NHS
Sheffield
Clinical Commissioning Group

Questions from Members of the Public to NHS Sheffield Clinical Commissioning Group Annual General Meeting 11 September 2014

Please find here a list of questions asked at the Sheffield CCG AGM, complete with answers given both at the AGM and afterwards in writing. Where the answer was given at the meeting we have attempted to report this as closely as possible.

Questions answered at the AGM

Question 1: How does the CCG know, unreservedly, that it is acting on behalf of, in the interests of, and full knowledge of, the people of Sheffield?

CCG Response *The honest answer is that we don't know. We constantly feel a sense of anxiety and worry that we haven't actually connected properly. That shouldn't disempower us from doing things, but we should be concerned and anxious about whether we have actually connected and listened to people. There are things that we are doing to connect and engage, for example, Dr Moorhead talked about the Health and Wellbeing Board and our meetings with community organisations, and connecting with GPs and Patient Participation Groups they have. There are lots of ways we can do it, but to be frank we have to constantly be anxious and continue to be looking at ways to do better.*

If we stick to the principles on how we are currently engaging with people around the MSK services, and we continue to work in these ways, then we are optimistic that we will reach more and more people. That's not necessarily through just these sorts of meetings, but through the public themselves talking about that we are now listening and that people can come to us and that there will be a response.

We know that we're not going to get to every single person in Sheffield, that would be impossible, but we also trying to build up our networks with communities and voluntary organisations and community organisations because often they are centred around areas of interest and areas of problems.

It's not just about what the CCG does, we should also hear what people tell others, such as the City Council, so that wherever you voice a concern around health and care services, whether it's in the Council Chamber, whether it's in local service with your local Councillor, whether it's to your GP, whether it's meetings like this or to the Governing Body, or it's a range of other ones, all that's brought together.

Question 2: My question is about contracts in the National Health Service. There has been a lot of mention about contracts in the NHS and how many

new contracts and, I stress the word new, have been farmed out to the private sector?

In view of the intended 'parity of esteem' between mental health and physical health, what does the CCG plan to do to deliver this in the near future, especially in terms of funding?: if money isn't earmarked for mental health services, when will that money be raised above 14p, or whatever it should be, to bring it back to the level it really should be?

(NB there were also two other questions received about parity of esteem between mental health and physical health)

CCG Response: *The vast majority of what the CCG commissions is from NHS Trusts, with only small amounts going to the private sector. We have some contracts with private sector organisations because patients choose to have their treatments there, which they can do under the NHS Choice rules, but generally speaking our main contracts are in the NHS.*

We are really pleased that you asked the question about Parity of Esteem - is mental health given the same recognition that physical health is, because it is something that we feel passionate about? It is a complex question; it isn't just about resources, although that absolutely is part of it. One in four of the population suffer from mental health problems. That obviously has huge impact not just on health, but on education, on employment, on relationships, on functionality at every level of people's lives, it's of massive importance. We also know that if you have a serious mental health problem, or if you have a learning disability, your life expectancy is up to 20 years less than if you didn't have it, so that cannot be ignored and needs to be addressed.

The things that end people's lives prematurely are, on the whole, preventable diseases and long term conditions which can be treated. We also know that if you have a mental health problem you are more likely to have a physical illness, so that's important too and just mental health problems by themselves do bring with them a huge amount of stigma, whether that's real or perceived but it stops people from accessing health.

There is apparently still considerable stigma and ignorance surrounding mental illness. So, in terms of addressing parity of esteem, it needs to be done on a wide number of areas of health, not just on influencing resources including mental health spend, although that is part of it. From a national point of view, you may have noticed over the last year or so increasing numbers of stories about celebrities who have struggled with depression, there is an increasingly high profile given to mental health.

That's not just happened, that's a Government policy. You may have heard Nick Clegg introduced 'Time for Change', so, at a Government level, it has been recognised that something needs to be done. The Clinical Director for Mental Health

Strategy, Geraldine Strathdee, came and spoke to over 350 GPs in Sheffield at an educational meeting. There's a lot of work being done with employers so that employers can take responsibility for their employees' mental health, such as the 'Mental Health First Aid', so that people can recognise problems in themselves or amongst their colleagues and know how to get help.

