarial Analysis” but you can view this at https://www.kingsfund.org.uk/sites/default/files/media/Stephen\_Shortt\_website%20version.pdf

Again, within these changes, there is little mention of Patient Particiption. There is an intention to give patients a voice about their treatment but it remains vague; there is a “Citizens Advisiary” group for “Greater Nottingham” but with, as yet, no regular meetings, no regular membership and no clear guidelines on recruitment. There are a widespread number of questions generated by the involvement of the NHS with Councils and private companies; access and security of patient records, oversight of such companies and that of the final deliverance of the community care - will this be given by poorly trained staff on zero hour contracts and a minimum wage?

There has been no time for Practice Reps to feedback and share news about each GP practice.