

Note of a meeting of the Healthwatch Swindon [patient participation group forum](#) held at Sanford House on 27 October 2017

Present

See list at end of notes

Apologies

9 PPG members and seven GP practice/CCG staff.

Action

1 Introductions and welcome

Jo Osorio welcomed everyone including, in particular, those attending for the first time. A list of attendees/apologies had been circulated. He confirmed that the agenda was to focus on the presentation by Nicki Millin about the development of a local Accountable Care system.

2 King's Fund animation

The King's Fund had very recently published a revised animation describing the different roles undertaken by NHS and related organisations in England. [This was shown.](#)

3 Nicki Millin, Accountable Officer NHS Swindon clinical commissioning group (SCCG).

Nicki took questions and comments after each slide about the NHS locally and the development of an Accountable Care system.

- 1) Accountable Care is (mostly) about health services; what about social services?
 - a. SCCG is working with Swindon Borough Council (SBC) to look at what can be done differently
- 2) Why was Oxfordshire excluded from our Sustainability and Transformation Partnership (STP) area as there is lots of health service association with it?
 - a. We had the opportunity to go with Oxfordshire but that area has lot of financial problems and it was safer for us to go with other areas (Wiltshire and Bath & North East Somerset (BaNES)
 - b. Some specialist treatment for Swindon people is provided with/by the health service in Oxfordshire
- 3) Procurement of services- who is in charge?
 - a. overall responsibility sits with NHS England

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- b. Each Clinical Commissioning Group (CCG) is accountable for their local population
 - c. As a CCG we can say if we want to do joint procurement or not
 - d. SCCG governing body can veto STP plans. The STP is not an entity or organisation
 - 4) Are there problems recruiting GPs across the STP?
 - a. Bath and Northeast Somerset (BaNES) no
 - b. Wiltshire - starting to get issues especially as GPs are coming up to retirement
 - 5) When Great Western Hospital (GWH) was built they did not put enough beds in and you are not telling us anything new. The ageing population is not an excuse
 - a. In theory providing more community services should reduce the need for beds in an acute hospital like GWH but we know this (smaller hospitals) does not work
 - b. Nicki referred to the [Joint Strategic Needs Assessment](#)(s) (JSNA) undertaken by the public health department of SBC. These provided evidence of health and other needs against which services were planned and procured/commissioned (bought) by the NHS and/or borough council.
 - 6) Given there is a gap between what is needed and what is available at present, what can local people do to help make the system is better. For example there are many patients who do not attend their appointments at GP surgeries (referred to as DNAs). The general public need to be educated. The questioner had heard of a hospital charging £100 for people who DNA and a GP surgery where if you DNA twice you are taken off the list.
 - a. We need to talk with people more about how they could look after their own health as part of the local conversations and engagement about the development of the accountable care system.
 - 7) There had been publicity that day about a proposal in Essex for people being discharged from hospital and being accommodated in other people's homes at £50 a night. Questioner asked is this real?
 - a. We would not do this in Swindon- it's not our intention
 - 8) Why don't we have cottage hospitals back again?

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- a. Swindon Intermediate Care Centre (SwICC) is the building next to Great Western Hospital and now run by GWH itself. The number of beds is right for our population but it's not running as efficiently as it could. Work is in progress to improve.
- 9) How often do you reach smart targets with the development of Accountable Care system (AC)?
 - a. It is only just in development. We are initially looking at what shape this (AC) would look like
 - b. Then having project plans with smart targets
 - 10) What's the difference between health and social care?
 - a. health care is provided by NHS and based on medical need
 - b. Social care is commissioned/provided by local authorities where someone needs some support, for example, to live independently.
 - c. Social care is means tested
 - d. Health is generally free at point of delivery (but not necessarily dentists, glasses etc.)
 - e. "We want to amalgamate this - stop arguing who pays for what"
 - 11) Clinical records: do you have 25 GP practices in Swindon and Shrivenham on one computer system and if not why not?
 - a. History dictates the systems currently in use
 - b. Not on one system
 - c. We are looking at *interoperability* to see where each (appropriate health/care) organisation can see each other's records
 - d. The IT linkage is key
 - e. We are going to trial shared records with people who are on the *end of life care pathway*
 - 12) Data protection act - good we have it but can present challenges
 - a. In some areas, people are asked to opt out or opt in of sharing their data
 - b. We have not done this yet as we are not yet at the right position
 - 13) People's confidence that their records are confidential and not sold on to other organisations - e.g. Insurance companies
 - a. NHS certainly does not do this
 - 14) Will records from drug and alcohol teams/ services be shared?

