

Date: Friday 19th June 2014

To: Wisbech LCG Groups

Subject: General NHS matters & Attendances at Wisbech Local Clinical Commissioning Group (LCG) and Cambs Clinical Commissioning Group (CCG) Events as LCG & CCG Patient Representative.

Purpose: Information.

Please see end of report for glossary of initials.

I want to cover a few topics this month.

Firstly the procurement program for the way that care for adults and older people will be provided for the next five years has now finished its Public consultation phase.

The responses from the public are being collated and will be circulated both the CCG and bidders who are now are a selected final three.

The final solutions from the bidders including their costed solutions will be considered in confidence by the CCG in co-operation representatives from the Patient Participations Group in September with a view to making a final selection thereafter. The new Provider will have a "run in period" starting in January with a view to full provision of all the services at the earliest possible opportunity next year.

The three bidders are now in the process of meeting and presenting a short summary of their solutions to the various LCGs. Wisbech LCG met with them this week and each separately and in confidence presented a their summary explained their background and experience and in turn were subjected to a question and answer session from representative board members which included myself. Whilst because of commercial confidentiality I cannot detail the proceedings I can summarise and say that it was made clear to each of the bidders that despite our geography we would expect equal access to services with our more populous neighbours to be part of their solution.

It was also a matter of principal that wherever possible services should be delivered locally and we expected North Cambs to be a continuing focus for their delivery. It was also made clear that since Queen Elizabeth King's Lynn is the first choice for over 80% of our secondary care needs Engagement with that trust was also a vital part of the solution for all of our practices. We also expect that over the course of the successful bidders contract that care would be become much more co-ordinated and patients will not be passed from pillar to post and have to restart their need assessments and every stop along the way. *Please remember this as I will refer back to this sentence later.*

The last session of the Patient reference group was a long and detailed consideration of the developing 5year plan for the CCG. The main challenges are to provide sustainable better

and more co-ordinated care for the next five years in the reality of a shrinking budget and also being challenged to make even more efficiency savings.

My colleagues and I on the group produced a large number of suggestions for patient centred changes to the proposals and suggested various efficiency solutions. This will not be the last draft that we look at and we shall see how much of our responses are reflected in the next draft. Rest assured we will keep pressing.

Mentioning Queen Elizabeth Hospital King's Lynn reminds me to inform you that matters are improving and the special teams allocated by NHS England to assist in resolving the serious challenges faced by the Trust are starting to bear fruit. It is early days but key indicators have improved but still certain targets such as A&E patients dealt with within 4hrs are still being missed on occasion. Staffing levels on the Wards have improved and Patients are being consulted and listened to. However if any one you know has a recent experience of treatment at Queen Elizabeth, brick bats or compliments please let me know.

I said above remember this sentence and now I will explain what I meant. I am referring to the much publicised matter of Patient confidentiality and sharing of information. Co-ordinated care depends to a large extent on the sharing of information. Sometimes this extends beyond the confines of NHS Care. For example an elderly patient discharged from hospital with complex needs may need the intervention of social care for personal services such as carer visits. Provision of specialist assisted living equipment and sometimes even advice from third parties of financial or wellbeing matters.

All of these providers have a duty of care to keep patient confidentiality and cannot automatically access facts and data from others unless the patient has given their express permission even if to do so would assist the patient. There is a Data sharing form available at your local surgery or Pharmacy please encourage all of your contacts to pick one up read and sign it so that starting with your Doctor and Pharmacist they will know your wishes. We have been assured by the government that henceforward no Patient identifiable data will be made available to commercial companies.

That's all for this month but don't hesitate to contact me using the methods below or through your surgeries.

Finally I would like to pay tribute to a highly valued member of Local team who has effectively acted as gynaecologist to the birth of the LCG from its inception to now. That is Ross Collet whose name will not be known to many patients but will be to all of your clinicians.

Ross is until the end of this month the Local Chief Officer and has helped me to help you as a complete newcomer to the complexities of the present NHS organisation. His seemingly tireless energy in fighting Wisbech's corner for resources and guiding the board through some difficult decision making will be much missed. He is leaving for family reasons to pastures new and we wish him well for the future.

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/>

John Grevatt

Patient representative - Wisbech LCG - Cambridge and Peterborough CCG - PRG - Fenland Health and wellbeing group.

How to contact me:

Please feel free to contact me as Groups or individuals if you have a concern you would like me to take to the Groups I attend. All the surgeries have my contact details.

What I would like to receive is your patient experiences good or bad at either GP surgeries or Hospitals or indeed any aspect of NHS treatment and your suggestions for improvements.

I regret I cannot undertake matters that concern active complaints concerning individual Patient – GP / Hospital treatment as these are matters for the surgeries / Hospital trusts themselves through their established complaints procedures.

I am happy to receive Patient Representative Communications at address below, although naturally this would be confidential to Patient Participation Group Secretaries or Practice Personnel. I am also happy to receive email communications on my NHS email address from anyone who wishes to bring something to my attention either as an individual or a group.

Please head any emails with "Patient Rep" in the subject line to john.grevatt@nhs.net.

Important Note: The above email address is a confidential and secure NHS email address and may be used in confidence for communications relating to my role as Patient Representative and for related NHS matters but may not be used for Personal or Commercial communication.

The postal address is:

J. Grevatt, LCG mail, Ashtree Lodge, Luttongate, Gedney Hill, Spalding, Lincs, PE12 0QH.

Potted Biography:

It is worth noting for those that do not know the area or me; whilst my postal address is Lincolnshire, I am 68, married with two children and a much loved Granddaughter and we live just over the county boundary and very close to Parson Drove which is our home Surgery and has been for nearly forty years. I have spent most of the last 30 years before my retirement as a Managing Director of a Wisbech based subsidiary of a national construction and development company and the last 10 years following my retirement from that running my own Business Consultancy.

Wisbech is where the majority of our social life still takes place so I have a reasonable knowledge of Wisbech and its strengths and vulnerabilities. As a matter of interest after leaving education which was heavily science biased my first job was as a very junior Technician in the Pathology department of Epsom District Hospital in Surrey, a career path I did not pursue (sometimes to my regret).

Much needed Glossary Notes!

CCG Cambridge and Peterborough Clinical Commissioning Group (responsible for Commissioning service throughout the Group area and setting strategies also monitoring the LCGs and the appropriate LCG Budgets);

LCG Local Commissioning Group (in Context referring to the Wisbech LCG responsible for commissioning Clinical services in their Local Area using their local budgets);

PRG – Patient Reference Group (this is attached to the CCG and is composed of Mandated [voting] representatives from the LCG's established to monitor and review CCG policies and decisions from a patient's perspective;

PPG – Patient Participation Group (attached to individual Surgeries these can be on line or physically meeting on a regular basis).

CCO - CCG Chief Clinical Officer