

Healthcare Forum
Thursday 21st September
Questions and Feedback

Introductions and Welcome

Laura Broster, Director of Communications and Public Insight Team at Dudley CCG

Update on Adult Mental Health and Wellbeing Needs Assessment for Dudley

Emily Smith, Public Health Registrar working at Public Health, Dudley Council.

Emily introduced herself and the adult mental health and wellbeing needs assessment which was covered at the Healthcare Forum on 18th May 2017.

All the information has now been collated together to support the development of the mental health strategy.

[Presentation received](#)

Commissioning intentions

Presentation by;

Dr Ruth Tapparo, GP Three Villages, Clinical executive at Dudley CCG and Board member.

Tapiwa Mtemachani Commissioning Manager for the New Care Model development and operation of the procurement process.

[Presentation received](#)

Questions following the presentation

Question: With the potential MCP provider, if you find they are not ready to take on the contract therefore not able to be contracted, what will happen?

Answer: We will not award it if they are not ready. We have assessed that they are viable to take the contract on to get into this next stage, but the current conversation is about the model. Conversation will continue until we get to a point where they are able to enter their bid. This is a different situation because we are able to continue conversations to get them to a place where they are able to respond to the procurement positively. If they do not submit a successful bid then we will not be able to award the contract.

Question: What will happen to all the community voluntary organisations, how can you reassure they will survive and what are the commissioners going to do once the MCP is in place?

Answer: Existing contracts with community and voluntary organisations will continue and essentially move over to the MCP and we will be having conversations with organisations this affects if we haven't already. If the contract expires at the point the contractor takes over we will encourage dialogue. We have been very clear within

the documents that the voluntary sector must be involved in the delivery of MCP services. In regards to the CCG staff, the MCP will take on some key functions, given the MCP will hold the contract for 15 years; we would expect they make service changes and develop these in the future. In regards to engagement for example, the MCP will have a key role in engaging with the public, so we would expect engagement to sit within the MCP and there will be some other CCG functions that will be within MCP.

Question: What is the reason for the shortage of doctors in primary care?

Answer: Age. The majority are over 50 and near retirement. Also the number of students applying to university has decreased. If we look back 20 years the life of a GP has totally changed, so general practice is not as attractive. The amount of GP's leaving the system in the next five years is rapidly increasing. However, it doesn't always have to be a GP who sees everyone, and with the increase in demand we need to change the way we work. We hope the MCP will be attractive for young GPs in the future to fill the gaps.

Question: There's no money, no surplus of money and no doctors. But if you had the doctors, how can you pay for them?

Answer: 1/3 of our population of doctors are going to retire so we want to fill those gaps. But should we pay for more GP's? If we shuffle our workforce, we can ensure the doctors are doing the job they should be doing and the nurses and other health team members are supporting.

Question: Are you in dialogue with one provider or one set of providers?

Answer: We are currently in dialogue with four providers to develop the MCP as one group/consortium in partnership with Dudley GP's.

Question: You are in dialogue, with four providers who have come together as a group. There may be connections with current GPs and executives within CCG. Surely there is a conflict of interest?

Answer: An important point and question. This has been a big deal to us at the CCG. We are very clear who can be in dialogue and who can be in the procurement team. There is a separate procurement board, to ensure no conflict of interest. Also, offices in the CCG have been split. We are supporting our GPs so we can work with the providers and there are colleagues who can have conversations with the public separately. It is a very important point and we've had a lot of advice and thought on it to create the right separation of duties.

Question: We have received an update on progress from adult mental health needs assessment. But when will we see a clear pathway about dementia care and a clear service offer?

Answer: There is a strategy around dementia, that strategy is currently being implemented. ([dementia strategy can be found here](#))

Question: In regards to a referral system by the GP, you have mentioned a screening process/ triage. Who will be doing the screening and what interests have they got?

Answer: This is an NHS requirement for all doctors, we have been out to our localities and we have discussed it with our doctors. It hasn't been received completely positively but this peer to peer is an educational process.