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- 15) Shared records - you have got to get it right first time
 - 16) Will things become more digital - how will older person like Betty (see slide) access this and know how to use it?
 - a. We've not got to the details on this yet. A single telephone number is key
 - 17) Health and wellbeing - health walks under the auspices of the borough council have been stopped by SBC
 - a. They continue but where possible run by volunteers
 - b. University of the Third Age (U3A) do walks
 - 18) Need to keep information updated - posters and online
 - a. For example, health walks by SBC still being advertised
 - 19) NHS number - I put this on a form and it would not accept it- has the NHS number changed?
 - a. This was ages ago.....

Open question time

- 20) Success clinic at Moredon "don't have access of your record"
 - a. they should be able to see a summary of your record
- 21) Staff member referred to computer system BlackPear being down and so GP practice could not access Success - why could GPs not phone up instead
 - a. We will get an answer.....back to the surgery
- 22) What is Success?
 - a. on the day access to a primary care professional - may be GP or nurse
 - b. You are referred by your GP practice
 - c. Children and young people's clinic you can phone and book directly
 - d. Provided at weekend and out of hours
 - e. Currently looking at how effective it is and could we deliver better services. Children and young people's service is just at Moredon - could it also be at the new health centre

(See Agenda item 10 paper G - page 46 of 92 on [this agenda document](#))
- 23) What discussions are taking place with people and patients about the Success service?

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- a. There was funding via the (then) Prime Minister's Challenge Fund. SEQOL initially provided the service and struggled to fill the slots. If a person is feeling unwell on the day and it doesn't link to a condition they already have, e.g. ear ache they can go and see another GP at a Success clinic. This allows time for GPs to see their patients who have long term conditions. Some practices use Success and some don't and we need to find out why
 - b. Then we will go out to public and talk about it and also link with discussions about the future of the Walk in Centre/Urgent care
- 24) How will we as patients know about different things?
- a. People access information in different ways: website, social media, posters, Swindon Advertiser.
- 25) How busy does it (Success) get at the weekend?
- a. Any spare capacity gets used by the Out of Hours service
- 26) There are 25 GP surgeries - how many are short of GPs?
- a. 26 whole time equivalent GPs short (not a permanent GP or a partner in the practice)
 - b. (Nicki was not sure how many GPs there were in total in Swindon and Shrivenham and therefore by what percentage we were short)
 - c. In this region, Swindon and Somerset recognised as struggling most with recruitment
 - d. Discussions are taking place with Health Education England on additional support
 - e. Some practices are using clinical pharmacists
 - f. Some practices use locum GPs to fill gaps
- 27) Nurses in practice - receptionist directs them to a nurse and decide if need to see a GP or not
- a. some of our practices do [triage](#) people for them to see the right clinician
 - b. Practices have developed in the way they have developed - they are individual businesses
- 28) Accountable Care sounds a great plan- what about timescale and deliverability
- a. Taking paper to different boards (CCG, GWH etc.) in December to see sign up to the principles
 - b. From next year are there elements we can try