The CCG members are passionate about this, parity of esteem is a phrase that probably most people hear most weeks at the CCG; it's definitely high up on our agenda. We know that there are a lot of people attending A&E frequently because they have mental health problems; we know that a lot of people with physical health problems actually have an underlying mental health condition that's making it more difficult to manage their physical health. So there's got to be a lot of cross over between the physical health management of patients as well as mental health and that's what we're working towards, so there isn't this divide between body and mind, but actually they come together and so that is very much part of our agenda within the CCG.

Question 3: What does the CCG do, if at all, to engage with students and how we can fit into the Health and Wellbeing Strategy with the City Council? What is your advice on how we might go forward, because obviously students are part of the health population of Sheffield?

CCG Response: *Absolutely right, student health is one of our member practices is within the CCG. We have made contact with one of the students' unions. Yes you are right, the students are part of the population, and a part that we haven't been great at engaging with in the past. We are very keen to do that with both universities. One of our colleagues – Helen Mulholland - would be very happy to talk to you.*

Question 4: I just wanted to ask you regarding the GPs practices in the city – do you get feedback about the fact that, perhaps because of budgets and constraints, people are not going to get certain services in some areas of the city than others?

CCG Response: *We most certainly do get feedback, and more than that we go out and meet with them. We don't actually contract for GP services, because of the obvious conflict of interest if we did, but we do need to understand how general practice is doing because we don't want patients to be missing out on services. For services that we don't commission directly, we will have conversations with the bodies that do commission them to try to make sure there isn't a gap in provision, whether its primary care, specialised care, or other areas that we don't commission.*

Question 5: Is the feedback you get from practices expressed in the Annual Report?

CCG Response: *What practices tell us about need for services is included in the Joint Strategic Needs Assessment (JSNA) which is published by the Public Health*

Department, rather than specific reports. It's published by the Health and Wellbeing Board and all commissioners within the area have to have regard to that the document, so everything we are commissioning should be responding to the needs identified in a range of communities and across the cities as a whole.

Question 6: How do we make sure that people who do suffer from multiple disabilities can actually make sure that we have coordinated care in the system, from GPs and secondary care?

CCG Response: *With regard to packages of care for people who have complex needs (usually have 1, 2, 3 or more, physical problems and/or mental health problems), they usually have a full care plan covering physical, mental and social care. This is sometimes through continuing health care which is a means of funding nursing packages. There are new requirements to better co-ordinate children's care and we are responding to that.*

We are trying to co-ordinate and integrate social care services and health services through the Better Care Fund. This won't just be a re-organisation of people doing commissioning but will make a real difference to people, through getting services that are actually joined up.

Question 7: There's help for people with disabilities but what about help for their siblings and other people, because they might be affected as well.

CCG *Response:* *I think the point being raised is around understanding about the family and peer network as part of a patient's life. Many of the services that support families are outside health services and this is partly what we're doing with the Better Care Fund, the integration work we are doing with the Council is trying to tie those services together around individuals and their families and their communities. I think in Sheffield we are probably further ahead on that than many other parts of the country.*

Question 8: Because of the work I do, they say I don't have a mental health problem, and I am quite able to manage my own affairs, but I do have a mental health problem and its being denied, but I'm classed as normal – what's normal?

