NHS
North Norfolk
Clinical Commissioning Group

North Norfolk

Patient Partnership Conference

24 March 2015

ACT Centre, Aylsham

Working together for excellent healthcare in North Norfolk and rural Broadland

Introduction

NHS North Norfolk Clinical Commissioning Group (NNCCG) hosted the 14th Patient Partnership Conference on 24th March 2015, at the ACT Centre in Aylsham. The conference was chaired by David McNeil, Lay Member with oversight of Patient and Public Engagement.

The event opened with:

- Aims of the day: to provide background on the CCG's QIPP programme with reassurance that its primary aim is to find efficiencies while maintaining quality – not to identify cuts.
- Updates on progress since the previous conference in October 2014: Supporting PPGs including a summary of what PPGs said, what we've done in response – and what we're planning to do.
- Integrated Care –the Rapid Access Care Service (RACS); Falls Focus Groups; visiting GP practices to promote the news falls pathway and handyman services; hub events to review IC model (3 so far); review of risk profiling tool.
- Dementia Packs – to be distributed to newly-diagnosed patients and carers across central Norfolk to offer information and advice; North Norfolk CCG leaflet; memory clinics, GPs.
- Ambulance response times: a run-down on East of England Ambulance Service Trust's (EEAST) performance (as of January 2015) against its regional and local targets.

The main aim the event was to provide a clear picture of NNCCG's financial position, the challenges this presented and the proposals drawn up to take us forward within budget. Attention focused on the CCG's QIPP programme and its theme of Transforming the North Norfolk £ by remodelling local healthcare services. Attendees were therefore asked to:

- Provide general feedback on plans to transform the way the North Norfolk £ is used.
- Look in detail at
  - Medicines waste
  - Model of joined up care based around GP Hubs

Format and Agenda

The following agenda was tabled for the event, which incorporated presentations from Dr Anoop Dhesi, Chairman of NNCCG and GP at Stalham Staithe Surgery and Mark Taylor, Chief Officer of NNCCG.

9.30am	**Arrive and Refreshments**	
10.00am	**Welcome from the Chair** • Aims of the day	**David McNeil** NN CCG Governing Body Lay Member for Patient & Public Involvement
10.05am	**Update and Introduction:** • Previous conference: ○ PPGs • Integrated Care & Falls • 111 & Ambulance Response Times • Dementia Packs • Self-care • Community Engagement Panel **Q&A**	**Mark Taylor** Chief Officer NN CCG
10.25am	**Transforming the North Norfolk £** • Vision & principles • Financial context • North Norfolk CCG's plans • Timescales **Q&A**	**Dr Anoop Dhesi** NN CCG Chair & GP Partner Stalham Staithe Surgery
10.40am	**Open Session Question Time:** An opportunity to ask questions and raise concerns about health and care services in North Norfolk	**Panel**
11.00am	**Break for Refreshments & Networking**	

11.30am
 	
12.15pm
	Discussion Groups
	• General feedback on plans to transform how the North Norfolk £ is used
	• Look in detail at:
	  ○ Medicines waste
	  ○ Model of joined up care based around GP hubs
	• Group Feedback – 2 minutes per group
		David McNeil

12.30pm	• **Next Steps** • **Close**	**David McNeil**

You Said, We Will, We Did

Mark Taylor delivered a presentation (available via the NNCCG website) that included a summary for those present of the activities of the NNCCG since the last conference, in October 2014:

http://www.northnorfolkccg.nhs.uk/PatientPartnershipConference_October2014

Supporting PPGs

You said:

- Help with recruitment, fundraising & communications
- Sharing good practice
- Central web resource
- List of speakers
- Training for PPGs
  - eg. understand commissioning
  - running effective projects

We did:

- Pilot summary from Voluntary Norfolk including access to free training
- New NN CCG website – dedicated PPG page

We will:

- Look at developing/accessing training for PPGs

Updates

Mark Taylor went on to provide those present with updates on some of the work of the CCG as follows:

Integrated Care (IC)

- Rapid Access Care Services (RACS) in place
- Falls focus groups – following survey
- Visiting GP practices to promote new falls pathway and handyman services
- Hub events to review IC model (3 completed)
- Review of risk profiling tool

Dementia packs

- Information given to newly diagnosed & carers
- 1000 packs across central Norfolk
- North Norfolk CCG leaflet
- Memory clinic, GPs

Ambulance response times

- R1 = 59% R2 = 42% 19 mins = 81%
- Local targets: R1 = 47.1% R2 = 48.9% 19 mins = 75.7%
- Number of calls waiting 40 mins+ down

Transforming the North Norfolk £

Dr Anoop Dhesi delivered a presentation setting out the aims and financial context of NNCCG's QIPP programme.

