NHS Rotherham CCG Governing Body – August 2016

CHIEF OFFICER'S REPORT

Lead Director:	**Chris Edwards**	Lead Officer:	n/a
Job Title:	**CCG Chief Officer**	Job Title:	n/a

Purpose
This report informs the Governing Body about national/local developments in the past month.

Investors in Excellence (IiE) Awards

The CCG achieved Investors in Excellence (IiE) initially in May 2014, and in June 2016 were recertified for a further two years. The score at first assessment was in the top quartile of all results and the score for recertification had further improved.
The outcome and report was based on documentary evidence and information shared through interviews and focus groups during a two day on-site assessment on the 13th and 14th June.
A feedback session was held on the 13th July for Operational Executive members and members of the IiE practitioner team.
The feedback was very positive and identified areas to 'keep', 'do more' and 'do', of specific note was the visibility and personal involvement of senior leadership team, and the clear focus on 'What Matters Most' Other areas of particular strength were:

- The structure and content of the CCG's Commissioning Plan
- The Planning process, including the 'purpose on a page' and 'plan on a page'
- That the CCGs' values and objectives are cascaded through the organisation through the Personal Development Review (PDR) process, and were clearly demonstrated by staff feedback during the site visit
- A culture characterised by the open environment and ability of staff to comfortably approach senior managers
- Good stakeholder relationships and approach to relationship management
- Strong examples of collaboration with partners to develop services such as the design, build and delivery of the emergency centre

The report includes areas for improvement which the CCG will consider and action where applicable.

The Parliamentary Review

The CCG is to feature in the Healthcare Edition of the Parliamentary Review 2016 to be published in mid-September. It will showcase the organisation's best practice as a learning tool to the public and private sector, in particular policymakers in the healthcare arena. Key features of the Rotherham article include the fully integrated community model, the nationally recognised model of Social Prescribing and Rotherham's transformation of urgent and emergency care.

The healthcare edition will be distributed to over 35,000 leading policymakers including MPs, Peers at the House of Lords, NHS Executives, GP practice managers, government agencies and many more. The CCG will also receive 300 copies to distribute locally.

To coincide with the document's release in September, the Rt Hon David Curry will be hosting a gala evening in the House of Commons on Friday 23rd September.

NHS Action to Strengthen Trusts' and CCGs' Financial and Operational Performance for 2016/17

NHS England is taking action to cut the annual trust deficit, and sharpen the direct accountability of Trusts and CCGs to live within the public resources made available in 2016/17.

In a seven-point set of actions, NHS Improvement, NHS England, the Department of Health and the Care Quality Commission, have:

1. allocated an extra £1.8 billion to trusts, with the aim set by NHS Improvement of cutting the provider deficit to around £250 million in 2016/17
2. replaced national fines with trust-specific incentives linked to agreed organisation specific published performance improvement trajectories, so as to kick-start a multi-year recovery and redesign of A&E and elective care;
3. agreed 'financial control totals' with individual trusts and CCGs, which represent the minimum level of financial performance against which boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable;
4. introduced new intervention regimes of special measures which will be applied to both trusts and CCGs who are not meeting their financial commitments;
5. set new controls to cap the cost of interim managers in CCGs and CSUs, and to fast track savings from back office, pathology and temporary staffing for providers;
6. published the 2015/16 performance ratings for CCGs
7. announced a two-year NHS planning and contracting round for 2017/18-2018/19, to be completed by December 2016, and linked to agreed Sustainability and Transformation Plans.

NHS Improvement is setting out three areas for further action by NHS providers: managing excessive pay bill growth; accelerated implementation of Lord Carter's recommendations on back office, and the consolidation of unsustainable planned care services. Taken together, these are intended to deliver a provider sector deficit of around £250m in 2016/17 and the ambition that, in aggregate, the provider position commences 2017/18 in 'run rate' balance.

