

Transcription

Primary Care Commissioning Committee

Thursday 22nd March 2018 2pm

Chair	Ok thank you. Right we are now going to proceed with the meeting and I've got some. Well I think first thing is I promised to do some introductions. So let's just quickly go round and starting with you Brian, I just, because I know that some people won't be able to see the cards that are on the table. If you could say who you are and what your job is.
CCG	I'm Brian Hughes and I'm the Director of Commissioning and Performance within Sheffield CCG
CCG	I'm Kate Gleave, I'm one of the Deputy Directors here on Urgent Care
CCG	I'm Victoria Lindon I'm Senior Primary Care Manager with NHS England
CCG	I'm Katrina Cleary I'm Programme Director for Primary Care at the CCG
CCG	I'm Nicki Doherty I'm Director of Delivery Care Outside of Hospital
CCG	Afternoon, I'm Amanda Philbin and I'm the chief Nurse at Sheffield CCG
CCG	Hi I'm Mandy Forest one of the lay members
CCG	Hello I'm Maddy Ruff, I'm the Accountable Officer for the CCG
CCG	As well as being Mark Gamsu, I'm also a lay member on the Clinical commissioning Group
CCG	I'm Eleanor Nossiter I'm the joint lead for communications and engagement for the CCG
CCG	I'm Diane Mason, I'm finance, standing in for the Finance Director today
CCG	I'm Roni Foster and I'm your note taker
CCG	I'm Trish Edney, I'm the healthwatch rep
CCG	Terry Hudson, I'm a GP and on the Governing Body
CCG	Anthony Gore, I'm a GP in the city and clinical director for care outside of hospital at the CCG
CCG	Duncan Couch GP and I'm also here from Sheffield Local Medical Committee
CCG	Gary Barnfield Head of Medicine Management

Chair	<p>Thank you now I've got a number of things I'd like to say. Just about how we are going to manage the important item that's receiving the results of the urgent care consultation which I'm going to run through that in a moment and we're going to bring that forward so before we do minutes and anything else we're going to pick up on that I just think, I would just like to tell you who has sent their apologies and we have apologies from, as Diana said from, Judy Newton but also from Dr Nicci Bates, Dr Zak McMurry and Chris Wale and also apologies from Greg Fell the Director of Public Health. I think that covers all the apologies Roni.</p>
CCG	Yes
Chair	<p>Ok so bear with me, and I'm just going to do a bit of background. We're now moving straight into the discussion around Urgent Care. So the first thing and a number of you will have heard us say this, that this is a meeting in public, it's not a public meeting but recognising that a lot of people have made time, in their own time to come here today on this really important issue we do want to give some space for people to have an opportunity to ask questions. And that will come along in a moment. We'll hear those questions, I think it's unlikely that in a number of cases that we'll be able to respond to those but we'll hear them but also we've heard that, we know there's further a petition to receive and give space for that. So people are welcome to stay for the whole of the meeting but equally if you go after the urgent care item we won't be offended. So in terms of the urgent care consultation process the purpose of today's item is to consider the feedback and agree the key themes. No decisions are going to be made on the options or any responses to any of the issues that have been raised so far and the reason for that is clear which is, well you know, a number of you will have seen this and there are some copies, we haven't printed off a huge number of copies but if people would like a paper copy. Helen Mulholland is sitting over there and has a small number and those are available. So the reason why we're not going to go, and we have a process from now on is that we have to go through and actually understand what all of this means. Just let... So clearly reviewing that feedback is an important part of the consultation process and it's important that we take time to do this properly. So this is the timescale that we are aiming to work to from today. First of all we'll be spending March and April reviewing the feedback and trying to work out what that means in terms of the proposals that were consulted upon. In April and June we'll be working through the issues that have been raised with clinicians and other partners and in June and September we'll be working up the recommendations in terms of how to proceed and those will be brought back to this committee in September and it's at that point that recommendations will come forward for decision. Now the other thing to say, that I think we're all aware of, there are local elections in May and that means that there is also a period of Purdah when it is not going to be possible to come out with any public discussions with regards to this issue and that's in the lead up to the local elections obviously</p>

