

Welcome to Big Chat 8

Bootle Cricket Club

11 July 2017



Welcome

Dr Andy Mimmagh
Chair
NHS South Sefton CCG

@NHSSSCCG

[#CCGBigChat](https://twitter.com/CCGBigChat)



What we will cover

- Shaping Sefton – strategic update
- How we have used views from earlier Big Chats:
 - Community services - our new provider, Mersey Care
 - Medicines and prescribing - schemes to save and improve quality
- Primary care - update on Hightown Surgery
- Commissioning policy review
- Balancing the books – the ongoing challenge
- Fingers on the buttons
- Q & A surgery



Q&A surgery

As we have a packed agenda, please save your questions for the Q&A surgery at the end or complete a question form and we will get back to you after the event

The Big Chat

NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Do you have any questions?

Please join us for the informal Q&A surgery at the end of the event or make a note of your questions here and we'll get back to you after the event

Name:
Email address:
Contact number:

Thank you for your support



Further information

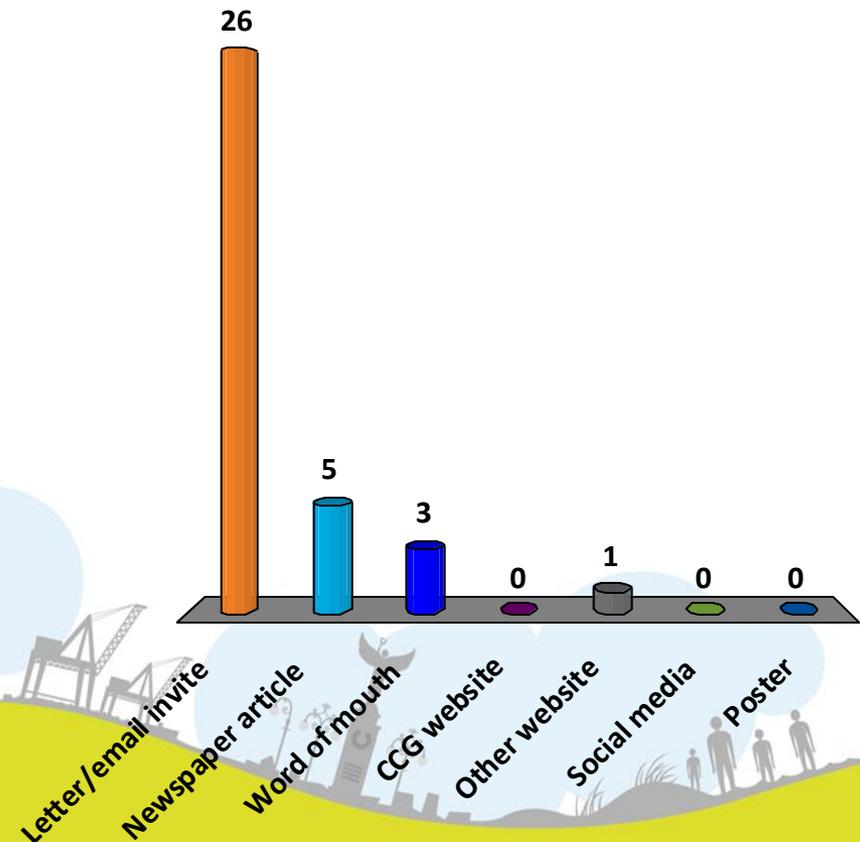
Take a look at the various displays around the room and the information to take away and included in your packs about:

- Continuing health care (CHC)
- Personal health budgets (PHBs)
- Special educational needs and disabilities (SEND)
- Voluntary, community and faith sector update report
- Orthopaedic/ear nose and throat public consultation
- Other health care schemes and initiatives
- Other CCG information



Q. How did you hear about today's Big Chat?

1. Letter/email invite
2. Newspaper article
3. Word of mouth
4. CCG website
5. Other website
6. Social media
7. Poster



Shaping Sefton – strategic update



Fiona Taylor
Chief officer
NHS South Sefton

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What is Shaping Sefton?

- Our vision – community centred health and care
- Services working better together, provided closer to home, more flexible and responsive to people's needs
- Vision informed by views from earlier Big Chats and other conversations with residents and partners
- Our focus - transforming services so they are more effective, efficient and sustainable into the future



Our partners in Shaping Sefton

- Working collectively across health and social care in North Mersey on system wide change, when it offers benefits for our patients – for example, the proposals to reconfigure and improve regional orthopaedic services
- As a CCG we are able to remain locally focused on the health needs of south Sefton residents



Our challenges

- NHS finances – rising costs, rising demand for services, additional duties, no real terms increase in budgets
- Changing and transforming services to ensure sustainability of our local NHS into the future
- Difficult choices ahead – your views remain important as ever as we work to understand what this means for local NHS services



Your views count

- You will hear examples of where we've used your feedback to shape our schemes and services – like our community services and prescribing initiatives
- We will update you on forthcoming programmes that have been, or will be informed by your views
- And, we will ask for your thoughts about some of the difficult choices being considered in other CCG areas, and your ideas of what else we could do



Community services

- We begin our update on how your views are informing our work with a look at community services
- We look back at our recent re-procurement of these services, and
- We welcome our new provider from 1 June 2017 – Mersey Care NHS Foundation Trust



What are community services?

- Includes blood testing, community matrons, district nurses, therapies, leg and foot care
- With GP practices, central to achieving Shaping Sefton vision – community centred health and care
- Regularly reviewed to ensure ongoing quality and ahead of re-procuring these services



Community services review

- Review included public engagement exercise – discussions at earlier Big Chat, survey, attending events
- Mersey Care NHS Foundation Trust named new provider in our re-procurement process, which was informed by the review
- You'll hear next how Mersey Care is responding to our Shaping Sefton vision for community centred health and care



South Sefton Community Services

Trish Bennett,
Director of Integration



South Sefton Community Services

Mersey Care delivery:

- Adult Occupational Therapy
- Adult Physiotherapy
- Community Matrons
- District Nursing
- Total Wound Purchasing
- Virtual Ward
- Adult Dietetics
- Adults Speech and Language Therapy
- Adults Diabetes
- Community Respiratory
- IV Therapy
- Palliative Care
- Podiatry
- Heart Failure
- Respiratory
- X-Ray
- Treatment Rooms
- Adult Safeguarding
- Discharge Planning
- Integrated Care Sefton Direct
- Intermediate Care (bed-based and community)
- Vaccination and Immunisation

