



## St Albans and Harpenden Patient Group (SAPG)

Notes of Open Meeting, Wednesday 29<sup>th</sup> November 2017.

**Present:** John Wigley, Kathryn Magson (HVCCG), Ian Armytage (HVCCG) John Blandford, Helen Clothier, Peter Fardell, Alan Bellinger, Gudrun Reich, Brian York, Roma Mills, David Josephs, Alan and Jackie Falconer, Alex Hickinbotham, Rehanna Ahmed, Alison Gardner (HVCCG), David Evans (HVCCG), David Roberts, Gareth Huxtable, Tom Bloch, Sue Bloch, Ian Grant, John Baker

**Apologies:** Gavin Ross, Doreen Bratby, David Newbury-Ecob

### Key Points

#### 1. The SAPG Annual General Meeting

Due to the time required for the two speakers, the AGM was postponed until the new-year.

#### 2. Herts Valleys Clinical Commissioning Group – An Update; Kathryn Magson (CEO)

Slides attached.

- 2.1 Kathryn Magson repeated the restraints and challenges for future funding of healthcare from the HVCCG with the historical background of a deficit from previous years. With an initial requirement (since she took office in March 2017) to make savings of £75m over 18 months, (including the requirement to maintain a 1% surplus) the areas of funding cuts were outlined, together with the cost of “doing nothing” (£20m “in the red” for the current FY 17/18).
- 2.2 The current FY (17/18) budget was £838m for the 638,000 patients in W. Herts. Due to a recent change, the funding of primary care had also been delegated to HVCCG (previously this was funded directly by NHS England).
- 2.3 The decisions on cuts in healthcare provision had been well publicised after a round of public consultations (“Let’s Talk”). A number of other “administrative” savings of 3.5% had been made, some in line with “Healthcare Quality Improvement Partnership” (QUIP) guidelines, but there was a need to save 5% of budget in the current FY and 3-4% savings year on year following.
- 2.4 A Business Intelligence system called NELIE is now being used as part of a demand management programme to reduce prescribing costs; the system creates “heatmaps” for surgeries that show prescribing levels at each surgery.

#### Questions and Answers:

- Q1: A composite question centred on how the new contract for musculoskeletal care would be managed and monitored. Specifically concerns were expressed about the use of the Gym at (SACH) for his members.
- A1: The contract (worth £38m) had gone to “CONNECT” after a failed “in-house” bid from a GP consortium. CONNECT had contracts with 20% of the CCGs in England). The CEO was confident that they would deliver to contract.
- Q2: Question regarding the allocation of new funding announced in the recent budget – who gets it and how would it be spent?
- A2: There was currently no indication of how and where this would be allocated and spent, and HVCCG hoped for clarification.
- Q3: IT improvements require significant funding “up front” with the benefits only coming on stream after an extended period. What funding commitments are the HVCCG prepare to make now for IT improvements?
- A3: Acknowledged this time lag – funding would be at least that provided in the past and there were some opportunities for “quick wins”.

Q4. Is the continuing shortfall in NHS staffing for health and social care going to be addressed both for recruiting and retaining staff, when there have been failed initiatives to recruit from overseas.

A4: CEO acknowledged the problem and noted that WHHT was, at least, reducing its expensive reliance on Agency staff.

### **3. Plans for Urgent Care Centres in West Herts; Ian Armytage (HVCCG – Urgent Care Working Party Lead)**

#### **Slides attached.**

3.1 Presentation was concerned with the future development plans for urgent treatment centres to “bring urgent care closer to home”.

3.2 The new model called for a GP-led service that would provide access to

- Diagnostics
- Near-blood testing
- Xray
- MDT
- Pharmacist and
- Mental Health

The service would have access to Summary Care Records and would use e-Prescribing for the supply of appropriate prescriptions.

3.3 The approach is being piloted in Hemel from DEC 1

Q1 “Your Care. Your Future” had envisaged an Urgent Care Centre (the terminology in use then) with a GP in attendance at SACH. Failure to achieve that, and re-opening discussion, was damaging confidence.

A1 The NHS was ending the name-distinction between MIU’s and UCC’s and introduce UTC’s, as far as possible giving a common service involving near-patient testing. SACH was a good base for a UTC but near-patient testing could also be given in GP practices.

Q2 If a UTC were to be provided, would it go out to contract and what service would be provided?

A2 Yes; at Hemel the contract had been bid for and awarded to a local GP Federation. It was intended that UTC’s would be better than UCC’s, partly because of the introduction of near-patient testing, but configuring the whole service was complex and time-consuming, as was proving to be the case at Hemel. We are engaging with patients and public. At the moment average attendance at SACH’s MIU is 25 patients a day, implying that a GP on site would not be justifiable, but a UTC might be GP practice based.

Q3 If SACH had better facilities in the form of a UTC, might that not attract more patient demand and make the service viable?

A3 That was a possibility, but not necessarily a probability.

Q4 Was there any evidence that providing better services increased demand?

A4 The evidence varied.

Q5 Are our local GP’s coming together as an active Federation?

A5 They could do more to become an active and effective Federation.

NB SAPG expressed its readiness to support the development of an UTC facility in St Albans and this was acknowledged by HVCCG

**Next Open Meeting** Wednesday 31<sup>st</sup> January 2018. AGM

**Web Site:** [www.sapg.org.uk/home-page](http://www.sapg.org.uk/home-page)