	<p>and until those are finished. So that also has to be factored in. I need to speak up apparently</p>
CCG	<p>A couple of people are finding hard to hear at the back</p>
Chair	<p>Sorry, I will work hard on that. So I've made the point already about people will be given the opportunity to ask questions. We have received two written submissions, one I'm not quite sure when but one arrived today and one earlier. I think we might be in a position to respond to the one that came earlier, Brian is that correct. Yeah, and give a verbal response to that. But with the other one we can't do that but both of those written submissions will be on our website and the formal response to that will appear in the minutes of future meetings. One of the things I didn't mention is there is a camera sitting up there. The camera isn't on but we are recording the meeting and a record of the meeting will again be available on the website. Now we've got a lot on the agenda, the meeting is going to finish at 3.30 so we're proposing that we, we are going to aim to have 15 minutes for questions from the floor and then we'll be keen to head on. If people feel that they haven't been heard Helen and Richard, where is Richard, over there, will be more than happy to write down questions or will tell you how to, if you don't know already, how to send in a written question. So this is how I'm proposing to do it, first of all, I'm going to invite you to, if you wish to, to present the petition but also to, if you want to say anything, feel free to do so. Secondly I'll then take a show of hands from the floor who'd like to ask questions. And thirdly if there is time, but I would request those are annotated versions, if Mike or Ruth who submitted written ones would like to summarise key points they're making and given that we already have those I've given less priority to them. Right, petition please.</p>
Public	<p><i>Right, I know the official consultation is over and received I think 8,500 signatures at the last meeting towards the consultation but the fact that we've managed to gather in, since the last meeting 7,000,000 signatures shows the scale of opposition to your proposal.</i></p>
CCG	<p>You know it's being recorded</p>
Public	<p><i>7,000,000, did you get that, 7,000,000.</i></p>
Chair	<p>Well thank you</p>
Public	<p><i>Actually 1,223 which I think shows the scale of opposition there is to the proposals to close the minor injuries unit at the Hallamshire and the Walk in Centre at Broad Lane and it reinforces what's been disclosed from, what I would argue was an extremely skewed consultation in the first place. Where you present 3 options all of which have the same conclusion i.e. close, close, close; Yet still a majority of respondents to your consultation opposed or did not support those options so I think these signatures and if you want we will get it to 7,000,000 to show the scale of opposition but we will</i></p>

	<i>continue to campaign until at the very least the CCG adopts a status Quo position which means that these services in this city don't close. (Applause)</i>
Chair	Thank you very much. Can we say that?
CCG	Yes
Chair	So Eleanor was just going to say that it has come after the consultation process but we're keen to take, to recognise that this has come in so Eleanor is just going to explain how we're going to take account of the petition.
CCG	So we're doing it in two ways. Firstly as we do with all petitions it will be taken to our governing body to note in public so that all members are aware of that and secondly although as you're saying it is outside the date we will make sure it's, that everybody reviewing the feedback is aware that we've had the further information in. There is as you've hopefully seen, a section in the report that we've received the petition so we'll just make sure there's an addendum to say that we've received a further one afterwards.
Public	<i>7,000,000 (Laughter)</i>
Chair	Right so second bit now, which is, it would be really helpful and what I'd like is just for people to give me a show of hands of who would like to ask questions. Ok, well we'll start with you and there might be others once we get going. I know there's you please and it would be helpful again if would say who you are.
Public	<i>I'm Deborah Cobbett from Sheffield Save our NHS. Thank you for publishing the report. My questions are, first Why was there no recognition of our submission from Sheffield Save our NHS? And in regards to the Green Party submission, why does the report simply focus on Twitter activity related to their excellent submission rather than its content? In particular when will you call the government to account for the cuts in services and for failing to address issues of poverty, social inequalities, environmental degradation, lack of social care and community resilience which are at the root of all the issues around the NHS? On your idea of local GP services, do you really think, to give my example, that for a resident of Endcliffe, GPs in Crookes or Heeley can possibly provide care closer to home than the minor injuries unit or the Walk-in centre? I mean I think that's just ridiculous the example from my searching. About the procedures why are you hiring yet more staff to consider all this instead of listening to the people who are affected? What are you asking these people to do, how much will it cost? And will you hold further public meetings about Urgent Care please?</i>
Chair	Thank you can I just clarify your last point, which is, are you saying, will you, as in will you please hold more meetings rather than will we at an additional cost. I'm not being funny here I just want to understand. Are you expecting more public