Other Contractual Arrangements

Subcontracted to North West Boroughs Healthcare NHS Foundation Trust:	<ul style="list-style-type: none">• Phlebotomy• Community Equipment• Walk-in Centre• Child Safeguarding• Specialist Children's Services
Hosted by Liverpool Community Health:	<ul style="list-style-type: none">• Single Point of Access• Child Health Information• Health Records

The first 4 weeks

- The South Sefton Community Services 'landed' safely and successfully in Mersey Care NHS Foundation Trust on 1st June 2017.
- The South Sefton Community Services Division has been established with the interim leadership and governance arrangements in place.
- The first meeting of the Senior Leadership Team has taken place with key strategic priorities agreed for the next 3 months.
- The governance structure for the division has been agreed along with a corporate timetable, reporting to the Trust Board and its Committees
- There is a CQC Action Plan in place that has transferred with the services and which has open actions being addressed as part of the usual operational activities of the Division and the wider Trust.

How we will do this

- Case management determined by risk
- Care co-ordination with MDT wrapped around the patient “Team You”
- Service development and delivery informed and supported by a strong data set
- Shared approach to community assets use
- Urgent response to reduce bed pressure and speed up discharge
- Target intervention, know our population
- Free up resource for prevention and early intervention
- Develop our workforce

Service Reviews



Mersey Care
NHS Foundation Trust

- All services to be reviewed over the next 12 months.
- Priorities for the next 3 months include:
 - Urgent Care
 - Respiratory Services
 - Skin
 - Out of Hours

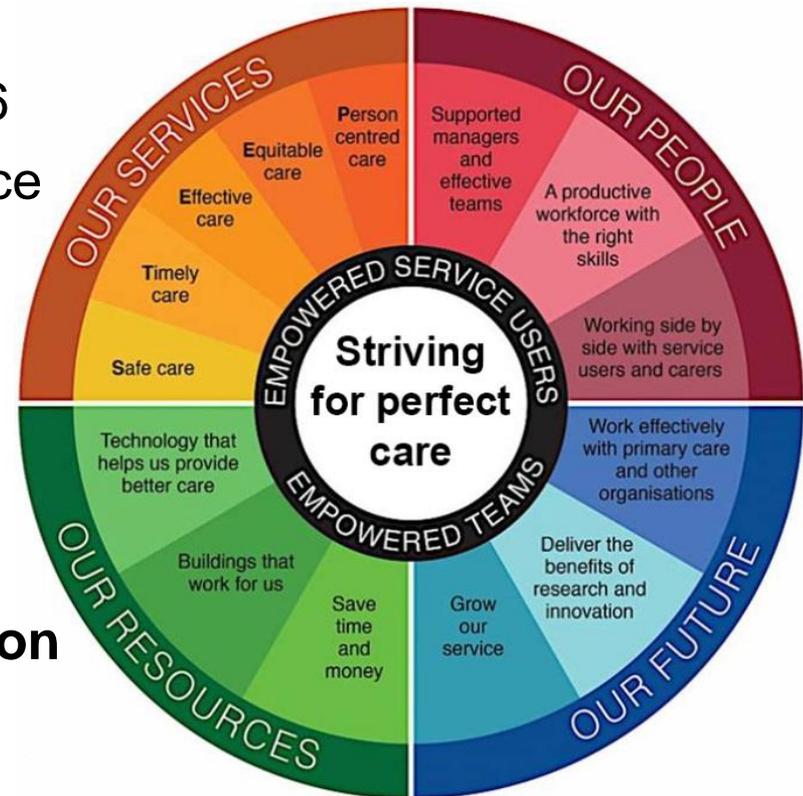
Perfect Care Priorities

We are entering the fourth year of transformation in our services as well as:

- Delivery against our priorities in 2016
- The 'must do's' from national guidance
- The regional STP footprint
- Our emerging priorities for 2017/18:

- **Reduction of pressure sores**
- **Co-ordinated end of life care**
- **Prevention and early intervention**
- **Team You**

- The concept of a Just and Learning Culture

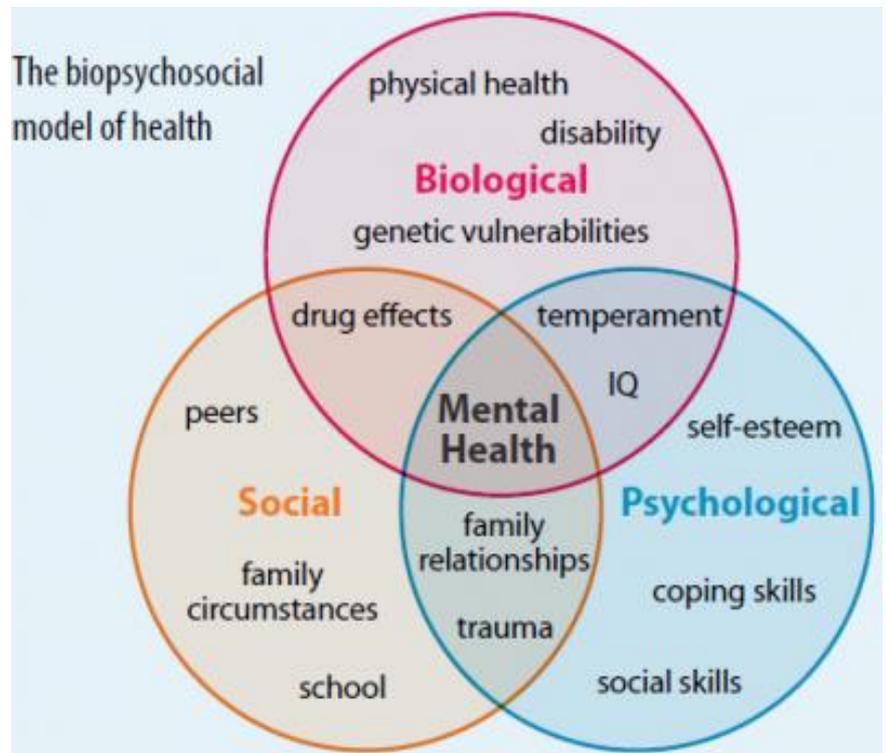


We have reached the limits to 'biological'/medical approaches

Mental health has always been framed around a bio psychosocial model, with biological and medical aspects of the condition being treated alongside the psychological and social aspects.

