AGM Questions and Answers (Q&A)

James Cavanagh, Chair, Hammersmith and Fulham CCG, introduced the Q&A section of the agenda and the following questions published during the course of the meeting.

Question 1: from Peter Bell

PCNs are informal groupings of GP practices. Where are the mechanisms for patient and Carer involvement in their governance? How is this going to work?

Answer Q1: James Cavanagh

James said that practices should be, and are, working with their patient participation groups (PPGs) in relation to the services that they receive and how they can be improved. Practices do vary in how engaged and active they are, but where they work well, they are a fantastic addition in the primary care environment, and I think this will continue. Also, what I encourage PCNs to do, and our Clinical Directors to reflect on, is how to scale up PPGs to network level. The need to ensure appropriate engagement is in place, and to make sure that the governance structures that exist in the new PCNs, have the appropriate level of patient and public engagement. However, this will all be based on the structures of the PPGs that currently exist, and where they are lacking, we are encouraging networks to bolster PPGs, and to recruit interested patients. If you have an active and functional PPG within the network, this should be put forward as a positive way of working, and as an encouragement to others.

Question 2: from Peter Bell

I recall a commitment to "even up" the spend on physical and mental health. Although percentages are better than Hillingdon (which I think reported 9% MH and 52% acute - from memory). Could you comment on when the imbalance between PH and MH spend will be minimised or further reduced?

Answer Q2: Jenny Greenshields

Jenny said, there is an intention to address this issue but are not sure how to define when we would be sure that the imbalance has been minimised.

We have been set a target across the whole country to improve our proportion of mental health spend, which is known as the mental health investment standard. Each CCG is expected to invest money above growth year on year, for the past two years, and we expect this to continue. NW London is investing money, and has invested money, and we did meet the mental health investment standard in 2018/19 and in 2019/20. We have set mental health investment this year on the basis of the required mental health standard, and expect to invest an additional £20m across NW London. This should start to bring up our percentage in mental health in comparison with physical health year on year, because we will be investing proportionately more.

Question 3: from Peter Bell

What is the current budget for Social Prescribing? Is this sufficient to achieve the best value return from NHS spending? (Prevention as opposed to treatment)

Answer Q3: Janet Cree

In response Janet reported that, there was no specific social prescribing budget that the CCG could reference; however there are composite resources the CCG use to support social prescribing. One of the biggest areas was with the advent of primary care networks and the additional roles and responsibilities scheme, which funds link workers and have a social prescribing function. Quite a lot of the money that PCNs get was within this, and they had recruited to these roles in Hammersmith and Fulham. They are working with the PCNs, with the work co-ordinated by the GP Federation in Hammersmith and Fulham. There are posts that are funded in that way and their main purpose is to support social prescribing. One of the areas that the CCG is working on, as an integrated care partnership, was around compassionate communities which again have an element of social prescribing associated with it. Additionally, there are other contracts and arrangements and services that also provide an element of social prescribing as part of their offer, for example the work the CCG does around supporting employment across the different care groups etc, but do not have an absolute figure in terms of the current budget for social prescribing. In terms of "is this sufficient to achieve best value return from NHS spending" Janet said that the CCG would continue to work to ensure it had the resources put into a prevention element of service provision. This was one of the aims in terms of the overall strategy and NW London approach and prevention was a key element of this, and how we work as partners across the system to ensure that the resources go to the right part of the pathway. At the moment, it is probably not sufficient, but are moving towards that being increased, and have made strides towards this in Hammersmith and Fulham CCG.

Question 4: from Peter Bell

Could the CCG suggest a more respectful term for "high intensity user" focusing more on patient need than service activity?

Answer Q4: James Cavanagh

James referred to the comment on some of the terminology used in the NHS, and concurred that sometimes best intentions can potentially be insensitive and clumsy, and referred to the particular phrase used to describe a particular cohort of patients as "high intensity users". He recognised that this description was potentially insensitive and that the CCG would endeavour to work on a better description for this group of patients, who are patients with complex needs rather than "high intensity users" and this might be a better way of reflecting this group of patients.

Question 5: from Bethany Golding

First of all just wanted to comment on how impressed I am with how effectively you've coordinated the AGM in this new format. It would be great to know more about how you think local people will be able to get involved in decision making and service redesign under the proposed new structure of the single CCG?

Answer Q5: Bruno Meekings/Janet Cree

Bruno Meekings said; he could not be definitive as there was development work that must continue, as the constitution of the merged CCGs has yet to be agreed. The way in which patient and public involvement and governance works, in that it feeds down into a local structure, had an impact on the way it would work locally. Ultimately I hope that a position is reached in the way that people will engage on service development and decision making at local level, reflects very much the kind of opportunities which they have at present, and perhaps with more impact than there has been previously perhaps on NW London level decisions, which necessarily need to cover the whole CCG. In a sense, I think this is slightly up in the air, and the service provision that I have, and I hope people in NW London will have, is the position that we will ultimate reach. However, there is quite a bit of work to do to get to this position.

