

**Questions following the presentation at Healthcare Forum 3/3/16**

**Q:** *Looking at the Altogether Better video and talking to lots of organisations, how are you going to talk to more people? How are you going to reach all the other people not in those groups or attached to those groups in Dudley?*

**A:** We are aware we won't have chance to speak to everyone, however we have created many opportunities for people to get involved. By the end of March the Engagement team will have been to nearly 50 groups, and worked with Healthwatch Dudley to arrange a further 5 public sessions. This topic has been to the CCG public meeting (Healthcare Forum) several times as part of our on-going involvement on this topic. We are committed to reaching as many people as possible and this is also supported through our social media activity. Clearly to reach all 315,000 people in Dudley is a challenge but we have done more than ever before to reach as many people as possible. Anyone with ideas on how we can make this even better is welcome to give us suggestions.

**Q:** *Electronic prescriptions, using the Patients Access App, this doesn't work, not all the time*

**A:** Some patients appear to like it, but unfortunately there are teething problems, time will hopefully fix this. Controlled drugs can't be put on it. When it's settled it will work well, unfortunately it might just take a little time.

**Q:** *Richard Curby (Chief Exec of Walsall Manor) emphasised the need for collaboration between Dudley and Walsall. Also, printing of prescriptions, could this be looked at, they are too small and difficult to read.*

**A:** No easy answer to the prescription but we will raise this with the LPC (Local Pharmaceutical Committee). We are pleased to hear that Richard Curby supports greater collaboration.

**Q:** *Communication with the hospital, there are issues with GP's talking to consultants, why can't this be easier?*

**A:** Ideally in the future the communication will be better. Practices will be able to look at and share (appropriate) information. We accept communication needs to be improved, things are moving to be online and things will start changing over the next few years.

**Q:** *In attaining excellence – how will you prevent health tourism?*

**A:** You do need to be registered with a GP. Tourism only really applies in emergency care, we have not noticed a significant number in Dudley and the hospital has ways of managing this.

**Q:** *In regards to groups, how do we get someone to come out?*

**A:** If you would like someone to come out and talk to your group, just ask one of the team. We have packs available for you to run sessions like this yourselves or we may be able to come out and support you.

**Comment:** First presentation that actually makes sense – thank you

**Q:** *We are all here to make Dudley better. There are a lot of cuts e.g. Falls service which is a critical service but it's about the frontline services, please look at frontline services and don't take them away.*

**A:** The Health and Wellbeing board received a report on priority areas, falls being one of these items due to the high rate of falls which result in hospital admission. We are in conversation with the ambulance service and the hospital to see how we can work together to look at this issue.

**Q:** *Financial constraint – worry about the finance involved as this is often the first thing mentioned to tell us there isn't enough money. I wouldn't want to fault previous good experience at RHH, so will this type of service be going?*

**A:** In terms of healthcare – budget isn't being cut, over half will still be in hospital care. We need to spend the budget more wisely and get maximum value. This is largely about reorganising services so that they can work better together for Dudley people.

**Q:** *There is a wide amount of experience with (governors) why can't we come and promote Russell Hall Hospital (RHH) within GP surgeries, this isn't happening, we offered this service but only one GP acknowledged. Are the GP's not interested? People have the choice to go to other hospitals so we want the opportunity to promote RHH*

**A:** Majority of our GP's are referring to RHH. 80% of care is in RHH so we would say there is already a strong relationship. The invite has gone out to PPGs for guest speakers and we can offer again.

**Q:** *Enthusiastic about the changes and no complaints with RHH, however one thing I'd like to raise; electronic blood test – having information open and available this could lead to panic (abnormal result) so could this result be tweaked to ease the panic?*

**A:** Before a person sees their results the GP goes through it and identifies the response and comments, if there is anything concerning in

there then the comments should clearly explain the results to avoid panic.

**Q:** *Concern about the information which is being passed and shared across the services*

**A:** The issue is around security as there are so many constraints. But it is important to ensure everything is done to get through this process, people seem to have concerns about electronic sharing but at the moment, many notes are transferred in paper form so this may not be safer.

**Q:** *If consultants come out to community settings, would this add more travel time and therefore reduce the efficiency of them being in the community.*

**A:** There has been much research that proves working like this is more efficient in terms of communication. They bring knowledge and experience, share learning and the quality of care increases as a result.

**Q:** *If you are getting all the partners in one place, will it be CCG heading it?*

**A:** The CCG can't run it as we only commission the services, which will include social care services, and we are currently in a very productive conversation with the council who commission and provide this service at the moment.

**Q:** *What services might you commission around the specific inequalities?*

**A:** We will restructure care around local communities so they can be more responsive to health inequalities.

**Q:** *Main concern is Primary Care – resources of GP's, can CCG help financially the GP?*

**A:** Yes, GP shortage won't go away. It's not about paying; it's about doing something different, so Dudley is a place to go to. The team around the GP should result in sustainable care