

**Crawley, Horsham and Mid Sussex Clinical Commissioning Groups
2016 Annual General Meeting Questions and Answers**

Questions posed for Crawley Clinical Commissioning Group

Where is the cash for Bewbush Surgery? Posed by Gordon Robson

Representatives from NHS England's primary care team recently met with NHS Crawley Clinical Commissioning Group (CCG) and Crawley Borough Council to discuss their concern regarding the progression of Bewbush Medical Centre's relocation plans and planning for the future care of patients from the new Forge Wood area, another part of Crawley where there is housing development underway.

NHS Crawley CCG has confirmed that the patient list size at Bewbush Medical Centre has considerably outgrown their current premises (which were built for less than 4000 patients while the practice currently has more than 7500 patients). The CCG also confirmed that the practice plan to move to new premises and detailed business cases have been ready for more than two years, but that plans have been held up by difficulty in accessing national primary care transformation funding in 2015/16.

The CCG has said that they understand the latest information from NHS England suggests the practice has a "soft commitment" of funding of £660,000 and that the practice will have to undertake a second due diligence process by the end of June 2016 in order to access funding. NHS England has a duty to properly review any proposals for planned investment in local GP services, in order to ensure the best possible use of NHS resources on behalf of all local patients and the public.

Why has a GP Surgery not been built or going to be built at Kilnwood Vale? Posed by Bryan Tulley

Whilst the CCG does not commission primary care, we have worked closely with NHS England to secure additional capacity in Crawley to take account of the population growth from new housing developments. It is not always financially viable or sustainable to have a new GP practice in each new housing development, so we are looking to expand capacity in our existing practices. The nearest practice to Kilnwood Vale, Bewbush, secured some funding from the Primary Care Transformation Fund last year to develop a business case to move to a larger surgery. Whilst the work on this was subject to a number of delays in 2015/16, NHS England have assured the CCG that the 2016/17 process to access further funding will be less onerous. We continue to work with the practice, NHS England and Crawley Borough Council to secure this move and it remains our highest priority in our estates programme.

Questions posed for Horsham and Mid Sussex Clinical Commissioning Group

Can Horsham Hospital undertake more work to relive pressures from elsewhere? Posed by Derek Williams (British Red Cross)

The Minor Injuries Unit at Horsham Hospital is not busy but we can develop its service by networking with other units as well as developing a broader range of services overall, for example musculoskeletal services.

Why is the Musculoskeletal Service (MSK) service not working as well as it should? Referrals have been lost in the referral process and when you attend an appointment the staff seem to know nothing about your condition. Posed by Sue Stewart (Voluntary Member Health Watch)

NHS clinical commissioning groups in Brighton, Crawley and Horsham and Mid Sussex drawing on the expertise of local clinicians and expert health managers, worked together with local people to design and procure the new MSK service.

From 1 September 2014, all referrals were directed to the new provider - Sussex MSK Partnership. Sussex MSK Partnership brings together Brighton and Hove Integrated Care Service, Horder Healthcare, Sussex Community NHS Trust and Sussex Partnership NHS Foundation Trust.

The service aims to provide:

A smoother patient pathway

A single point of entry; right person, right place, first time

A one-stop-shop, including diagnostics if appropriate

Quicker appointment and treatment time

The redesign brings many services together including radiology, physiotherapy, podiatry, rheumatology, orthopaedics, and pain management. The model, with main hubs and smaller spokes in the community, means more services are available closer to where patients live. It will also enable more joined up patient care across hospital and community services.

With any new service there are always cultural challenges and barriers to changing processes. This is not an excuse and things have improved drastically from 8 months ago, there is always more to do. If there are any patient specific concerns we would be happy to look into them on a case by case basis.

Patient Transport Service – How can it be improved? For example An 85 year old patient had to attend an appointment in East Surrey at 10.00am. Picked up from Horsham, delivered to East Surrey, appointment dealt with promptly, ready to go home at 10.30am but transport not returning until 15.30pm. Is this acceptable and how can the service be improved? Anonymous

This example is not acceptable. At the beginning of May, we took the first step that all CCGs must take when a service breaches the terms of an NHS contract – we drew up what's known as a

Remedial Action Plan that sets out all the issues that need addressing. The plan sets weekly targets for Coperforma between now and the end of June for answering patient phone calls and picking patients up from home and hospital within certain timeframes.

The contributing IT, data, training and workforce issues are complex and are taking time to resolve. From day one the CCGs have been supporting Coperforma and local hospitals to identify and put in place solutions as soon as possible in order to minimise disruption for patients and hospital staff.

Why can't the CCGs simply cancel the contract and return the service to the public sector?

Under the terms of standard NHS contracts, CCGs can only terminate a contract when certain criteria are met through multiple stages, meaning that contract termination is not a short-term option.

The Sussex CCGs are at this stage committed to working with Coperforma and local hospitals to support the implementation of solutions in the immediate future in order to improve patient experience on a week-by-week basis.

Acronyms - What value are they to the general public? Don't they just serve to hide what's really being achieved? Anonymous

*An **acronym** is a word or name formed as an abbreviation from the initial components in a phrase or a word, usually individual letters for example National Health Service (NHS) and sometimes syllables.*

Within the NHS and CCGs we try to limit the use of Acronyms. We understand that they can be confusing to members of the public. If they are to be used it is usual practice that the first time an acronym is used it is written out in full.

Questions posed for Crawley, Horsham and Mid Sussex CCGs

When will Coperforma meet their targets with patient transport? Posed by Bryan Tulley

A Remedial Action Plan (RAP) has been developed jointly between HWLH CCG, on behalf of the seven Sussex CCGs, and Coperforma Ltd. This is the first step of the formal contract monitoring process CCGs must follow under the terms of the standard NHS contract in response to a breach of contract by a service or provider.

The RAP sets out:

- actions required and which party is responsible for completion of each action;*
- improvements in outcomes and other key indicators required;*

- the date by which an action or improvement is to be achieved;
 - consequences for any party failing to achieve/maintain the improvement required.
- HWLH CCG and Coperforma Ltd are holding weekly Remedial Action Plan Review (RAPR) meetings as the forum for formally recording progress and developments under the agreed RAP.*

Regular contract monitoring meetings, led by the region's Commissioning Support Unit (CSU) started in May, which include quality, performance and finance contract reports.

What is being done to make more care home beds available to prevent bed blocking? Posed by Bryan Tulley

The acute hospital trusts, Clinical Commissioning Groups and West Sussex County Council (WSCC) work determinedly together to facilitate timely hospital discharge of those individuals medically ready for discharge to the appropriate place, be that a community hospital, a care home, a care home with nursing, extra care or an individual's own home.

WSCC also works very closely with investors, developers and providers of care services to encourage the development of services in the right place to meet the needs of the population of West Sussex. There is availability of care home beds across the county, however competition for workforce across the health and social care system, retail and service industries is very high which can often make it difficult for providers to attract sufficient staff – this issue is a key focus for the Health & Wellbeing Board.

Can the sharing of information between Hospitals & Doctors Surgeries be improved? Posed by N.W.Burton

We recognise that to make care safer and more efficient it is vital for clinical professionals to have timely and relevant information to make decisions and for patients to have access to their information in order to take more control of their care. We have therefore made data sharing a key theme of our digital roadmap and will be working with GP practices and provider organisations to progress key programmes of work to ensure that we are able to utilise the technology already in existence to work for both health and social care.