



Wiltshire

Clinical Commissioning Group

**WILTSHIRE CLINICAL COMMISSIONING GROUP
 ANNUAL GENERAL MEETING
 HELD ON TUESDAY 16 SEPTEMBER 2014
 AT CHIPPENHAM TOWN HALL
 FROM 09:30 – 13:00HRS
 DRAFT MINUTES**

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| <p>Welcome from Dr Steve Rowlands</p> <p>Dr Rowlands welcomed everyone to the Wiltshire Clinical Commissioning Group's Annual General Meeting and Stakeholder Event. The Annual Report and Accounts were presented at the meeting and made freely available to all attendees. Dr Rowlands outlined the order of the morning and began by stating the vision of the CCG – presentation slide 4.</p> |
| <p>Review of our first year – Dr Steve Rowlands</p> <p>Presentation slides 5-7.</p> |
| <p>Supporting our population</p> |
| <ul style="list-style-type: none"> • Integrated teams – Dr Debbie Beale <p>Presentation slides 8-11.</p> |
| <ul style="list-style-type: none"> • Developing Primary Care - Dr Naz Kamall <p>Presentation slides 12-14.</p> |
| <ul style="list-style-type: none"> • GP Visits in Care Homes – Dr Helen Osborn <p>Presentation slides 15-17.</p> |
| <p>Quality and Patient Safety – Jacqui Chidgey-Clark</p> <p>Presentation slides 18-21.</p> |
| <p>Finance – Simon Truelove</p> <p>Presentation slides 22-28.</p> |
| <p>Year Ahead/Challenges – Dr Steve Rowlands/David Noyes</p> <p>Presentation slides 28-32.</p> |

Questions (Q)/comments (C) from the attendees and the responses from CCG

- **Q:** 50% of income is spent on acute services, probably for those over 65 years old. Should the CCG not be focusing on the 55 year olds to support them in taking responsibility for improving their lifestyle?
A: *It is the 25 and 30 year olds who need educating as their health is worse than the over 65s. Patients and society as a whole these days have more responsibility for their own health and wellbeing. Health prevention and education and training will be key in the future*
- **Q:** People need support and guidance to look after themselves. How can this be achieved?
A: *This is an integral part of what the CCG is trying to achieve. GPs are heavily involved with the CCG and can offer the clinical perspective for the best way to support guide the people of Wiltshire*
- **C:** Patient support groups would be useful for the CCG to engage with by standardising information spread out across these groups
- **C:** The professionalism of the voluntary service would be a tremendous asset to the CCG

Dr Rowlands thanked the attendees for their well-made points from the floor.

5-Year Plan and Better Care Fund – Dr Steve Rowlands and David Noyes

Presentation slides 34-49.

Focused questions to be discussed during the workshop – slide 50.

Q1. Are we going in the right direction with our priorities to provide better healthcare in Wiltshire?

Q2. Will people understand and accept that, by changing the core model, this will transform the way services are delivered?

Q3. How do we encourage the public to become more involved?

Workshop

The attendees worked in their groups and this was the feedback on the questions posed.

- 1. Yes, the right people with the right training and someone on the patients' side.
3. Anything that will work. Communications and patient involvement methods needed more budget.
- 1. Yes.
2. Clear about the outcomes.
3. Engage with young people through schools. Use technology more widely.
- 1. Yes, going in the right direction but are you using the best, most direct and quickest route? More and earlier engagement with voluntary groups. Better resources and support and higher level of coordination. Concerns about the development of the clusters and of losing existing services.
2. People will support the philosophy if they see that it is working. Newsletters and word of mouth.
3. Same people come to these meetings. We need to get a different group of the public involved. Community Area Boards are holding Health Fairs across the county.
- 1. Yes, but over optimistic expectations about how this will deliver better healthcare.
2. People would see how changes could transform care if they did understand.
3. Creative approach to involving and engaging more people. CCG had been targeting different ways of engagement recently.
- 1. Yes.
2. You only care about the NHS if you need it. Surgeries and hospitals could supply information eg. at the flu clinics. For generations coming up – improved health education in schools.

- 3. Improved websites – more information.
- 1. Concerns about what will happen to the acutes in 10 years time. Integrated care – planned links with the campuses or is it too late? Links to existing provisions or initiatives – are they being joined up and seen? When will the Better Care Fund have an impact?
- 1. Clarity in communications in plain English.
2. Consistency of provision and to set proper standards for primary and secondary care.
3. Meaningful involvement and learning from public concern. Cultural shift starting early in schools and with medical students. Different ideas – thinking outside the box eg. unemployed people to undertake care – certification – and help with future employment.
- 1. Tension between acute spend and integrated care in the community. Early intervention should be a much higher priority and not just as part of the Better Care Plan. Prevention is an up front investment. Resources within the community to make the approach more viable – linking in with the voluntary sector.
2/3. Two-way – talking to voluntary sector/private sector/schools. Messages passed on at their events – outside of GP surgeries. Contacts in the community and reaching the points of access. People to be clearly signposted to where to go for information.

David Noyes thanked everybody for their feedback.

Questions to panel

Q: Where have the Area Board Health Fairs been advertised?

A: *On the CCG website, Wiltshire Council's website and in parish magazines.*

Q: Where is the reference to reducing inequalities – hardly any reference in the presentations and documentation?

A: There is more about this in our ambitions. Key ambition for the CCG is about equality to access never mind where or who you are – geographically and within the social strata. Programmes of work have this close to their hearts. Social workers are part of the integrated teams.

Q: Would a reduced reliance on hospital stays have a detrimental effect on the acute hospitals?

A: This is a challenge and is about communication and signposting individuals to other options- putting more nets in the system so that there are more options rather than just acute beds.

Q: How many voluntary organisations do you have on your programme boards? Was offer put out to the voluntary sector to get involved?

A: The exact number is not known although there are 35 members and half are not part of statutory organisations. Yes, through Wiltshire Council.

Q: Patients have put their views forward over a number of years but they are not seeing any difference in delivery. There are meetings year after year, but nothing changes.

A: Our 5-year plan outlines how we intend to support and sustain independent living through health and social care services in Wiltshire – changes are already happening but these will not happen overnight. 3 pilot integration teams in Bradford on Avon, Calne and Salisbury and then will be rolled out to the rest of Wiltshire.

Dr Rowlands thanked everyone for their questions and contributions.

Close

Dr Rowlands closed the meeting after a very interesting morning adding that GPs are signed up to getting action and making change. The feedback had been excellent and Dr Rowlands pledged that this time next year, the people of Wiltshire will see the changes we have achieved.

DRAFT