	meetings? That's what you're asking.
Public	<i>Well I mean it seems to me that you know, hiring more people to go, and you know work on this rather than listening to what local people are saying. You know, so will there be any further public meetings?</i>
Chair	Ok, so in your view it would be good if there were more public meetings
Public	<i>That's my view</i>
Chair	Ok thank you, can we, can I just go back to your previous point, in terms of hiring more people what do you mean by that?
Public	<i>Well I found a reference in the report to, I think, to taking.... Yes.... To taking on extra staff to look into this issue.</i>
Chair	Ok right, we need to clarify that
CCG	We do need to clarify that as I'm sure, well I know that's not correct
Chair	Ok well we need to, well it's perfectly fair
CCG	If it's in the report...
Public	<i>I know all of this is extremely expensive</i>
Chair	Yeah, no no no that's fine
Public	<i>And a lot of you are medics and think about that time that you could be devoting to patients to do all this</i>
Chair	Ok now I've got another question at the back and let's just hear some more questions there may be some points that we can respond to, you may think that, I keep looking at Eleanor because she leads on engagement and we, it may very well that some of the things you want to respond to or not. But can we take your point, again it would be helpful if you say who you are first.
Public	<i>Yes, Robert Haworth, Hallam CLP Labour Party. I notice that quite a lot of you round the table are planners in one form or another, economic or social provision planners and if you read the economic development literature on planning, economic planning one of the big issues is avoiding peaks and troughs. The other point about planning is you may well be apolitical but you've got to take account of the environment that you're in and that includes political environment. Now we might be 3 or 4 years away from a reforming, radical labour government but we might also be 3 or 4 months away from a radical reforming labour government and you've got to think very carefully about whether you're going to create a trough, that is then going to cost you even more money to fill to make it into a peak because when a labour</i>

	<i>government comes in the money will be there and you won't be, and you'll look very foolish cutting, cutting, cutting and having to expand quickly so you have to take account of that environmental issue. The other point is self-help, if you have two major eye clinics for instance in the city, it actually helps people to help themselves, if they can get there and I'll give you this from personal experience when I got ivy poisoning in my eye from my allotment, working my allotment I was able to get myself to the Hallamshire, under my own steam. I wouldn't have been able to do that, to an eye clinic in the North of the city. So in a city this size, you have got to have provision on both sides of the city to help people help themselves otherwise you're needlessly calling out the ambulance for something that's fairly routine.</i>
Chair	Ok thanks Robert, other questions? Right now, with a number of these things, this is being recorded and people are taking notes . Can I just test, and I'm thinking here about Eleanor in particular in terms of some of the consultation things, you don't, if you feel that actually we need to produce a written reply, you can't respond now, but if you do think there are some things you can pick up on and answer then please do so.
CCG	I can't respond without going back to check some of what Deborah has said are in the report but I will follow up with you about, particularly about the responses and what we've noted.
Chair	Ok Thank you, yeah we'll have that and then we'll come to you Mike.
Public	<i>It was reported previously that your proposal in relation to the Minor Injuries Unit and walk In Centre were not driven by wanting or needing to make savings, think the expression was you were just wanting to move the money. The money that you said you would save by closing the Walk in centre you would put into expanding GP services, can you just confirm that your proposals are not driven by either the need or the want to save money, to cut funding.</i>
Chair	Thank you, I think that one we can respond to can't we Brian?
CCG	Yes, and I can confirm that there is no desire or want to save money
Public	<i>Excellent so there's no reason to shut them. Ok thank you</i>
Chair	What this is, it's a debate about quality and that's what a lot of the responses are coming back, and in particular, perspectives on 'is this good quality for the city or not' and the CCG has offered up a consultation, which has been criticised, but nonetheless the debate is one about quality and that's what I expect this debate will continue to be about as we move forward and analyse the responses that we've received. Now Mike you wanted to, is this an additional point, question you'd like to raise

