

East Staffordshire District Patient Engagement Group
Minutes of the Zoom meeting held on Thursday 14th January 2021,
between 18.30 and 20.30.

1. Present:

Sue Adey-Rankin, SAR	Chair East Staffs District Patient Engagement Group, (Tutbury Patient Forum)
John Bridges, JB	Vice Chair East Staffs District Patient Engagement Group, (Tutbury Patient Forum)
CD	(Trent Meadows PPG)
SMcK	(Trent Meadows PPG)
BJW	(Tutbury Patient Forum)
LL	(Alrewas PPG)
JK	(Wetmore Road)
RK	(Balance Street PPG)
JC	(Bridge Surgery)
CR	(Bridge Surgery)
TB	(Yoxall PPG)
DB	Healthwatch
DH	(Chair, Crown PPG, Tamworth). Member East and South East Staffs Clinical Commissioning Group Patient Board
LK	(Peel Croft PPG)
LH	(Peel Croft PPG)
AH	East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement)

2. Guest Speakers

RG	Chair East Staffordshire Clinical Commissioning Group
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3. Apologies.

Apologies had been received from:

KB	(Rocester PPG) unable to get Zoom.
JW	(Barton PPG)
SG	(Yoxall PPG)
ED	(Yoxall PPG)

PL	(YMCA and Member East and South East Staffs Clinical Commissioning Group Patient Board)
IN	(Wetmore Road PPG and Member East and South East Staffs Clinical Commissioning Group Patient Board)

4. Welcome.

The Chair, SAR, welcomed everyone to the virtual District meeting held via Zoom. The house rules were agreed for the running of the meeting.

The Chair, SAR, then welcomed RG for coming along to give a Presentation on “Our journey to becoming a single strategic commissioning organisation.”

5. Presentation RG.

All the slides that were shown can be found at the end of these minutes.

RG began the presentation by reminding everyone of the topic of all the 6 Staffordshire Clinical Commissioning Groups, CCG's, voting to become one CCG in 2018. This had resulted in an overwhelming vote of 5:1 against this. However, structural changes were implemented with the arrangement for one single Accountable Officer instead of 6 and some functions that were being repeated across the 6 CCG's become single entities. Examples of these included, Quality, Finance, Joint Governing Body Meetings etc.

The NHS is now promoting the implemented care programme. What is meant by this? On the following NHS website is information that gives an explanation:

<https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

The information is as follows:

Integrating Care – The next steps to building strong and effective integrated care systems across England

This document, [Integrating Care – The next steps to building strong and effective integrated care systems across England](#), builds on previous publications that set out proposals for legislative reform and is primarily focused on the operational direction of travel. It opens a discussion with the NHS and its partners about how Integrated Care Systems (ICSs) could be embedded in legislation or guidance. Decisions on legislation will of course then be for Government and Parliament to make.

This builds on the route map set out in the [NHS Long Term Plan](#), for health and care joined up locally around people's needs. It signals a renewed ambition for how we can support greater collaboration between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges.

Over the last two years, ICSs have been formed across England. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health of the population they serve. Integrated care systems have allowed organisations to work together and coordinate services more closely, to make real, practical improvements to people's lives. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs. By working alongside councils and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

We want every part of the country to build on the earliest ICSs' experiences. It details how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective ICS and reflecting what a range of local leaders have told us about their experiences during the past two years, including the immediate and long-term challenges presented by the COVID-19 pandemic.

These are significant new steps towards the ambition set out in the [NHS Long Term Plan](#), building on the experience of the earliest ICSs and other areas. Our challenge now is to spread their experience to every part of England. From April 2021 this will require all parts of our health and care system to work together as Integrated Care Systems, involving:

Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care.

Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and

Developing strategic commissioning through systems with a focus on population health outcomes.