All CCGs have a duty to remain within budget and to, at very least, break even at the end of the financial year. However, the funding allocation awarded by NHS England for 2015-16 leaves NNCCG facing a deficit of £14m – unless we take a new approach to the way we provide healthcare services over the next two years.

The CCG's two-year plan – which is based on assumptions for the funding we will receive – seeks to make transformational (stepped) change by using a sustainable approach that involves:

- Remodelling the local healthcare system;
- Focusing on community-based services;
- Making the best use of the North Norfolk £

NNCCG's total budget allocation for 2015-16 is £224m – a 1% increase on the previous year and significantly less than neighbouring CCGs . It equates to £1,333 per patient. But in facing a deficit for 2015-16, NNCCG is not alone.

The House of Commons Public Accounts Committee report 3/2/15 states:

- The financial health of NHS bodies worsened in the last two financial years
- Radical change is needed to make the NHS financially sustainable

The **NHS Five Year Forward View** highlights the need for:

- Local solutions and choices for out of hospital care
- Multi-speciality providers
- Integrated hospital and primary care systems
- Integrated emergency and urgent care

NNCCG's approach is to develop a system that provides: patient-focused, safe, high quality, clinically-led services delivered closer to home. Prevention is a priority as NN has the oldest patient demographic of any CCG in England. To achieve this, NNCCG will:

- Rebuild a grassroots system of healthcare around patients
- Work in close partnership with patients and providers
- Change the landscape together – in liaison with PPGs and our Community Engagement Panel

Our **Community Engagement Panel** (CEP) was formed to provide assurance that we are working closely with patients in drawing up our plans. Its members include representatives from

district councils, voluntary organisations and patient groups such as Healthwatch. It has held two meetings so far, in February and March.

The CCG's QIPP programme is not designed to make cuts. QIPP was introduced to the NHS six years ago by Sir David Nicholson to address the financial challenge by encouraging innovation to achieve productivity and gain best value. The Q stands for 'Quality' which is a vital element as this refers to the service delivered to patients.

The process and timescales for the QIPP programme are as follows:

- Clinical views gathered;
- Outline plan developed;
  - NHS England 6/2/15
  - Council of Members 3/3/15
  - Community Engagement panel 12/3/15
  - Governing Body in Public 17/3/15
  - Patient partnership Conference 24/3/15

The QIPP covers all the services the CCG commissions. Examples of the plans drawn up include:

Medicines Waste

- Did you know? NHS medicines waste is measured in tonnes.
- Prescribing medicine is the most frequent healthcare intervention in the NHS
- £13.8 billion is spent per year
- DoH report (Dec 2010) suggests that £300m of this is wasted
- The estimated waste figure for NNCCG is over £1.2 million

Model of joined up care based around GP Hubs

- Integrated Care (IC) Hubs:
  - Identified top 2% most at risk
  - Intensive support
  - MDT meetings
  - ICC support
  - Emergency admissions for LTCs are down
  - Better care and costs less
- What do we want to do now?
  - More of the same
  - Something different?
  - What other services do we want around GPs?
  - More case management
  - More self-management

Open Session Question Time

Attendees were given the opportunity to pose any question to the Chairman and following members of the CCG in relation to health and care services in North Norfolk:

- Sally Ross-Benham, Business Manager – Stalham Staithe Surgery
- Dr Anoop Dhesi, Chair of NHS North Norfolk CCG and GP in Stalham Staithe Surgery
- Rebecca Champion, Engagement Manager, NHS North Norfolk CCG
- Mark Taylor, Chief Officer of NHS North Norfolk CCG

Question 1

How much say does the CCG have in decisions taken on local services – particularly those provided by NCH&C? Clinics at a local medical practice (in Sheringham) were closed to make costs savings. Despite lots of meetings and concerns being raised, there was no responsibility taken. The decision only shifted the cost with no apparent savings.

Answer

The relationship between a CCG and a provider is contractual. We don't manage them. There is a greater line of sight on quality now and more power to intervene or withhold payment for significant failure. However we cannot intervene in the way they deliver services or operate within budget. In regard to the NCH&C service referred to, consultation was an issue and the CCG is holding them to account over the way in which they went about this. We have been ensured there will be no further closures.

Question 2

The situation (outlined above) does not do any good for the patients? It doesn't seem to be a good example of care being planned in the community and patients are suffering as a result, yet the CCG seems unable to intervene. If the NHS is hoping to achieve transformational change to improve patient care, shouldn't it be looking to the example being set by Manchester where they're joining everything up in everyone's best interests?

