



Tuesday 6th November 2007

South Gloucestershire Workshop Notes

Workshop 1

Q. Is there anything in the plan around bereavement counselling?

A. We do provide funds for St. Peter's Hospice

Comment: (Bristol Bereavement Counselling) We also look at other issues such as life threatening illness. We cannot meet the need and often have to refuse peoples requests We have had to close our help lines on more than one occasion this year because of the sheer volume.

A. The PCT have identified this area and there is something in the section around palliative care.

Comment;: I would like to say that it is important that there is arrange of services for people in this area and not just the palliative ones.

A. We are aware of these issues and it is on our action plans to look at it and take back to our end of life group.

Comment: One last comment . It is important to recognize that this effects all ages and not just the elderly.

Q.I would like to ask how you 'carve it up' between yourselves and Adult Community Care when complicated or ill defined groups are considered. I am thinking about complex needs groups and others such as those on the autistic spectrum.

A. There are gaps in provision for autism which we must look at. We are increasingly working with our ACC colleagues to provide more joined up services. There are moves towards single assessment and clearer care pathways. At present there is still "blurring"

Comment: I understand that more care in the community will only be paid savings on inpatient care- I further understand that £1million has to be saved this year.

A. We have put £1million more into community based projects to prevent admissions.

Q. On page 10 of your document you mention the older persons strategy consultation which is lasting into November. I have not heard about this. Where is it going to be?

A. It is not a specific event. We plan to hold a series of events and also work with different groups have mail shots and other publicity.

Q. Will there be a separate consultation around elder mental strategy?

A. I am not aware of one.

Q. How do I get involved with the Disabled Childrens Strategy

A. I will pass on the appropriate commissioners details. A public consultation on CAMS is scheduled.

Q. My query is about partnership working. I do not think that the NHS are very good at working with the sector. How are you looking to change I think you are ultimately losing out – we are after all often experts and deliver effective and efficient services.

Comment :We run a crisis pregnancy Service and a teenage pregnancy service including counseling for loss. This is not funded by the PCT.

-You must look at more imaginative ways of delivering your services.

-There are too many hoops to go through to access commissioning..

A. We are looking at this.

Q. Dementia is not dealt with in the document

A. We have issued a report which will be part of the report of the dementia partnership board.

Comment: The projected increase by 2012 is set at 52%. How are we going to cope? Is this going to be addressed in the strategic plan?

A. This is part of the Partnership Boards work.

Q. Will there be any provision for prostate cancer screening?

A. Not at present. I am aware that there is some research and it is not clear from that how effective this is.

Comment: Surely there needs to be some flexibility around some of the targets . They need to be agreed not imposed.

A. We have little or no flexibility around most of the targets - they are imposed by national government. However we are looking at things like the choice/wait agenda and use a more common sense approach.

Phil drew the workshop to a close and thanked everyone for their contributions.

Workshop 2

South Glos Workshop with Ann Jarvis

Q. What is the procedure for getting funding from the PCT? We have a high number of referrals from health professionals but we get no funding from health.

Also some work in South Glos is funded by Bristol and not South Glos.

Do PCTs work together to commission services?

A On new services we collaborate but this is not consistent and is on a minority of services. There is a mixed picture with most voluntary organisations moving to a service provider model with SLAs. We need to be clear about how this commissioning fits with our overall strategy.

Q We need to know the process and how we are being allowed in. We could provide a service which results in the outcomes you want but finding a way in to PCT processes is like swimming through treacle.

A We tend to commission at the edge. We don't review services every year we look where the problems are. We don't look at who the provider should be. The contestability framework is a way of opening it up.

GP commissioning could also open up better ways of doing things.

Q We get referrals from GPs but how can we get money from them?

A We are devolving budgets more and more. GPs are embryonic commissioners. They have a better understanding of the local populations needs. Will develop locality plans and identify gaps eg counselling

Q The agenda on counselling is government led.