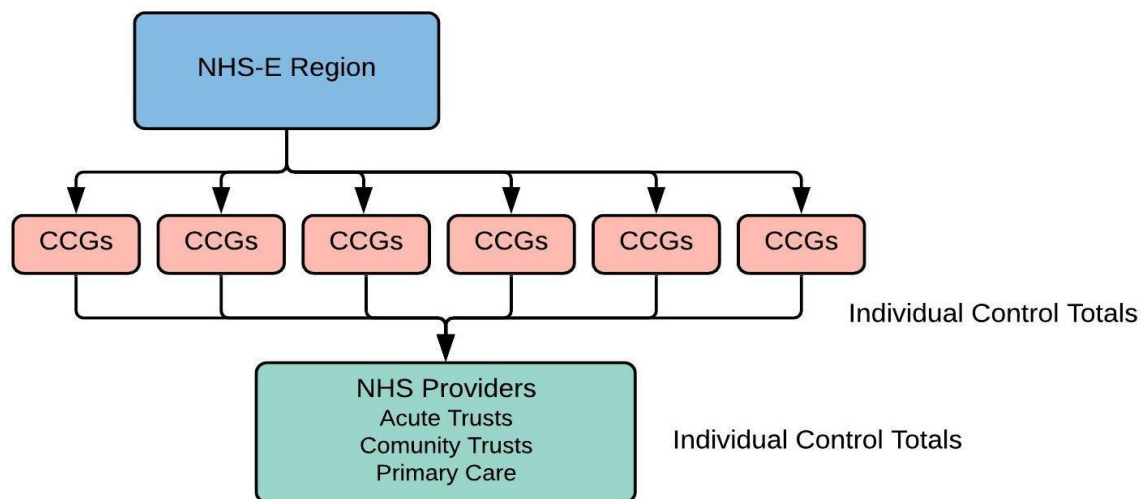
The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

In addition, a survey about the Integrated Care System, that was available was discussed and distributed after the December District meeting, namely:

<https://www.engage.england.nhs.uk/survey/building-a-strong-integrated-care-system/>

RG indicated that the current and future systems can be explained by the following 2 slides from the presentation.

Current System

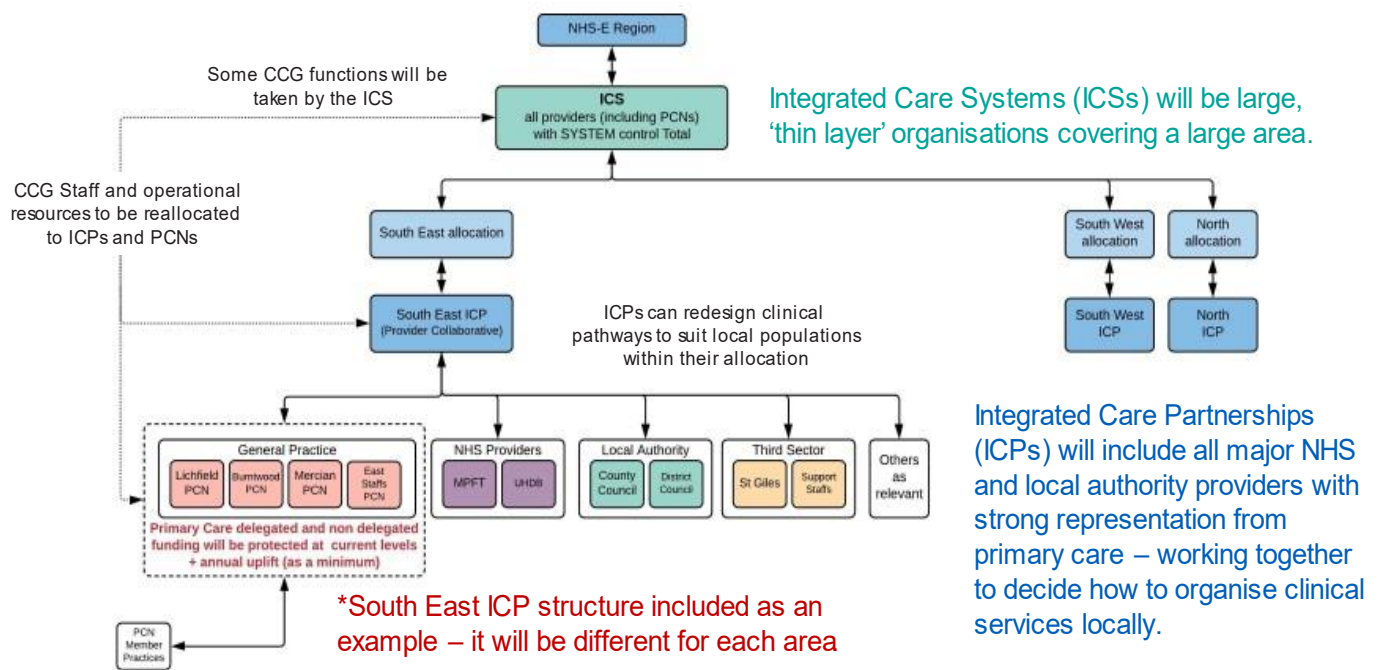


Currently the 6 CCG's are part of the NHS East Region. Each CCG has it's own Chair and has contracts with the providers to achieve improved efficient health care within all the Staffordshire Health sectors and is based on a "payment by results" system. The future system works on a partnership basis with all stakeholders being involved to achieve the best results for the communities and drive out the competition element.

