

Question and Answers Session at Health and Care Forum 11.11.14
Liane Jennings, Deputy Director of Transformation, Dorset CCG Clinical Services Review (LJ)
Frances Aviss, Engagement Lead, Dorset CCG Clinical Services Review (FA)
This is a transcript of the Q&A session at the Forum with subsequent updates from Dorset CCG in italics

A similar consultation has taken place in West Sussex and a huge amount of money has gone into the private sector as a result. How can we be assured that the same won't happen here? – asked by Martin Broad, Boscombe Independent Advice Centre

LJ – Unfortunately we can't give assurances that all services will still be available but we are working closely with our partners. I know this doesn't answer the question but the review will be comprehensive.

I think there does need to be some reassurance to put everyone at ease – Martin Broad, BIA

LJ – Through the review process hopefully we'll get some reassurance.

***CCG update:** We know that there is concern nationally among patients and the public about possible privatisation of the NHS, but we are not conducting this review in order to privatise local services. The driving force of the review is to ensure that everybody in Dorset has access to safe, high-quality healthcare, which makes the most of clinical advances and best practice and is sustainable and affordable in the long-term.*

Since GPs took the lead in commissioning services, we have been looking closely at how we deliver health services in Dorset. We have also been speaking to patients and other key stakeholders about the kind of services people need. There is much that we can be proud of in the NHS in Dorset, but there are also areas where we know we could do better. We want to ensure that everybody receives the same high-quality care that the best services are offering, that we meet the needs of the whole population and that we can continue to do so in spite of the tough economic climate we live in.

The review is being led by GPs and other clinicians to ensure that patient care is at the centre of the review. We are currently looking at local services to see what is working well and what needs to improve. It is much too early to say what the model of care might be, but we can assure people that any decisions on service change will be made by GPs and will only be implemented after extensive consultation with patients and the public, which is planned for next summer.

I'd like to thank the CCG for making sure disabled people are involved with the process. Will you be including people of all disabilities in all consultations? – asked by Lisa Brooks, Bournemouth Asperger Social Support Group

FA – Absolutely we will. We are going as wide as possible to get as many voices as possible and we're working closely with lots of groups. The Patient and Public Engagement Group, which comprises around 25 local people from a range of backgrounds that use or interact with health services, includes people with lived experience of a number of disabilities. We will also provide information in a variety of formats including for example Plain English, Video, Easy-Read and Audio.

***CCG Update:** An easy-read version of the Case for Change document, which sets out why services need to change, will be available by the end of January. We will be sending it to our*

contacts who we know would like a copy, and it will be available on the website www.dorsetsvision.nhs.uk.

In addition, if there are suggestions you or people with disabilities you know have about how we might further ensure that disabled people can get involved with the Clinical Services Review process then please let us know. We are particularly keen to design our formal public consultation to meet the needs of as wide a range of local people as possible and to reach as many different people as we can to seek their views on the proposals that are being developed by local clinicians.

Regarding finance, we've barely touched upon the subject of money today and people need to be aware of the Transatlantic Trade and Investment Partnership (TTIP), the privatisation of the NHS and the contracting out of services. I'd also like to ask about what work has been done to engage with patient liaison services in GP surgeries and to disseminate information to patients. – asked by Mike Hodges, It's All About Culture

FA – We are linking in with Patient Participation Groups in GP surgeries but there is some variation in how active the groups are across the county. We hope to help address this and make them more equitable to give people a voice at practice level. Currently there is some excellent work being done in North Dorset as a patient and public involvement development worker post has been created. We have also been speaking with practice managers. In terms of getting information to patients this can be a bit of a challenge. We are in discussions on the possibility of sending someone to spend time in GP surgeries to interact with GPs, nurses, patients etc and to check the information boards are up to date.

In addition senior members of the CCG are doing a round of visits to practices to explain more about the Clinical Services Review to GPs and practice managers and we hope that will also help reinforce the work we are doing directly with patient groups.

It is inevitable that some services will go or be redesigned and this will cause some conflict in the media. Funding deficits won't be solved just by moving people about and there needs to be proper co-production between health and social care together with local authorities and the voluntary sector. How are you going to ensure that different programmes and projects coincide and don't conflict? – asked by Charlie Sheldrake, Poole Wellbeing Collaborative

LJ – This is a big challenge. We are aware of so much good work being done across the area and we want to ensure that everybody has access to the best-quality service. The aim of the review is to look at the whole system and ensure that care is integrated to ensure that everybody has access to care that is of high-quality, makes the most of advances in technology and medical research and is affordable for the future.

The CCG is working closely with colleagues in local authorities – in fact there is an ongoing programme of work we have jointly called 'Better Together' to look at how services can be more joined up between health and social care. This continues to link into the CSR too as an important part of our work to find a sustainable system of care for local people in the future.

The System works like a medical model and is task orientated. When an accident or crisis happens, the person can struggle to get all the relevant information and there needs to be better communication between all parts. At the moment everything falls into two camps of Acute or Chronic but there is no facility for the transition period in between. If the original acute trauma is not helped then a person can quickly become chronic and more effort needs to be made to prevent people becoming chronic. – asked by Simone Walls-MacDonald, Acts Fast

LJ – I'm not an expert on the various care pathways but we acknowledge that there has to be better integration between services. The review will be looking at how care pathways work, in particular in areas like long-term conditions and care of the elderly to ensure that the whole system works together in the interests of better care for patients. It is clear that many people share this view – including amongst the clinicians leading the development of proposals for the future.

Is the Clinical Services Review purely for the public? What work is being done with clinicians? – asked by Judy Birch, Pelvic Pain Support Network

LJ – One of the slides in the presentation refers to clinical engagement in the review and clinicians from all areas are able to contribute. Clinical working groups include GPs, surgeons, practice nurses, hospital nurses etc.