Access to the 2016/17 £1.8bn Sustainability Fund will partly depend on providers meeting agreed control totals and spending limits as well as their individually agreed performance trajectories for key waiting standards in A&E, Referral to Treatment (RTT) and cancer. The two national organisations are putting in place an A&E Improvement Plan and an RTT Recovery Plan to support providers in meeting these.
For 2016/17 onwards, NHS England is introducing a new approach to CCG ratings. CCGs will be rated in 29 areas, underpinned by 60 indicators, all made available to patients for the first time on the myNHS website. The new areas include six clinical priorities matching those set out in the NHS Five Year Forward View, which will be assessed annually by independent expert panels. These are: cancer; dementia, diabetes; learning disabilities; maternity; and mental health.

https://www.england.nhs.uk/wp-content/uploads/2016/07/strength-fincl-perfrmnc-accntblty-2016-17.pdf

NHSE Annual Review Letter

On 19 April 2016 NHS England met with the CCG to discuss the CCG's annual assessment for 2015/16. The assessment is attached. (**Appendix A)**

The link below lists all CCGs assessments for comparison:
https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/annual-assessment-rep-2015-16.pdf

CAMHS Locality Workers

As part of the RDaSH reconfiguration, a CAMHS locality team has been introduced. Dedicated locality workers have been aligned to specific GP practices split by North, Central and South (RMBC Early Help) localities in Rotherham. The CAMHS Locality Workers will also work alongside the RMBC Early Help and Social Care Teams, Schools and Colleges in their respective localities.

Annual General Meeting (AGM) Update

Rotherham CCG held a public facing AGM last month with these combined aims:

- To demonstrate to the public and stakeholders the successes and challenges faced by the CCG over the last year
- To highlight forthcoming challenges and work plans
- To listen to the views and concerns of people and stakeholders.

The attached draft report covers the formal AGM and subsequent informal activities, discussions and feedback. This report will be circulated to attendees and available on the CCG's website. In addition the consultation activity used at the AGM will be rolled out to a range of stakeholder and patient groups over the next few months and all feedback collated to feed into future CCG plans. (**Appendix B)**

September Governing Body

There will not be a meeting in September. The next public meeting of the Governing Body will be Wednesday 5th October 2016.

GISMO - *The Largest Directory of Voluntary & Community Services (VCS) groups and organisations publicly available*

Rotherham GISMO (Group Information Services Maintained Online) as a one-stop-shop for voluntary, community and faith (VC&F) sector needs in Rotherham. Rotherham Gismo is a valuable source of information about VC&F groups and organisations and makes the range of support on offer to groups and organisations easier to find. To make use of the GISMO service visit: http://www.rotherhamgismo.org.uk/.

NHS Rotherham CCG Governing Body 360° Diagnostic Survey

A 360° diagnostic survey is taking place to understand our current Leadership profile and performance. The questions are specifically about the Governing Body and how it engages in its leadership of the CCG, the NHS system and the wider Rotherham partnerships. Views have been invited from a wide range of staff, clinical colleagues, Board Members and partners to provide us with feedback. Members will have received an e-mail invitation from the Real World Group (360@realworld-group.com) with a link to the on-line survey which will take a maximum of 20-25 minutes to complete. The survey has a long window and will close in early September. The findings will be considered by the Governing Body later in the year and an action plan developed for areas where improvement is recommended.

Communications Report

- The Rotherham Advertiser has published an article on the Urgent and Emergency Care Centre build, following a site visit at the start of July. The Launch of Rotherham's suicide prevention in men campaign has also featured in the Advertiser with a photograph of CCG GPs Dr Kitlowski and Dr Cullen at the launch.
- A campaign with some of Rotherham's GP practices will commence in the coming weeks, encouraging patients to take control of the medication they receive by ordering repeat prescriptions themselves (or nominated person). This will also help to reduce the amount of medication wasted.
- The recently published guide to mental health and wellbeing services, produced by Healthwatch Rotherham, is being distributed to all GP practices across the borough. The guide provides a list of services available to people living in the Rotherham area.

  http://healthwatchrotherham.org.uk/wp-content/uploads/2016/07/HWR-MH-Guide-2016-Updated-20-7-16.pdf

Appendix A

Embargoed until 14 July 2016

Direct 0113 82 47511
Date:11/07/2016

Dr Julie Kitlowski, Chair
Chris Edwards, Chief Officer
Rotherham CCG

Dear Julie and Chris,

Re: CCG Annual Assurance 2015/16

Thank you for meeting with us on 19 April 2016 to discuss the CCG's annual assessment for 2015/16. I am grateful to you and your team for the work you have done to prepare for all of the assurance meetings held throughout 2015/16, and for the open and transparent nature of our discussions.