How this is envisaged is shown by the following slide from the presentation.

The Future

What it would look like in the future



It can be seen from the above slide that right at the top is the Integrated Care System, ICS, which will be a thin multi-organisational layer mainly involved in the large strategic decisions and evaluation of data. Underneath the ICS the present 6 CCG's will be broken down into 3 areas. The overall Staffordshire budget given to the ICS is split between these 3 local Integrated Care Partnerships, ICP. The monies will be split as now so no area gets less than it currently does. East Staffs will sit within the South East ICP as will South Staffs. In this ICP you can see the Primary Care Networks, PCN's who represent General Practice, sit along with our NHS Providers, Local Authority, the Third Sector and

others as and when required. All the partners at this level will be working together to get the best outcomes and pathways for patients so they can see a seamless NHS from start to finish.

At this point both AH and JB gave examples where they had seen and been involved with this type of working. During COVID a Recovery and Restoration Group was set up on the same premise of the ICP. AH sat on this as the CCG Lay Member and the Group agreed to have a Patient representative, from the Patient Board as well with JB being put forward for the role. Both related the success of this group with all parties working together to achieve the end goal in an efficient and clear manner. One of the systems agreed upon was the COVID Rehab Pathway and we are ahead of the curve.

JB also gave the illustration on working with the Diabetes Foot Transformation Group set up by UHDB, Derby and Burton, Midlands Partnership Trust, CCG Commissioners and the East Staffs and Surrounds Diabetes UK Patient Network, JB is the Chair of this Network. This was another great example of everyone working together and coming up with new pathways for Diabetic Foot Care within our communities.

In the current 6 CCG model the system works a lot slower, at different times and ideas, different agendas etc. The new proposed system reduces / removes this.

The new system will be clinically and professionally led via a Clinical Senate, RG is the Vice Chair, and a Clinical Assembly.

In terms of timing all GP's will be asked to vote on the new proposals at the end of January 2021. Currently the mood is more positive than before. JB indicated that the presentation had been shown and discussed at the January East and South East Staffordshire CCG Patient Board and had been endorsed by that Board.

AH mentioned that she had 30years experience in NHS senior management roles before the days of CCG's. She indicated the purchaser/provider split and the payment by result process had meant we had lost that integration working due to CCG and providers having differing priorities and so the decision- making process becomes longer and in some instances the initial outcomes become diluted.

RG indicated that current set up of the Restoration and Recovery Group had been an excellent and exciting way of working with a fast decision making. Overall, it was a different place to work in.

Question and Answer Session

JC Is this new proposed system just going back to the old PCT days?

RG No because in the new ICP world money will not cross borders. The budget allocated WILL STAY in the South East ICP and budgets are protected with no change in their allocation. There is more working together which was not always the case with PCT's.

DH The sooner we get away from the current competition way of working the better which will see more benefits for patients.

RG It is also hoped by the South and East Staffs areas becoming one there will also be a bigger voice which will hopefully benefit with the likes of Good Hope Hospital in the South and the effect that Birmingham has. In addition, there has been no dissenting voices to get patients more involved and sit on Boards.

The Clinical Assemblies will have Patient Groups on it, this is still in its infancy due to the COVID pandemic. It is also affiliated to the Clinical Senate. There will be transparency in their working.

LK In the last vote the GP's in East Staffs, Lichfield, Tamworth and Cannock were some of those who voted no to becoming a single entity. This time will this be a complete turnaround by them and what happens if it doesn't go through this time?

RG It was difficult last time as there were no clear and definite answers around the questions around distribution and spending of monies and autonomy. Now, with COVID and new ways of working we have experience and examples on how these new ways of working can produce positive outcomes. We also have seen the growing of PCN'S and the way they are working together and in an impressive way, the COVID vaccination programme being a good example. The big plus is with money being delegated to the local area and not used elsewhere. There has been a lot of talks with the GP's and their unions who were all against last time but now a different attitude.

JC Had various questions regarding Mental Health especially after the closing of the Margaret Stanhope.

RG Without doubt a key area will be Mental Health especially with the anticipated demand following the COVID pandemic. Currently working together with the Midlands Partnership Trust on this.

JB Under the new proposed structure I hope we will have more control over the communications coming out for our local communities.

RG Understood the frustrations but NHSE controlled all communications regarding the COVID pandemic. Going forward it is hoped there will be more local communications with some coming from the ICS and NHSE on the wider issues.

