

South Gloucestershire Health and Social Care Network Meeting Notes 13 December 2010

Attended: Eileen Jacques, Education And Resources For Childhood Continence; Annette Crump, South Glos Council - Leisure & Community Resources; Diana Elliott, National Autistic Society; Collette Bourn, Second Step Housing Association; Ian Boulton, Staple Hill Regeneration Partnership; Dale Cranshaw, Princess Royal Trust - The Carers Centre; Anna Smith, Survive; David Harwood, NHS South Gloucestershire; Heather Child, Aspects And Milestones; Kim Ash, Everycare; Kate Croucher, Headway - Bristol; Una Corbett, Battle Against Tranquillisers; Leonie Seaborne, County Community Projects; Julie Snelling, Staple Hill Regeneration Partnership; Keith Sinclair, Princess Royal Trust - The Carers Centre; Paula Shears, Alzheimer's Society; Pat Wiltshire, Barnardos; Jenny Perez, Education And Resources For Childhood Continence; Jules Adams, Everycare; Jan Gresham, Aspects And Milestones; Sarah Booker, South Glos Link; Peter Iles, Age UK- South Gloucestershire; Sue Hope, South Glos Council - Councillor; Terry Dando, Staple Hill Regeneration Partnership; Bill Flook, South Glos Link; Benita Moore, ICAS ; Katharine Gonzales, Gillian Turner, The Care Forum.

Apologies: Colin Young, Drugs And Homeless Initiative; Jean Grant, NHS South Gloucestershire; Debbie Fear, Princess Royal Trust - The Carers Centre; William Chitolie, Focus Resources; Sue Bateman, Action For Blind People/RNIB; Shirley Holloway, South Glos Council - Councillor; Louise Wearne, The Care Forum; Ellie Gleeson, DHI (Developing Health And Independence); Lisa Bryant, NHS South Gloucestershire

Big Changes for the NHS; What Will It Mean for South Gloucestershire? Speaker: Louise Rickitt, Director of Service Development, NHS South Gloucestershire

In July, the government published the white paper for health, stating that primary care trusts (PCTs) would be abolished from 2013 and that commissioning would be handed over to GP consortia. At the moment, PCTs commission for a wide range of different services. It is assumed that acute sector services, mental health services and community services will all be commissioned by GP consortia. It is expected that the more specialised end of commissioning will be the responsibility of the National Commissioning Board (NCB), with less involvement of the consortia. The NCB will also commission primary care services. The PCT now also deal with dentists and opticians and there are some thoughts about services with RNIB. The changes are wide ranging and there is still a lot to be worked out. The NHS operating framework is published each year explaining how it will work for the rest of the year. It is due out in a few days.

South Gloucestershire is working very closely with its single GP consortium. There is a very committed group of GPs running it. It is one of the few pathfinder consortia to trial and show the way forward for GP commissioning. We hope to see a very smooth transition and that there will not be significant disruptions in terms of delays and decisions.

Q: How many consortia could there be developed in South Gloucestershire? GP practices are private businesses that make a profit. Are all the GP practices private businesses or are any wholly NHS owned in South Glos?

A: There is one consortium in South Gloucestershire and there is no intention to change that. Throughout the country, all GPs are private practices contracted by the NHS. In some cases the buildings are owned by the PCT, for example, the new Westgate Centre in Yate and rent is paid to us.

Q: The NHS has made great strides in the last ten years in engaging with the public, but GPs don't engage. How is the consortium going to be engaging with service users and patients?

A: They will be looking to the PCT to help them. The consortium has an executive group which will be setting up an organisation to support them and the obvious people they will be looking to for support around engagement are Louise Winn and Nigel Roderick (public involvement specialists at the PCT), but the arrangements are not yet known. GPs are aware of their new responsibilities and when they need advice, they will be talking to Louise and Nigel.

Q: How public are those discussions? What about engagement being built into the process?

A: It's a bit too early at the moment, but I'll take that back and feed it through to the consortium Chair.

Q: Some GPs work holistically and some don't and that is my concern. How do organisations have the necessary relationships with GPs to ensure holistic thinking about commissioning in the future?

A: The consortium has not yet decided the extent to which individuals will be doing healthcare management rather than looking after patients. It is possible that there will be a team of healthcare managers, possibly made up of people who already have that knowledge in South Gloucestershire.

Q: What about existing contracts with the voluntary sector?

A: We have a transition plan in the PCT. One of the items is making sure that all the contracts and grants we have are handed over in an organised way.