A There is a national drive but South Glos is a bit ahead.

Q Who identifies what the needs are? I am concerned that GPs will be responsible for that.

A GPs see patients everyday. They see a lot of social issues.

Q GPs don't engage – they haven't done it in the past so why should they do it now?

A Primary care also includes nurses, health visitors, social workers etc who also have an understanding of needs.

Q How do we contact GPs? Do we do it individually or is there an organisation

A Some practices have got together in consortiums . Some are still individual.

Q The Care Forum has been working with the PCT to try and organise a meeting between GPs and the voluntary sector on commissioning. It would be an opportunity for them to meet and begin to work together on commissioning. Voluntary sector groups are very keen that this meeting go ahead.

Q For South Glos residents there is a feeling that there is a lack of choice when it comes to fertility treatment providers. Also the number of cycles available is reduced. In South Glos there is no voluntary sector organisation to take issues forward around fertility treatment

A We have asked should we have one main provider – how do you identify that main provider. People wanted to provide good outcomes and local access. If we are not offering four or five choices we have to explain why. The reduced waiting times will also apply. IVF is more difficult because there is no national price.

There is now a requirement for the NHS to consult more regularly on commissioning . We need a variety of ways to contact the population. The new Links (replacing Patient and Public Involvement Forums and community health councils) will also offer an opportunity.

A. On funding processes we have an annual cycle. At the end of January we produce a costed activity plan for the full year including the number of operations etc. It covers three years but the first year is more detailed. It includes national drivers

Q So if the voluntary sector is not engaged by January we are unlikely to get funding.

A We want to find providers who can fit PCT targets. The voluntary sector doesn't really engage through the Local Delivery Plan process . The way in is likely to be through contestability. For

example recently the PCT Board decided to contest the Children and Adolescent Mental Health Service.

Q How would we know you are contesting something – how would we know there is an opportunity for us

A Large-scale contracts must go in the European journal, public board papers , Overview and Scrutiny Committee.

Q Information could also go in voluntary sector newsletters. You need to keep us informed.

A Also we could invite the voluntary sector to be on the panel with PCT for contestability. We need to be asking do we get good feedback from our local population?

Q How do we know who to contact about the possibility of getting SLAs. Who should we contact in the PCT.

A Tony Jones in the PCT could be first point of contact and will signpost.

Q Importance of providing evidence – we need to provide evidence. There is an example of a surgery in Devon which appointed an information worker and actually saved money as a result of signposting people to appropriate, often voluntary sector services. How could we get something like that here?

A Write in to the PCT with a proposal.

Q Room 102 has information which surgeries could use.

We could have a joint project with the PCT to promote voluntary sector services to GPs – they need to know that we can save them time and money and provide good services.

Q. GPs are not accountable they cannot be forced to engage.

Q How are GPs forced to provide things from their budgets, how does it work?

A GPs are obliged to work within the PCTs overall policies for South Glos, for example they have work to 8 week wait target but they may find better ways of getting to it than the standard ways. Eg urology pilot- where they found an alternative to using hospitals for a number of tests beforehand.

Q GPs counselling services - patients then have to pay for it

A GP could use mental health budget to pay for it.

Q Is this document written with social services?

A The Over 50s part is joint – older people and learning difficulties is joint. Coronary heart disease is by the PCT. It is not as integrated as it should be.

Q Is more money going into these areas?

A Will have more money as the shift to community services occurs. With payment by results everything will be costed eg it could be cheaper to pay for a carer for older person rather than hospital. Knowing the costs will allow choice.

Q Do GPs have this information and awareness?

A Community managers and others are attached to practices and will work with GPs.

Q Voluntary sector will also be involved - more work will fall to unpaid carers.

We need a good level of partnership working to ensure they have support

A South Glos has higher level of hospital admission than national average – people are going in unnecessarily.

Q It depends where budgets come from. It may cost more but if it doesn't come from GP budgets it won't worry them.