CD What will be the position of the current CCG Chairs and staff?

RG Staff will be allocated within the ICP structures. Most at risk are the Chairs of the CCG's as those roles will disappear.

CD Since 2019 we have lost the interface with our CCG due to the current set up involving 40 – 50 personnel being involved at joint Governing Body Meetings, and prior to COVID no face-to-face meetings, held in public. unless we travel the length and breadth of Staffordshire. With COVID we now can only listen to a video taken at the meeting and shown later that day / next day. I hope this will change with the new system if it goes through and we can revert to what it was.

RG Agreed the system is not ideal. This is due to the technology of using Microsoft Teams as too many people crash the system. There is a desire to move back to the previous way of holding these meetings.

AH I am looking at ways we can involve a small number of people from the public and may well try with the Primary Care Commissioning Committee of which she is Chair.

LK Would like to have the last word re CCG's. Locally there has always been the enthusiasm to have patient participation and hope this will continue and grow within the new proposed system. It is important that patients are informed and consulted on the health issues that affect our local communities.

SAR The current system is not working and has lost patient input at critical times like the current pandemic. It should be noted that if the vote goes against supporting the move to the new ICS/ ICP then it will still take place but be imposed and run by direction from

NHSE from 2022.

RG At present we can run and shape our own destiny and move to the new way of operating the way we want the system to work for our communities. We do not want this to be taken away from us and the direction be led by NHSE.

The majority of District members present were in favour of the new proposed system.

At this point the Chair SAR thanked RG for her time in coming to present the topic and to the members for their input and questions. RG reciprocated and thanked everyone for the opportunity and would keep everyone updated on the result of the vote.

The members showed their appreciation in the normal manner and RG left the meeting.

6. Minutes of the Meeting Held on December 3rd

Taken as read and no issues raised.

CR asked if she could receive a copy as new representative for Bridge Surgery.

7. Action Log

The Vice-Chair, JB, went through the Action Log which had 2 outstanding items.

a. Keep members updated on District Patient Group Website

This is a separate agenda item and will be discussed at that stage.

b. Production of "Local Information sheets" for Mental Health and Diabetes following District Group COVID-19 questionnaire / report.

This work is still ongoing by both SAR and JB. In terms of Diabetes JB informed everyone on the new proposed patient booklet on footcare that he had put together. This is currently being viewed and discussed by both local people within the Patient Network and the Hospital Foot Transformation Clinical Group that he is a member of. SAR is currently gathering the information on Mental Health and this also will be available soon.

8. COVID-19 Vaccination Programme

SAR/JB gave an update on the East Staffordshire situation regarding the COVID vaccination project.

Vaccinations had started at the Burton Albion, Pirelli Stadium on Wednesday 16th December and to our knowledge were the first within Staffordshire. Those that were given the first dose prior to Christmas were given their date for the second dose 3 weeks later. As everyone is aware during Christmas and New Year the time interval for the 2nd dose was moved from 3 weeks to 10 weeks. However, within East Staffordshire there was agreement that due to the major upheaval this would cause on both GP Surgeries and the patients the date for this cohort to have their second dose was honoured.

After these had been carried out the programme has continued with people receiving their first dose only and being told they will be contacted by their GP when the date for the 2nd dose was imminent. After initial teething issues the programme has been first class and SAR and JB had sent out a letter of thanks, via email, to everybody. The main issue is getting a regular supply of vaccine but hopefully that will improve over the next few weeks. The number of volunteers coming forward has been amazing and without this the programme could not be run as it is. Thanks to everyone if you have been involved.

Recently, confusion has been happening with patients receiving NHS letters calling them to have their vaccination at places such as Birmingham and Manchester. Our advice is that **please wait until your GP contacts you** as the vaccination will be done at a local venue. Again, we have been sending out emails to people telling them this and that they do not need to contact their surgery as they will contact them when they are due. CR confirmed this letter or phone call from the NHS was happening and knew of people in their 80's being asked to attend Manchester or Birmingham. Crazy for various reasons. How do they get there? Supposed to be in lockdown with restricted travel! And of course, the 2nd dose would have to take place at the same venue so yet again the same issues.

On Sunday 24th January it is hoped to carry out a day of vaccinations at the Uttoxeter Racecourse where the target number of vaccinations is between 2400 and 3000.

LH confirmed that the previous night the vaccinations at Pirelli concentrated on Care and Nursing Home staff.

TB When will care home residents start to be vaccinated?

JB indicated that this should be starting very soon, and the vaccinations will be administered by surgeries the residents are registered with.