Physical healthcare, which has traditionally focused on understanding biological causes, must enhance the psychological and social aspects of treatment and condition management to make care more effective.

This is particularly true when you consider the impact of social factors such as deprivation and loneliness in Sefton.



Lots of assessment and signposting, but who is actually getting to know Mary?



District nurse



Social worker



Hospital consultant



Pharmacist



Practice nurse



Mental health practitioner

If health is 70% driven by social factors then does an integrated team need to look different?



Debt adviser



Social worker



Neighbourhood watch



Behaviourist'



New friend



Local faith group

Mary's story: A medical paradigm



Mary is a 70 year old widow with COPD, heart failure and diabetes. She lives alone. She is very anxious, is often very breathless and feels unable to manage.

She has phoned her GP surgery on several occasions requesting a home visit and over the last year has frequently been taken to the local A&E department after she has dialled 999.

She has been admitted to hospital on 7 occasions in the last year and now keeps a small packed suitcase by her armchair.

Mary's diagnosis

COPD

Heart failure

Diabetes

Leads to separate providers for:

primary care,

social care,

heart specialist,

diabetes specialist,

COPD specialist,

pharmacist,

community matron

Mary's story: A new paradigm



She controls:

- Getting and taking her medication
- Using her inhalers
- Eating, sleeping, exercising and seeing other people
- Calling A&E

Mary is getting progressively worse

Mary is getting progressively isolated

No one 'knows' Mary

Mary is in control of 80% of the management of her condition.

A different way of looking at Mary's story

Her primary diagnosis is:

Anxiety, loneliness, insecurity, confusion, dependency

Her secondary diagnosis is:

COPD, heart failure, diabetes

Primary interventions must be:

- Co-ordinate her care
- Understand her motivators
- Psychological interventions to build her confidence and reduce her dependence
- Consolidate her medication/treatments into a plan that she can follow
- Reduce her loneliness

Leadership , Partnership and Engagement

- Integration with Primary Care, use of expertise across all services
- The role of the third sector as an active partner in delivery
- Pathways and connectivity across all to enable leadership discussions and facilitate strategic conversations
- Know our population and their needs
- Collaborative Accountability between Primary Care, Local Authority and Mersey Care

Any questions?

Medicines and prescribing

Susanne Lynch
Head of Medicines Management
NHS South Sefton CCG

@NHSSSCCG

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Reducing medicines waste

- Wasted or unused medicines costs the NHS in Sefton around £2 million each year – equalling around 2½ double decker bus loads of pills and preparations
- This is just the medicines that are returned to chemists, so the real cost is likely to be much higher
- Once dispensed, your unused medicines cannot be reused, even if they are unopened
- Safety issues associated with medicines waste



Reducing medicines waste

The cost of wasted and unused medicines is equal to:

- 79 more nurses OR
- 2,000 more drug treatment courses for Alzheimer's OR
- 132 more drug treatment courses for breast cancer OR
- 539 more hip replacements OR
- 2,081 more cataract operations



Your views from last Big Chat

In September 2016, we talked about three ideas we'd introduced, were thinking about introducing, or changing:

1. Repeat prescription ordering pilot
2. Care at the Chemist
3. Gluten free foods

Your views helped us decide whether to develop these ideas further.



Repeat prescription ordering pilot

- Pilot of this new ordering system began on 1 Sept 2016 in 19 practices in Sefton
- As well as cutting the cost of wasted medicines, this system should be much safer for patients
- Pharmacies are no longer able to order repeat prescriptions on behalf of patients



Repeat prescription ordering pilot

- YOU SAID: 45% of you supported the pilot as an important way of reducing medicines waste and improving medicines safety; 32% were unsure
- WE DID: we spoke to patients, GP practices and community pharmacists about existing concerns and issues and took steps to resolve these
- NOW: going forward, all GP practices in Sefton will be supporting patients to order their medicines in this way



Repeat prescription ordering pilot – ‘you said, we did’

- **YOU SAID:** you thought it was important for the impact of the pilot to be closely monitored and the methods used shared publicly
- **WE DID:** we have monitored the pilot which has significantly reduced medicines waste and saved £400,000 across Sefton
- **FURTHER WORK:** we are continuing to involve patients, GP practices and chemists in the monitoring and evaluation of the scheme and will have a summary report to share at the next Big Chat in September



Repeat prescription ordering pilot – 'you said, we did'

- **YOU SAID:** you thought this new way of ordering may impact negatively on vulnerable patients
- **WE DID:** we have been working with GP practices and talking to vulnerable patients to put support in place at all stages of the scheme
- **FURTHER WORK:** ensuring vulnerable patients continue to receive the support they need, and we are carrying out further monitoring, with the results to be shared at our next Big Chat



Care at the Chemist

- Scheme allows you to get treatment for minor illnesses and ailments at the chemist without the need to see your GP
- No cost for those eligible for free prescriptions
- Was available in majority of pharmacies in Sefton – so expensive to administer
- Cost just under £360,000 per year
- We needed to review the scheme to ensure it was still effective in treating minor illnesses and ailments and in supporting those who needed it most



Care at the Chemist – ‘you said, we did’

- **YOU SAID:** whilst you valued the scheme, 64% of people at the Big Chat agreed it should be reviewed to make it more cost effective and eliminate waste
- **WE DID:** we undertook a review and the scheme is now offered in fewer chemists but is still available to those that need to access it. To date, this has generated some significant savings



Care at the Chemist – ‘you said, we did

- **YOU SAID:** you thought it was important that the scheme was still available and accessible to vulnerable groups, including low income families and those with mobility issues
- **WE DID:** although the scheme is now offered in fewer chemists, a participating chemist is situated in all south Sefton localities and those families on low incomes continue to receive free medicines through this scheme, where eligible



Gluten free foods

- In south Sefton there are less than 500 people with coeliac disease who are prescribed gluten free foods
- This costs £100,000 per year in south Sefton
- Compared to 10 years ago, gluten free foods are readily available and prices have greatly reduced
- We were considering ending prescriptions for gluten free foods



Gluten free foods – ‘you said, we did’

YOU SAID:

