

**LEWISHAM CCG**  
**GOVERNING BODY PUBLIC PRE-MEETING**  
**8<sup>th</sup> September 2016, 9.30-10.00am**

**From the Governing Body:**

Dr Marc Rowland (MR), CCG Chair  
Ray Warburton (RW), CCG Deputy Chair, Lay Member  
Martin Wilkinson (MW), CCG Chief Officer  
Dr David Abraham (DA), Senior Clinical Director  
Dr Seb Kalwij (SK), Clinical Director  
Dr Charles Gostling, Clinical Director  
Dr Faruk Majid (FM), Senior Clinical Director  
Dr Angelika Razzaque (AR), Clinical Director  
Dr Simon Parton, Chair of Lewisham Local Medical Council  
Dr Mark Hamilton, Secondary Care Doctor  
Rosemarie Ramsay (RR), Lay Member  
Ami David (AD), Registered Nurse Member  
Tony Read (TR), Chief Finance Officer  
Danny Ruta, Director of Public Health  
Nigel Bowness (NB), Healthwatch representative

**From the CCG:**

Susanna Masters (SM), Corporate Director  
Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)  
Russell Cartwright (RC), Head of Communications & Engagement  
Shelagh Kirkland, Lay representative on CCG Audit Committee

**Four members of the public attended with more joining during the meeting.**

**Question 1**

This is a procedural question as there are lots of papers for this meeting. Could we have page numbers as well as enclosure numbers?

*CCG Response*

*The reason that papers are so long this time is that a third of them are the estates strategy and several of them come from different PDFs. This can make it harder to add numbers when they come from different documents. In future we will aim to keep large documents separate to make things easier.*

## **Question 2**

At a previous meeting it was raised that GPs often charge for providing medical reports as part of immigration applications, which may be difficult for the individuals who need these reports. Has the CCG be able to make progress on resolving this?

*CCG Response*

*This is outside the CCG's direct responsibilities. However, it should be noted that for GPs charging for letters and forms is because it often involves looking through lots of notes which can take time away from other contracted areas of work.*

## **Follow-up Question**

How is it that some practices may charge £50 for a letter with one sentence and other practices don't charge at all?

*CCG Response*

*This is not a specific CCG issue as practices are private contractors. Prices are set by the BMA and some practices may choose not to charge. This would be their choice at a loss to them. The LMC would be happy to discuss the issue further with the individual.*

## **Question 3**

What are the CCG doing to prevent mental health problems? Giving out information to prevent ill-health occurring or becoming worse, for instance as is done with conditions like diabetes, rather than as is reported that people are told about alcoholism when there is a problem not before.

*CCG Response*

*Prevention is the pillar for everything we are doing in Lewisham and in London. Mental health prevention is key, particularly with the under 5s.*

## **Follow up questions**

With cuts to the START team I have concerns. I don't think it is realistic that people will go to see their GP about their mental health problem. What measures are being put in place to offer more support?

How do we get someone with a serious mental illness which is undiagnosed to go to their GP?

*CCG Response*

*We agree that we don't prioritise the prevention of mental ill-health enough. There are many national reports which say that we don't do enough of this. The Council are doing lots of work on improving mental health in teenagers. 70% of depression has already begun by the age of 13. There is also innovative work with teenagers, using social media.*

*We are also promoting access to support and counselling. Group work and using creative media to help people understand how mental illness starts to arrive. Also training front line staff with mental health first aid.*

#### **Question 4**

Why is it when you go to a GP surgery there isn't anything about mental health?

*CCG Response*

*One of our main objectives is integrating health services so everything links and services can be mainstreamed.*

*For example, many practices offer IAPT services (Improving Access to Psychological Therapies) and other mental health services but we acknowledge that how to access these services may not be so obvious in all practices. We suggest that if people see a practice where how to access IAPT isn't obvious they speak to the practice manager or Patient Participation Group, which each practice has.*

#### **Question 5**

The Estates strategy highlights no GP practice in the Forest Hill ward. Is there any possibility that that might change? Any separate case?

*CCG Response*

*We have responded to this issue previously when people have raised questions with the council. We believe there is access while not necessarily in the ward. We have some analysis on this which we are happy to share.*

**ACTION:** Russell Cartwright to share the information with the individual following the meeting.

#### **Follow up statement**

Suggestions were offered for suitable hub sites in the area. To discuss with CCG Chair following the meeting.

#### **Question 6**

What representations has the CCG made to the council's consultation on cuts in public health? This is an area of great concern, particularly around mental health and prevention and the Council is under greater pressure than health.

*CCG Response*

*We are obviously unhappy about the changes to public health provision. You can make those views heard and felt, however we shouldn't enter the role of politics. We need to work with the council. The area we are most concerned about is smoking cessation. We are working on a response which we are aiming to get to the council next week.*

## **Question 7**

A recent report from the King's Fund has highlighted the financial challenges for the NHS and that savings cannot be made by efficiencies alone. How does the CCG see services being affected?

### *CCG Response*

*We are on track to deliver our financial plans this year. We have a good understanding of the risks and how funding growth will fall for the next two years. Forecasted inflation plus population growth means we do need to be more efficient.*