

South Glos Health and Social Care Network Meeting

26 September 2011

Attended:

Sean O'Connor	ERIC (Education and Resources for Improving Childhood Continence)
Martin Colley	NHS South Gloucestershire
Kath Clarke	South Gloucestershire Senior Citizen's Forum
Clive Withers	South Gloucestershire LINK
Audrey Lees	South Gloucestershire Senior Citizen's Forum
Kim Whitlock	PA to Rachel Williams-Lock
Diana Elliott	National Autistic Society (NAS)
Catherine Robinson	British Red Cross
Henrietta Fung	Bristol and Avon Chinese Women's Group
Jacqui Offer	South Gloucestershire Council
Rebecca May	Cruse Bereavement Care - Bristol
Nicky Lambourne	South Gloucestershire Council
Mel Akers	Milestones Trust
Tracey Richardson	Kinergy
Caroline Hukins	The Harbour
Heather Child	Milestones Trust
Meryl Gaskell	Living
Una Corbett	Battle Against Tranquillisers
Mervyn and Sheila Monks	South Gloucestershire Senior Citizen's Forum
Tina Dean	South Gloucestershire Senior Citizen's Forum
Jenny Perez	ERIC (Education and Resources for Improving Childhood Continence)
Lyn Mitchell	Bristol LINK
Derek Dominey	Alzheimer's Society
Francesca Greaves	DHI
Lorna Robertson	Alzheimer's Society
Ellie Gleeson	DHI
Pat Penny	DHI
April Begley	Senior Citizens
Rachel Williams-Lock	South Gloucestershire Council
Janice Vincent	Independent Complaints Advocacy Service (ICAS)

Apologies:

Elaine Stott	South Gloucestershire Fibromyalgia Support Group
Saki Hartas Hartad	Self Unlimited
Helen Dowdeswell	Cruse Bereavement Care - Bristol
Rosa Hui	Bristol and Avon Chinese Women's Group
Debbie Fear	The Carers' Support Centre
Dale Cranshaw	The Carers' Support Centre
Heather Child	Milestones Trust
Marj Roper-Marshall	South Gloucestershire Fibromyalgia Support Group
Terry Jones	Survive

Paula Shears	Alzheimer's Society
Martin Green	Age UK
Francis Gichamba	Flega Care Solutions
Lisa Lort	Dance South Gloucestershire
Benita Moore	Independent Complaints Advocacy Service (ICAS)
Bryony Campbell	British Red Cross

The NHS in South Gloucestershire: Where are we now?

Presentation: Roger Pedley, Director of Commissioning and Organisational Development, NHS South Gloucestershire

Roger said that his work was about working with GP commissioners to create new organisations that will take over from primary care trusts.

The three primary care trusts of Bristol, North Somerset and South Gloucestershire are now working as a cluster but NHS South Gloucestershire, the local primary care trust, will continue to exist and carry out its statutory duties till 2013. The cluster has one chief executive – Deborah Evans and five executive directors who cover all three PCTs (PCT). The process for the appointment of a chair and non executive board members is currently being considered.

This means that everything that the PCT did will continue to be done and services will continue. Finances will be addressed and any changes managed effectively. They will make sure that the new commissioning arrangements are up and running and fit for purpose.

If the current legislation on the NHS goes through then most of what the PCT does will move to Clinical Commissioning Groups (CCG). Currently £350 million is spent by South Glos PCT annually. Clinical Commissioning Groups will have responsibility for most of this. This will include all hospital services, mental health, district nurses, health visitors. The Clinical Commissioning Group will be the local voice of the NHS.

The National Commissioning Board will be responsible for GP services (£35 million in South Glos) dental services (£11 million in South Glos) and pharmacy.

To avoid any conflict of interest the National Commissioning Board will pay GPs rather than them being paid by their own commissioning group.

Public Health will substantially be moving to the council

GP Commissioning is now called clinical commissioning as it will involve professionals other than GPs. There are likely to be three Clinical Commissioning Groups (CCG) in the region. There will be one covering South Glos which has 26 GP practices. There will also be one each for North Somerset and Bristol.

This means that the Clinical Commissioning Groups will be able to link closely with their local authorities as they cover the same geographical area.

The PCT has 18 months to support clinicians in setting up as CCGs. Next autumn there will be assessment to ensure that the Clinical Commissioning Groups are capable of taking on the functions of public bodies. This means they must have:

- Good governance
- Clinicians engaged with patients and public

- Board members
- Develop the right culture as a public NHS body.

The groups will be made up of a significant number of GPs and representatives from

- Public Health
- Lay people
- Other professionals
- Members of the local authority

GPs will ensure clinical expertise is brought to bear on the way resources are used. There needs to be a balance to ensure clinicians have time to be GPs.

There will need to be patient and public involvement and engagement with the voluntary and community sector. The commissioning groups will soon be asking how we can work together to establish systems. It is expected that current patient and public involvement managers such as Tony Jones in Bristol and Louise Winn in South Glos, will be involved with this. They have experience of linking with voluntary and community sector groups.