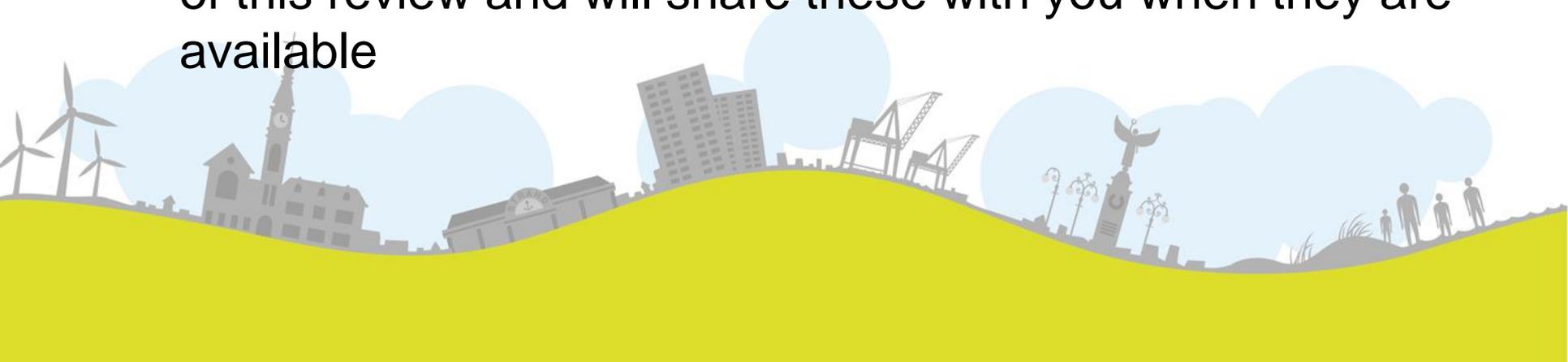
- 88% of people were in favour of reviewing the prescribing of gluten free foods particularly as these are now readily available and not much more expensive than their gluten free equivalents
- As part of the review, you said we should speak to people with coeliac patients and their families
- You had some concerns about patients and families in receipt of free prescriptions who might not be able to afford to buy gluten free foods



Gluten free foods – ‘you said, we did’

WE DID:

- Since then, NHS England decided to undertake a national review of the prescribing of gluten free foods which closed on 22 June 2017
- We have shared your feedback with NHS England which will be included as part of the review
- We will be guided by the outcomes and recommendations of this review and will share these with you when they are available



Generic medicines

- Generic medicines offer the same quality and performance as branded medicines but are much cheaper to prescribe
- Every medicine has a generic and brand name, the generic name is the name of the active ingredient
- Patients should not notice any difference if they change from a branded to generic medicine
- If we move to prescribing more generic medicines, we will save £270,000 across Sefton which can be used to fund other health services



Generic medicines

- We are reminding healthcare professionals and patients about generic medicines and the benefits
- We are talking to patients about switching to generic medicines, when appropriate to do so
- We are also talking to GPs about prescribing generic medicines rather than their branded equivalents
- Some patients will receive a letter about this and further information, including patient leaflets will be available in GP practices



Generic medicines

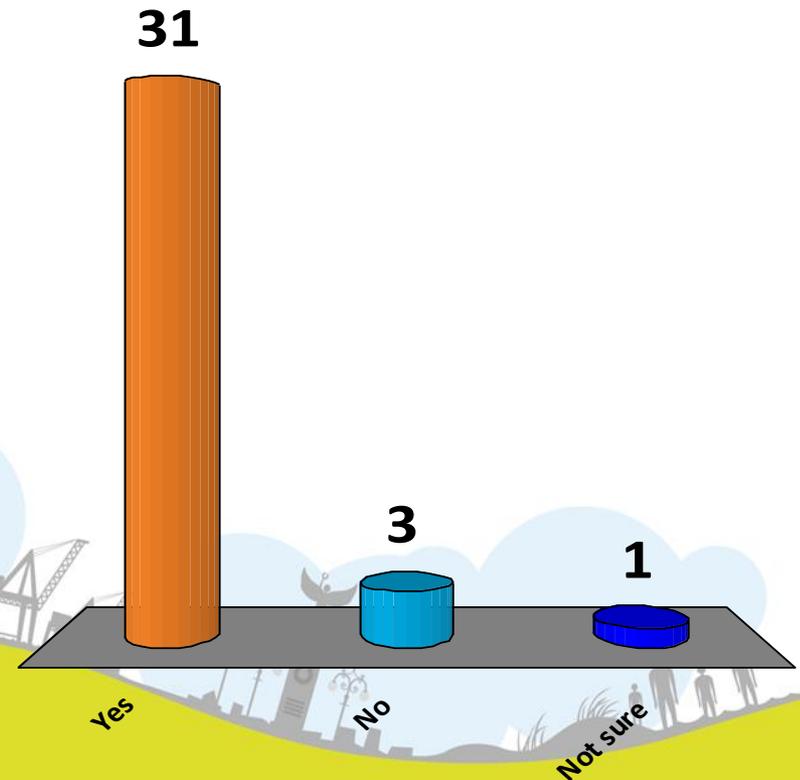
Over to you

1. Is it reasonable to ask a patient to try out a generic medication instead of the branded equivalent?
2. What might be the barriers to a patient trying a generic medicine?
3. Are there any other changes to the way your medicines are managed and prescribed that we should consider?



Q. Following what you have heard and discussed today, do you support the CCG in asking people to give generic medicines a try?

1. Yes
2. No
3. Not sure



Primary care

Jan Leonard

Chief Redesign and Commissioning Officer

NHS South Sefton CCG

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Primary medical services

- Central to Shaping Sefton vision of ‘community centred health and care’
- Challenges – resources, estates and workforce
- Future - services remain effective, affordable and sustainable
- Whilst NHS England holds the contracts, we work with them to ensure quality, sustainable care for the future



Hightown Surgery

- Service reviewed ahead of contract expiring
- Six week NHS England led 'listening exercise' - registered patients asked for views about the future delivery of services feeding into review
- Feedback – small less than 13.6% of patients
- Key themes - valued service, locally delivered, concerns about transport links to other practices and their capacity
- Outcome - based on feedback and review including independent assessments of transport and the practice premises - to go to the market to find a new provider, process to begin later in summer
- Update you at next Big Chat in September



Commissioning policy review

Jan Leonard

Chief redesign and commissioning officer

NHS South Sefton CCG

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What is happening?