Update the next day from TB: Balance Street Surgery visited the Old Vicarage Nursing Home in Bramshall, and her sister received the first dose, Great news.

SAR confirmed that the programme to date had been a great success and thanked everybody for the effort made in the part they were playing.

9. PPG Updates

Alrewas Surgery PPG update

- We distributed the latest PPG Newsletter in December.
- The Alrewas Volunteers PPG Working Group continues to manage the helpline and assist all callers. They also chat regularly to members of the community who are isolated and deliver regular treats to cheer people up.
- The PPG is also working with other village groups who have identified people in need during these anxious times and we are now affiliated with Support Staffordshire.
- Plans for initiatives such as a Pop-up Café and a 'gentle' walking group have been put on hold because of the current restrictions.
- Three members of our group are volunteering at the Pirelli Stadium.
- We are keen to assist the surgery with their vaccination programme and are offering help to communicate any key messages, particularly around the roll out of the vaccine. There is a lot of anxiety out there.

Tutbury Practice Forum update

- Well supported meeting last night by the members, a Senior Practice Partner, and Practice Manager
- Was our AGM first where a presentation was given on “Looking Back on 2020.” This was followed by the election of officers to serve for 2021. The Chair, Secretary and District Group Representative were re- elected and SAR, was elected as the

Deputy Chair.

- Detailed Practice Update and discussions on the effect of the current COVID lockdown, and the role out of the vaccine to the local Care Homes
- Brief discussion on the planned new structure for the CCG's with input from the Senior Partner.
- Set up objectives for 2021 and speakers to come and speak to the Group.

Yoxall PPG Update

- No further PPG Zoom meeting since the last report.
- To be arranged asap but naturally the Practice is terribly busy at present with everything that is going on with COVID.

Wetmore Road PPG

JK raised the recent Hybrid planning application for 95 dwellings on the former Bargates land in High Street Burton, (was in that day's edition of the Burton Mail). Apparently, there is to be sheltered housing for 72 people. The effect on the current bulging patient list for Wetmore Road surgery will be significant especially as patient numbers have risen over the years from 7000 to 11,000. What is the system regarding 106 monies?

The Chair, SAR, indicated that the Patient Board had a presentation from PB who gave an update on the STP Estates work at a strategic level. He was unable to comment on individual Section 106 submissions as he is not directly involved with these.

He discussed that currently the team are gathering key information on the current Primary Care Estates situation which will be followed by a Primary Care Utilisation Review on every building and what is used to provide the primary care service.

This will give a better understanding of their use along with over or under capacity. Also working with local planning to map out future housing growth and its effect on Primary Care Services, and therefore will have a detailed estates plan going forward.

Unfortunately, due to the impact of COVID all this work has been halted for now.

As SAR pointed out that is for Estates there is no plan regarding Health!! Also, SAR thought the term 106 was on the way out.

AH, East and South East Staffs Clinical Commissioning Group Lay

Member, (Patient and Public Involvement) said that 106 monies is not for building work. She has sent a letter to the Director for Primary Care asking what the CCG have or are doing about this topic. Last time it was raised invited to sit on a panel to go through the procedure. It was very longwinded and not real outcome.

SMcK, in her position as a Borough Councillor, said that Government plans for housing won't be for 106 but based on future stock value. The application being discussed hadn't gone to planning yet but if for sheltered housing the people involved may already be registered at a local surgery.

10. Feedback and Update from the East Staffs CCG, East and South East CCG Patient Board and East Staffs and Surrounds Diabetes UK Patient Network

Due to the time constraints, there was only time for brief updates.

- In terms of the East Staffs CCG the earlier presentation by RG had covered this section. The Vice Chair, JB, will be sending out the relevant information regarding future Governing Body and Primary Care Commissioning Committee meeting dates.
- Patient Board had met the previous week and as with the District Group the main discussions were around the new proposed ICP structure which the Board endorsed.
- East Staffs and Surrounds Diabetes UK Patient Network
First meeting of the Group taking place the following week on 21st January. The patient footcare booklet previously mentioned will be discussed as well as looking back on 2020.

11. Update on District Group Website

The Vice Chair, JB, gave an update on the website which had now been completed and updated. This was shown to the members present. The minutes from the 2020 meetings had been included but to ensure confidentiality peoples full names had been replaced by initials. Everyone was impressed with the outcome and that it will be a great benefit to the Group going forward.

