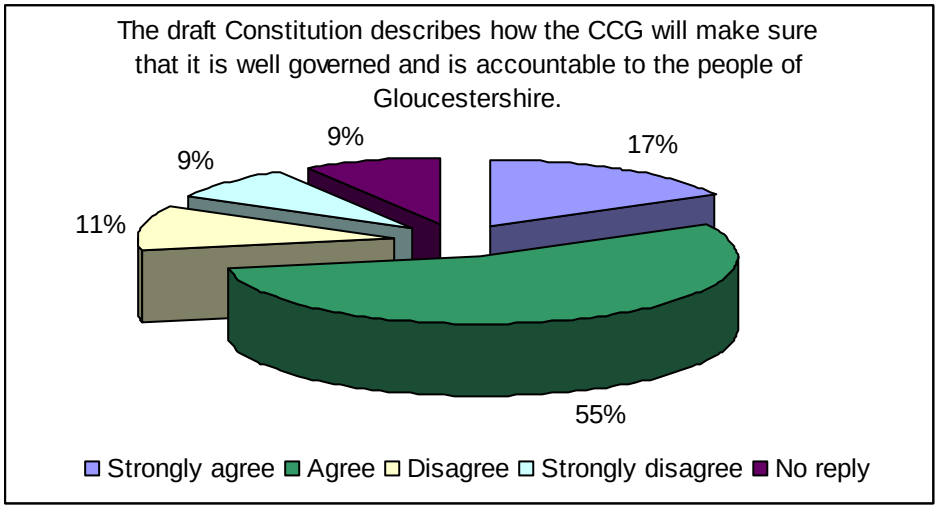
Introducing Clinical Commissioning Gloucestershire

The draft Constitution for Clinical Commissioning Gloucestershire (CCG) sets out the vision and values of the new organisation and describes procedures to ensure it is well governed and accountable to the public. The Constitution will be reviewed every three years with the involvement of clinicians, the public, patients, carers, community partners and staff.

Before reviewing and finalising the Constitution, CCG invited comments from stakeholders and members of the public. The draft Constitution was available in full, and as a short guide, on the NHS Gloucestershire (NHSG) website. In addition copies of the short guide were made available through each GP surgery in the county.

A feedback form was included in the short guide and on the NHSG website to help gather feedback.

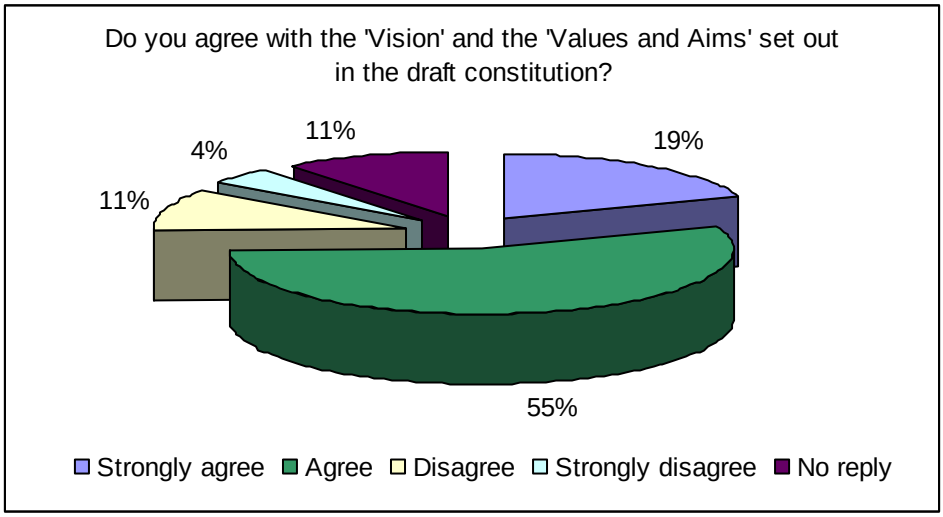
The form contained a series of statements and asked respondents whether they agreed or disagreed with each. There was also the opportunity to qualify the response by including comments. Forty-seven responses were received. A summary of the feedback is given below. Demographic information is included in Appendix 1.