I wrote to you following our meeting, with a brief summative assessment in the 2015/16 CCG Assurance Framework, which has informed the CCG's 2015/16 annual headline rating. When we met, we discussed a number of areas of strength, challenge and improvement, and looked at the key actions required against the five components of the 2015/16 framework, including the need for a long term plan to implement the Five Year Forward View. We also discussed the CCG's areas of strength and where improvement is needed. I recorded the key points from our discussion in my letter to you of 26 May 2016. These will be used to inform how CCG support available in 2016/17 will be tailored to individual CCG needs.

A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It has also been agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requires improvement and inadequate.

Therefore, the headline rating for Rotherham CCG is Requires Improvement**.**

The principles used to reach this assessment are:

- outstanding is applied where at least one component is outstanding and the others are all good.
- good is applied if:
    - all components are good; or,
    - at least four components are rated as good (or good and outstanding) and one component is requires improvement, unless requires improvement is in the finance or planning components.

Embargoed until 14 July 2016

- the headline is requires improvement if:
    - four components are rated as good (or good and outstanding) and the finance component is assessed as requires improvement or inadequate;
    - there is more than one requires improvement component rating; and
    - no more than one component is assessed as inadequate.
- the headline is inadequate overall if:
    - more than one component is rated as inadequate;
    - it already has Directions (under section 14.z.21) in force.

For CCGs that are assessed as inadequate, NHS England will apply its legal powers of direction to ensure these CCGs take action to support an improving position.

These assessments were ratified by NHS England's Commissioning Committee when they met on 29 June. The 2015/16 annual assessment will be published on the CCG Assessment page of the NHS England website in mid-July. This year the headline assessment will be shown along with the five component assessments. At the same time the headline assessments **only** will be published on the MyNHS section of the NHS Choices website. I would ask that you please treat your assessments in confidence until NHS England has published the annual assessment report.

As you will be aware, NHS England has introduced a new Improvement and Assessment Framework for 2016/17. In mid-July, we expect circa 43 out of the 60 indicators in the framework to be uploaded to the myNHS website. Shortly thereafter over the summer, the baseline ratings of the clinical priority areas will be published on the myNHS website. You will be notified in advance of your CCGs rating, the methodology that has been applied, and the support offers for improvement.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue.

Yours faithfully

Director of Commissioning Operations
NHS England

Embargoed until 14 July 2016

Annex A – 2015/16 summary of assurance

Well Led Organisation	Delegated Functions	Financial Management	Performance	Planning
Good	Good	Good	Good	Requires Improvement

Well Led Organisation

Under this component we have assessed the extent to which the CCG has strong and robust leadership; has robust governance arrangements; actively involves and engages patients and the public and works in partnership with others, including other CCGs. We have also looked at how the CCG secures the range of skills and capabilities it requires to deliver all of its commissioning functions, including effective use of support functions and getting the best value for money.

As part of the assessment of the CCG's compliance with its statutory duties within the well led component we have also considered the six statutory functions which NHS England has required a more detailed focus on in 2015/16 because of the complexity of the issues or the degree of risk involved. These are:

- NHS Continuing Healthcare
- Safeguarding of Vulnerable Patients
- Equality and health inequalities
- Learning disability
- Use of research
- Special Educational Needs and Disabilities

Delegated Functions

Specific additional assurances have been required from CCGs with responsibility for delegated functions in 2015/16. This is in addition to the assurances needed for out-of-hours Primary Medical Services.

Finance

Under this component we have reviewed the CCG's financial management capability, governance and performance throughout the year, including looking at data quality and how the CCG has used contractual enforcement or remediated any financial problems.

