NHS Lambeth CCG Public forum 4th July 2018 Notes

	Source	Question	Summary response	Action
1	Frank Purdy Dr Masterton and Partners Patient Participation Group (PPG)	Community direct access non-obstetric gynaecology ultrasound service: It is surprising to note that having taken a decision in March 2018 to progress with the then recommended option (3) to decommission the service this is now being proposed to be changed to option 1, to run a second procurement process. When considered overall it is to be questioned whether this option offers value for money, particularly as there is no guarantee of finding a suitable provider and there appears to be no new evidence to justify this proposed action.	Please note that colleagues in the room may have conflicts of interests and we have therefore taken advice from our conflict of interest lead Graham Laylee to ensure that the process is managed effectively. The key decisions were around due consideration required by public sector bodies in making a decision whether to commission or decommission and some of this is set out in the paper to the Governing Body meeting in public later.	None
1(b)	Cheryl Alfred Patient Participation Group Network (PPGN)	 Community direct access non-obstetric gynaecology ultrasound service: On behalf of the Clapham Family Practice PPG raised the following three points. Can you please: Clarify what were the failings in the first procurement exercise process and what will change in second procurement process? Give assurance that the CCG is committed to maintaining this community based service and that it provides significant levels of referrals? Equally that the second/new tendering process allows for GP practices to have a reasonable opportunity to succeed at being awarded the contract. Confirm, subject to approval of the recommendation, what is the likely timescale for completion of the second procurement exercise? 	Since the March 2018 Governing Body meeting it was felt that the CCG should strengthen the patient and GP clinical engagement. Following this the CCG has received substantial clinical feedback where GPs gave strong views and support as to the value of community ultrasound service which has meant that we were not in position to demonstrate GP support for previous course of action. In terms of re-running the procurement process and use of the original specification, this was designed with input from service users, GP and external radiologists. We do not foresee a great number of changes to the specification however the plan is to have open market engagement and this may affect timescales. We have	None

1(c)	Ray Walsh, Director Clapham Family Practice SPMS	 Community direct access non-obstetric gynaecology ultrasound service: According to the paper/fact sheet ultrasound if decommissioned there are no increased costs however can you qualify this statement? Do you have a block contract with all providers? If the option to rerun the procurement exercise is chosen will the current service continue whilst this is happening and if the service is ceased will GPs and patients still have the opportunity to request a scan? It is noted that on the CCG website the ultrasound community service/review is not mentioned/published and was this removed or was it never on there – therefore this suggests a bias towards the community ultrasound service. Can we have some comparative data for GP and patient satisfaction rating for GP and other (ultrasound – tbc) services? 	to work through the process to ensure that this is done in the best possible way to allow for continuity of service as far as that is possible within the process that we will undertake. In relation to costs, we have block type contracts with providers and the £56 per scan may not be indicative of actual costs. Over the years there has been no evidence that scans provided by an acute provider cost more. In relation to the overall position on gynaecology ultrasound referrals there was no proof that it was having any impact on reducing or increasing the number of gynaecology ultrasound referrals. Concerning information held on the CCG website there was no deliberate act to withhold details of the service/from the public domain. We do not have all our commissioning papers on the CCG website.	
1(d)	Gazelle Robertson Clapham Family Practice SPMS	Community direct access non-obstetric gynaecology ultrasound service: If the ultrasound service is decommissioned will there be an impact on waiting times?	We do not have the same waiting times for acute as for community services and there are shorter waiting times for the community gynaecology ultrasound service.	None
2	Wendy Horler, Southwark Resident	LCCG savings plans: Interested to know something about the areas of QIPP savings planned for next year.	Looking ahead to next year's QIPP savings plans we are reviewing our strategy and working with the Local Authority and Health and Wellbeing Board. Our strategy needs to be informed by local partners and it is about how we can be strategic given the level of financial challenge. We cannot do this in isolation and partnership is a way of getting better value out of the system. We have always taken an approach in	None

			Lambeth to be strategic as far as possible. Work is required to shape the strategy and to understand the size of the funding gap. The new allocations will be received in autumn and the key issue is increased demand on services. As such the overarching theme is around prevention and how to keep people healthy. It is recognised that we will also need to look at new ways of working.	
3	Gay Lee Lambeth KONP	Mental health services in Lambeth: There is a crisis in terms of mental health service beds at South London and Maudsley NHS Foundation Trust (SLAM). Is the issue related to bed blogging or is it a case of too few beds. Are there any plans for how this might be resolved?	We know that generally there are issues with mental health beds and in Lambeth part of this is working strategically with local partners to ensure the timely discharge of people out of hospital beds in order to have the right capacity in the right place when required. A key element of LWNA is about people being treated nearer to their where they live. The number of admissions has not changed across the board. The plan for this and next year is to maintain the number of beds and to achieve lower bed occupancy rates and reduced length of stay.	None
4	Jenny Cobley Lead Governor, SLAM	The Role of GPs within the Living Well Network Alliance: How do you propose to ensure that General Practice has a more active role in mental health including raising awareness of the services available, provide mental	The CCG has an ongoing programme of training and most recent session was around mental health. As part of LWN work we will be running sessions to look at redesign of services. In terms of GP involvement in LWNA, we were clear at start of these plans that we would want GP involvement and there is ongoing debate about whether GPs should formally be a part of the alliance.	None

5	Fraser Syme Streatham Patient Network	Implications of the General Data Protection Regulations that come into force in May, particularly for Patient Participation Groups and use of people's information: The General Data Protection Regulations legislation comes into effect on 25 th May 2018 and given there are implications of this new legislation, will support be given to groups such as Patient Participation Groups (PPG)?	UD confirmed that the CCG are clear on the regulations and she chairs the CCG's Information Governance Steering Group, which has in place detailed plans for compliance with the new regulations. We are discussing with Sandra Jones of the PPG Network and others about training for PPG Chairs over the coming weeks. The training is not GDPR specifically but for PPG Chairs who use email accounts and the implications of the new legislation.	None
6	Fraser Syme Streatham Patient Network	Patient Participation Groups: FS requested an update on the CCG's response to a previous query raised in March 2018 around how the work of Patient Participation Groups is being evaluated in the practices.	The CCG sent a written response to this enquiry on the previous day and we will check the email address to ensure that the response has been correctly despatched.	Yes – UD to clarify the position on receipt of the CCG's response. Completed.
7	Jenni Rodgers Co-Chair, Streatham Patient Network	Use of antibiotics for general infections and the approach where first line of treatment had failed: On behalf of a PPG member Jenni Rodgers (JR) made a request for use of a sputum test to be considered as an alternative approach for testing where first line of treatment has failed. JR explained that when a patient asks their doctor for a second anti-biotic because the first has not cleared their chest infection in Devon a sputum test is carried out. This is cheaper and more beneficial for patient than the current process of testing in Lambeth of requiring the patient to go for a chest X-ray and a blood test. It is hoped that the CCG will look favourably on this speedier and cheaper system.		

8	Nicola	Eligibility for treatment resulting in delayed access to	We can confirm that the patient has now commenced	None
	Kingston,	treatment:	appropriate treatment for his condition. There has	
	Patient	On behalf of Nicola Kingston, PPGN Chair, Cheryl Alfred,	also been some response to this issue in order to	
	Participation	Patient Participation Group Network (PPGN) requested	make it easier for such individuals in future. We will	
	Group Network	an update on eligibility for treatment in the case of a	provide an update on this at a future meeting in the	
	(PPGN) (not	Lambeth Windrush resident seeking access to cancer	event that any further detail becomes available.	
	present)	treatment.		