

Questions and responses from the NHS Lewisham Clinical Commissioning Group  
Annual General Meeting – 30 September 2015

***Improving Health & Care in Lewisham presentation***

**Question – regarding the end of year money left as reserve in the bank, does that mean that there are cut backs on services in order to have this money?**

Response from Tony Read – the bank balance at year end was £132k cash. This is a relatively small amount against the total annual budget and does not indicate any intentions to hold back spend. The year-end income and expenditure surplus was the £7.6m that the CCG had agreed with NHS England as its plan at the beginning of the year. CCG surpluses are returned to the CCG each year by NHS England, and consequently created a neutral position on the CCG's spending power in 2015/16.

**Question – regarding the 7% of the budget spent on mental health – is that going to be increased next year?**

Response from Tony Read – The CCG spent 18.7% of its total budget on mental health services. The planned spend on mental health increased for 2015/6 in line with the 'parity of esteem' commitment by the NHS. For Lewisham the net investment was in the region of £2m.

**Question – referring to 62% of the CCG's budget spend on acute services and the transfer from secondary to primary care, is there a strategic timetable to decommission services from acute to community services?**

Response from Dr Marc Rowland – The CCG is a membership organisation responsible to the Governing Body and membership with one of their key aims to develop primary care. The GPs are working in neighbourhoods to develop services for the local population and are being supported to form groups to encourage better working. Close working with other health providers is being undertaken including working with the Adult Integrated Care Board, the Council and Mayor and links with the hospital, mental health and social care. There isn't a timetable to decommission acute services but there is an acknowledgement that NHS England's funding has dropped in primary care this year but it was stressed again that the CCG is working towards developing primary and community based care for the care of Lewisham residents.

Dr Brian Fisher added that Healthwatch has undertaken a survey on community care which showed that people are waiting a long time for mental health services and that there is no evidence that if primary care improves it would result in the decommissioning of acute services.

**Question – What responsibility does the CCG have for the provision of hospital food, what money is spent on dietary requirements in hospitals?**

Response from Tony Read – this is a question for Lewisham and Greenwich NHS Trust (LGT), as the organisation with responsibility for organising and providing the food provided to patients in acute hospital. Martin Wilkinson added that the Health and Wellbeing Board is holding conversations about food. The CCG expects providers to deliver nutritious food.

**Question – Does the CCG commission non-medical interventions which have effective health outcomes?**

Response from Dr Marc Rowland – the CCG is working with South London and Maudsley NHS Foundation Trust (SLaM) on non-physical care matters, as well as the London Borough of Lewisham on non-medical approaches to prevention and early intervention services.

**Question – What is the CCG’s commitment to dual diagnosis?**

Response from Martin Wilkinson – work is underway with the council for joint commissioning on mental health. Dual diagnosis is commissioned by the CCG.

*Subsequent response following the meeting:* Dual Diagnosis continues to be a strategic commissioning priority for mental health. In 2014/15 SLaM our main mental health provider were incentivised to deliver Dual Diagnosis training for their community based staff and to establish Dual Diagnosis leads within community mental health teams. Building on the learning from the previous scheme we are now incentivising SLaM to ensure that at least 50% of all patients in the community have drug and alcohol assessments to ensure that all care plans address dual diagnosis issues.

CCG and LBL commissioners, SLaM and CRI New Directions (Local drug and alcohol servicer) have developed and implemented a dual diagnosis joint working protocol to ensure both services work together to support the delivery of improved outcomes for local residents.

As a component of the development of our local Mental Health Crisis Care planning programme we have also funded a Dual Diagnosis specialist within the Psychiatric Liaison service at Lewisham Hospital to directly support individuals with Dual Diagnosis presenting at A & E and to improve joint working between Lewisham Hospital, SLaM and CRI New directions.

**Question – GPs prescribe medication but not the physical form the drugs come in; sometimes patients find some medications physically difficult to take.**

Response Dr Marc Rowland – GPs can specify, for example, whether tablets or capsules should be issued but with some medication there isn’t a choice of form. The issues will be looked into further by the Medicines Management team.

**Question – Nurses and midwives aged over 50's should have the opportunity to return to work.**

Response from Martin Wilkinson – the CCG is not a direct employer of midwives or nurses but recognises that there is a drive to recruit workforce locally and not restricted by age, work is underway to open up opportunities and working across boundaries.

Professor Ami David added that there is a return to work and revalidation process in place for nursing staff, including those with qualifications gained from overseas. She offered to meet the person asking the question after the AGM to offer advice.

**Question – regarding attendance at A&E and the 4 hour waiting standard. She has had a wait for 4 hours, then saw a nurse and was told to treat the *illness* at home or wait for a further time to see a doctor.**

Response from Tony Read – 3.4% of the CCG's annual budget is spent on A&E services (attendances). Dr David Abraham added that the question illustrates the challenge in finding the best way to assist patients to know the best place to attend for specific illnesses rather than routine attendance at A&E; a better way is required to be found to respond to urgent care needs. The CCG is looking at these issues and how to manage in a planned way.