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- c. Position to deliver more formally in 18 months' time
 - d. Making sure we keep the conversations (with the public) flowing on what is happening
- 29) What if there is a change of Government - finally feels as if Accountable Care will work. I don't want this to end up in the dustbin
- a. If there was a change in Government I expect it would stay but be called something different
- 30) Funding is an issue?
- a. yes
- 31) STP - how funded?
- a. STP is not an organisation it is a partnership
 - b. We have all put some money in a central pot that funds 3 posts which coordinate it
 - c. There is no other additional funding
- 32) Certain irony - signs in buildings which are out of date e.g. Swindon Primary Care Trust. This feels as if similar to what was about in 1995 - who is this accountable to? SBC has elected members, CCG is appointment body which is accountable in a different way, NHS trusts accountable in another way.
- a. At the moment the Chief Executives of each organisation have come together as an Alliance Board. Working out whether we can agree a direction of travel. When we have a model we want to implement we will need a more formal approach. Example of Northumberland one joint post covers the CCG and local authority. It will be about seeing the money ends up in the right place and this is a piece of work we need to do.
- 33) Funding - if sending people to Oxford do you pay them?
- a. Yes. Under *payment by results* if a patient is registered with a Swindon GP practice, Swindon CCG receives an invoice from the (hospital) providing the service and we pay it.
- 34) Do you ever find patients who are no longer registered with a GP practice?
- a. That hospital probably won't get paid

5 Next and future forums.

Dates of the next two forums would be confirmed and circulated. Subjects agreed by the forum steering group

**Jo to
action**

were a) about joint strategic needs assessments currently being reviewed and b) about DNAs - patients failing to attend appointments and how collectively we could try to do something about it.

Notes by Ruth Atkins/Jo Osorio 7 November 2017

Attendees

Paul Greensmith	Ashington House Surgery
Sue Cotton	Ashington House Surgery
Moya Pinson	Ashington House Surgery
Deb Pinchin	Carfax Medical Centre (staff)
Norma Thompson	Eldene Surgery
Carol Mulraney	Great Western Surgery
Sharon Lovell	Great Western Surgery (staff)
Pat Giles	Hawthorn Medical Centre
Sandra Hope	Hawthorn Medical Centre (staff)
Carol Brownlee	Kingswood Surgery
Monique Watkins	Lawn Medical Centre
Alan Bunn	Merchiston Surgery
Ian Underwood	Priory Road Medical Centre
Maureen Evans	Priory Road Medical Centre
Rosemarie Phillips	Priory Road Medical Centre
Sylvia Kopijka	Priory Road Medical Centre
Colin Hayes	Wanborough Surgery (Ramsbury)
Tori Jones	Healthwatch Swindon
Jason Ferris	Healthwatch Swindon
Jo Osorio	Healthwatch Swindon/Ashington House PPG
Ruth Atkins	NHS Swindon Clinical Commissioning Group
Nicki Millin	NHS Swindon Clinical Commissioning Group

Apologies

Hayley Beresford	Ashington House Surgery, West Swindon (staff)
Steph Burrows	Eldene Surgery
Srini Madhavan	Elm Tree Surgery, Shrivenham
Lynn Waters	Great Western Surgery
Joe Backshell	Healthwatch Swindon volunteer
Laura Heath	Kingswood Surgery (staff)
Sandy Jack	Kingswood Surgery (staff)
Paula Cooke	Merchiston Surgery (staff)
Sue Carvell	NHS Swindon Clinical Commissioning Group (staff)
Krystyna Tworek	Old Town Surgery
Stella Hopkins	Priory Road Medical Centre
Lynne Ludlow	Ridgeway View Practice/Wroughton

Rachael Muburi
Kelly Evers
Sarah Francome
Phil Baker
Ian James

Ridgeway View Practice/Wroughton (staff)
Sparcells Surgery (staff)
Taw Hill (staff)
Westrop Surgery, Highworth
Westrop Surgery, Highworth

Jo Osorio/7 November 2017/PPG/PPG forum 27 October notes draft

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