CD would still like the site to have secure status when you go onto it. He appreciated the reasons behind not doing this as the content has nothing financial, but this is the way websites are moving. This is explained below:

"If a website is non-secure, any information a user inputs on the page (e.g., name, address, credit card details) are not protected and can be stolen. However, on a secure website, the code is encrypted so any sensitive information cannot be traced".

It was agreed to look at the costs and if viable will make the change. To go onto the website the details are: districtpatientsgroup.org

SAR/JB informed the Group that the grant monies received for the website had been “match funded” by the East Staffs CCG and these monies had been received just prior to Christmas. Thankyou messages had been sent. Until the Group can set up its own bank account our monies are kindly being looked after by the Tutbury Practice.

12. Healthwatch

Unfortunately. Due to internet connection issues DB had left the meeting. However, the following had been forwarded to the Vice Chair for inclusion.

Not a lot to report from Healthwatch. The Stoke and Stafford primary care survey is ending and a survey on dental services during the pandemic is about to be launched.

13. Any Other Business

- The Chair, SAR discussed the Patient Helpline that she is setting up. To start with it will be operated by one person but if it grows then other numbers will be introduced and there are volunteers who are willing to help. The helpline will deal with the following:
 - (i). General Health related questions.
 - (ii). Queries around COVID-19 and vaccinations.
 - (iii). Local information.
 - (iv). Signposting.

It will not be able to discuss specific medical illnesses or give medical advice. The number has been set up and a successful trial run taken place. It is to be launched on 1st February, and a poster will be attached to these minutes. When received can everyone please forward it on to their contacts.

Everyone congratulated SAR on this initiative.

- The Vice Chair, JB, had recently received the following email from UHDB.

Sent on behalf of Sarah Todd, Patient Experience Manager, University Hospitals of Derby and Burton NHS Foundation Trust regarding the set up of virtual PPG Forum meetings across the communities they serve. The aim will be to give updates on UHDB activities and will include an open session for questions. Can you please discuss within your PPG meetings and if interested contact UHDB patient experience group direct using the email at the bottom of the correspondence.

Dear colleagues and members of our communities,

You may or may not already be aware, but at University Hospitals of Derby & Burton

(UHDB) NHS Foundation Trust, we had recently proposed to begin holding a quarterly virtual PPGs forum for members of PPGs across the communities we serve to join. We planned to present a brief update from the Trust on relevant current topics, followed by opening the session to queries or concerns from the members for our team to take back into the organisation for response.

We had aimed to start these quarterly virtual meetings in early February. However, as you will no doubt be aware, the situation with Covid-19 admissions at our main hospitals has worsened in the last few weeks and we do not envisage being able to start these meetings at the time we had planned to. There is currently an instruction across the organisation to cancel any non-essential meetings so that staff can focus their time and efforts on critical work.

As such, we will be in touch again when we have greater capacity across the Trust – we anticipate this will likely be April. We still plan to hold all meetings virtually using Microsoft Teams and will have one or two speakers at each meeting who can provide key updates from the Trust (such as staff from operational planning roles, or senior clinical colleagues). Most of the meeting will then include an open session where members will be invited to share any queries or concerns in relation to any of the Trust's services which we will endeavour to respond to. We will invite a maximum of 2 representatives from each PPG.

In the meantime, if you would like to express interest in joining this group, or if you had any suggestions of key topics you would like to receive regular updates on, please contact the Patient Experience Team on the details provided below.

Kind Regards

Sarah Todd, PhD

Patient Experience Manager

University Hospitals of Derby and Burton NHS Foundation Trust

Normal working hours: Mon-Fri, 8:30am-3:00pm

Base: The Gallery, Level 3, Royal Derby Hospital

uhdb.patientexperience@nhs.net

14. Date of Next Meeting

The next virtual meeting, via Zoom, is therefore on Thursday 25th February 2021 starting at 6.30pm. The Chair SAR thanked everyone for their contributions to the meeting.



East Staffordshire

District Patients Engagement Group

Website: districtpatientsgroup.org

NEW PATIENT HELPLINE

Open from 1st February 2021

Telephone number: 07359021283

Hours: 9.30am - 19.00 pm.

Open to all patients in East Staffordshire's
18 GP Practices.

Open for:

- (i). General Health related questions.
- (ii). Queries around COVID-19 and vaccinations.
- (iii). Local information.
- (iv). Signposting.

We can't discuss specific illnesses or give medical advice.

If we don't know the answer, we will find out and ring or text you back.