Performance

Under this component we looked at how well the CCG has delivered improved services, maintained and improved quality, and ensured better outcomes for patients, including progress in delivering key Mandate requirements and NHS Constitution standards.

Planning

Assurance of CCG plans is a continuous process, covering annual operational plans and related plans such as those relating to System Resilience Groups, the Better Care Fund, and longer term strategic plans including progress in implementing the Five Year Forward View. This component also considers progress in moving providers from paper-based to digital processes and the extent to which NHS number and discharge summaries are being transferred digitally across care settings to meet the ambition for a paperless NHS.

Appendix B

RCCG AGM 6th July 2016 11-2pm, New York Stadium

Introduction and background

RCCG again held a public facing AGM with these combined aims:

- To demonstrate to the public and stakeholders the successes and challenges faced by the CCG over the last year
- To highlight forthcoming challenges and work plans
- To listen to the views and concerns of people and organisations.

Planning for the event in 2016 had a number of challenges. Delays in setting plans regionally, alongside local elections and the EU referendum meant that the event was held in July rather than June. The impact of the start of the holiday season was apparent in attendance levels; however we were also competing with a (rare), fine day, Eid celebrations, and Wimbledon. Despite this, 59 people attended either the formal AGM or the drop in, from a very wide cross section, including partner organisations, Patient group members, and people from a range of local community groups, and individual patients.

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 focused around celebrating the huge amount of safe, great quality activity the NHS provides locally, while acknowledging the challenges of increasing demand for all services.

These were followed by an active question and answer session.

Question – Cllr K Wyatt. Swinton has been served with community podiatry run through a treatment centre allied to a local pharmacy. Patients had been sent a letter saying that the service would cease. Councillors had worked with the provider to ensure the service continues for the time being. However there are concerns about how the service could be changed without any consultation.

Response – Chris Edwards. The CCG as commissioners had not been informed about the change by the provider, which has highlighted concerns for all about how such changes should be communicated. The CCG will seek to ensure communication works better in the future.

Question – Keith Billington – RPAG. - The group had received a briefing through the Pensioners Convention referring to savings in health of £22 billion by 2020, linked to the Sustainable Transformation Plan (STP)

Response- Chris Edwards. - The CCG and other CCGs – are working on plans which have to be submitted by September 2016; at this point we will be seeking to share these plans widely with stakeholders and the public. Nationally, there is concern about the sustainability of some hospitals and some services. In the future we are likely to see some shared services across hospitals, for example pathology. In Rotherham, we only want to see services move out of Rotherham where there is a sound clinical reason. Rotherham CCG is committed to consulting the public, patients and stakeholders on any major change to services.

Question – Mr Ralph Beaumont. - Noted the good work that has been done over the last 12 months. The primary care (GP services) budget forms approximately 12%; has this changed, or will it change in the future.

Response – Keely Firth - The CCG has only taken back commissioning of GPs over the last financial year, so comparisons are hard. However, there has been some increase in this budget in the last year, as the CCG wants to use primary care more, to deliver services as close to the patient where possible.

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Question – Cllr Jeanette Mallinder. - Noted that more involvement with Practice Participation Groups (PPGs) would be good. However for many people, access to GP appointments is a concern, people have to wait for appointments.

Response – Dr. Jason Page, CCG lead for primary care. - We know there is a capacity issue in GP practices, many are seeking to recruit. Nationally there have been issues in the way that GP practices are paid, however in Rotherham, we have ensured that this money is reinvested back into Rotherham practices, and are also working with practices to ensure that a minimum number of appointments are available. We know that there will be fewer GPs in the future, nationally, therefore many practices are seeking different ways of working. For example directly employing Advanced Nurse Practitioners and Clinical Pharmacists; enabling GPs to see the more complex patients.

Question – Cllr Victoria Cushworth. - Noted that it was hard to get a routine appointment at a certain practice, and asked why do all practices operate differently.