CCG Response: *I think this goes to the point earlier about parity of esteem, it isn't just about how much money the CCG spends, It's about the way people perceive health problems in our city and there are still people who are prejudiced about that. Our work is not just about the money, it's about how we influence people to do the right thing for people who are using services, to give people opportunities to work for example. That's not directly a question of health services, but it's about what we can do indirectly too, and I think it's important part of the work we do, it's not just about spending the money on the spreadsheet, it's about all these other issues as well. It's a very good question, although we can't comment on your particular circumstances.*

Questions answered in writing after the AGM

Question 9: I am the mother of a 36 year old man with a diagnosis of ASD. His condition has left him with such serious social impairment that he has been awarded an enhanced level of PIP. However, he has been assessed by the newly formed Adult Asperger's service they have judged 'his needs are too complex' for them to offer him any help. The psychologist who initially diagnosed him is dismayed that he cannot be offered help. The question is this: When is the Adult Asperger's service going to have the appropriate and sufficient resources to support our son? On our death, he will be extremely vulnerable.

CCG Response: *This new service has been commissioned to provide:*

- *Specialist diagnosis and assessment*
- *Post diagnostic advice, interventions and information*
- *Advice and training to other health and social care professionals*
- *Support in accessing, and maintaining contact with, housing, educational and employment services*
- *Support to families, partners and carers where appropriate*
- *Assessment of Social Care Needs*

We cannot answer the specific question about this person's needs without knowing more about the case, and we are happy to investigate it further if he wishes us to, but we can say that 1) we didn't set a limit in the specification about complexity, so possibly the service's comments are about clinical skills and possibly the service should be thinking about referral to specialist services if the complexity is about clinical needs, and 2) the service is only one part of a whole system and is not designed to provide all the support he might need, so it may be that the support he requires is outside the service (and the CCGs) remit. We don't know if these comments are helpful in this particular case, of course, and would be happy to look into the case further if requested, and have told the family that.

Question 10: What effect does the CCG think that the planned national changes to GP contracts and reductions in practice payments will have on services in Sheffield, particularly the CCG's intention to shift services towards community and primary care? To what extent might this create conflicts of interest in commissioning decisions?

CCG Response:

- *We are working with NHS England colleagues to understand the overall and individual practice impact of the proposed changes.*
- *We are hopeful that through our co-commissioning discussions we will have greater responsibility in determining how the finances made available through this process are best reinvested to support patient care in a primary care setting.*

- *Where practices raise with us any concerns around their potential future we meet with them to understand the potential impact and help where we can with offering new solutions for consideration.*
- *If there does come a point where a practice decides to close, our responsibility will be to work with NHS England to ensure that patient care continues both in the immediate and longer term*

Impact on our Aim to Shift Services:

- *One of our key aims remains to move care closer to home, and primary and community care providers should have a key role to play in this service delivery model.*
- *Through our localities and our wider engagement with practices and other providers, we are able at an early stage to identify the potential risks associated with our modelling assumptions – in fact, this is one of a range of risks on our organisational risk register so we report on this to Governing Body regularly.*

Managing Conflicts of Interest:

- *Since our inception, the CCG has had in place a robust Conflict of Interest Policy which means that at all our key decision-making meetings all attendees are required to declare their interests and, if necessary, the individuals concerned can be asked to leave the room so not to partake in the discussion or decision-making process when the matter in which they have an interest is being considered. This will continue to take place.*

Question 11: Could the CCG give an update on what is happening around Accident and Emergency Care. What is the position in terms of the underperformance on Red Calls by Yorkshire Ambulance Service?

CCG Response: *This is available on the public website at:*
http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/September%202014%20Board%20Papers/PAPER%20H%20Accident%20and%20Emergency%20Situation%20Report.pdf

With regard to YAS performance, so far 2014/15 has been very challenging for the service. At 20 July 2014 across the Yorkshire and Humber (Y&H) region, Year to Date (YTD) Red 1 and 2 combined 8 minute performance is at 69.21% against the service standard of 75% and Red 1 and 2 combined 19 minute performance was 95.71% against the 95% service standard.

For CCG 'Quality Premium' purposes, overall YAS R1 8 min performance is measured. YTD performance currently stands at 69.45% against the NHS Constitution service standard of 75%.

Sheffield CCG YTD combined Red 1 and 2 8 minute performance stands at 68.61% against a service standard of 75%.