Answer

The block contracts CCGs hold with providers are based on activity; they don't look at the way in which a service is delivered. However, our local hub events are teasing out the detail about how NCH&C models its service.

In holding NCH&C to account, CCGs can only express patients' concerns; it's not a power devolved to CCGs.

Accountability is national: NCH&C is overseen by the Trust Development Authority, CCGs are overseen by NHS England, and foundation trusts such as the Norfolk and Norwich University Hospital are overseen by Monitor.

Question 3

Taking into account the importance of the 'Golden Hour' in providing hospital care for stroke patients, what are the feelings of the CCG on the ongoing issue surrounding ambulance response times within 60 minutes in rural areas such as North Norfolk? We are always told that this target is too difficult because we're too remote.

Answer

The prognosis for stroke patients is better if they are thrombolysed but the difficulty we face is that some parts of North Norfolk are more than an hour from the N&N. However, we are looking at alternative means of treatment.

In Germany, they have mobile Computerised Tomography (CT) units. The CCG has looked at the costings for these and it would be prohibitive for what is likely to be an infrequent need. But we are also looking at Cromer (Hospital) as a possible diagnostic site.

A paper on our stroke care proposal will be going to the next Community Engagement Panel meeting.

Question 4

There has been a lot of discussion recently about the need to provide more community-based end-of-life care. In a rural area like North Norfolk, what are the CCG's expectations on this issue?

Answer

We are doing a piece of work on specialised community beds for end-of-life care. But we will need a specialist skill mix to provide this service. The CCG is working with NCH&C to look at the option of a specialist unit in North Norfolk.

We will also check that there is a still a Macmillan Nurses services available across the whole of Norfolk.

Discussion Groups

Attendees divided into separate groups and were invited to discuss the CCGs plans to transform the way the North Norfolk £ is used – and look in detail at medicines waste, and the model of joined-up care based around GP Hubs.

General feedback on plans to transform the way the North Norfolk £ is used:

Group 1

- Work towards 1 ongoing record for 1 patient to stop constant form filling which wastes time;
- Look at ways to stop the waste of medicines when going into hospital;
- Look again at all the available buildings/resources and link this to the voluntary sector; and
- Ensure better use of our community hospitals to provide local access to local services.

Group 2

- There should be no reduction in funding of mental health services;
- Cut the amount being spent at NNUH and increase the sum spent in primary care and in the community;
- Make greater use of Cromer Hospital and Kelling Hospital to take pressure off NNUH;
- Provide more primary care clinics run by NNUH e.g. Atrial Fibrillation (AF) clinic in Holt to get consultants into the community; and
- Ensure better understanding by EEAST crews of services at Cromer to cut journeys/admissions to NNUH.

Group 3

- Make more information available on the QIPP programme and its aims; and
- Ensure that the pooling of health and social care funds won't mean more people have to pay for services.

What can be done to cut medicines waste?

Group 1

- Look at ways to stop medicines being wasted when people go into hospital;
- Put the real price of medicines on the packaging and make information available about drug costs;
- Let people know that medicines cannot be taken back and recycled and they should order what they need;
- Stop talking about services being 'free'; and
- Ensure people are better educated about the medicines and prescriptions.

Group 2

- Manage messages on medicines in care homes;
- Improve public understanding of what medicines cost – including dispending fees
- Ensure people know repeat prescriptions are the responsibility of the patient and their practice;
- Use friends, families and community teams to spread the message on the above;
- Follow the example of Holt PPG which ran a campaign to highlight medicines waste; and
- Get PPGs to share ideas and resources on initiatives like the publicity campaign above

Group 3

- Make patients aware of prescribing/medicine costs by putting up lists in surgeries; and
- Put up posters in waiting rooms showing the extent of medicines waste to get the message across.

Feedback on plans to provide joined-up care based around GP Hubs:

Group 1

- Ensure efforts focus on preventing people going into hospital;
- Continue working towards integrated care; and
- Manage the expectations of patients:
  - People need to take more responsibility for their own care
  - Patients should get more information from sources other than their GP – eg voluntary sector
  - Young people should be better educated about their health and the NHS

Group 2

.Did not discuss this issue

Group 3

- Set up more local, community-based services along the same lines as RACS.

Next Steps

Attendees were thanked for their participation and valuable comments. The feedback given will be used to help the CCG draw up and develop its plans within the QIPP programme as it moves forward.

