

Questions and Answers which were raised at the CCG Annual General Meeting 2019.

Г

	Question	Answer
1.	What is being done to address the issue of increased demand within the ED at the Trust?	There continues to be a systemic response to improving the patient experience for people visiting ED.
	The plans outlined within Stockport Together highlighted a reduction in activity; instead there has been an increase?	Stockport continues to benchmark as below average for the number of ED attendances accessed by the population.
		In 2018/19 attendances at SFT increased by 2.4% compared to 4.2% nationally – this is equivalent to 33 less attendances each week than the national trend.
		There has been investment both directly into Stockport FT, as one example the CCG has funded an additional 3 ED consultants and also into primary and community services.
		The collaborative work with care homes has shown a reduction in patients attending ED from care homes.
2	The IVF Consultation appears to be another cut of women's health services in Stockport after the Breast Service was recently closed.	Stockport CCG's spend on services is greater than our income and we need to address this. However there is no intention to specifically focus on women's health services.
	Why are you cutting services?	We have reflected on the responses to the IVF proposals and we have stopped this consultation. We are considering how to engage in a discussion in the new year on a wider range of proposals to bring spend on commissioned services within financial limits.
		The Stockport Breast Service had to close because of a shortage of specialist staff required to deliver a safe and sustainable service in Stockport. We have transferred the commissioning of Breast Services to neighbouring NHS Trusts to ensure that local residents continue to have timely access to high quality Breast Services.
3	Why don't we refer to services by their name – NWAS recently confirmed that they could not find the Stockport Falls Service as it is called 'Steady in Stockport' and therefore cannot refer into it.	Thank you for your feedback regarding the name of the Steady in Stockport. We will discuss your suggestion with colleagues.

		· · · · · · · · · · · · · · · · · · ·
4	What is the philosophy and approach to allow so many Practice mergers and amalgamations?	Across Stockport all of our GP Practices are rated as 'Good' or 'Outstanding' which reflects the fantastic care delivered in our communities.
	There has been a real impact on patients and they cannot get any appointments and often have to travel to other parts of Stockport to a branch surgery.	All of the Practices work closely together and sometimes take the decision to join-up formally. The decision is taken on what is best for the local community and sustainability of services. As a CCG, we generally try to ensure a local site remains open, as the alternative would be for the practice to close and patients would have to register with other Practices further away from their home.
		In addition the NHS Long Term Plan outlines the vision for Practices to be more joined-up in local areas to ensure consistency of primary care services.
5	How many statisticians do the CCG and other NHS organisations have and how are they using data to manage demand?	The CCG does not employ statisticians, we do have a BI (Business Intelligence) team (5 whole time equivalents) who have a range of skills and knowledge including statistics.
		The BI team provide the statistics on demand and supply that informs monitoring of services and decision making relating to improvements.
6	The closure of the Breast Service at Stepping Hill has meant that some patients are now faced with significantly longer and more expensive journeys to Wythenshawe or Macclesfield.	Most Stockport patients are now attending appointments for breast services at Wythenshawe Hospital. Patients can apply for support with transport to appointments based on eligibility. Further details can be found on the Stockport CCG website.
	There is a real potential that patients may choose not to attend critical appointments due to cost. What is being done to support patients in attending appointments out of area?.	www.stockportccg.nhs.uk/your-health/your-health- services/patient-transport
7	What is happening with the proposals to move specialist services by Greater Manchester Health & Social Care Partnership?	The improving Specialist Services programme is progressing with updates reported through Governing Body papers.
	What will be the impact on communities and patients who cannot travel to the appointments?	Access to services is one of the important factors that is considered alongside other objectives such as providing excellent care and enabling providers to meet quality standards.
8.	When will further investment in mental health services delivered by Pennine care be made?"	Stockport CCG agreed £365K to address safer prescribing (£165k) and physical health checks for people with severe mental illness (£200K) this year.
	Last year we were told: "An increase in funding for the community mental health teams will be in place from 2019/20 and the CCG's Commissioning Managers will work with Pennine Care to ensure that the extra investment is directed to the	£350K has been identified to support CMHTs, work has commenced on developing the business case with service managers for PCFT, it is planned for the additional support to be in place from 2020/21 subject to recruitment
	right areas.	All the CCGs across the PCFT footprint have provided additional investment for 12 extra adult in-patient beds

There is a commitment across all CCGs	funded on a usage basis.
to invest SAFER and ensure adequate	
staffing and safety across all wards."	Investment has been agreed to enhance both STEM
stanning and safety across all wards.	
	and Home Treatment Team and PCFT have
There is over 100% occupancy on the	commenced recruitment. The carers are aware that
wards, we want to know about the	the procurement for Safe Haven and Mental Health
funding of CMHTs in Stockport. The	Crisis Line has commenced and the contract should
CQC report 2016 found it required	be in place in April 2020.
improvement for safety and	
• •	The neuroscient of neuronance (neine frame and to
effectiveness.	The representation of performance 'going from red to
	green' is based on specific national standards (early
Where is the money being spent?	intervention in psychosis and IAPT service standards)
	where we exceeded the national standards set.
The finance charts this year were the	
same as last year for investment in	
•	
Community Teams.	
We find that Mental Health going from	
red to green is meaningless. You	
wouldn't have a chart showing physical	
health going from red to green!	
One size does not fit all in Mental Health	
 we want to know what money is being 	
spent on people of working age with	
long-term serious mental illness in the	
community and where is it being spent?	
, , , , , , , , , , , , , , , , , , , ,	
	1