Commissioners are applying the full range of contractual sanctions to YAS where performance is below contractual requirements. Formal contract query notices have been issued. A remedial action plan has been received from YAS but this has not been accepted by commissioners at this time. CCGs are working jointly with YAS to commission external support for to ensure YAS can achieve its contractual obligations and provide assurance to commissioners that sustainable performance improvement can be achieved.

Question 12: What services commissioned by the CCG are currently open to provision by Any Qualified Provider? Are there any plans for this to be extended?

CCG Response: *NHS Sheffield CCG currently commissions the following services via Any Qualified Provider (AQP) contractual arrangements:*

- *Direct Access Sigmoidoscopy Service*
- *24 Hour ECG – Cardiology*
- *Carpal Tunnel*
- *Vasectomy*

Although there are no immediate plans to extend this list, a number of service reviews are currently underway. The conclusion of these reviews may be that we need to undertake a competitive procurement exercise; however, this may not necessarily result in additional AQP contracts. The mechanism by which we commission services is always determined by what will serve the best interests of our patients. We always aim to offer the people of Sheffield a wide range of accessible, high quality, and easy to use services to help them stay healthy and improve their wellbeing. We therefore aim to procure services from providers that are most capable of fulfilling these objectives whilst delivering best value for money.

Details of the current service reviews can be found in the CCG's procurement plan, which can be accessed via the CCGs website:

http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/May%202014%20Board%20Paper/PAPER%20F%20Procurement%20Plan.pdf

In general, the CCG will seek to utilise the range of procurement options available to us in order to commission the most appropriate services for the patients of Sheffield. In time this may mean that further services will be identified as suitable for the application of AQP.

Question 13: What are the figures and trends in the number of hip and knee replacements over the last 5 years? Is there any correlation or inverse relationship between referrals / treatments and inequality in the city? Is there any concern that the use of triage measures such as the Oxford Questionnaire leads to patients being forced to wait for referral whilst in considerable pain?

CCG Response: *Please find enclosed trend data (Appendix 1).*

An initial review by the CCG did not identify any links between inequality and treatment. There is no specific local requirement for the Oxford Questionnaire to be used. If an issue of this type was encountered by a patient and/or clinician within a patient pathway the use of an individual funding request (IFR) approach could be considered.

The CCG via the 'Moving Together' project is looking at all Sheffield musculoskeletal care. At the heart of this process is recognising what matters most to the patient, whether that is their outcome, experiences or how their care is provided. This involves patients and clinicians working together and we are consulting widely. There is a major event in early September 2014 to discuss what has been learnt so far and agree our next steps.

Question 14: What is the current commissioning policy for cataract removals and what are the figures over the past 5 years?

CCG Response: *There are no commissioning restrictions such as a 'threshold' within the current commissioning policy. The decision to proceed to treatment is a joint one between patient and clinician. Please find enclosed the figures (Appendix 2).*

Question 15: Apart from the circumcision service, have any other services been decommissioned or made subject to greater restrictions over the last year?

CCG Response: *Over the last 12 months NHS Sheffield CCG has not decommissioned or placed greater restrictions on any services. Although a number of pilots have reached a natural conclusion (therefore resulting in some pilot service, including the Stress Exercise ECG Service (referred to as MEST) coming to an end), all such pilots will be (and have been) evaluated to determine whether they have succeeded in terms delivering the required benefits and, if so, the mechanism by which these services will be commissioned in future.*

In addition, the CCG will always routinely work proactively with providers to manage demand for certain services. This is not about placing restrictions on access to services however, rather ensuring that patients can access the right service at the right time to ensure that the health and wellbeing of all our patients is met at the earliest opportunity. This may result in changes to current care pathways, but not changes to the portfolio of services we commission.

Question 16: If the mum stay at home looking after kids and dad at work model was statistically a happier model, why did society change to an unhappier model with more stress?

CCG Response: *The CCG can't answer why society has changed, but we recognise the stresses of modern life may be different to those previous generations*

experienced. GPs and local mental health services are well trained to respond to these stresses, and the CCG has continued to fund and seek to improve the Improve Access to Psychological Therapies service, which is intended to respond to the common mental health problems - anxiety and depression - that can be associated with these stresses.