Our journey to becoming a single strategic commissioning organisation

NHS Staffordshire and Stoke-on-Trent CCGs



Contents

- 1 Who we are, our vision, national perspective
- 2 Our proposal, how we will do this, what this means to you
- 3 Have your say



Who we are

Clinical Commissioning Groups (CCGs) are made up of GPs who come together to form a membership. Along with lay members, they are clinically -led decision making bodies who are responsible for designing and buying local health and care services.

Six CCGs do this for the 1.1. million people who live across Staffordshire and Stoke -on-Trent.

We need to keep ahead of the growing and changing needs of the people living in Staffordshire and Stoke-on-Trent.

This means we need to be much better at how we plan, buy and deliver health and care services for you.



Our vision

We want to create a new organisation, bringing these six CCGs into one, where appropriate services are commissioned once where appropriate to improve the health and wellbeing of everyone in Staffordshire and Stoke-on-Trent.

We will invest in our GPs so they have a strong voice working with other partners in improving the lives of their patients in their local area.



National perspective

NHS England and NHS Improvement has published its document '[Integrating care: Next steps to building strong and effective integrated care systems](#)' which could lead to legislation for stronger partnerships in local places between the NHS, local government and others with a more central role for primary care (like GPs).

Decisions on legislation will of course then be for government and Parliament to make.

"In many places, there are already strong and effective place-based partnerships between sectors. Every area is different, but common characteristics of the most successful are the full involvement of all partners who contribute to the place's health and care; an important role for local councils; a leading role for clinical primary care leaders through primary care networks; and a clear, strategic relationship with health and wellbeing boards."

5 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

What we are proposing

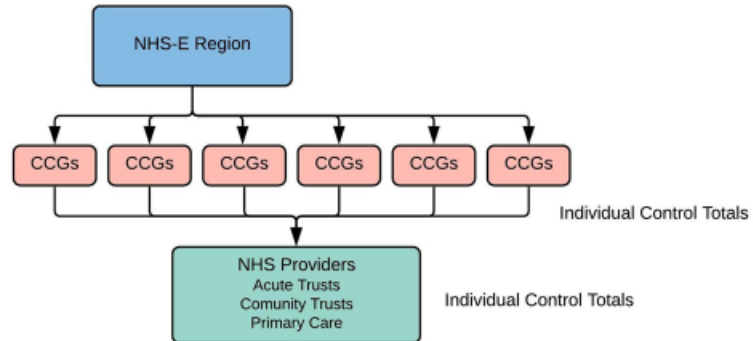
With this national perspective in mind, we are asking our GP members to support our proposal to merge our six Staffordshire and Stoke-on-Trent CCGs into one new CCG.

"Everyone working in primary care should be justly rewarded with a sense of purpose at the beginning of the day and a sense of achievement at the end of the day."