Comments included:

- Localism means accountability at the lowest spatial level, too, and the Locality role will be vital. It has to answer to the public and therefore explain key strategies and actions to a wide audience. However, there is insufficient detail about how members of CCG will be recruited and selected and from where, particularly the lay members.
- The draft may say that the CCG will be well-governed and accountable; the constitution itself will say the same; the proof will be how it works out in practice.
- It only describes structures for governance and accountability, which might or might not turn out to be wisely or effectively used. In particular, the "make sure" part is not covered, because the document lacks specific objectives and outcome measures for governance and accountability.

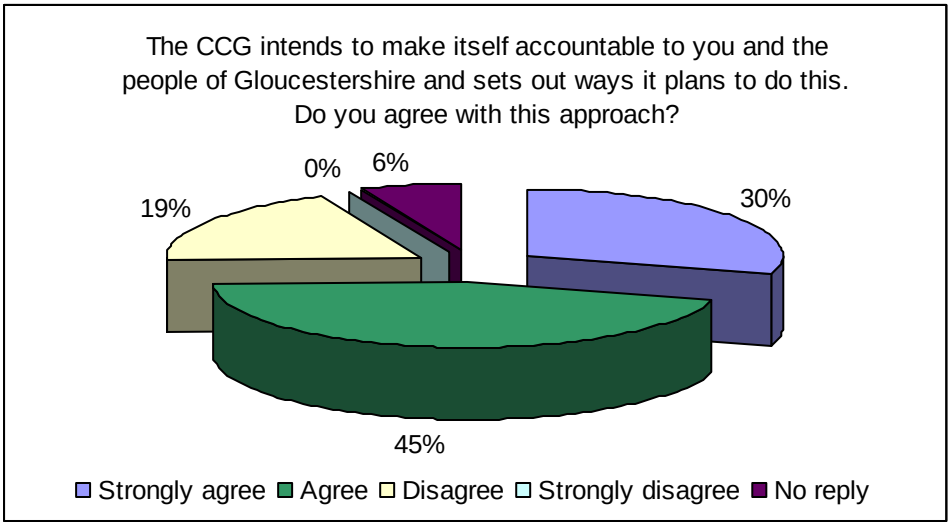
Vision, Values and Aims



Comments included:

- I know the vision is for 'joined up services' but what about prevention and self help work. What about responsibility to impact health inequalities?
- The aim needs to make reference to quality.
- The term "joined up" is not defined, therefore the vision is meaningless. None of the values is specifically about joining anything up.
- Seem to cover the right ground and are ambitious
- Too focused on clinical/medical solutions and outcomes once someone reaches or needs a service. How do they work with communities to prevent people reaching crises and needing intervention + focus on well being and public health
- Not sure how meaningful they are in the context of the challenge faced by the GCCG in meeting the real challenge of a growing elderly population and limited resource growth.
- Whilst we would agree with the values and aims, the vision seems limited and does not appear to reflect the far-reaching role of CCG.
- Joined up care - no mention of relationships with the social care bodies, voluntary sector?

Accountability



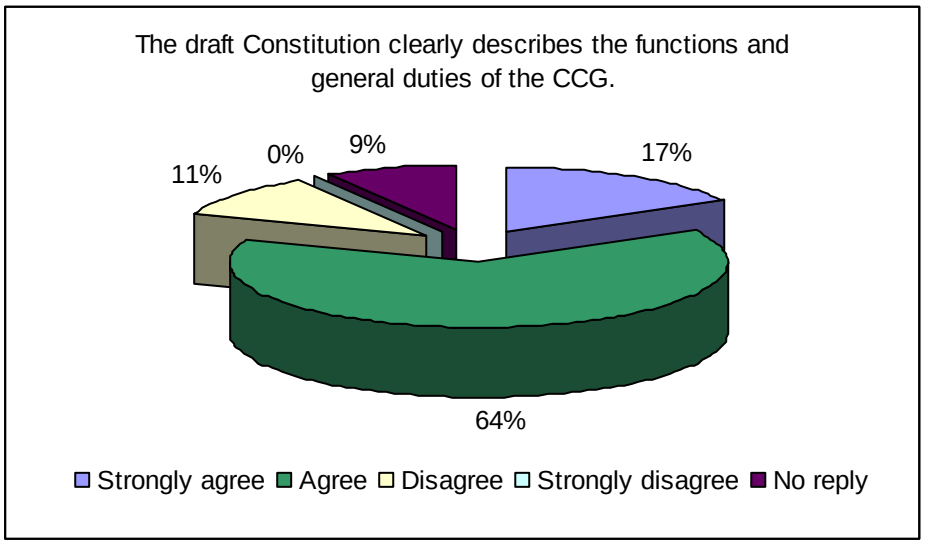
Comments included:

- Not at all clear how the Locality Exec Group will operate. What role will district councils, for example, have and how will local people really be encouraged to contribute their views on a regular basis?
- Good to see that the CCG will strive to go beyond doing the minimum in accountability terms.
- Accountability needs to be visible and real. People may find it difficult to see the connection between CCG, the County Council (and its new Public Health role), Health Watch and the Health & Well Being Board and this needs to be made clear. We would support the holding of public meetings and therefore as time goes on regular 'public' members will attend.
- There is no mention about consideration of inequalities in the summary. Do all the members of the Governing body have a vote or are some non-voting members?

When asked to suggest other ways the CCG could make itself more accountable, respondents suggestions included:

- It could give each of its actions the personal responsibility of a named individual (in the way the Government recently announced will happen in Whitehall). - It could provide a simple mechanism for the public to petition CCG directly, perhaps online, with guarantees about how CCG will respond.
- Proper consultation with other key organisations which also have expertise. More respect for charities.
- Key to the whole question of public accountability will be the actions of the Localities. There could be community health champions and forums in each with a membership who over time will learn about the general health system and be able to advise and challenge what could be emotive decisions.
- I would suggest a timetable of face-to-face meetings open to the public in different parts of Gloucestershire, plus regular consultation opportunities with staff.
- There is reference in the full document for the development of patient reference groups to enable the locality executive group to get local views. There is no reference to working to working with Local Healthwatch or with the Local Authority (particularly with education and transport)

Functions and General Duties



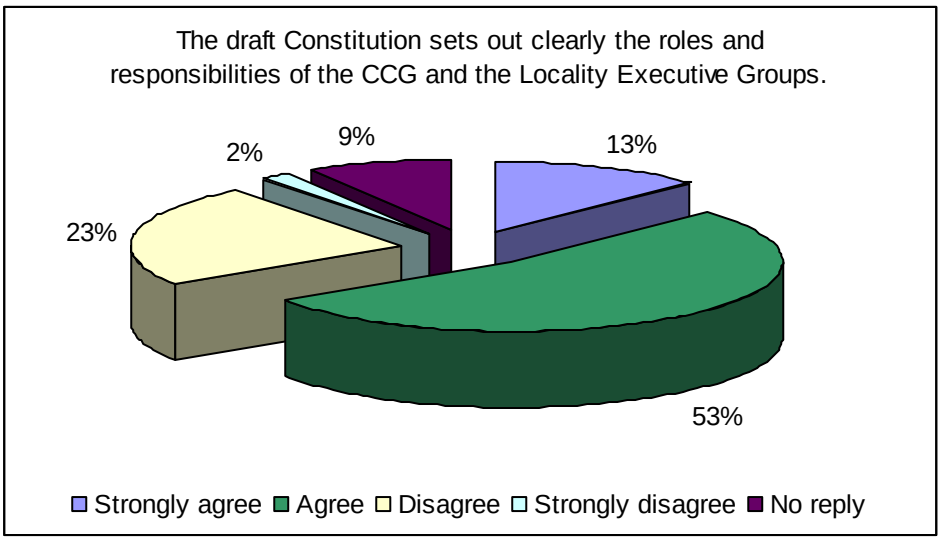
Comments included:

- It clearly describes the functions and general duties but NHS focused and weak in the area of wider engagement to address the challenges faced.
- How mixed is the group? Is equality and diversity represented in this group for the general duties?
- Within the Functions there is a huge lack of 'explicit' mention of the role of unpaid Carers and how they can influence commissioning intentions.
- There is an emphasis on receiving patient feedback but not enough on the CCG actively seeking out these views.

