**Questions and answers from the AGM held on 10 September 2020**

**Panel**

Andrew Girdher, Clinical Chair – AG

Tracey Cox, Chief Executive – TC

Caroline Gregory, Chief Finance Officer – CG

Gill May, Director of Nursing & Quality – GM

Suzannah Powers, Governing Body – SP

Caroline Mellers, Crisis Work stream Lead – CM

Lucy Baker, Director of Service Delivery – LB

Julian Kirby, **Lay Member for Patient and Public Engagement** – JK

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| **Q1** | **How confident are we at meeting the 2021 target of delivering a single view patient file that work across all areas of the health system?** |
| A | Answer: AG  We are working towards having singular software to have access to all patient information. Such as past medical history and other points of access.  Answer: TC  We are using Graft net as our IT solution of joining up the information we hold about patients across the system. It is it is already up and running across BaNES and the plan is to roll it out to Swindon and Wiltshire.  This is a beneficial tool because we can see what has happened before for a patient and other services they have accessed. Virgin single point of access hub is a good example as they can decide and determine what might be the next course of treatment for the patient. Without it they can be unsighted on the patient’s history.  We do have a plan to roll this out across BSW. |

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| **Q2** | **CCG running costs per sector could they or will they be reduced by the merger?** |
| A | Answer: CG  There is a national expectation to reduce costs by 20%. As a result of merging and utilising our resources we will be making savings on the running of the organisation. |

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| **Q3** | **Why is there a differential on the amount per patient in the different sectors?** |
| A | Answer: CG  Each organisation has a target based on what nationally they perceive to be their local population. This is based on age, gender, how they live and other determinants. Wiltshire for example, because of the nature of its population is predominantly rural. Their health costs are deemed higher than Swindon and BaNES. Proportionally they are expecting to be spending more on their per head of population. |

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| **Q4** | **In Swindon Borough they are spending 80% of their finance on adult social care. We are an aging population in Swindon, so I still don’t understand the differential.** |
| A | Answer: CG  They take several factors into account based on a national formula – age, gender and other demographical factors such as deprivation and rurality and all those factors are weighted. |

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| **Q5** | **Improvement in IMH and getting rid of them - I am a patient at Moredon Medical Centre, and it is going to take 6 weeks to get a medical review. So, we are not out of the fire yet. It is a terrible situation to wait 6 weeks. Moredon is not very good at all** |
| A | Answer: TC  Thank you for that feedback. I do acknowledge we have more work to do such as getting more permanent staff to increase availability; it is still a critical area of focus for us and we are working very closely with the practice on that. |

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| **Q6** | **Repeat prescriptions in Swindon – why haven’t we moved to a digital platform across the CCG?** |
| A | Answer: AG  We are using the NHS app that allows patients to order repeat prescriptions. There might be a small issue in Swindon with the POD system which doesn’t allow integration into the App. We can take that away to look at, but we are aiming to be as digitally friendly as possible. |

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| **Q7** | **There remains a serious risk at the end of the implementation period for Brexit. We are expecting a major interruption to UK national trade. What does this mean for staff employed by the NHS, who may have to leave their post and may not be replaced? Also, what will be the impact on medical supplies?** |
| A | Answer: AG  I have been reassured our local pharmacy provision hasn’t been affected by any gaps in service provision. There have been some drugs out of supply but that has been a nationwide issue not related to Brexit. In terms of staffing I do not know as we do not commission pharmacy staff. This is something we can take away. |

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| **Q8** | **Can you give information on who is responsible for the patient experience plan? Is it purely clinicians or have external bodies been involved?** |
| A | Answer: GM  Engagement of patients and the public has been through our forums and Citizen Panel. We do need public and patient involvement so if you are interested please do get in touch. There is also Healthwatch and they are crucial to this as they have lots of members who can provide insight.  Answer: SP  The CCG has gone to extraordinary lengths to offer people the chance to get involved in what we do. We have the Citizen Panel; we also have patient experience groups which operate across the patch in slightly different forms.  There isn’t one system for all that makes sense because there are different patient groups within different needs across our geographical area. |

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| **Q9** | **How can we reach the people who feel both physically and metaphorically disconnected. Especially those with mental health who are in a dark place and just don’t know how to find the resources to help?** |
| A | Answer: CM and LB  BSW is offering many different opportunities in trying to connect. There have been several phone lines and places of calm. Over time people will become more aware of them and with self-referral and word of mouth more people will be able to access support. The Crisis team is trying to come together with the likes of 111 and develop a directory of resources so that people can learn more about what is available with GP’s and as many agencies as possible.  Answer: LB  Making sure people are aware of what is out there – Crisis is one of six work streams and our absolute focus in mental health is early intervention and prevention. We are looking at how we can get the right services in our communities so people can reach out for help across BSW, third sector and other providers.  We are working with what already exists – wellbeing practitioners and befrienders ensuring what needs to be expanded can be. So, people can access the right help early to avoid preventable crisis.  We want to give reassurance but our whole Thrive Strategy is to promote self-resilience, to have community resilience so people can understand where they can go to get help along with those services that are provided locally. |