There is still a need for financial expertise in clinical commissioning. Commissioning groups and leaders are working out how they can best make use of resources. A great deal of learning is taking place. They will be much smaller organisations than the PCTs. North Somerset, Bristol and South Glos are currently looking at how they can work in partnership.

From next month, the three commissioning groups will be a subcommittee of the cluster board. There is no reason why the current arrangements that groups have with the PCTs shouldn't continue with CCGs. In South Glos, the clinical commissioning shadow board is starting to meet. Lucy Jones is the administrator. The GP commissioning group will also be part of the health and wellbeing board locally, but accountable to the NHS.

Questions

Q: There is a national commissioning board, will there be any regional NHS presence?

A: The national commissioning board is based in Leeds. There will be some local or regional presence. They are recognising that they need relationships with dentists etc within an area.

Q: If GPs are to be paid nationally, it affects practices.

A: It is a very complicated picture. There are 26 practices in South Glos. At some stage, there will be a condition that they are part of a GP commissioning consortium. There are discussions about some practice income being determined by how well they work as commissioners of secondary services, which would mean two income streams. There are a lot of difficult discussions with GP practices. There is pressure on primary care to think about how we organise ourselves at a very challenging time.

Q: I am sceptical. Is this the dismantling of the NHS? When the PCT disappears, will advice be imported? I'm anxious that self appointed experts will have an unacceptable influence on decisions.

A: I've heard the examples. It is very clear GP commissioning organisations will be public bodies. In the public service, you cannot just let a contract - proper arrangements need to be in place. GP commissioning organisations will be subject to the same rigour. It will change the face of the NHS in terms of what it looks like. It does not necessarily change the experience of us as patients, though it should be better. The task is that the money is used for maximum benefit.

Q: Who will be responsible for district nurses?

A: At the moment, the PCT spends £14m on community services with North Bristol Trust running community nursing services. GP commissioners will have the responsibility for contracting with health visitors etc. £14m will stay locally with GPs.

Q: A lot of charities work across boundaries, there is now more friction about who pays and we can go unpaid for a long time. With the cutbacks, it is hard to know who to go to get issues resolved.

A: With funding issues, people revert to old behaviours about who pays for what. The government's Futures Forum has been asked to look at integration. They are coming to see us in Bristol on 7 and 8 October. They will be focusing on the third sector as much as local authorities and PCTs. The person who may help at the moment is Kathryn Hudson, the Associate Director of partnerships.

Q: Is there a plan B? Specialist knowledge will now be in one or two people's hands.

A: One of the biggest risks in the cluster is hanging on to staff. People are moving to Trusts and provider organisations. We're focusing on this over the next 18 months. The role will be different in the future as expertise will be spread more thinly over bigger areas.

Q: Fifty percent of PCT staff were employed in community services. That group have temporarily gone to North Bristol Trust (NBT)

A: That's true. Four hundred staff went to NBT.

Q: If GPs are approached by private companies, voluntary sector care providers might be at a disadvantage.

A: It is a concern that that might happen, but clinical commissioning groups will be public bodies. My job is to ensure that there is a proper process for money being spent in the right way. It is a learning process.

Q: At our organisation some money comes from Bristol and some from North Somerset. Without that we could not survive. What would you recommend that we do to ensure that we don't end up with a hiatus in funding? Should we engage with individual GP practices?

A: No. We're working to ensure continuity. You should contact whoever holds the contract at the moment for advice about timing.

Q: The Senior Citizens Forum has 4,300 members in South Glos voicing concerns. We have expertise. What would be a good way for the forum to get involved?

A: The local authority and PCT have been able to come to you directly. Clinical commissioning GPs will probably want to continue to do so. Staff would need to meet with you. They'd know about you through us. It is a good point to make sure that the same strong links are maintained and effective relationships continue into the clinical commissioning world.

Q: Where is the "absolute treasure of expertise that patients have" patient voice in all this?

A: Legislation is not defining membership of the clinical commissioning groups yet, but there will be lay members. Clinical commissioning GPs will have to have a process of engaging with people using the service. You're right to raise it as a concern. There is national work about what can be organised nationally and locally. Communication with patients has to happen locally and this has been recognised.

Q: I am concerned for the voluntary and community sector. It shouldn't be up to all of us voluntary organisations to go banging on commissioners' doors. There needs to be an orderly transition. We need to ensure that smaller groups get an equal voice. This interim of eighteen

months is critical for success afterwards. If there is expertise, it needs to be in there. It is important not to leave a vacuum between now and 2013. We have a local director, Jane Gibbs. HealthWatch is in an interim period, too, and it is not yet on the statute books.

A: We have to get the new arrangements right and in place. Plan B is getting Plan A right.

Q: There is a vacuum of knowledge and understanding. There is a need for someone to produce a report. The public don't know what is going on. Something should be issued saying what is known at the moment.

A: In April 2013 things will probably not be very different from what they are now but I take your point that we could put out more information.

Q: If you do put out a report, we would like a copy for the Senior Citizens newsletter next month.