Response – Dr Page - Where practices have lost staff, they are finding it hard to recruit. The CCG is asking practices to offer three types of appointment:

- Emergency appointments – same day
- Routine appointments – within 5 days
- Planned appointments – booked 4 week appointments, i.e. to monitor a long term condition

In addition, the CCG is asking practices to work together to improve access to services.

Question – Tony Clabby, Managing Director, Rotherham Healthwatch. - Tony complemented RCCG on the responses received when Healthwatch had raised issues with them.
On behalf of families who had contacted Healthwatch, Tony asked why Rotherham does not have an Autism Strategy, and if there are plans to develop one. He also noted that Healthwatch would be happy to work with partners on this.

Response – Dr Russell Brynes, CCG lead for Mental Health The CCG knows that services for people with autism need to improve. The CCG has invested in CAMHS services; in Rotherham Parents Forum (for support to parents); and in diagnostic services for adults. Over the next year, we will continue this, working closely with partners, for example with Sheffield.
Kate Tufnell, Head of Contracts and Service Improvement – Mental health, Learning Disability and EOLC Rotherham does not currently have an Autism Strategy. This would need to be developed in partnership; Rotherham Council who has the lead responsibility for Autism. It is something that the CCG is discussing currently as part of the 'Transforming Care Partnerships Plan'. The CCG will ensure that Healthwatch are included in any future discussions about an Autism Strategy.

Question – Cllr Stuart Sansome - The new model of locality working, aligning primary care and adult social care will need a lot of thought. Cllr Sansome was keen to understand how the whole package will be formed; and to ensure that all relevant parties are involved and consulted in this work.

Response – Dr Kitlowski - Nationally, there is an emphasis on aligning Health and Social Care, and various areas are starting to trial different models. Health will need to work closely with local authorities, and with providers and other partners. Dr Kitlowski shared an example of potential benefits; some patients may have 14 people going into their homes, and providing different types of care and support. By working together, we can reduce the number, but make the contacts better, and more cost effective, as there is no additional funding for this work. Rotherham is trialling a model to better understand the issues. Dr Kitlowski extended an invitation to Cllr Sansome to attend locality meetings, where the pilot is discussed.

Question – Cllr Wyatt. - Highlighted concerns about a former health building, which has been empty for some time. This was one of three empty/derelict buildings on one site; the others were the responsibility of RMBC, and following a fire/arson attack were demolished. NHS Property services have not been responsive to approaches to deal with the remaining building; this is holding up plans to improve the whole site. Cllr Wyatt acknowledged that this was not in the jurisdiction of the CCG, but asked for support in seeking resolution through NHS Property services

Response – Chris Edwards – The CCG will offer support in resolving this issue.

Financial Challenge Activity

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This activity operates as a monopoly type board game, however all scenarios used reflect the very real budgets and challenges of a CCG. The aims of this activity are multiple

- To demonstrate what a CCG does, and the complexities of the challenges faced
- To debate key issues, and use the information to inform decision making

Scenario
People who are very overweight (i.e. BMI over 35) often have significant complications following hip/knee surgery; increasing costs. Should patients be required and supported to lose weight before they have surgery? You could save around £1m from the planned care budget this year and in future.

Responses

- We need to look at why people are overweight they may have other issues we need to address first?
- Should be allowed to have the first surgery, but not a second one if haven't lost any weight
- Look at what's best for the patient
- Yes help needed to lose weight first, better for health during recovery
- Could affect mental health if told overweight, use judgement if only slightly over 35

All groups decided to make savings here, between £500,000 and £1m

Scenario
A new inhaler is available which is identical to one that is prescribed a lot, and is 20% cheaper. Do you switch 50% of patients to the new inhaler and save £200,000 on primary care prescribing? Money will be saved this year and following years from the prescribing budget

Responses

- If identical to original then change 100% of inhalers
- May experience complaints but if a standard across Rotherham then it's all fair
- May be harder to use, may have placebo effect

One group was happy to move all patients, despite any grumbles and save £200,000, the other group felt they would save half the money and leave prescribers some flexibility.

Scenario
Antenatal education will ensure healthy babies are born who will thrive. It will also ensure that mental health problems in new mums are reduced. All partners will contribute £100,000 to create a new system. You need to find this from CCG funds.