Q: What is the voluntary and community sector's (VCS) role in this? What steps can we take? Will we have a place on the consortium?

A: We don't yet know what the legislation will look like or what the requirements will be. We do know that the government has acknowledged that there is a potential conflict of interest in GPs having both a provider and commissioner role. The NCB will make sure that things are managed in an open way. There has been a series of government consultation papers out, the one about choice is still open. We are looking at how we can make sure that patients are offered a choice of different service providers. There is an opportunity to think about if you want to respond to that consultation. The government is making one of the biggest changes on the provision side and there is a very significant opportunity for the voluntary sector to expand.

Q: If there is to be a choice, the GPs need to know about the entirety of the voluntary sector.

A: The government is talking about creating a register of providers for larger VCS organisations with a national presence. I don't know how that will work locally or if there will be a local register.

Q: As an umbrella organisation, we have struggled to make links with GPs. Can you guarantee to support us in making those links?

A: We have to get the timing right. I'm not convinced that now is the right moment, but the first half of next year will be. At the moment, the consortium is trying to understand its new role and last week appointed a GP lead for mental health. They are beginning to think about community services. There is a balance to be struck between not being too early or too late. I think that quarters one and two next year will be an important time for building those relationships.

A: David Harwood (DH) explained that he has worked for many years within the VCS, he now works one day a week with the Information Services Team for The Care Forum, but is also a Non Executive Director for South Gloucestershire PCT. He stated that it is difficult, that they really don't know how everything will change and that there is no hidden agenda. He added that he is also Chair of Improving Patient Experience Committee (IPEC) and half the committee's membership is non NHS. IPEC is having a meeting in January at which it will be discussing how its role will be transferred to the consortium. The idea is to co-opt someone

from the consortium to see how the public are involved. They will do their utmost to ensure maximum good comes out of this period of massive change. The programme for the disappearance of the PCT has been set before the detail has been worked out.

Q: It is alarming that in this major revolution the GPs don't know how they will fit in, let alone the voluntary sector. I am concerned about lines of accountability.

A: From a South Gloucestershire perspective, we expect things to be clearer in three months time. The consortium does not yet have a formal structure, but is working with the PCT to do so. On Wednesday, we hope to find out how much funding we have. We do expect that in the next financial year, they will have the beginning of a support team in the consortium. In February or March, we should be in a reasonable position to know who to speak to.

Q: We've been regulated to death over the last ten years and it is very prescriptive. Has the government given any hints about structure?

A: We should see that soon, we are waiting for the legislation.

Q: As a care provider, we have a good relationship with commissioners at the moment. How do we find out who the new commissioners are and get in touch with them?

A: You might know them, as the consortium might decide to have staff currently at the PCT. My personal view is that it is a bit early to be contacting GPs, but understand the anxiety.

Q: Have there been any announcements about checks and balances?

A: Not really.

Q: The people who know what is needed are the people who use the service. There will need to be a good relationship with Healthwatch as well as The Care Forum and the voluntary sector.

A: We do need to think about how to make sure that relationship happens and are working together with the PCT, so that the learning can be passed on. It's still a bit early.

Q: But we don't want to find that it is too late and that we have missed the boat in building relationships with the new consortium. I hope that there will be champions for lots of different conditions, for example, older people, autism, dementia etc.

A: We haven't got there yet.

DH: We need to be aware of when the commissioning will start.

A: There might be some commissioning from 1 April as South Gloucestershire is a pathfinder consortium. We don't yet know how it is going to be made real in the next financial year.

DH: The PCT is not due to be abolished until the end of March 2013, so that would be the maximum transition period.

A: I can't stress enough that in South Gloucestershire we have a good, close working relationship with our GPs. I hope that means that the transition will be relatively smooth here.

Q: Following the major announcement in July, there was a lot of concern and needs assessment is a problem. All of our mental health services are provided by Avon & Wiltshire Mental Health NHS Partnership Trust (AWP) which covers a wide area, Can we do it just county wide?

A: I understand that you don't want to miss an opportunity. The consortium needs to get people in place. It will change rapidly in the next year. I don't want to see the links that have been made or the relationships disappear. With regard to needs assessment, there is a public health team which will provide the baseline for the needs of people in South Gloucestershire. For example, in informing the strategic plan, it was found that carers were an area where more work was needed to be done and that is why we have done so.

Q: How will the market be regulated to ensure monopolies don't start to dictate choices?