Public	<i>It's two clarifications that I'd like to request</i>
Chair	And then what I'd like to do, is then move into, I think we've got enough, if you do want to summarise the question that you've got
Public	<i>The first one is about the staffing issue that Deborah raised and it's on page 2 of the cover report and it says that members are asked to note that additional staffing resources will be required to reflect on the alternative proposals suggested during the consultation if the original timescales remain the same and that's what Deborah was referring to. So that feels very clear. The second question is, relates to my original question which was that the timetable and presentation of the business case and I've put point, the CCG would test public reaction to the acceptability of any new or revised proposals but I'm actually confused now by what you Mark said in your introduction about timetable which now seems a more elongated process, the original one was that a business case would be presented in September but the process that you've outlined doesn't seem to me to induct a business case it seems to me to ending up in a framework to then make a business case so could you clarify that and then say something that relates to Deborah's question about public meetings about how public acceptability will be explored and tested</i>
Chair	Brian are you able to respond to the two bits that have been raised really, one is, that the first bit about position do with staffing. I think you look like maybe
CCG	I can do one
Chair	And what about the second one about the timetable with regards to the business case
CCG	I'll do the first and Kate will do the second, so in terms of the first the reference to additional staffing resource is about how my team and the team within the organisation will need to be deployed to reach a conclusion and the work that we will have to do, it doesn't necessarily mean we will be employing new people but it's how we deploy the resource we have available within the Clinical Commissioning Group to able to take this work through to conclusion so doesn't really mean new people will be employed.
Public	<i>So there might be opportunity costs rather than financial costs</i>
CCG	It's more about, Mike, it's more about prioritising our existing staff so we've already said as an organisation the Urgent and Emergency Care work is a priority for us and it's about any normal business would look at what are the priorities for the organisation and where we need to direct that and that's what is referred to in here, it's not about bringing in additional staff.
Chair	Ok

CCG	And then Kate can go onto the second part.
CCG	Yeah so as it stands at the moment and the process that we've had in our minds for a long time is that we would anticipate to make a decision in the final model, in whatever way that looked like in the Autumn of this financial year clearly that timescale has been in existence for a while and we now have got a number of alternative options proposed through the consultation that we need to reflect on and consider and that's why we phrased in the way that we have, as in that the way that it stands at the moment we anticipate making a decision but ok we can't pre-empt, where that, where the review of all the alternative options takes us, cause if I said now that we're definitely going to make a decision in September there is that, that could be perceived that we already know what the final solution is and we're sticking to it and we don't, and we're not so I can't, whole heartedly commit the organisation to making a decision in that timescale but it is what we're working towards
Public	<i>So the clarification is that the original commitment to make a decision in September actually is now, has now got some brackets or reservations about it because you are not pre-empting</i>
CCG	We have to work through the feedback and think about what that means
Chair	Ok, we're a bit damned if we do and damned if we don't. You know well if we said it's certain when we're doing it, well people would say you've got it, well you know what you're doing then don't you and what we're saying is. Let's just be real, we have to be realistic here. We have a target by which we're seeking to achieve that but actually we can't, we wouldn't, it would be completely wrong to say we're certain that we can come to this conclusion because that does imply that we have already decided. So, Now.
Public	<i>So Sorry, the other bit about that is will there be further public engagement around these issues</i>
Chair	Are you able to? I think that's a very fair question
CCG	Yes we're absolutely committed to carrying on working with people, involving them in decisions. I think again in terms of specifics Mike that will depend on the level of any changes that came out and we again we can't pre-empt that. Whether we're talking about something totally different, needing to consult again, whether it's about going back and checking back ideas or if what we come out with is something that was raised in the consultation process but we will of course, we've been very committed to doing that, that's one of reasons we extended it so it will continue to be a big part of the process.
Chair	Ok right, Mike is there, we, I am now, I think we now need to start to move this section to conclusion not least because we haven't actually heard from Kate yet in

