

‘Getting the Best from Rotherham’s Health and Social Care’

On July 5th, RCCG continued its innovative approach to its Annual General Meeting, this year working closely with the Health and Wellbeing Board on a day centred around Health and Care, this included:-

- Health and wellbeing board meeting
- Annual General Meeting of RCCG
- HWB Board presentation to the public
- RCCG Governing Body meeting

In addition, RCCG and partner organisation displayed information on stands; these included:-

- Primary care developments
- Mental health – with the CCG and public health working together
- Clinical thresholds
- Urgent and Emergency Care Centre Update
- Keeping Rotherham Healthy
- Rotherham Colleges
- Continuing Healthcare
- Voluntary Action Rotherham – Health Champions and Social Prescribing
- Healthwatch Rotherham
- Sexual Health Services

Rotherham CCG presented the Annual Report to an audience of over 60 people, members of staff, stakeholder organisations and members of public. After a break, this was followed by a presentation from the Health and Wellbeing Board. There was a lively question and answer session, these are captured below.

Questions to the Annual General Meeting and Responses

The CCG and Chris were thanked for a brief and to the point presentation. Healthwatch passed on their appreciation of the outgoing Chief Finance Officer’s work: and noted that RCCG responds to Healthwatch issues better than other organisations.

“All the stats are impressive, but I would like information around the public/patient/carers experience of what the CCG is delivering?”

Several people contributed to this response

RCCG has a strong commitment to listening to the people of Rotherham, many of the staff/their families live in Rotherham. We collate the opinions and experiences we receive, and use these to inform our work.

The CCG is a clinically led organisation; this gives direct feedback into commissioning from our local GPs, who daily have 100’s of interactions with patients.

There is a monthly report to Governing Body which gives an overview of the data that we get from the ‘Friends and Family Test’; which asks people if they would recommend a service. The CCG also works with Healthwatch to share what we are hearing, and triangulate the information we get. In addition we have specific events and exercises to target specific services where we need feedback.

“How many of the public are happy with the services?”

There is a strong commitment to listening and work continues to collect and collate patient experiences. Most of the data we get shows us that most people, most of the time are happy with services, (90%+, generally), and Rotherham services compare well with other areas. We also get formal data from national surveys including the annual GP surveys and

Inpatient surveys; and informal data from social media. We monitor all these data streams, and look for exceptions, where services fall away from average rates. The friends and family test data is available on most providers websites, and a national website.

“Does the CCG have any lobby power to get the same level of health care spending that Europe have ”

The CCG have no lobby power and is not a political organisation; if people want to raise this, they should raise it with their local MP. However Rotherham CCG would ALWAYS want to hear from anyone if they have concerns about the provision of health services

“How many health services are delivered locally by the private sector?”

Care UK Walk in Centre has been the biggest private provider up to now, but are now leaving Rotherham. There is also some high cost and very specialist mental health provision.

“In some area, agencies are competing to take on NHS services, and are outbidding each other”

This is not currently happening in Rotherham.

“If the 1% cap on public sector pay is broken (i.e. for nurses pay), who will pick up the deficit, the government, the provider/employer or the CCG?”

Currently, the pay cap stands; should this change, we would expect some national guidance around meeting the additional costs.

“ What are the markers used by RCCG for the quality, and how are the public involved in these”

Many of our quality markers are nationally directed; where possible we ensure that quality indicators reflect what we hear from patients and the issues important to patients. Quality markers are set as part of contract negotiations; for example trajectories to reduce c-difficile and MRSA. It's also important that we involve a range of people in this including strong and effective clinical leadership.

“Had been impressed with the funding of counselling for CSE victims through RDaSH; is there a strategy for funding services through the voluntary sector?”

RCCG does not have a strategy, but Social Prescribing picks up some elements of this. Targeted counselling sits with RMBC and RDaSH. Counselling specifically for CSE victims is not totally health related so a multi-agency, multifaceted approach has been taken across Rotherham to ensure links and interactions across agencies to ensure a range of support is made available to victims and their families.

ACTION Janet Wheatley, VAR made an offer to facilitate a meeting regarding the subject matter outside of the AGM.

“How is the integrated working of surgeries going to impact on sharing patients records”

Not everyone has access to patient's records. Records are only available to people providing clinical care. Records are not stored centrally and it will be up to patients as to how much information is shared. In the future we may need to further discuss linked issues, for example, how much data people would be happy to release to support demographic predictions (how many people will become ill, etc).

“Ambulance times are a concern, how will people get to services within time required for treatment”

This was noted as pertinent to the proposed changes to stroke services and concerns have been raised. Centralising some specialist treatment services will help getting the patient to the right place in time, and mean reduced overall transport times.

The decision on stroke services has not yet been made, however transport times will be reviewed and taken into consideration by the Joint Committee of CCGs as part of the decision making.

“Noted the increased spend on Mental Health for 17-18 to 9% but recognised a long way to go on making these services proportionate with other services.

RCCG continues to invest in Mental Health services and strives to attain parity. A key investment of £600k has been made recurrently in CAMHS (Children and young people’s mental health services); also continued investment in IAPT and mental health liaison services.

“Issues are currently being raised with Healthwatch by the deaf community, regarding BSL interpreting; this has meant that people have missed health appointments”

Post meeting note and action; RCCG are already liaising with Healthwatch on this issue. Concerns around interpreting at Rotherham Hospital are most effectively raised initially with the hospital at the first stage. RCCG are currently looking at the contract for BSL interpreting in GP practices; and are scoping deaf awareness training for practice managers. It would help the CCG enormously in taking this forward to hear of specific times and services when people did not get a service, and people are asked to contact the CCG directly with this information.

“What is being done on Alzheimer’s Awareness within GP practices?”

Rotherham CCG recognised that this was an issue, so has worked with practices to help them identify, diagnose and manage patient with dementia

Kath Henderson, CCG Lay Member for engagement concluded the session by noting that the CCG has a responsibility and a duty to engage, listen to the public. Our annual report shows examples of listening and how it has influenced decision making.