

## LEWISHAM CCG

### GOVERNING BODY PUBLIC PRE-MEETING

10<sup>th</sup> May 2018, 9.30-10.00am

#### **From the Governing Body:**

Dr Marc Rowland (MR), CCG Chair

Ray Warburton (RW), CCG Deputy Chair, Lay Member

Andrew Bland (AB), CCG Accountable Officer

Martin Wilkinson (MW), Lewisham CCG Managing Director

Dr Esther Appleby (EA), Clinical Director

Dr Charles Gostling (CG), Clinical Director

Anne Hooper (AH), Lay Member

Prof Simon Mackenzie (SM), Secondary Care Doctor

#### **From the CCG:**

Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)

Diana Braithwaite (DB), Director of Commissioning & Primary Care

Russell Cartwright (RC), Head of Communications & Engagement

Valery Lawrence (VL), Communications Manager (NEL CSU)

#### **4 members of the public attended**

##### Question 1

There is reference in the Governing Body papers to children and young people's mental health about a run rate of 32% of assessed need. What do these terms mean? Should it not be 100%?

##### *CCG Response*

*This relates to assessment of prevalence of need, moving over time to increase access to the services, ideally to 100%.*

##### Question 2

What progress is being made to link systems digitally? A local care record in Lambeth and Southwark has been introduced successfully, will hospital at King's and Guy's and St Thomas's be able to access records of Lewisham people?

##### *CCG Response*

*Yes. Connect Care has also been developed across Lewisham, Greenwich and Bexley and the two records are now joined up. Bromley are also part of the arrangements with Lambeth and Southwark. Records from Lewisham & Greenwich Trust, Oxleas, South London and Maudsley, King's, and Guy's and St Thomas's can be viewed in primary care, and likewise they can view primary care. A further initiative is linking maternity service records.*

Follow-up Question

What about services outside the south east London area, e.g. Moorfields?

*CCG Response*

*An IT connectivity bid for London has been made to see how what has been achieved in south east London and other parts of London can be joined up.*

Question 3

With the New Cross Walk-in Centre, why was the agreement made to close it even after consultation showed people would still use it?

*CCG Response*

*Further information on this decision is available in Governing Body papers on the CCG website. To date, no impact on attendances at A&E has been identified, including over bank holidays. Some patients from Southwark have been coming to the Waldron as information from their practices has not been updated. Other actions taken since the closure have included highlighting the GP extended access service within the 'use the right service campaign', the local pharmacist at the Waldron has been funded to open on bank holidays, and engagement with communities and groups in Lewisham and Deptford, for instance providing information on the right to access services regardless of status.*

Question 4

Some CCGs have been paying nurses to assess people's needs to determine whether they qualify for disability benefit payments. Is this happening in Lewisham?

*CCG Response*

*No payments are made by the CCG for this type of assessment. As a CCG we work with the council and support GPs to help people get benefits they are entitled to. We do have responsibility for continuing health care where we review needs on an on-going basis.*

Question 5

Has the tissue viability service been decommissioned?

### *CCG Response*

*Lewisham & Greenwich Trust unilaterally withdrew the service because of gaps in staffing. Advice has been given to care homes, and we are engaging with the trust to reinstate that service. The CCG has not stopped commissioning the service.*

### Question 6

For the 2018/19 budget there is a high level of QIPP savings, are you likely to be able to achieve the level of service as well?

### *CCG Response*

*The previous meeting of the Governing Body made clear the difficult financial position for the year ahead, and the gap between the amount we might need to spend and the money available. The QIPP plan includes further work to redesign services, some of which will be throughout the year. We are working to strengthen connectivity between services to offer better care. Better organised services give better patient experience and save money.*

### Question 7

As the Primary Care Commissioning Committee approved the recommendation to remove the patient voice incentive for GP practices to improve experience of patients making an appointment at their GP practice, how will the CCG improve access to GP services?

### *CCG Response*

*This remains an area where we will be ensuring improvements. We are looking at patient survey results to have an understanding of where we need to take further action, and to define the specific actions that GP practices will be asked to take.*