	<p>terms of the paper. So we've had two written questions, both from yourself and from Ruth, if it is possible to summarise, if you wish to, very briefly what it was that you're concerned. So I know you've got a lot of questions Ruth and we just haven't got the time to go through those, we've got them but if you wish to just summarise very quickly, you don't have to, there's a hint there, but please, you can have a minute each really. Mike</p>
Public	<i>I've already asked</i>
Chair	You've already asked, that's fine
Public	<i>The only bit that isn't in there is in the written question is a repeat of my question the governing body about the NHS 111 and competitive tender and a disappointment that there was in, not a mention in those issues but not included in the consultation because it matters to the public who provides it, it may not officially matter to the CCG if it meets the specification but it does matter to the public.</i>
Chair	Ok thank you. Ruth is there anything you would like to draw our attention to
Public	<i>Yes please. Just that people are aware and just know what I submitted. Also about NHS 111 because the more I've read about how the service has worked since it was rolled out the more concerned I am and the whole urgent treatment plan seems to hinge on NHS 111 working perfectly I can't see how steering patients to the right place could work unless NHS 111 is actually working and I've read some real horror stories, I'm sure other people have including people dying having been given the wrong advice etc. very worrying. So I was asking for a categoric assurance from the CCG that NHS 111 services will be staffed adequately for Sheffield by medically trained triage operatives at all times and adequate number of medically trained operatives and what contingencies are there in place in terms of emergency rescue plan for phone triage in case of failure of NHS 111</i>
Chair	Ok thank you and there are a range of others points that Ruth has also asked questions about, can I just remind you that what happens is that both of those sets of questions will appear in the papers for our next meeting and as well as a response and people may receive that and download all of that from our website. Ok I'd like to thank everyone for their contributions. We're now going to consider the item and Kate is going to raise that and then the committee if you've got questions you have an opportunity then to ask them, then we'll move on ok. Kate.
CCG	Ok so members have already had an opportunity to read all 3 consultation reports produced by the independent companies and the covering paper so I was only going to draw attention to a couple of points rather than go through any of the papers in any great detail. I think it worth just noting that the consultation provoked and continues to provoke a range of strong views from the proposals to improve access to same day urgent appointments in the city and I think it's worth reiterating our

	<p>thanks to all the people that have taken the time and the energy and the effort to make those contributions and again some of you, I'm starting to recognise some faces today who have been to meetings before so thank you for that. In terms of the actual paper and the process that we've gone through, I think I just wanted to note that the team has continued to adjust its engagement approaches as we went through the consultation period to try and ensure that we reached as many of the underrepresented groups as possible during the process. It became clear that despite this we weren't hearing from some specific groups in as much volume as we wanted to and that included whole geographical areas of the city and that's born out of the fact that at the end of the process 50% of the respondents to the main survey came from 3 postcodes. So we therefore commissioned two telephone surveys to ensure that we heard from all strata within Sheffield and in particular we made sure that we heard from selective postcodes that haven't engaged through the main consultation process. That's generated an interesting dynamic because there are significantly different responses from the 3 different surveys on some of the different questions that we asked. An example of that is the response to the urgent treatment centre options so it's clear, that I think generally there is very little support for option 2 across all 3 of the surveys and that was about the children being treated at the Northern General alongside the adults with minor illness but there are clearly some very mixed views about options 1 and option 3 and also there are a number of people across the city that don't like any of the options that we've proposed and either want status quo or propose something different. A number of alternative proposals were suggested during the consultation for both the urgent treatment centre from an adults perspective and also the urgent eye care proposals and those are listed in the paper for ease just to save you trying to wade through them all and clearly part of the process over the next couple of months is working through what they are, what the implications are alongside how we could potentially mitigate some of the issues that everybody has raised in relation to the 3 proposed options. I was probably going to leave it there and open it for questions.</p>
<p>Chair</p>	<p>That's really helpful, I mean if people haven't spotted it, I would urge you, I mean as I say actual responses the number of people who will be interested in this is huge both in terms of all the data we've gathered but Kate's summary at the beginning is really helpful actually, quite accessible in terms of giving a summary of an initial analysis of the responses that are there. Ok I'd like to take from the committee any questions or points. The only thing I'd say before opening it up to you is, I have to say that compared to some of the consultations that I've been a part of, and it iterative nature and that there are issues to do with that I know have been raised in regards to the options that were presented in the beginning, but in terms of extent and genuine attempts for people to engage for peoples whose voices are not normally heard this has been a really good example of attempts to do that and I personally would want to recognise that; Kate and Eleanor. So</p>