- Reviewing around 100 policies – ‘procedures of lower clinical priority’ – that make up our commissioning policy
- PLCP – limited effectiveness, or limited evidence about their effectiveness
- Regularly reviewed - ensuring they meet the latest medical evidence about what work and what does not
- Ensures we spend our valuable NHS resources as wisely and effectively as possible



What does this mean for patients?

- Changes to 18 out of initial 36 policies reviewed – based on latest medical evidence
- These relate to range of conditions including cosmetic scar and hair removal
- Case by case assessment where treatment remains effective – called ‘individual funding request’



How we will gain people's views

- Working with seven other CCGs to carry out this review
- Midlands and Lancashire Commissioning Support Unit inviting people's views on our behalf
- Views sought on changes from 10 July for 12 weeks
- Groups and individuals with specific interest targeted



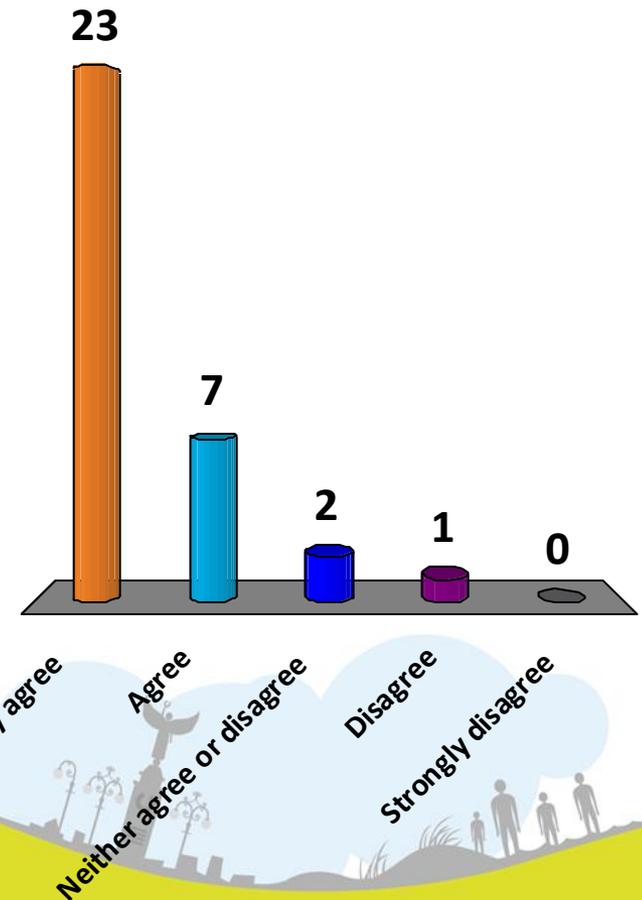
How you can get involved

- Information leaflets and survey in your packs, freepost envelope to return your feedback
- Information and survey available on the CCG's website: www.southseftonccg.nhs.uk
- Call 0121 6123 806 for further information and to complete the survey over the phone
- Updates available on the CCG website and at the next Big Chat event



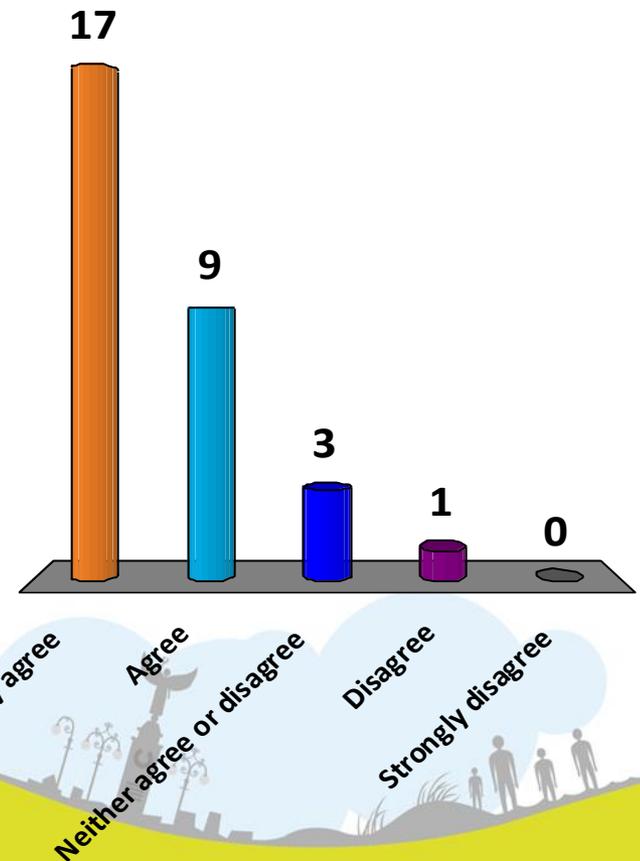
Q. To what extent do you agree that policies should be reviewed to follow the latest medical evidence and national guidance?