Future Patient Conferences

David McNeil closed proceedings by summarising the feedback and highlighting the fact that Patient Partnership Conferences continued to be a valuable event. The next conference will take place in the autumn.

Delegate Feedback

The overall perception of the day was captured in the following feedback questionnaire, circulated to all attendees.

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I found the event useful	3	15	1		
I found the content easy to understand	3	14		1	
I understand more about care in Norfolk than I did beforehand	4	11	3		
I found the subject relevant and interesting	4	15			
I felt able to take part in the discussion	4	13	2		
More information in advance would have helped me	7	9	4	1	
The venue was appropriate for this event	10	9			
I enjoyed the catering and refreshments	6	9	3		
The event was of the right length	5	12			
I have made new contacts in North Norfolk	1	9	8		

What were the strengths of the event? What was most useful or enjoyable and why?	Which Parts were the least useful or enjoyable and why?	What are the key messages that you took from the event?	Are there any other comments you would like to make?
Hearing up to date information	Discussing savings without enough background information	The need for co-ordinated action	Thank you to everyone who organised the event, it was very informative
The discussion groups were very useful	Panel discussion – only a few individuals spoke	Integration is the way forward	Not as good as previous conferences
Updates always useful	Still do not understand the financial wheel – very confusing financial slides	Save or repeat prescriptions	More PPG reps present would have improved the event – maybe the title put people off, but content was good
Hearing problems from a CCG/GP/Practice manager's point of view	Not enough time – event should be longer	Look outside of the NHS for resources and facilitates to support better ways of working	Since our physical PPG was abandoned and transferred to a virtual PPG, I feel we have lost direction and involvement and are no longer aware of developments within the practice
Networking with members from other local PPG's		Current and future policies	Glad I attended
Budget updates useful		Medicines wastage	
Opportunity to contribute, learn and consider how PPG's can make a difference		NNCCG challenged by budget	
Information on medicines wastage – more patient awareness needed.		Communication	
Good subject. A real opportunity to look at medicine wastage and how patients can have an effect on the situation.			

List of Participants

	NAME	ORGANISATION	PPG Member?
1.	Christina Jackson	North Norfolk CCG	N
2.	Rebecca Champion	North Norfolk CCG	N
3.	Sally Ross-Benham	Staithe Surgery	Y
4.	Steve O'Brien	Paston Surgery	Y
5.	Mr & Mrs Winter	Paston Surgery	Y
6.	Mrs S. Brandon-Glass	Paston Surgery	Y
7.	Patricia Dodge	Holt Medical Practice	Y
8.	Christine Armitage	Coltishall Medical Practice	N
9.	Belinda Harvey	Paston surgery	N
10.	Rick Parry	Fakenham PPG	Y
11.	Frances Le Grove	Fakenham PPG	Y
12.	Kate Gabriel	Ludham & Stalham Green	Y
13.	Jessica Bane	Ludham & Stalham Green	N
14.	Brenda Crevald	Horsford Surgery	Y
15.	L.Wright	Holt PPG	Y
16.	Maggie Prior	Holt PPG	Y
17.	Andrew Wilkinson	Holt Medical Practice	N
18.	Dr Anoop Dhesi	Stalham Surgery	N
19.	David McNeil	NNCCG lay member	N
20.	Mark Taylor	NNCCG	N
21.	Jackie Schneider	NNCCG	N
22.	Liam Nicklin	Norfolk Constabulary	N
23.	Steve Kempson	Coltishall	Y
24.	Kate Bywater	Staithe Surgery	Y
25.	Bob Brownjohn	Wells PPG	Y
26.	Christine Abel	Wells PPG	Y
27.	Janet Eastwood	Sheringham PPG	Y
28.	Keith Cameron	Sheringham PPG	Y
29.	Lynda Sowter	Drayton & St Faiths	N
30.	Janet Edgar	Drayton & St Faiths	Y
31.	Pam Bailey	Drayton & St Faiths	Y
32.	Christine Kerr	Sheringham PPG	Y
33.	Liz Hewett	Cromer PPG	Y

	NAME	ORGANISATION	PPG Member?
34.	Carol Prosser	Stalham Staithe Surgery	Y
35.	Caroline Truss	Stalham Staithe Surgery	Y
36.	Fiona Craig	NNCCG	N
37.	Jeff Wilson	Reepham	Y
38.	Colin Walker	Holt PPG	Y
39.	Pam Sullivan	Acle	Y
40.	Joyce Groves	Acle	Y
41.	Nicola Sandell	Market Surgery	Y
42.	Tee Randall	Acle	N