**Question – the CCG should be looking at the use of alternative therapies instead of convention medication.**

Response from Dr Marc Rowland – alternative therapies such as Talking Therapies are offered, only evidence based therapies can be offered. Rosemarie Ramsay added that there has been a Health Improvement grant available of up to £5k in North Lewisham in which communities agreed to spend some of it on alternative therapies such as tai chi, and dance to improve health and wellbeing.

***You said ... We heard ....' Engagement Activity 2014/15 presentation***

**Question – What monitoring do you undertake on the services asked for by BME residents?**

Response from Rosemarie Ramsay – A survey undertaken by the CCG in the community on these issues had a low response, the results have been pulled together and the CCG would use these to look at how to improve services. In relation to equality monitoring; some people do not like this being undertaken, but it has highlighted positive opportunities linked to addressing the management of Long Term Conditions more effectively.

Mina Jesa added that she will share the analysis on the demographics of Lewisham and where we are good at engaging. Engagement has targeted some areas such as those under the protected characteristics.

**Question – if things go wrong with services who should we speak to if we are dissatisfied with the PAL service?**

Response from Martin Wilkinson – the PALS leaflet does not in general give details of procedures but that the CCG will look at concerns around PALS and will work with SLAM to tighten up their processes. He suggested that the questioner should contact PALS with their specific issues and copy in the CCG.

Ray Warburton added that the complaints process should be spelt out. The Governing Body has seen the response times of complaints by providers which isn't as good as it should be. The Governing Body is concerned and discussions with acute providers are underway.

Dr Brian Fisher explained that Healthwatch works closely with the CCG in taking complaints seriously, any complaints made to Healthwatch can be routed to the right provider. The CCG has followed through on some areas where concerns have been raised for example, GP access where work is being undertaken with practices but recognises that more work is needed, and also the procurement process is now open to public scrutiny.

**Question – regarding Neighbourhoods; what is the relationship with the council? There is some detail that integrated working at local level is working out but there is concern that some predict that the national models will be imposed on local staff.**

Response from Dr Marc Rowland – there are four GP companies in each area which are linked with local services with some standardisation on the level of care. GPs are independent contractors and practices will remain independent unless they wish to work together. Arrangements for patients will remain the same. It is recognised that what matters to patients is sometime different to what the CCG is measured on, he would like to see the CCG measured, with providers, on what patients highlight as priorities.

Dr Brian Fisher said that Healthwatch would like to have discussions with the CCG on the potential impact on the CCG from the significant financial cuts to local authorities' budgets.

Dr Simon Parton added that there is a need to make sure money wasn't diverted from local Neighbourhood Care Networks. The membership can give ideas to Governing Body commissioners on what is needed to commission providers to provide good health services.

### **Self Management of Long Term Conditions presentation**

**Question – Regarding mental health services which for some can be a long term condition; when the Ladywell Unit closes, will there be a provision for mental health services in Lewisham?**

Response from Martin Wilkinson – no decisions have been made to close the Ladywell Unit. Investment by SLAM has been made at the unit, although it is recognised that longer term options need to be explored.

**Question – The Expert Patient Programme had a toolkit for self-management, this programme is no longer running. A number of other courses have also stopped without any notice.**

Response from Dr Angelika Razzaque – the CCG is looking at a range of ways of promoting self-management and will look at previous work to see if it is helpful.

**How is primary care changing in Lewisham presentation**

**Question – booking appointments on line is mentioned, what about older people who do not have access to the internet? Some patients do not fully understand their diagnosis at their appointments.**

Response from Dr Simon Parton – this is a valid point and the internet services mentioned are not the only solution, it is known that there are problems accessing appointments on the phone and at the surgery and the hope is that the on line service will free up capacity to make these routes easier for patients. Having computers at the surgery for patients to book appointments has also been suggested.

Regarding understanding the implications of a given diagnosis, it is important to have recognition on how much has been absorbed by patients and what will need to be repeated at later appointments.

**Question – Will patient's personnel information be sold?**

Response from Dr Simon Parton – there is tight governance arrangements around the protection of patient data. Connect Care is a simple solution to sharing information between medical professionals. Anyone accessing Connect Care can only do with the patient's consent; it's a system for the use of the patient at the patient's request. Data will not be sold to other parties.

**Question – regarding junior doctors and issues over their contracts, what will be in place in a strike should happen?**

Response from Dr Simon Parton – hopes the strike doesn't happen but that the point should be regarding the recruiting and retaining doctors. If there is a strike then there are business continuity plans which will be put in place.

**Comment – Programmes should be tailored as one size doesn't fit all. There should be a focus on pilots which work well.**

Response from Dr David Abraham – some pilots have been successful and learning has been taken from them. The CCG's 'ears' are always open to feedback from patients, carers and residents to enable the CCG to provide better and more responsive care to the residents of Lewisham.