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree



Q. Do you agree that limited NHS funding be spent on treatments that provide the best clinical outcomes for patients?

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree



Balancing the books – the ongoing challenge

Martin McDowell

Chief finance officer / Deputy chief officer

NHS South Sefton CCG

@NHSSSCCG

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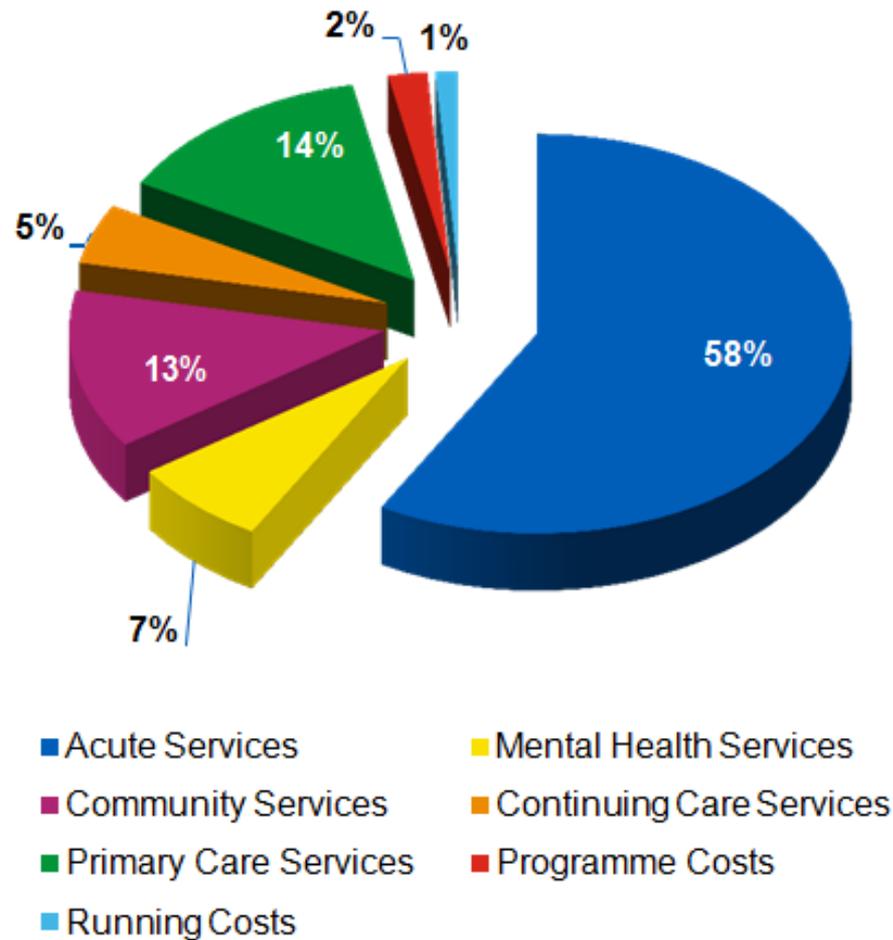


Where we are now

- Good progress against our savings target last year (just under £6m of a target of around £10m)
- Earlier examples – medicines management schemes and commissioning policy review – helping us to improve quality of services and make savings
- But – as NHS resources become even tighter – this is not enough



What we spend our money on



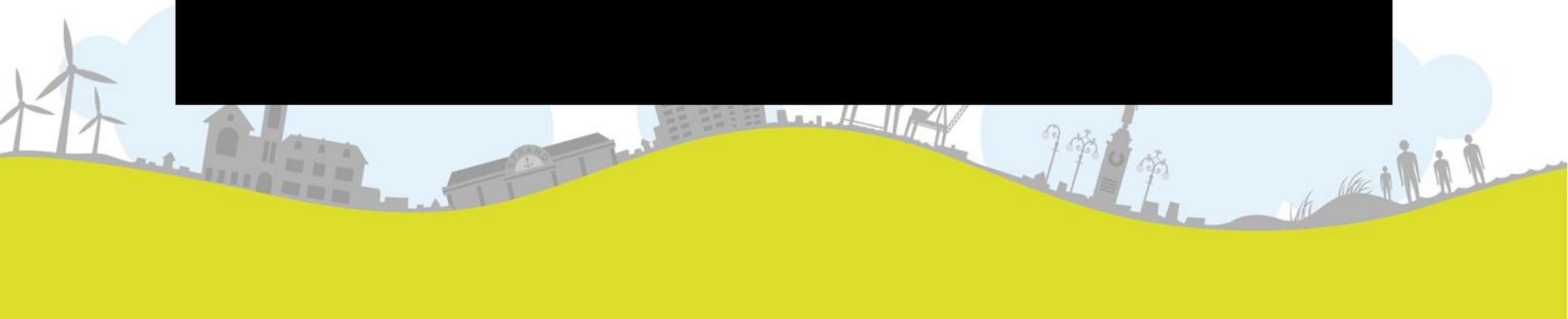
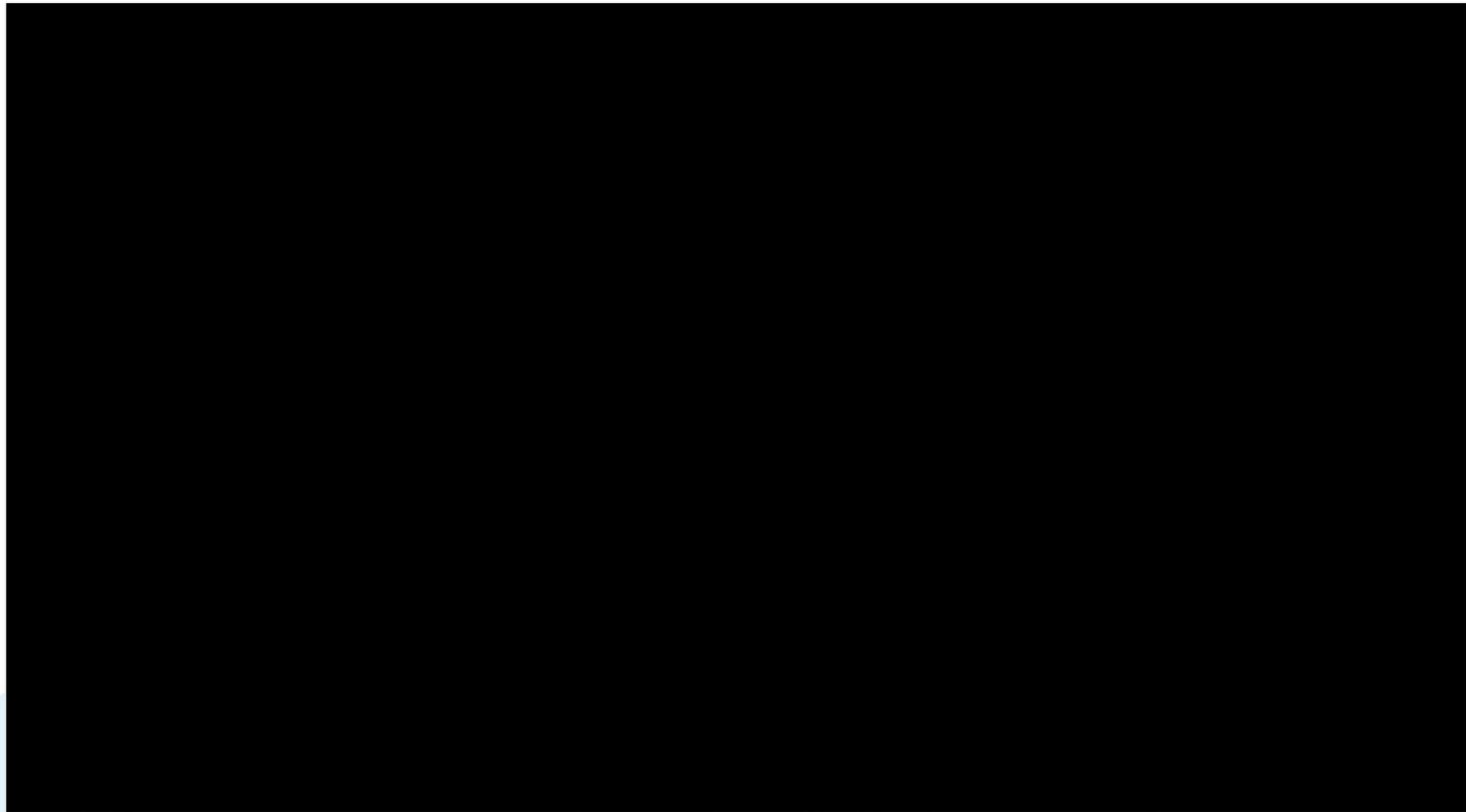
What we need to do in the year ahead