When asked whether there were any specific functions and general duties that respondents would like more explanation about, the following points were included:

- I would like to see how I might approach the CCG in order to promote new and innovative ways of working and combating health issues through the arts.
- It is essential that clearer lines of communication are set up so people outside the CCG know whom they should be contacting about different matters and be assured of getting responses
- The Constitution should contain less detail about specific functions and duties. The CCG should publish a separate procedure manual (or something of the sort) to make the detail transparent. This will make it easier for the CCG to respond to circumstances as they arise without constant tinkering with its Constitution.
- How will the GCCG face the challenge to make sure fewer people need services in the first place and how will it engage with strategic partners and the community to develop the breadth of strategy required to build up the capacity in the community to provide the care and support needed for the growing number of elderly people.
- How will the quality of services be assessed and made public?
- Which services are you NOT responsible for? What is not included in 'certain health services'? Will you follow all NICE guidelines regarding what treatments ought to be available?
- The relationship between CCG and the Health & Well Being Board is not entirely clear.
- What services are expected to be delivered to people NOT registered with a GP?

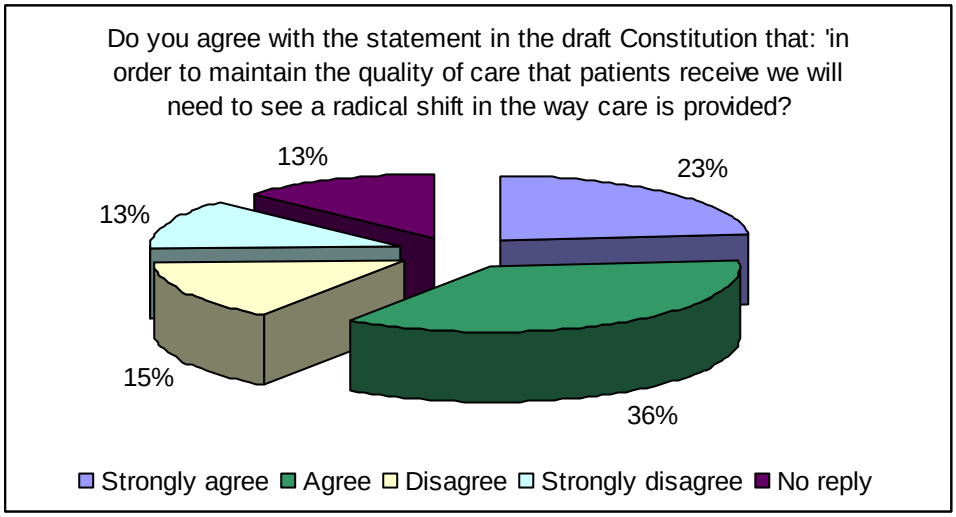
Roles and Responsibilities



Comments included:

- As time passes there might well be the need for flexibility. The review cycle allows for this but there should also be ways of making change where the need is apparent sooner rather than later.
- More needed about how they take responsibility for and within their community - beyond constituent practices - what about links with other professionals or groups - health, social care, 3rd sector, volunteers etc
- It is disappointing that there is so little mention of community and local resources and the roles and responsibilities relating to these. District Councils and voluntary and community sector organisations hardly get a mention but make a significant contribution to delivering services that benefit primary care.
- It is surprising that the time frame for CCG meetings is not defined more clearly. There is concern that the 7 localities are not co-terminus with the District Council boundaries and this will make it more difficult to plan integrated care.