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| **Q10** | **What is being done about the availability of treatment services?** |
| A | Answer: LB  This has been challenging during Covid, we have had to look at how those services have been delivered. Services such as IAP which is a mental health therapeutic intervention has been open virtually. One of the things we are spending time doing is making sure the changes made during Covid are actually the right services for those with lived experience.    Many people have told us they miss group and peer support sessions. They have been difficult to restart due to the measures required to meet social distancing and what is needed for the planned restart of those services.  If anyone is concerned about accessing these services, please get in touch. Whilst we are in the place where the majority of our services are open, some are still virtual only.  Our focus has been to continue working with our partners to make sure we are delivering the right services. We are looking at how we can increase that therapeutic offer, enhance psychological offer online and improved bereavement support. |

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| **Q11** | **There has been a substantial increase in the flu vaccination cohort. Has the Department of Health made funds available to meet this? Are there facilities for GP’s to have their own blood test analysis and are we aware of any of these in our CCG area?** |
| A | Answer: AG  Regarding blood, it’s about efficiencies around having reliable blood monitoring at GP practices. We have tried increasing the number of pick-ups for labs. Some surgeries have blood spinning machines to ensure bloods are spun so they can be collected the next day. We are using some innovative solutions, but we need to ensure consistency for the likes of rural practices.  Answer: CG  There has been financial support for Primary Care during Covid but during this period, the financial regime has changed significantly. In the past the CCG had a pot of money as shown in the slides and the CCG would determine the best use of that money in consultation with its providers in Primary Care.  For Covid related costs, the CCG can draw down from NHS England which correlates with the Government saying money is not an issue in covering clinical care. |

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| **Q12** | **Discuss around engagement** |
| A | Answer: JK  There was concern when we took over three organisations that there were very different patient engagement offers going on in the three separate CCG’s. We didn’t want to stop anything just because we changed our organisations. We have made sure that we keep supporting those mechanisms that work.  In the meantime, we have worked up something that will work for all. We want to get more people engaged; we could have had something slick from an organisational perspective but might not have worked from a patient or public perspective. What is difficult is that everyone’s needs are many and varied; it is not just where you live but all the other demographic issues behind that.  The research we are doing is to make sure we are representative of our area rather than just do something for the sake of it. We wanted to do something really good which is why we have designed the Citizens panel. |

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| **Q13** | **When will personal wheelchair budgets be introduced?** |
| A | Answer: TC  Our programme of work and plans has been impacted by Covid-19. There was a national expectation around the expansion of personal health budgets, but we have not been able to do the work necessary to fulfil that obligation. That work is currently on hold so unfortunately, we do not have a date currently.  I realise for wheelchair users; this is a very important issue and we are hoping to be in a position to support in this area in due course. |

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| **Q14** | **Are GP’s going to get financial support whilst observing Covid constraints having to put on more flu clinics and time to ensure our patients are covered?** |
| A | Answer: CG  We are waiting across the NHS to see what the financial regime will look like for the later part of the year. We don’t know yet, but we are hoping it will continue as it has done previously.  We will be able to support the requirement to meet the needs of the patients from a Covid and ongoing clinical perspective.  Finances have changed and the financial arrangements were made clear for the beginning of this year. They will be tweaked and amended slightly; the aspiration is that the systems will have the financial load to operate for the remainder of the year. |

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| **Q15** | **You can see people are being failed by the system such as young people and mental health when they are transferred to adult services. There are not adequate services and there is a failure to invest in treatment. How will you address this?** |
| A | Answer: LB  This is a historic issue and transition is a key area with a national drive looking at developing new services for people aged 16-25 years old meaning transition will be a better process.  Locally, we have multi-disciplinary sessions where there can be an individual assessment for each child and young person as they move to transition. This is to understand when the right time to do that is and how they are supported to do that.  This is in a much more individualised way as opposed to that cut off due to age.  The CCG has a mental health investment standard that looks at how much money is spent on mental health across all sectors and providers. The CCG has invested in mental health and continues to do so. There is more money flowing through nationally to support the transformation of mental health services. Our aim and focus is to work on co-creation of what we need to change to make it better with the ability to help us invest in the right things and the places.  Answer: TC  We have been in a period of austerity but there is now a strong focus nationally on children and young people’s mental health and transition. We are being held to account year on year that we increase that investment in mental health across BSW. Doing that collaboratively with our providers, agreeing what will make the greatest benefit and change for local people.  Finally, I think there is a good strong emphasis that was perhaps missing nationally in relation to the mental health agenda. We are unclear about what the future looks like, what the next spending review looks like and what that will mean but, here in the CCG, there is significant commitment to the mental health agenda which we will of course uphold.  We know the level of demand is higher than the resources available, but we are absolutely committed to the mental health investment standard to make improvements in this area. |