- £16 million savings challenge for this financial year
- Looking again at behind the scenes systems and process to make services more efficient and effective for patients
- Including some of the schemes you have heard about today - review of commissioning policy, prescribing schemes
- However – we need to consider even more difficult ideas and we need your help



Your ideas from Big Chat 7





What other CCGs are doing

CCG to ration range of services in cost-cutting scheme

28 May 2015 | By Sally Nash

[Share](#) [Print](#) [Save](#)

[Comments \(8\)](#)

Obese patients 'surgery ban' in York to be reviewed

3 September 2016 | [York & North Yorkshire](#) | [1347](#)

[Share](#)

NHS group withdraws proposal to ban non-vital operations

10 August 2016 | [Liverpool](#)

[Share](#)



Looking beyond the headlines

- Capping the number of operations carried out by all providers to help ensure that we stay within budget set by NHS Central team
- Delaying some planned operations where clinically safe to do so – some areas where waits are currently lower than average
- Moving funding from some areas of hospital care, so more people can be treated at home or in the community



Over to you...

Should we consider some of the ideas being looked at by other CCGs, specifically:

- Delaying planned operations when safe to do so?
- Moving funding from some areas of hospital care to treat patients at home or in the community?
- If we were to look at introducing some of these ideas in south Sefton, what would we need to consider?



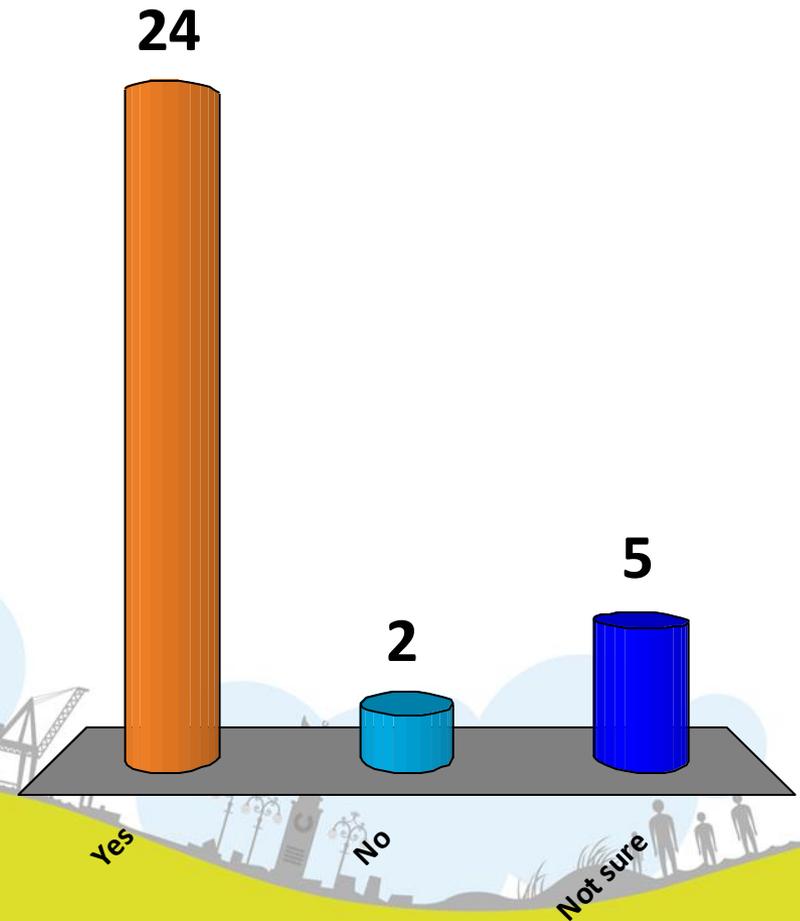
How was the event for you?

Fingers on the buttons!



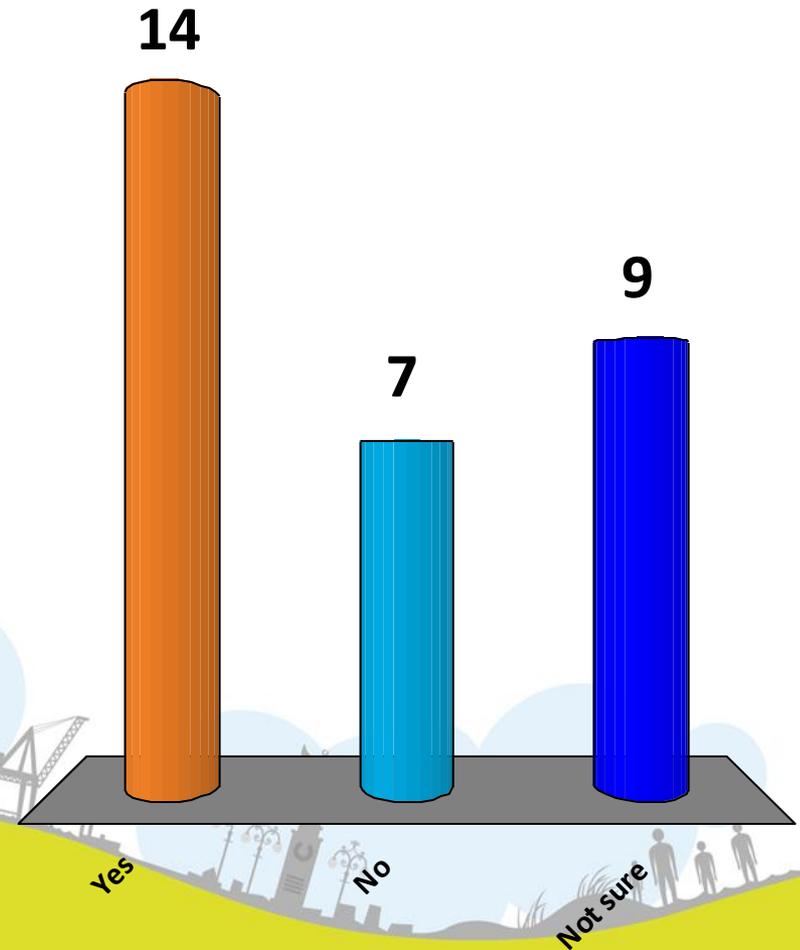
Q. During the session today, did you feel that you had the opportunity to have your views heard?