Question 17: How long is the CCG's existence guaranteed? How is it funded? Which NHS groups have opted in or out regarding co-operation and involvement?

CCG Response: *There is no guarantee of the duration of the CCG's existence which, as with its predecessor organisations, is dependent on political views of the effectiveness of the current NHS system. We are funded by allocation of resources by NHS England, including an amount for running costs which is capped at £25 per patient served (an allocation we underspend on, spending the saving on patient care). Assuming the last part of the question relates to practice membership of the CCG, all 87 Sheffield practices are signed members.*

Question 18: Until a year ago I lived in Derbyshire and was a member of the local PPG. Now I've joined a Sheffield PPG. The difference is that Sheffield has no links with its CCG or its neighbouring PPGs, whereas there was a dynamic networking in Derbyshire. Why the difference?

CCG Response: *Like Derbyshire, we would hope that our practices' participation groups can discuss CCG issues and inform what we do. However, we think that the PPGs' main function is to advise practices on their provision of primary care services and we decided not to seek a formal arrangement with our practices' PPGs as part of our involvement processes. Instead, we asked each practice to ensure PPG members were invited to join our "Involve Me" network.*

Question 19: Young people have a difficult time transitioning from childhood to adult, if they suffer from a mental illness this is much more problematic. How is the CCG going to address this challenge?

CCG Response: *Transitioning from children's health services to adult health services can be a difficult time for any young person and particularly so for those with a mental illness; the CCG is aware of this and is looking at ways to support these young people and ease the transition process in many areas of our work. We are working with Sheffield Children's NHS Foundation Trust (SCHFT) and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) to improve mental health services for 16-17 year olds and deliver services appropriate for that age group with support during the transition phase. The service will be delivered by SCHFT, with SHSCFT continuing to deliver some specialist services for young people and adults, e.g. Eating Disorders services. The CCG and its partners will be developing wider transitional arrangements in mental health services as part of our future work planning over the coming months.*

The CCG recently held a successful training session for all GP practices across the city on mental health covering a range of issues including common mental illnesses and prescribing, Autism Spectrum Disorder and Eating Disorder. This aimed to increase awareness and knowledge of mental health issues and services available to treat them; it was attended by 250 people.

The CCG is also working with GP practices, Sheffield City Council and the Universities in the city on student health including mental health issues.

Question 20: What is the budget for mental health services in the city 2015-16 (or 2014/15)? Is this higher or lower than last year?

CCG Response: *NHS Sheffield CCG's budget for mental health and learning disability services in 2014/15 is £123.5m, which is an increase of £0.9m over 2013/14. Initial plans for 2015/16 would see a further increase of £2.1m.*

Question 21: I attended the AGM meeting at the Workstation today and would like to congratulate you on your talk.

http://www.bbc.co.uk/programmes/galleries/p0265l3x

I am interested in innovative and ideas that stretch. This is a sculpture of a homeless Jesus that is proposed to be placed in an English city. Why not Sheffield? Would your organisation help to fund it? Furthermore there are two tramps in the city that I see and it irks me. Is it not feasible that the CCG group could take them off the streets and look after them? Where there is a will there's a way. Other projects like the Archer project have failed in this respect.

CCG Response: *Thank you for your feedback on our AGM. We will provide feedback to our speakers, based on all the responses we get. I can see that the statue of a homeless Jesus might help raise awareness of the problem of homelessness and specifically the plight of those who have to sleep outside. However, I don't think it is something we could justify funding from NHS funds, which are provided to us specifically to purchase healthcare for our population. Similarly, whilst we do commission healthcare services specifically to meet the health needs of homeless people, and support the work of other agencies in addressing their homelessness, I do not think it would an appropriate use of NHS funds to provide accommodation for people who are homeless. The Council has a Homelessness Strategy, of which one of the objectives is to end Rough Sleeping, and it may be that they would be able to help the people you mention.*