CCG update: *The review is being led by clinicians to ensure that high-quality health care is at the centre of the review. The proposals are being developed by a Clinical Working Group made up of over 100 doctors, nurses and other local clinicians, with the help and input from many others, from those working in the NHS to other healthcare providers and most important of all, patients, carers and the public. Clinical reference groups, again made up of a range of clinicians, are looking at the detail of the four key areas of care: maternity and children's services; planned and specialist care (including planned hospital operations and treatments); urgent and emergency care; care for people living with long term conditions, and care for the frail elderly*

Dorset CCG is working in partnership across Dorset with everybody who has an interest in ensuring that health services in the county are the best they can be, including:

- *GPs and primary care teams*
- *community, mental health and hospital doctors, nurses and other clinical staff*
- *health and care leaders across the system*
- *local authorities*
- *the voluntary sector, charities and other partners in care*
- *our communities, patients, carers and local people who use our services.*

I have an on-going condition and I receive support from many different outlets including from the private sector. How are you ensuring that the multitude of support organisations are involved? – asked by Charlie Sheldrake, Poole Wellbeing Collaborative

LJ – The answer to that lies further along the review path when we will be talking about preferred service providers which will involve everyone. The statutory providers are on our stakeholder radar.

CCG Update: *The review is looking at services on a large scale, and will not be looking at each individual service and pathway of care in detail (that remains the day-to-day business of the CCG and its work commissioning care for local people). However, one of the four main areas of care that the review is looking at is long-term conditions and the best way of delivering these. This is a review of the whole system of care in Dorset. It is vital that we get input from all our stakeholders, and we have a plan to engage with the full range of care providers in Dorset.*

I'm concerned about the statistics being used by the NHS. They say we have an increased population but this also means there are more workers paying more tax and more pensioners with pension money etc so why can't we get more money from the Government? Also, are statistics specific to Dorset? – asked by Margaret Butler, Bournemouth & Poole Lymphoedema and Lipoedema Support Group

LJ – Through the Health and Wellbeing Boards, and published statistics from for example the Office for National Statistics, the statistics are based on the population in Dorset and the demographics are also compared to other places in the country. We also have the Health Needs Analysis which is done by several different parties such as Public Health.

CCG update: *The population is increasing, but this increase will be greatest in elderly people and people under 20. These two groups have different health needs but both tend to be higher users of health services. This mean that there will be proportionately fewer people of working age, which will also have an impact on our ability to recruit the staff we need.*

In terms of government funding, the NHS has fared better than the rest of the public sector in that resources haven't been cut, but we can't passively wait expecting our local challenges to be resolved by unknown and unlikely significant increases in national funding when we know now there is scope to make improvements in the quality of services and in our productivity in the way we deliver them. Any additional funding from politicians would of course be welcome, but doesn't mean we should accept less efficient models of care, lower productivity and variation in the quality of services for the people of Dorset. This review is about ensuring services are designed and delivered in such a way that we meet quality standards, deliver high quality care for all local people not just some, and ensure that we have affordable services that are on a sustainable financial footing to deliver into the long-term.

When you say you compare to other places in the country, do you compare what services are available? For example there is nothing available here for Lymphoedema but in Wales there is lots of support. – asked by Margaret Butler, Bournemouth & Poole Lymphoedema and Lipoedema Support Group

Chris Beale, Poole CVS – The CCG have commissioned McKinsey to compare successful health economies and sustainable models of care elsewhere with what we currently have in Dorset – to help inform local clinicians in their thinking and to help describe 'what works'. However, the CSR is not an audit of all healthcare services – it is about developing a strategic framework or 'model of care' that works for Dorset, The CCG will then commission services more specifically around that framework. .

CCG Update: *We published our Case for Change on 8th January (available on our website www.dorsetsvision.nhs.uk) which brings together a wide range of publicly available information on what works well and what needs to change.*

There are gaps in the provision that we are aware of but how do we let you know about them? We can't all get to consultation meetings especially as we are all busier and stretched thin. – asked by Margaret Hannibal, Mosaic

FA – Public meetings are one way but there is also the opportunity to feedback through Facebook, Twitter, email, post and telephone. We will be filming one of each set of public meetings that we host – and uploading the film to the web to provide opportunity for information and involvement more widely – including those who are harder to reach, the working well, the seldom heard etc.

Chris Beale, Poole CVS – We as CVS also send out email across our networks with feedback opportunities and updates from the CCG.

LJ – The Health Journal which is a very well respected publication has awarded Frances an Innovation Award this year for her extensive and inspired engagement work which reflects on the amount of opportunities available for people to feedback.

There is a huge amount of data but how good is it? Lots of it is general data but what about specialised conditions? – asked by Judy Birch, Pelvic Pain Support Network

LJ – I have seen the early output information and this is one of the challenges that we face. As a county we have a very complex system and data is held in different ways which is why we are trying to ensure that we have all our partners included from the very beginning.

CCG update: *The review team has drawn together an enormous amount of data about clinical performance, finances as well as insight from patients, carers and the public. The evidence has been gathered together from publicly available sources such as NHS England, Health and Social Care Information Centre and the Office of National Statistics. In most cases it is information gathered from service providers themselves, as part of the process of monitoring and performance evaluation carried out in the NHS.*

The information was shared with the hospital trusts and other the provider organisations in Dorset before it was published in the Case for Change and reviewed by over 120 clinicians on the Clinical Reference Group. This is made up of a wide range of Dorset clinicians, including the medical directors of the trusts.

It gives a detailed picture of health services in the country, what works well and what needs to improve. This data is the evidence-base for the review. Clinicians on the Clinical Working Group are now bringing their expertise and clinical experience to bear on this information, using it to define what good looks like for patients in Dorset.