I graduated in 2001 I have peers who came out 7 years ago, the way of working will be different to mine. Therefore what one colleague feels needs referral and investigation another will not agree. It is a positive thing to do, to learn from each other, but it does already happen across some surgeries and we would hope to see an improvement in care using this system.

Question: In regards to mental health, you say you are not recruiting, but how are we going to cover the major mental health tsunami that is on its way?

Answer: This is the same principle as any other condition, identify it early and prevent it. We are being proactive in Dudley.

Question: We have a huge demographic of ethnicity in this country. We need to consider this in Dudley. How far have we got across with integration with Walsall?

Triaging we had a hugely favourable reaction within our surgery, we use a nurse practitioner, it is working very well.

Answer: It is proving to work, so thank you for this feedback, it is a big change and many are nervous about it but we will be aware to keep an eye on this. Walsall CCG are a little behind Dudley as we have been privileged to be selected as a Vanguard site so we have been able to move at a faster rate. Looking at place based models of care which looks at specific population differences we should be able to maintain and control the gap.

Question: We should be home growing GPs in the local area, we should be encouraging young people to aspire to this career in school.

Answer: MCP has a task to make this role attractive. The GP training scheme is full in Dudley, but what happens to these GP's when they come out of it, sadly a large proportion go abroad to a much more attractive career path. The MCP will adapt the way we work to make the role more attractive to hopefully bring in more GP's but also how everything works.

Question: The assessment team (Penn hospital and New Cross) work with A&E 24/7 and get involved as a specialist team, so where possible the patient can be kept out of hospital. Why can't we introduce something similar and learn best practice from other areas.

Answer: There is a team in Dudley, including a crisis team. But we agree where something is working well we need to look into that. Reduce variation in the service model.

Activity introduced to the room, each table to discuss 3 questions;

1. Do the current commissioning intentions fulfil patient needs?
2. Are there any areas you feel may require commissioning or decommissioning?
3. Is there anything you feel would affect you personally and would you feel happy to share this?

Feedback received from each table**1. Do the current commissioning intentions fulfil patient needs?**

- Lack sufficient information to make properly informed assessment
- We don't know, what are the current commissioning intentions?
- No because the community services are disjointed and a lack of specialisms in primary care eg. Pain management, Ehlers Danlos syndrome/hypermobility syndrome, neurological conditions (eg. Parkinsons, MS, dementia)
- No
- Need the commissioning to embed the 'self-responsibility' aspect for patients need a 'specific model' if we are to reduce 'stress' on healthcare teams, finances and create a 'true integrate model'

2. Are there any areas you feel may require commissioning or decommissioning?

- GP extended opening hours – patchy
- Patients/public not sure where to go or what services are available
- Increases in older population – will services reflect this? ie. Dementia, falls
- More preventative services – health and social care, NHS/CCG and PH need to combine efforts/money
- Impact on finances long-term (NHS) if more money spent on prevention
- Prescription medicines – good to de-commission
- Dementia care – commissioning
- Men's Health – Blood tests/well men/regular PSA/tests for over 40's – commissioning
- Disability services – GP signing for deaf and guides for non-sighted
- Specialist nurse practitioners with prescribing abilities to visit GP surgeries, weekly (commission)
- Get experts by experience and charities involved in GP surgeries to talk to patients, especially newly diagnosed and to educate doctors and nurses
- Self-care – needs to be looked at from: how are we measuring long term conditions; 6mths-12mths-18mths down the line both physical and emotional. Are we just managing or are we evolving
- Train own GP or nurse practitioners
- Research should be commissioned (There is a research clinical lead within Dudley CCG)
- Combine efforts and money from those around Dudley
- More preventative services

3. Is there anything you feel would affect you personally and would you feel happy to share this?

- Availability of choice of doctors/consultants
- Items have been recommended by hospital consultants which are not approved by CCG – better liaison is needed
- Decommissioning of services such as podiatry, concern over peer to peer review system of GP's having to approach other GP's over patient treatment. This is a concern particularly in cases of rare conditions where a lack of understanding may result in treatment not been given or inappropriate treatments may be given. (peer to peer will delay referrals)
- No rheumatologists for Ehlers-Danlos patients
- Use our own transportable PA system. Cost is not a problem.
- Use colour coded hand systems during questions
- Is there a specific model/pathway if the patient doesn't realise they have a mental health issue
- Mental health issues:
 - Crisis intervention team/service
 - How to set a patient into the system and get the right treatment
 - If the patient didn't get the diagnosis. If the patient refuses to go to the GP

Introduction to suicide

Laura Broster introduced Feet on the street which focused on the following;

- What are your thoughts on suicide?
- If you know someone who is suicidal, how would you advise them?
- If they said they did not want your help, what would you do then?