Responses

- Give each parent money to spend on their baby, they have to evidence how they have spent it.
- Make sure it reaches vulnerable parents

All groups wanted to put additional funds into this.

Scenario
In the long term, concentrating mental health resources on young people's services (CAMHS), and on early intervention (IAPT/Talking Therapies), should mean that adults have better mental health and need less costly support. This will need £1m. You could take this from adult mental health services, other services, or do nothing?

Responses

- Make sure it is evaluated and the money is used where it says it's going to
- Annual review to see if made any difference, should see improvement each year
- What other services or treatments would they do with the money?
- Allow more people to reach the service
- Look at figures about early intervention in schools to see if that made a difference first
- Need more facts about what other money has been spent on, where this money will go

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It was agreed to fund this and to take the money from planned care and adult mental health.

Scenario
Rehabilitation Hub –You could fund a state of the art rehabilitation hub through a national grant. This would integrate existing intermediate care & provide active rehabilitation & re-ablement. You will save £2 million a year, each year in future. However, the plan will include moving around 90 frail older people out of the care homes they live in, to the new facility. What do you do?

Responses
- What happens with the 90 older people in the mean time? How much does it cost to look after them
- Is this a better option for the patients?
- Patient Choice is important
- Not happy to move vulnerable patients
- Need more information first and to consult with families
- Feel the 90 people should be moved as long as good communication with family, friends and patients
- Not always the best place
- Would like to go home, involve the patients, cheaper and better for patient at home
- Consultation needed, explain why, information leaflets.

Two groups were unhappy to move the older people, one group felt the savings and improved care outweighed the concerns.

Scenario
A new product is available, similar to one currently used to treat rheumatoid arthritis. NICE and the European Medicines Agency say it is safe and effective. Switching to this new product would save £500,000 a year from the prescribing budget, but patients/staff are wary. What do you decide?

Responses
- Put new patient onto the new drug automatically
- Pilot it to see what the difference is, more side effects, etc
- Could just change and them allow them to go back if needed if they experience side effects
- Tell people what the 500,000 will go towards to help switch them onto new one
- Change the drug
- Educate the patients that the drug is effective and similar
- Discuss with patient and implement

All groups decided to switch products and save £500,000

Scenario
Green 3 – The new contract for Patient Transport Services will cost an extra £250,000. How do you save this money? 1. Invest in community transport; patient's part-fund. 2. Provide a subsidised taxi; patients part-fund. 3. Revise the eligibility criteria; anyone mobile enough to travel in a car will no longer is eligible for patient transport.

Responses
- Agree with number 3
- No one should get transport if they are mobile
- Any monies saved should go into savings

Scenario
In the past, Rotherham patients have received treatment than other areas, e.g. second cataracts done routinely. Implementing tight clinical thresholds in line with NICE guidance could save £2.5m from planned care. What do you do? Do you consult the public? Will this be unpopular?

Responses

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- Yes, give patients the option to say where the money could be spent
- This is a clinical decision – it should be left up to clinicians as to whether its needed
- GPs should have the conversation with patients rather than sending to TRFT. Give patients the option with the clinical information to make a decision before referral.

One group was happy to make the saving, and split the money between Social Prescribing, Prevention and CAHMS (CAHMS can only keep the money if they can demonstrate good outcomes).

Scenario
About 15 hospital beds, at a cost of £50,000 per week are taken up by people who do not need to remain in hospital. Timely discharge will potentially save £2.5m each year – this is across planned and urgent care. Do you enforce this?

Responses
- Delays regarding medication from hospital
- Need to be co-ordinated discharge
- Waiting for care, last check so stuck in hospital
- One group put the 2.5 million into savings

Scenario
Both Health and Rotherham Hospital have received complaints about long waiting times. Additional appointments through extra clinics would resolve this, but you need to find £250,000 to pay for enough extra clinics to reduce the waiting lists. Where does this extra funding for planned care come from?

Responses-
- One group felt that the situation wasn't that simple, and that the appointment system needs changing to make it more effective
- One group decided to fund this with £250,000 from savings.

