

**Questions from Members of the Public to NHS Sheffield Clinical
Commissioning Group Annual General Meeting 10 September 2015**

Question 1 (Are all partners in the NHS Sheffield CCG aware of CASES? Are all GPs members?)

CCG response: *All Governing Body members are familiar with CASES. The team leading the work are engaging with our practices about it, as well as with secondary care clinicians, but we couldn't guarantee that every GP is familiar with the work at this time."*

Question 2 Right First Time, Healthwatch, Involve Me etc – Why are there so many groups?

CCG response: *We are trying to establish more innovative ways to look at engagement, such as Patient Opinion. For example, all those people that left us a story relating to the proposed MSK service in South Yorkshire received a message asking if they wanted to get involved in the work of the CCG. We want to ensure that every individual in the city gets an opportunity to get involved in the work of the CCG.*

We have also undertaken some work about how we engage with volunteers, including how we can extend the work of the health champions' programme.

Each of the groups named serve a different purpose. They do, though, work closely together - for example, the CCG works closely with Healthwatch on public involvement, so the CCG's "Involve Me" work is aligned to the work Healthwatch do.

Question 3 Can you have some input from people with disabilities making decisions about any aids or needs they require helping to give them a better quality of life?

CCG response: *The CCG has a very integrated agenda, which is also about improving people's health as well as reducing their isolation, we talk to vulnerable people about the services they need to support them.*

Question 4 (Ambulance response times – do ambulances have sat nav for them to find the quickest way to an emergency?)

CCG response: *Yes, ambulances do have sat nav. The paramedics also have local knowledge of the areas they work in and travel to.*

Question 5 Why are we not training and investing in more UK people who are interested in training to become nurses/doctors?

CCG response: *It is not directly our responsibility to be involved in those decisions about training people to become nurses and doctors, however, we do have a relationship with people who are involved in the provision of this training, and so are very interested. The most important issue at the moment is the impending crisis in general practice, which is not going to get any easier, especially due to the large number of GPs that are close to retirement. We are now losing a lot of extremely skilled GPs and senior nurses that do not want to stay on past their retirement age. We also need to look at seven day working and ensure that this is covered safely by sufficient numbers of trained staff. Also, there is rather a long lead in time to qualify as a doctor / nurse which means that decisions made today will not come to fruition for seven to 10 years.*

There are schemes going on to 'grow your own' people' and a lot of work has been undertaken to develop relationships between schools and colleagues on a whole range of different careers and job opportunities. The CCG can have a role in facilitating those discussions. Locally, a lot of work is being undertaken, including Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) who are very active in terms of developing their Modern Apprentice Scheme. The challenge is that demand has increased over the years and there are not enough 18 or 19 year olds to map into these roles.

We are employing some of the brightest and best people from other countries as doctors and nurses so there is a responsibility for us to get our own training in order.

Question 6 Where are patients to take their yellow sharps bins for disposal as a lot of pharmacies now will not accept them?

CCG response: *The CCG does not commission primary care services or the removal of clinical waste from practices, which is the responsibility of NHS England. This is an issue the CCG became aware of about five months ago and we have been working with NHS England about the safety issues this raises. NHS England have approached Sheffield City Council (SCC) in relation to the removal of clinical waste which has led to a discussion at the Overview and Scrutiny Committee (OSC), following which SCC will discuss this further with NHS England.*

The CCG's advice for the moment is for patients to return their yellow bins to their practice. If this causes any problems patients are asked to contact Kevin Clifford, NHS Sheffield CCG Chief Nurse (kevinclifford@nhs.net / 0114 305 1019). The most important thing is to safely dispose of them.

Question 7 Is social prescribing on the agenda in Sheffield and if so what is the timescale?

CCG response: *Yes, initially by people from the voluntary sector who will try and connect people with the right organisation. This may relate to issues such as*

isolation / vulnerability / inability to pay bills / how they would be able to cope if they were going back to their home following discharge from hospital, etc. Parson Cross SOAR is undertaking some work on this at the moment and there is a range of other work taking place in 'pockets' across the city, but the CCG has not yet looked as to how this can be rolled out further and how it can be resourced. A lot of community organisations, for example ZEST, ShipShape, SOAR, Darnall Wellbeing, plus the practice champions and health trainers are already doing this sort of social prescribing and helping to maintain relationships with GPs and communities. This is also part of the role of the community support workers that are attached to many GP practices in the city, so it is not just about having professional bodies to do this. We do need to describe this more comprehensively, to have community resilience, and to use the Rotherham model as good practice.