	questions. Well not many excellent, good.
CCG	I suppose two things, and I have discussed this with colleagues within CCG over the last few days. I was a bit concerned that people with mental health issues who need urgent care not necessarily for their mental health condition I don't particularly see that addressed and I just want some reassurances that really that we've got to that and then the second issue that concerns me, well I think the words concern is that the telephone survey is that they were conversations that were directed at different postcodes did give us some different insights as well and I'm a just a bit worried that we captured all the views we needed to capture there, I just find it interesting that we got some different views by going to different postcodes and I'm not sure I fully understand that to be honest.
Chair	Ok, do you Eleanor or Kate want to respond to that?
CCG	Ok do you want start?
CCG	I'll start and we'll do a joint one. In terms of the telephone survey one of the reasons for doing it was we were very aware of the strength of feeling coming from the South of the City and understanding the issues that were raised there but were concerned about whether we weren't hearing from people in the North because they weren't bothered or that they hadn't felt that they'd had opportunity and whether they shared their views so that was deliberately to try and tease out the differences and I think as you say that it has shown that there is some and the same for doing it and a sort of comparison because we didn't want that it would be a bit of skewed process. For comparison we did a whole random sampling to represent all postcodes and that's sort of our bit of benchmark so it all sort of holds up. I think the way we're looking at it, is that it does show, which was a big part of what we were trying to do, is draw out the different issues for different geographical areas or different groups of people so that we can actually do something about addressing those or understanding what we might need to do so we're using the word mitigation but it is very much for us to have a clear understanding that if this went ahead this would be the impact on these people, so actually can we do anything about that or is it sufficient, it was just to inform the judgement. So I think it sort of actually showed not what we wanted it to show, but the whole point was we needed to hear from everybody because not everybody will see it differently, some people you know, it's back to Kate's point around slight differences around which option they'd prefer, well not slight, quite different, so I think from that point of view I feel quite confident that that does give us more a representative view and that we can see everything in a whole whilst not withstanding that there are some significant concerns coming from particular pockets that absolutely must be addressed, but it gives us the balance across the city.
Chair	What about the mental health point?

CCG	I, well we can both can pick that up can't we
CCG	So yes, it is something that we've had some debate about over the last couple of weeks. We've had the report in terms of why that might be, are we assured that we reached as many people as we possibly could and that we've heard their views. I think some reflections on that from the work that the team have done going out and engaging with different groups and communities particularly focussing on those with mental health needs and the charities that work with them. I think we're confident that we communicated with and engaged with some of those communities and those groups and that we have had feedback from them. We went to some dementia cafes, got some quite useful feedback from some of those, there was a number of different teams and groups that we spoke to, but obviously in terms of representatives and what volume of patients with mental health conditions fed back to us the main survey is about 14% of patients who identified as having a disability identified themselves as having a mental health condition, part of what we were debating was actually how many patients would tick that box and would be comfortable ticking that box so could more patients have responded and not identified themselves or is that actually we've missed some and we haven't got to the bottom of that.
CCG	Thank you
Chair	Ok, ok thanks
CCG	Can I just add one bit to that? That it was an issue that was raised at the opening scrutiny about how important the mental health was right at the beginning so we set out very clearly so in the groups we saw and heard from whose feedbacks were included, includes a wide range of mental health conditions and also ages so it was quite a focus for some of the work we did with younger people as well so I think we've got, got it, but as Kate says there may not be, you know everybody will have declared.
Chair	Ok and I'm now keen to start moving towards concluding this item so Trish from Healthwatch
CCG	Very, very briefly it was interesting the difference between the telephone surveys and the written surveys. I personally have a different response on the telephone surveys to the one I'm presented with on paper and I think most of us are, that in fact if it's on paper or on screen you've actually got time to think and before you actually fill it in and to go away and make a cup of tea and think a bit more, if you're on the phone it's a quick answer usually and I think that comparing the two is difficult, it's interesting and I'm glad that you did the pan Sheffield one to kind of give you some sort of balance, but it would be better if we did just one type of survey rather than trying to compare chalk and cheese almost even though the questions are the same.