6 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

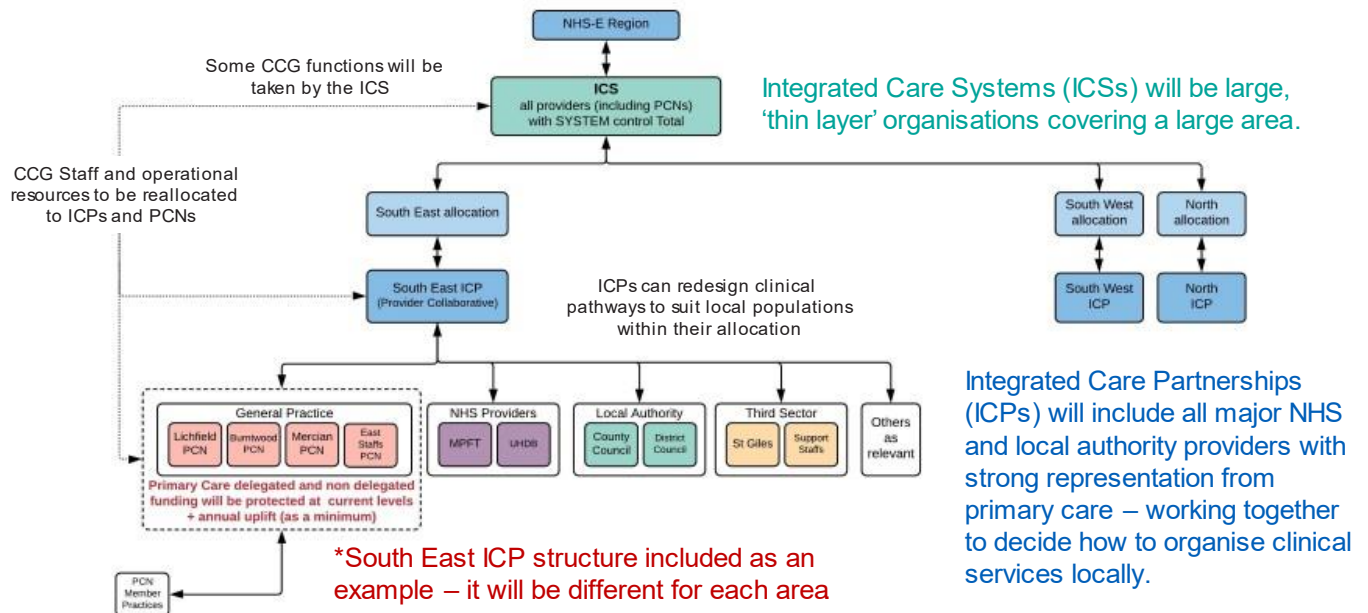
What it looks like now

- Over time, as the six CCGs have come together, the borders have become very porous to the extent that they are 'invisible'
- Money flows are increasingly difficult to meaningfully follow.



7 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

What it would look like in the future



8 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

Clinical and professional leadership



9 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

We will do this by

- Fundamentally reforming how we work together across the health and care system to meet the needs of everyone in Staffordshire and Stoke-on-Trent where it makes sense to do so
- Making sure that local GPs have a strong, fair and appropriate voice when deciding where money should be spent
- Working together across the region and also in smaller neighbourhoods to make sure that the right skills, capacity and resources are in the right place at the right time to meet patients' needs
- Improving work-life balance and job conditions for GPs and other primary care staff.

10 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

A golden opportunity

NHS reform is an inevitable part of the NHS Long Term Plan which was released in January 2018.

By shaping our future for Staffordshire and Stoke-on-Trent, we have a golden opportunity to protect both the health and care system with primary care at its heart.

“If strategic commissioning is inevitable, we have an opportunity to shape a future structure that meets the needs of GP Practices by understanding their needs and working to meet them.”

11 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

Improving GP services – what does this mean for me as a patient?

- A single CCG will provide stronger, more consistent and quicker decision making, as well as reduce duplication and delays in starting new health services
- Patients should get the best care when they need it, and GPs would benefit by leading on what that should be in their local areas
- A more streamlined, joined-up healthcare system would help release pressure in GP practices, sharing work across local networks
- By working together with other local GP practices through Primary Care Networks, GPs should have a manageable workload
- As a single CCG, we will be better able to respond to new funding opportunities, bringing new money into the local health system. It will increase our influence, negotiation and commissioning power. This means we can invest more in local services.

12 NHS Staffordshire and Stoke-on-Trent CCGs | Single Commissioning Organisation

Decision making at neighbourhood level

- We want to make sure that decision making is done where possible at neighbourhood level, allowing GPs a stronger voice and more control over the delivery of local services
- GPs should also be an equal provider in the whole system health and care solution by having equal rights at strategic level
- GPs would be able to have a greater say in health care at a grassroots level
- In real terms, GPs would be able to influence their workload and determine how primary care fits into patient care by being front and centre of the commissioning process
- Patient care and clinical treatment paths should be designed by those who understand patient needs best.



Financial Equity and Risk

- At system level, we want to make best use of every Staffordshire pound and achieve financial balance
- By becoming a single organisation, we will be in a better position to access transformative funding
- At local level, Integrated Care Partnerships, and therefore Practices would receive more investment for services and determine how to spend it.



Out of hospital care

- We aim to design a health and care system where care is transformed by clinical leaders
- We want to make sure that GPs and hospital services are treated equally in importance
- Care would be provided closer to people's homes, with having to go into hospital being the last resort
- We want to see leaders from different organisations working together to tackle priorities.

Has this been proposed before and what has changed?

There was a vote to merge in September 2019 where five of the six CCG memberships voted against the proposal. Since then, the new NHS England and NHS Improvement document shows that the merger of the CCGs could be imposed, without consideration to the needs the local and regional health system.

Deciding to merge now would give us significantly more freedom and flexibility from April 2021 to design a system that works for Staffordshire and Stoke-on-Trent, with a focus on developing and establishing three Place Based Partnerships in the north, south east and south west.

How we will maintain local decision making for local people

A single CCG would be a stable arrangement. A single CCG would follow the arrangements of the Health Scrutiny and Health and Wellbeing Boards at Staffordshire County Council and Stoke-on-Trent City Council. It would allow for more effective partnership working.

Our GP members will continue to work in local networks to inform our decisions and services, based on local needs.

We have already done work to involve the six CCGs' Governing Bodies, and the 155 member GP practices.



- Thank You.
- Any Questions?