Q: We are a national charity, struggling to engage with GPs locally. We hope this will be an opportunity for us to engage. Is there going to be one person to go to regionally and locally?

A: There will probably not be an individual with one thing in their remit. There will be someone responsible for children's commissioning.

Q: With regard to autism, there is still a lot to be done. When do we need to engage with GPs and is there someone specific?

A: There are some issues locally. We may need to look at autism across a wider area.

Q: It would be good if one GP would take it on.

A: There may or may not be someone with the interest. There are probably 50 to 100 specific interests and there is not enough money to buy GP time to take a lead on all of those. There is a GP in South Glos leading on mental health.

Q: Will South Glos and North Somerset be joining in with the discussion of mental health services in Bristol?

A: This is a huge issue at the moment. The discussion is joint. Now whenever we directors make a decision, we need to consider the impact on everyone. It is challenging.

Q: Will NHS procurement to remain in place? Will it go to external specialists?

A: The single procurement team is already in the cluster. The clinical commissioning consortium will not have a procurement department.

Q: Given the fact that people can choose their GP won't this lead to chaos?

A: There are transparent processes around what we do and don't fund. There has to be sound clinical/public reason. There is no doubt that there will be difficult decisions about how much and where.

Q: What about Joint Strategic Needs Assessments (JSNA)? They are a way for the voluntary sector to input into commissioning decisions. Will they still happen, will they be binding on the commissioning groups?

A: The JSNA is under the remit of the health and wellbeing board, but owned by the council and local commissioning group.

Q: Will the legacy document you mentioned earlier be a public document – will we be able to affect it?

A: It is on PCT websites.

Q: You mentioned a number of people for us to contact. Can we confirm their names and details. The Care Forum will approach the new board administrator and invite them to come and talk to us.

A: There are three clinical commissioning groups which are gradually being built up and will take responsibility. Infrastructure will develop to work with you.

These people are just in post:

- Lucy Jones is the South Glos Clinical Commissioning Group administrator. Contact lucy.jones@sglos-pct.nhs.uk
- Kathryn Hudson is the associate director of partnerships for the cluster
- Jane Gibbs is the local director in South Glos. Contact jane.gibbs@sglos-pct.nhs.uk
- Steven England is the GP chair of the Clinical Commissioning Group in South Glos
- Dr Peter Bagshaw at The Willows is South Glos mental health lead and can be contacted through Lucy Jones.

Information Share

- Bristol and South Glos dementia strategy boards are joining up
- Basic autism awareness training is available in South Glos. For a flyer giving details of the courses and charges email your name, job title, workplace address to sdtu@southglos.gov.uk, Tel: 01454 865921, or contact: Diana Elliott, NAS Avon Branch, avon@nas.org.uk
- The British Red Cross's Home from Hospital service has recently expanded into South Glos. The contact now is Catherine Robinson, Service Manager - Health & Social Care Wiltshire, Avon and Gloucestershire, British Red Cross, Tel: 0117 9550213, Email hfhbristol@redcross.org.uk

Evaluation:

What was the most significant outcome of the event for you?

- PCT changes
- Deeper understanding of commissioning arrangements as they stand and how being moved forward. Also - names of useful contacts
- Great awareness of issues
- Better understanding of how changes are progressing
- Better understanding of the proposed changes and how the various bodies will operate
- Clearer on GP commissioning arrangements
- Update. Starting to get picture of who to connect with
- What a lot of opportunities there are for total chaos
- Clarification of a complex situation
- Better understanding of direction of changes
- Learnt about the NHS locally
- Understanding the mechanics and timescales of GP consortia
- Re-assurance about the reorganisation
- Learning a little bit more about future arrangements for PCTs
- A bird's eye view of developments currently in hand
- Increased understanding of NHS commissioning - GPs
- Being informed of the present progress
- Having gained a little of the missing knowledge
- Feel more informed about what happening and where to get more information
- A better understanding of the future functions of GP commissioning

Do you have any suggestions regarding topics/speakers for future meetings?

- Further developments in GP commissioning as they arise
- As they arise, I think
- Children's health
- Marketing to GP consortia
- Clarification of what the effects of the cuts will have on individual health care
- Watch this (GP Commissioning) space
- Another same meeting in 6 months to let us keep pace with all the changes
- How best to articulate the offer of the voluntary sector - as a network, or as individual organisations

Are there any other comments you would like to make?

- Thank you
- Thank you, Roger
- For people in the room to introduce themselves before start of meeting
- Well organised and very informative
- Written summary handout by speaker would have been helpful
- A visual aid to support all the named officers and total structure - the labels trip off Roger's tongue best are less well known by us
- Thank you for putting this session on
- Please remember to make sure the hearing loop is on.

Content	Average mark (out of 5)
Understanding of subject at start	2.3
Understanding of subject at end	3.9
Sessions	
Speakers	4.6
Other elements	4.3
Organisation	
Pre-event information	4.0
Facilitation	4.4
Organisation on day	4.4
Venue	
Access	4.7
Refreshments	4.8
Standard of room	4.6