Chair	Ok, Nicki and thank you for everyone's help by the way in terms of showing me who wants to say something, it's very helpful. I think let's just get Nicki's point and then yes.
CCG	So I had a slightly different view, this is what I wanted to say, I had a slightly different feedback so it's really interesting hearing that because I had thought one of the helpful things about a telephone conversation is that you could get a little bit more of an explanation
CCG	Yes Absolutely
CCG	So yeah agreed, I think this is really helpful what's come out of it and what I particularly welcome is the working through what the different options are and I think for me one of the things that comes out through the feedback is about what people need access to rather than what facility they need access to and if we think about minor injuries in particular some of the things the staff have said around being able to access things in a, that perhaps a walk-in centre or perhaps a GP surgery wouldn't be able to provide. Now I think that fits with some of our wider strategies and I think there's an option for us to connect some of what we're trying to do as a system together so we're not coming up with just the urgent care answer but the system answer to access so I'm excited about we might be able to do
Chair	Eleanor
CCG	It was just to respond to Trish really, I agree with you about the different mechanisms and it does make it hard to compare. I think what I wanted to say is, we all, we've had to use a lot of different ways including the meetings.
CCG	Of course
CCG	And we've had very different conversations which I know you appreciate. I guess I just wanted to reassure people that we're not prioritising any one source of feedback over the other this isn't and it's back to the point about we're not going by numbers, it's not about how many people said, it's about really understanding the issues that come out and that's why it's so important we spend a lot of time reviewing and reviewing the answers so I don't want anybody thinking we're prioritising the telephone survey. It's very much looking at everything in a whole in huge detail as you can see in reports so I just wanted that sort of noted.
Chair	Ok right I want to bring this to a conclusion, you wanted to say anything
CCG	Well it was a question
Chair	Ok fair enough, it's fine, it's fine Mandy
CCG	If that's possible

Chair	Go with it
CCG	I chaired a few public meetings and the meetings I've chaired. There was concerns about the eye care proposals yet the statistics in the feedback say that was not a big issue but it was definitely a heated issue in the public meetings that I chaired and again do we feel that we've got to the bottom of what was concerning people on the eye care issue.
CCG	I don't think we've fully got to the bottom of it. There are clearly mixed views, so we had about 100 responses in total with any reference to eye care. I think what we've asked the company to do is to go back and pull out of those comments and responses so that we can understand them in detail because obviously the consultation report has been provided by the independent company is a summary of all the feedback that they've got so on eye care we have asked them to come back and give us every single comment on eye care so we can into that in a bit more detail
CCG	Thank you I appreciate that
Chair	I know some of you want to say something, but I can't, I really can't, because we, there was an opportunity for you to raise points and now we just need to move to this discussion. If people do, if you want to make further points talk to Helen and please talk to Helen and Richard
Public	<i>I understand that but more questions have been raised now that we've heard</i>
Chair	Yes, no I understand that this debate. This continues through a variety of different means but I can't just, I know it's unsatisfactory but
Public	<i>I mean there's a lot, a lot has not been , you know, we're talking about the survey now and you know you say most of the signatures are from 3, or most of the responses were from 3 postcodes, well what are those 3 postcodes.</i>
Chair	It's all in the paper and it's all available and you can see
Public	<i>Ok</i>
Chair	Sorry Kate
CCG	That's ok, finished
Chair	Right what I'd like to do is. This paper is for noting, right so we don't have to approve it because we're just acknowledging that we've received the information. What would be very helpful Kate or Eleanor just before people go is to say what are next steps are, what is, although I highlighted that at the beginning I think in terms of the next step in terms of some indication of dates it would be useful if you could share that.

CCG	So obviously we've got an awful lot of work to do over the next few months but the first step is to really reflect on what we've heard, the different options that have been proposed, thinking about the issues that have been raised in relation to the proposed options and whether we can mitigate any of those or not and how could we, if we were going to mitigate them. Some of the issues that have been raised will also impact on any of the other proposed suggestions so there's a lot of work that we need to work through. We're planning on doing that internally and with external stakeholders over the next couple of months and the next point is to bring back an update in May to this meeting that sets out how we think we might start to respond to some of those issues.
Chair	Ok and one of the, thank you, so that's after the local elections
CCG	Yes
Chair	And the point that was made earlier by Deborah, I think, about an opportunity for public meetings and discussion I think is something we need to be thinking about around about that period not opening the discussion up now I'm just acknowledging that that's there. Ok we agree to note the paper and we move on. Thank you very much in particular Eleanor and Kate for this. Now that brings that item to a conclusion so if people would like to go now please feel free to do so and seriously if there's points that people would like to leave with Helen or Richard grab them