A The biggest problem of that type is between NHS and social services

Q There are more services in Bristol – rapid response, rehab etc that are not in South Glos. Why can't there be the same system as Bristol.

Q We need shorter-term rehab for younger adults. There is nowhere other than Orchard view – it would be preventative

Young people with stroke – there is a gap. Giving carers a break can sustain them in the caring role but there is nowhere appropriate

Q Because there aren't targets for that group of people. People of working age with particular problems don't fit into these categories. In the voluntary and community sector we struggle with the evidence base – so much of it isn't. We are trying to use qualitative not quantitative data. We need to give evidence to fit in with targets.

Q Or we can challenge what is being asked for in terms of evidence.

A District nurses etc are part of the primary care teams and can provide evidence.

Q Sometimes we are having to prove a negative – eg there are fewer children on the at risk register.

Q . There are boundary issues with some GP registration

Q. There are issues of basic care not being done such as feeding people in hospitals

The PCT will be discussing the second draft at the end of November following people's comments. They welcome feedback on the particular sections.

Workshop 3

With Tony Jones, South Glos PCT

Q I am interested in mental health. How will you engage the VCS in achieving the objectives? It is a bit thin in the draft.

A Do we need to work with the VCS on the planning and/or work with the VCS as potential providers?

Q Both. I am on the project board but there is the wider issue of how to involve the VCS.

A That is a good challenge.

Q My main issue is the commissioning process which should be transparent with the VCS as a central provider. I have only just heard through the grapevine about the CAMHS recommissioning. This is an example of how things are decided before it is properly in the public domain. Also, full cost recovery should include money towards the director salary and building costs. My being at this meeting costs my organisation £100. The commissioning agency should also be budgeting according to full cost recovery, hidden

costs should be more visible as are those of the VCS. Then we won't be told so often that service elements are too expensive. The VCS is very good value.

- Q Printing off the consultation document probably costs £10 in printer ink.
- A When we contest a service it needs to be an open process. I am sorry that you did not hear about the CAMHS commissioning and we need to remember that the VCS does not necessarily use traditional procurement media. In the NHS we do not understand everything about full cost recovery. In the NHS we do not understand everything about full cost recovery. We have not been costing everything. When we do service will appear to be more expensive.
- Q I shall be glad when this happens. A commissioner has said she would pay only an hourly rate for a sessional worker. She did not understand the related core and support costs.
- Q Tendering is meant to be open, so could challenge whether other tenderers have costed everything. Is it different when there is already a contract?
- Q We put everything on the balance sheet but if there is an internal provider, they do not cost many infrastructure costs. So the VCS tender appears to be more expensive so we are not considered.
- Q In my experience the public sector is treated less favourably.
- A Good point. If and when we do contest a service the PCT needs to be clear about the process, remembering about the VCS.
- Q But we need an equitable approach so no one can alert individual providers.
- A Oversight that the CAMHS tendering information did not go out from The Care Forum on the mental health network, only on the children and young people networks.
- Q Is intermediate care included?
- A It is part of what Derek is involved with. The PCT and the Council are developing a strategy for older people's mental health services through a project board. In spring there will be proposals for a 3-month consultation. Intermediate care may be included if relevant.
- Q End of life care issue: the degree of palliative care needed for dementia patients over many years is a great concern, and what is needed by them needs to be extended well beyond current parameters of palliative care. This is missing from national policy. I would like Bristol and South Glos PCTs to take note and extend the category to include dementia patients.
- A So the period of support will be longer than the general average.
- Q No training budgets for health visitors has had a knock on effect. A South Glos manager has applied for a grant to train one staff member.
- A The big shift from acute to community care requires a training resource and needs to be picked up on P.92. Your managers can also raise the issue with the PCT.
- Q I think there will be enormous demand for respite care. It is difficult to get funding. Is it from PCT or social services?