(Feet on the Street can be found on our website or using this link; <https://www.youtube.com/watch?v=u70J8ktxRnU>)

Jim Cole, Specialist Placement and Recovery Manager at Dudley CCG

Jim introduced himself and followed on from the video to address suicide in Dudley and advise the room of the upcoming Suicide Prevention Workshop.

- Suicide is the biggest killer of men in the U.K. and although the male rate is reasonably stable, the rate for women is increasing year by year.
- Hanging is the most common for men, poisoning more common for women.
- 75% were not in contact with a Mental Health professional
- It is not an issue which sits solely with Mental Health professionals
- Jim attended launch of the west midlands suicide strategy and felt it was an incredibly inspiring day.
- In America - zero suicide/ perfect depression care, with an ambition to have no suicide
- Aspiring to perfection - If you don't aspire to perfection, we measure on a less than 100%

- As an example, what if we don't get it right 100%? Reflect on the effect on Royal Mail if they only delivered 99% effect on aeroplanes if they only got it right 99.9%
- So.... they proposed reduction in suicides in Detroit (America) however when they sent their plan, they had feedback it is a really standard plan and the ambition is too low.
- Aspire to have no suicides, high ambition meant they focused only and solely on zero suicide, this meant they radically changed the way they spoke to referrals.
- Within 2 years dropped dramatically and in 2009 achieved a zero suicide rate
- The West Midlands have also committed to this policy and in Dudley we have chosen to do this too.
- A Suicide prevention workshop will take place inviting key stakeholders and open to interested members attending today (contact details passed on to Jim Cole) to engage with as many people as possible.
- In Dudley, last year 18 deaths by suicide that we know about, compared to other areas that's pretty good. But we want that to be zero.
- Looking at other areas and how they have gone about this;
 - Whose business is this? Everybody's business, nobody should be afraid to talk to somebody that is possibly at risk.
 - Training to school children, very frank and blunt conversations with school children
 - Pub landlords
 - Shopkeepers
 - Health professionals
- To summarise; there are practicalities' we can follow to start this work. Once you are aware someone is thinking about suicide, ask how they might want to go about it. If you take away the means that they had planned, they will be unlikely to go ahead.
- In America the message is strong; be blunt, confront and take away the means (guns in America is the highest used method)
- The strategy will be based on this principle

NHS 70th Birthday

Laura introduced the celebrating the NHS turning 70years old on 5th July 2018. Welcome to make suggestions for ways to celebrate the birthday.

Suggestions included;

- I like the idea of 7T party maybe a bit like the street parties back in the 70's for the Queen's Jubilee or events in the local towns (Dudley, Stourbridge, B'Hill, Kingswinford)
- Maybe get 70 people ranging from 0-70 to represent the change in times of healthcare

- Exercise day for all Dudley residents at B'Hill athletes stadium. 70 yards – 80+yrs old, 140 yards – 70+yrs old, 210 yards – 60+ yrs old etc
- All the community coming together to celebrate when we are good at Music/dance/fun
- A musical /play based on it saying thank you and a giant T Party
- Integrated with tea party – mini health checks eg. BP pulse, eye test, heel test for osteoporosis
- Street party
- Afternoon tea party
- Wheelchair racing competition
- Every NHS contractor should have a fun activity for families

Feedback

33 members completed a feedback form

Acronyms used within this document

CCG	-	Clinical Commissioning Group
GP	-	General Practitioner
MH	-	Mental Health
NHS	-	National Health Service
PH	-	Public Health
PSA	-	Prostate-specific antigen