Question 8 (How do you plan to make healthcare fairer in Sheffield? Particularly in regard to the fact that life expectancy is dramatically reduced in some Sheffield communities.

CCG response: *The CCG is working on this with Sheffield City Council through the Health and Wellbeing Board, and has identified the things we think we can do help this as commissioners. Figures suggest that about 20% of health inequalities are due to issues related to health care. The CCG is really concentrating on this and those things that we should commission so that everyone that comes to seek help can be helped to get into the system. We are speaking to NHS England, GPs and managers about how we can raise awareness.*

Question 9 Does the CCG have any statistics about which members of the public / patients it engages with?

CCG response: *The CCG has approximately 750 people on its Involve Me Network, we work with Healthwatch Sheffield, talk to the two Universities about how to better engage with students, and undertake a lot of work with our own staff. We also work with a group of patients in the more deprived areas of the city as to how we can make health services different, including looking at those services that seem to make the system worse.*

The CCG has certain redesign areas, MSK for example, where we have gone for more than just traditional engagement, which we are also doing for the review of urgent care services across the city. We really do want our patients and public to get involved in helping us to make some decisions.

In addition, the CCG Governing Body receives a quarterly update on CCG engagement at its meetings held in public, and two of its members are members of the Fairness Commission Advisory Group.

We think that we better engage with the public now than previous commissioning organisations did a few years ago, but there is still a lot of work to do.

Question 10 With CCG commissioning intentions and aspirations to transform outpatient services and move care requiring a specialist clinician closer to home, what opportunities does the CCG see for collaborative working with the pharmaceutical industry to support service transformation and improved use of technologies? What ‘value-add’ offer/product would be most interesting for the CCG to engage with the pharmaceutical industry?

CCG response: *The way the CCG manages medicines is a really important issue, not just the working pharmaceutical industry but the whole range. It is really important how we work with them and we regularly talk to colleagues about how we can work better, particularly with community pharmacists, although this will not always happen overnight.*

The opportunities are there to work with drug manufacturers and the industry wants to support the NHS with transformation. The CCG is moving towards co-commissioning for general practice, has an excellent relationship with community pharmacists and the Local Pharmaceutical Committee (LPC) and has a number of schemes about putting pharmacists into general practice.

Question 11 What is the likelihood of funding for preventative medicine? (ie exercise referral and links with transport and active travel)?

CCG response: *Although we have no specific plans in place, this is an aspiration for the CCG. There are initiatives in the city that we support, for example, Move More and Weigh Ahead, but we have no specific initiatives ourselves. A lot of voluntary services are active in supporting people – from healthy walks to cycling, and we are looking at our relationship with the voluntary and community sector to ensure we make the most of what it has to offer.*

Question 12 (What is the financial cost to date and the anticipated total financial cost of the proposed equalisation of GP funding in Sheffield?

CCG response: *The proposed financial cost of equalisation in Sheffield is not a net cost in itself as it is about using the same money in a different way. The CCG agreed to put in an additional amount of funding to support practices to undertake a range of additional work, and will be topping that up at c.£1m per year, but which will taper off. This is set out in the paper on the equalisation of core general practice finances that was discussed at the Extraordinary meeting of the Governing Body on 16 July 2015. This paper is available at: <http://www.sheffieldccg.nhs.uk/about-us/governing-body-meeting-16-july-2015.htm>*

Question 13 The health implications of those children of failing to diagnose health conditions / illness should be a priority for the CCG, as points 1, 2 and 3 of the CCG constitution states. Has the CCG plans to introduce a phlebotomy service for children in the north of Sheffield? The findings of a recent audit of patients at Page Hall Medical Centre highlights the inadequacy of service provision for the children in the north of Sheffield.

CCG response: *The CCG is aware of problems in the phlebotomy service in that some children are having difficulties in getting blood tests, but does not have any plans at this stage to introduce a phlebotomy service for children in the north of Sheffield.*