1. Yes
2. No
3. Not sure



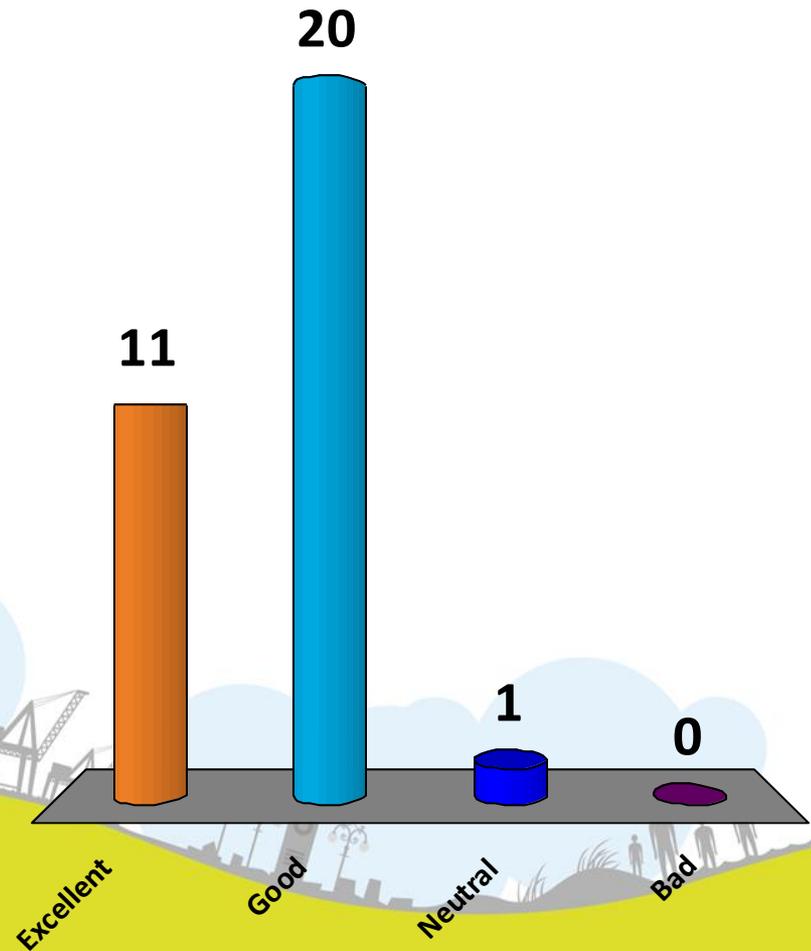
Q. Do you feel confident that your input today will be used to shape your NHS and make it more cost effective?

1. Yes
2. No
3. Not sure



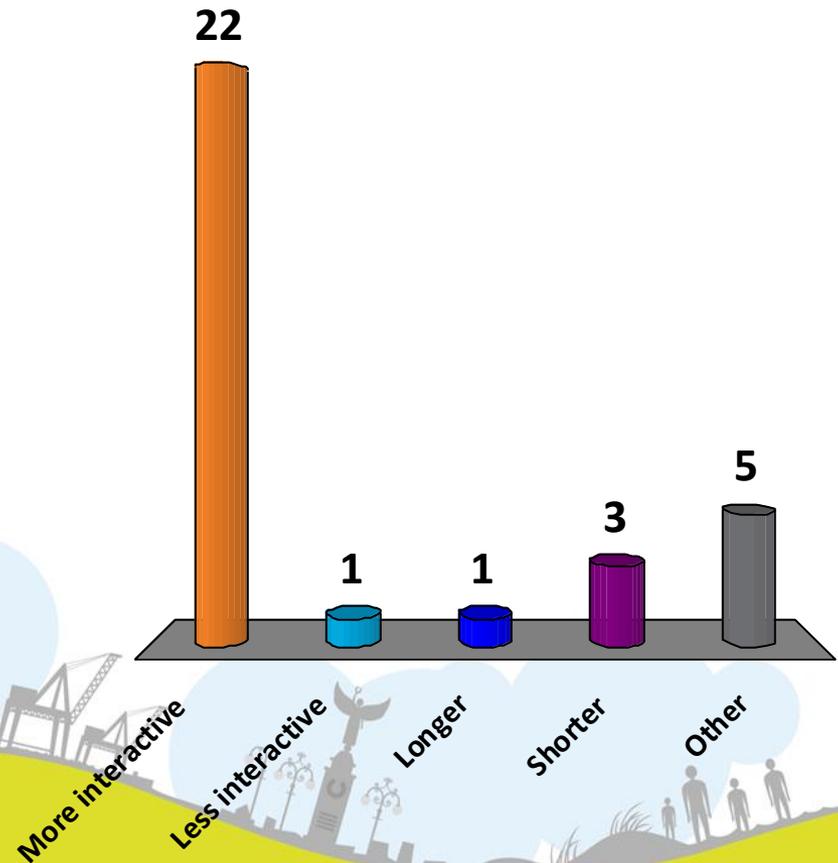
Q. How would you rate the choice and location of the venue for today's event?

1. Excellent
2. Good
3. Neutral
4. Bad



Q. Are there any improvements to the event that we could make for next time?

1. More interactive
2. Less interactive
3. Longer
4. Shorter
5. Other



Getting involved

- Fill in a 'keep in touch' form
- We will add your contact details to our database to keep you informed
- Details of this and all previous and future Big Chats also on our website:
www.southseftonccg.nhs.uk
- Please let us know if you require this in other formats
- Call our PALS team on 0800 218 2333



Thank you

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www.southsefton.ccg@nhs.uk



Q & A surgery

Members of the CCG are now available if you have any questions