Scenario
You decide to take some over the counter medicines off repeat prescription, saving this from the prescribing budget:- Vitamins - £600,000, Emollients (creams) - £584,000, Paracetamol - £600,000, Antihistamines - £223,000, Gluten free products - £200,000, Total £2.2m. How does public opinion influence this?

Responses
- Train GPs about not prescribing these, or say to patients that they can have it but it only costs ?? elsewhere.
- Vitamins allowed if for vitamin D deficiency – GP decision
- Calcium for bone, pregnancy and malnourished children
- Emollients – GP discretion
- 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?
- Antihistamines – only if extreme allergies
- Should put messages in practices saying how much it costs each year, how much they can buy it for in supermarkets and what the saving has been spent on
- Ask patients if they need the drugs they are prescribed
- Consider people with low income, items may be too expensive
- Certain gluten-free products are not available from supermarkets
- Carry out an assessment of need of products
- GPs to take responsibility for over prescribing on cheap prescriptions

All groups wanted to save at least part of these funds, one group felt they would restrict all, and save £1.2 million which they decided to allocate to social prescribing. Another group wanted to invest back into prescribing. The third group wanted to cease all above apart from gluten free products, putting the money into savings.

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Scenario
Mole removal, verruca treatment and acupuncture are examples of procedures that are not life threatening. They cost the CCG around £500,000 per year, each year. Do you carry on providing these, or make a saving in Planned Care?

Response -Yes, stop doing them unless dangerous or life threatening., £500,000 put into savings.

Scenario
Responsibility for morbid obesity surgery moves from NHS England to CCGs. However demand for service locally is more than the agreed budget so an extra £1m needs to be found by Rotherham CCG for planned care.

Responses
- This is a form of preventative treatment
- This shouldn't be offered surgery on NHS, people need guidance and education
- This is a personal responsibility
- Surgery doesn't always work, need support to maintain

Opinion on this was very divided, one group funded this by taking £1m out of prevention, another group refused to fund this, despite being told it was mandatory.

Scenario
Major pharmaceutical companies have increased the price of a number of commonly used medicines. For example one for pain relief has increased with no prior warning by 300% (£10 to £30 per prescription). These price increases will leave a shortfall in the prescribing budget of £2m approximately. What do you do?

Responses
- Switch prescription to a cheaper one if relevant
- Look at prescribing, what medications are cheaper or ask patients to fund if want that one
- Alternative medications

The general opinion was that steps could be taken to mitigate this cost, and that it was wrong; one group funded most (£1.9m) from savings, another felt that saving should be made in ways to mitigate all but £500,000

Scenario
Should GP services be consistent across Rotherham, with all practices providing the same services? Do you decide to reallocate £1.4m from some practices and services, including the walk-in-service?

Response
- Practices have different sizes and number of GP's unfair to make them all do the same
- Practices in the places that patients are most vulnerable should get more funding. People can live up to 8 years longer in some areas
- Patient choice, if don't like what their practice offers can move to another one
- Patients wouldn't know what they should be entitled to, accept that there practices delivers everything they need, believe GP
- Demographics need to be considered
- Sharing of services from GP to GP would be good so all work together
- Sort out people not turning up to appointments
- Difficult to implement, different areas
- Look at IT systems
- Shortage of GP's
- Equality contract

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Opinion was very divided on this issue, with groups generally not coming to a consensus. The main issues that people raised were around equality – the same services everywhere could adversely affect those most in need.

General comments

People noted how hard it was to manage services and decide which is the most important, but felt that the exercise worked in terms of raising awareness. It was noted that we need to have difficult conversations with patients on these issues, and that effective communication is vital. People noted how hard the decisions were, that no decision was black or white, as all could impact on vulnerable people . It was also noted that a number of bodies and organisations may find the activity useful, including the Youth Cabinet, schools and colleges, Doctors, PPG's, Local authorities, Partnerships, and PTA's. The engagement manager will follow these up where possible.

Helen Wyatt
PPE Manager
21st July 2016

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