- Q It is the same problem with intermediate care, where to go with it?
A So is there a shortage of respite care?
- Q Yes, and the PCT cannot help us provide more beds or a day care centre.
A The strategy misses a strategic view of respite care.
- Q We would be willing to provide the beds, but only if enough people can access funding.
A This is a particular joint working issue between the council and the PCT.
- Q Personal experience of the end of life care illustrated the problem of which agency provides the service.
A Hence the emphasis on partnership working to enable care packages to be put together.
- Q Mental health services in North Somerset have the same problem for people with individual needs with a certain mental health issue when they need services provided by one agency and funded by another.
A Lack of co-operation between the Council and the PCT has been recognised and a board has been set up.
- Q How does the PCT manage the problem that South Glos is not such a big authority as Bristol. The morning group is much bigger. Some VCS organisations have left, and South Glos is seen as second fiddle. Organisations which have got a Bristol base and services could benefit from engaging with South Glos.
A Interesting issue. We talked about doing two separate meetings but some people would have to go to two meetings. Debate about having one big PCT but others felt South Glos needs would get lost. There is a thriving South Glos Health & Social Care network, so should we bring them together more? It is not necessarily that it is second fiddle, rather that it is different.
- Q No Mind local organisation between Bristol and Birmingham. Rethink runs the South Glos network and people think it is Rethink so would like to encourage more user involvement.
A No easy solution to relationship between Bristol and South Glos PCTs.
- Q We find working across both that some approaches work better in some areas than others. Projection for dementia in Bristol is only 5%, but 55-60% in South Glos because of the different age profile and demographics.
A But overall numbers may not be that different as distinct from the percentages.
- Q The budgets are proportionately different.
A If you find things that are useful to you in Bristol PCT then let us know in South Glos PCT.
- Q Until recently AWP has had separate governance for South Glos and Bristol and has now merged them. But could not talk to each other and combined Board is chaos because computer systems etc are so different.
- Q The institutional response to the upward trend of the elderly population is pass the parcel. The number of additional people who will become carers is not being talked about. We need to talk about this.
A Demographics predict that there will be more carers with greater burdens.

Q A VCS worker expressed that some people access VCS services more readily and easily than statutory services.

A For older generations it used to be a disadvantage to have mental health 'record' when going for insurance, jobs, etc. This may still be having an impact on going to statutory services.

Q it is part of the care pathway strategy when doing need assessments. People ask about one service and don't know or ask about other appropriate services. We need a whole person approach to things.

A The PCT can learn flexibility from the VCS. Some GPs are bringing in more services and referring to more.

Q Early intervention for moderate depression can save money if available so that they do not move into chronic depression.

Q The community psychiatric service now has a triage system.

A We need to include in strategy more about talking therapies.

Q The most exciting part of the CSR was the resources for talking therapies. What thoughts are there to have constructive dialogue about decommissioning?

Q Communications and relationships need much more resource and can be systematised in signposting and handholding services.

Q Alzheimers Society is doing this signposting and handholding.

A There is a tension between rapid process and time taken to develop a conversation about the bigger picture.

Q If GPs passed on patients to the VCS it would be a cheaper option than GPs doing the signposting themselves.

Q The VCS can be the dumping ground. With signposting we have to ensure that people don't fall into a chasm of under resource. High quality information is essential if signposting.

A Difficulty for the VCS to get into how GP practices can be approached and the linkages possible.

Q For practices to be more aware of what the VCS can provide?

A Yes.

Q It is about building relationships with the VCS.

A As South Glos Localities develop it might be worth thinking about how to inform GPs about VCS services.

Q But GPs get too much information.

A Which is why a signposting service is needed.

Q Does The Care Forum work with Room 102 – it is good and accessible?

Q Yes, but it is not mainstream funded.

Q GPs have said they just want one number to ring.

A That is useful information.

If you can get in additional comments by the end of November then they can be incorporated into the draft to go to the SHA, and could carry more weight. The draft is on the PCT website, or we can send out photocopies. There is also a one-page guide to the document.