All groups wanted to put additional funds into antenatal education, identifying mental health problems in new mums and offering support.

All wanted to save money on prescribing medications available over the counter, though some concerns were noted for some people with particular long term conditions.

Clinical thresholds for treatment - GPs should have the conversation with patients rather than referring them on straight away. Give patients the option with the clinical information to make a Generally, people felt patient transport should be limited to people unable to use cars

Rotherham Clinical
Commissioning Group
Annual General
Meeting 6th July 2016
11-2pm, New York
Stadium

What people told us about services and our

It's really important to involve people in decisions about them and their care.

Information, communication and consultation must all be a

Opinion on morbid obesity surgery was very divided. Some people saw this as preventative, and saving money in the long term. Others saw the issue as one of personal responsibility.

Tell people how much things cost! How much it costs each year, how much they can buy it for in supermarkets and the saving.

Opinion was divided on having consistent services in all GP practices. Equality of access to all services was seen positively, however it was acknowledged that areas are very different, and that practices need to be able to meet very different demographic needs.

'It's really hard to decide which service sare are most important, none of the decisions are black and white. Talking to patient about these decisions is vital'

Gluten Free – what about people who are lactose or celiac, why is it fair that they get it and others don't? Do people need to eat bread and pasta; can't they eat rice and potatoes? How many meals, how many does it feed for the cost?

All who discussed the issue felt patients should automatically be moved to generic, cheaper drugs

All who discussed the issue felt that procedures such as removing moles and verrucas that are not dangerous should be stopped

At our AGM, people had the chance to become a commissioner for an hour, using scenarios reflecting the very real budgets and challenges of a CCG. The text boxes here are some of the things people told us.

Formal AGM and GP panel

Dr Julie Kitlowski opened the formal AGM, and introduced presentations from the Chief Operating Officer, Chris Edwards, and Finance Officer, Keely Firth- these are here. - http://www.rotherhamccg.nhs.uk/Downloads/About%20Us/agm%20presentation%202016%20-%20final.pptx Key themes were celebrating the huge amount of safe, great quality activity the NHS provides locally, while acknowledging the challenges of increasing demand for all services. This was followed by a question and answer session, which is shown as a summary in the graphic.



Information stands

Information stalls were available on the following:

- Medicines waste and self-care updates on the campaign and discussions around low cost items on prescription
- Emergency Centre virtual walk through of the new centre
- Mental Health updates on transforming services, and new developments
- Locality Services demonstrating how the pilot scheme at the health village will work
- Rotherham Healthwatch information on Healthwatch work and useful contacts
- Patient Online information and resources
- Clinical Thresholds discussion on what treatments are offered, in line with NICE quidance
- Primary Care update on activity since the CCG took over commissioning GP services,

Feedback from these will be collated by the projects and used to inform future plans.