James referred to the PPGs and how they can effectively influence the views of PCNs and Clinical Directors, when they hold discussions within the integrated provider group at a borough level, and what services need to be developed or to answer the needs of the local population. I think it is a challenge to us at a local level as well as at an ICS level, but thank you for raising this.

Janet said this was something close to all of our hearts as you will know Bethany. The integrated care partnership element around service redesign is going to be key to this and the support that the CCG are giving to PPGs etc. The aim for this was to feed into the overall system approach to ensure service redesign and decision making, in particular local decision making, and the ICP and local borough Committee will be really important. Working with yourself in your new capacity at Imperial College, will ensure that we are harnessing all of the opportunities and the work that is happening with our partners, as well as with ourselves within the CCG.

Janet referred to Bruno's South West London role, and working with our third sector partners within NW London and Hammersmith and Fulham CCG, enables the impact and feedback from our local residents and patients to influence to be part of the decision making and service redesign, and as a CCG need to ensure that we do not lose sight of this.

Janet said that Bruno and Imogen, lay members in Hammersmith and Fulham CCG had a particular focus on ensuring that the CCG meets this aspiration, and deliver what we are doing, and this also forms part of the process going forward.

Bruno said that, the only thing to add, as mentioned earlier, was to ensure that some of the learning from South West London feeds into colleagues at NW London, and it factors some of the learning, where appropriate, into the way they develop things at a NW London level.

James concurred that the learning from South West London would be invaluable. He acknowledged the amount of work embarked upon in this sector of London, and that at a NW London level would benefit from this learning, and that it was good to have Bruno on board.

Question 6: from Peter Bell

We receive each month an analysis of prescribing costs for our GP practice which we are now going to discuss with the practice at our next PPG. Is the CCG aware of this analysis service and what is their opinion of its usefulness?

Answer Q6: James Cavanagh/Janet Cree

James said that every GP in Hammersmith and Fulham CCG was aware that our prescribing was monitored very closely, and feeds into the strategies that we use as a CCG, to advise practices and communities of GPs about their prescribing habits and how to improve them. The CCG also has a group of pharmacists who are dedicated to improve the effectiveness and safety of the prescribing of our GP community.

Janet added that, the CCG has a management team that has a long history of working closely with our practices, and have a Prescribing Medicines Management Committee that reviews patterns of prescribing within the CCG, and was a function that we have. This was one element of the prescribing analysis, but the CCG regularly monitors what was prescribed against best practice guidance, and reiterated that there was also a quality and safety element as mentioned by James. In terms of antibiotics, to assess whether they meet the local resistance patterns. Janet referred to work done to review drugs that are considered to be of lower clinical value in order to reduce the prescribing of these, and to make sure that the CCG use the resources that it has as effectively as possible. In terms of relationships, mentioned the Medicines Management team, GPs and nurses and other prescribers and that this was a growing field and was a key part of the work that we do within the CCG. Cost was also a key part of this, and tend to look at comparisons between practices and at all areas where there is variation, to try to understand why this was happening and to reduce unwarranted variation and assess patterns such as this as one way of the CCG being able to do this. Janet declared an interest, as these are pieces of work that she did when working through my career.

Question 7: from Peter Bell

The response to COVID has shown that services can be flexible, manage risk, adapt services, and manage change. How will this new dynamism be maintained and harnessed to tackle the rest of the inertia in the Healthcare system?

Answer Q7: James Cavanagh

In response, James said that covid has shown that as a system we can work better at speed, if we work together. To move away from the barriers developed during the period for the NHS and the move to PCNs in getting GP practices working together facilitated by innovative IT, and that this would be further encouraged by contractual changes as we go forward, with local services. The ICP at borough level, where people are directly involved in being flexible in managing change at pace, will be the place where people will be around the table looking to each other to try and work out the challenges that we still face, such as inequity in access to care, inequity of outcomes for certain disease types, within certain communities. The reason that I believe it will be maintained to tackle the rest of the inertia in the healthcare system, as you described it, is because the people who work in the system, look at what works, pick this up and run with it. What worked well over the last six to nine months has been a willingness to work and flexibility. To not ignore the rules, but to work around the rules safely, to better deliver change at pace. The reason it is going to be maintained is that the same people who managed the covid crisis will be sat at the ICP table and at the ICS level, we will do all that we can to delegate responsibility and resource down to those groups at a borough level, as they develop and mature. This is why I think we are moving into an era where we are able to move beyond some of the obstacles that have stopped innovation and developed of services in the previous era of the NHS.

In conclusion, James said if anybody wished to post questions on chat that those not answered today would be posted on the CCGs public facing website with answers.

He also said; if individuals have any questions outside of this meeting, to post them on the CCG website and that the CCG would endeavour to respond and answer them in full.