A: I don't know. The white paper says there will be a new economic regulator (for both the private sector and NHS, although I don't think it refers to the voluntary sector). The new regulator will be based on Monitor. The Care Quality Commission will continue to do its part.

Q: The voluntary sector has often tried to give GPs a database of voluntary sector organisations, but they have fought against it. The voluntary sector is part of service delivery and stops it being just the medical model. Therefore we need to be there right at the beginning.

A: I hear what you say and hope that within the South Gloucestershire community, that GPs are already well aware of the social model. There's a definite learning curve.

Q: I work for a national organisation which has already seen the impact of the PCT cutting down on our service. How will services be affected in the interim period?

A: We will do everything possible we can to make sure it doesn't happen. There is quite a debate within government about how to manage change at a time of budgetary restraint.

Q: We are a children's charity and children will still require a service.

A: There will not be a void in terms of responsibility for purchasing services. The PCT may delegate some services to the consortium.

Q: Some PCTs have stopped commissioning services because of the finances and it's a big concern.

A: It is a challenging situation at the moment.

Q: We've set up the Staple Hill Health Forum, which has proved to be a success. Suddenly, there is a period of confusion. If we have questions, to whom do we address them? Will our work stop and will our questions be fed back?

A: I can give reassurance that you can continue to talk to the PCT at the moment. We are in a transition period, but there will be someone to talk to, probably some time next year.

DH: These meeting notes will go to the PCT and we can ensure that they go to the appropriate contact in the consortium. It will be on the Improving Patient Experience Committee (IPEC) agenda and I suggest that The Care Forum invite a representative from the consortium to come and speak.

Q: My concern is about the voluntary sector and service users in any change process. There is a lot of good stuff that already exists, but they may be excluded from the decision making.

A: Everyone recognises the role that David Harwood has championed for the patient experience and voluntary sector on the PCT Board. We have said to the consortium how useful that learning has been.

Q: With the transferring of community services to NBT, what is planned after two years? How will it be decided?

A: There aren't detailed plans for after two years, but it gives us time to think about what we want for community services in the future.

Q: I hope that there will be cross-border work with other consortia nearby as the borders are very close.

A: It does and will happen.

Gillian Turner, The Care Forum, thanked Louise and reiterated the need to keep talking to the PCT. She asked that the PCT support the voluntary sector in making links with the new consortium and that as soon as was practicable representatives of the consortium come to a network meeting and begin talks with the sector. She said that it would be very useful to know as soon as possible who the key contacts are and added that there is no information about the changes on the PCT website.

Next network meetings

24 Jan South Gloucestershire and Bristol Older People Network
16 February South Glos Health and Social Care Meeting with Peter Murphy, Director
Community Care and Housing

Evaluation:

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

- Finding out about GP consortium
- Muddle
- List of concerns from voluntary sector
- Concern for need for user involvement (awareness) within development of GP consortium
- Greater awareness of current situation
- Understanding some of the wider issues for the voluntary sector in relation to these changes
- Opportunity to hear what the latest situation actually is. To hear how other groups are feeling about the situation
- There is a need to involve the voluntary sector and the threat that things will go ahead without them
- The choice to raise concerns
- A better understanding of the proposed changes in South Glos
- understanding GP consortium situation
- Shared concerns vol sector and service users views may be lost - uncertainty
- The lack of information available on this topic
- uncertain future for health services, both current and future commissioning

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

- Future of Frenchay hospital site
- Implications of equality and diversity Act Oct 2010
- Spending review/funding implications etc
- Does vol sector organisations need to review how they talk to each other/work together?
- More information
- Voluntary sector involvement in future care provision
- Impact of specific services on the vol sector i.e health visiting/A&E
- As described - impact of spending review and other changes for sector
- Meet the new commissioners. Purchaser/provider splits
- Continued meetings from this one - same topic
- GP consortia rep to come to meeting? Also being kept up to date on way forward and how this relates to localism Bill.

Are there any other comments you would like to make?

- Thanks care forum for working so hard to keep us informed
- Late start
- Thank you
- Q+A was useful. Would have liked a short presentation with highlights
- Time of change and uncertainty for vol sector - how does this fit in with localism?

Content	Average mark (out of 5)
Understanding of subject at start	2.3

Understanding of subject at end	3.1
Sessions	
Speakers	3.4
Other elements	3.5
Organisation	
Pre-event information	3.9
Facilitation	4.3
Organisation on day	3.9
Venue	
Access	4.5
Refreshments	4.6
Standard of room	4.1