Planning for the future



Comments included:

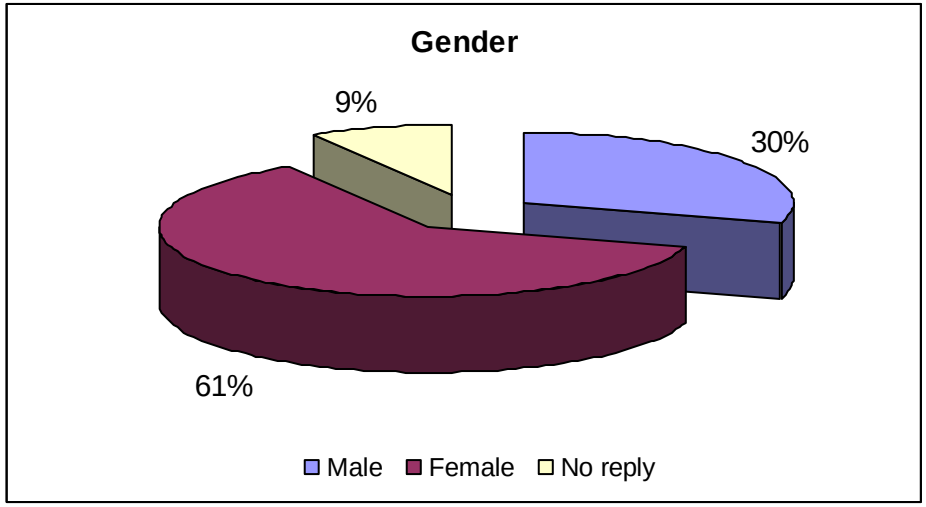
- Why a radical shift? There are many parts of the current service and supply that work well. No need for change for change sake.
- I would like to see details of this before a final decision.
- We need to maintain the highest standard of quality care, with limited financial resources. One major factor is to ensure that Staff & Patients are fully aware of why changes are being made.
- Very important that patients (particularly older patients) don't get passed between different services but are seen holistically. Would like more emphasis on prevention, as that better for the patient's wellbeing and likely to save money on more expensive forms of care
- My view is that culture is the most important part of provision. The constitution places the patient at the centre and rightly so. The culture needs to bear this out and this needs strong, effective management that does not tolerate a 'good enough' attitude but ensures best practice.
- We do have a concern that this statement might be interpreted as no more than shorthand for cutting services. This statement is current jargon but could lead to misunderstanding and challenge. Quality should be a given, quantity is something else and related to funding. The word ‘radical’ is the one which may scare people.
- Imperative for the growing aging population that there is explicit support mentioned in the constitution of the health and well-being of unpaid Carers and their contribution to the patients.
- We agree with this statement but have been unable to find it in the full version of the draft constitution. This radical shift will need more integrated care with social services and the voluntary and community sector as it cannot be achieved in a vacuum.

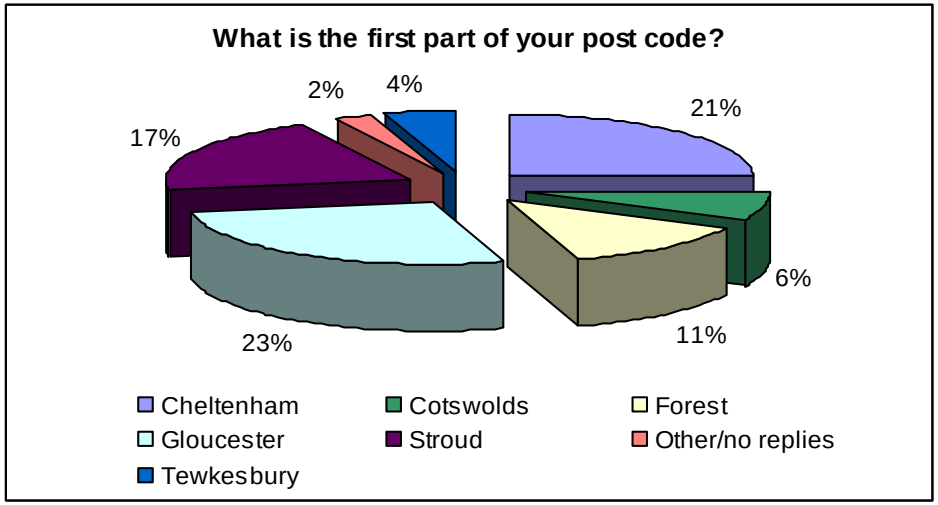
Caroline Smith
Community Involvement Manager
NHS Gloucestershire

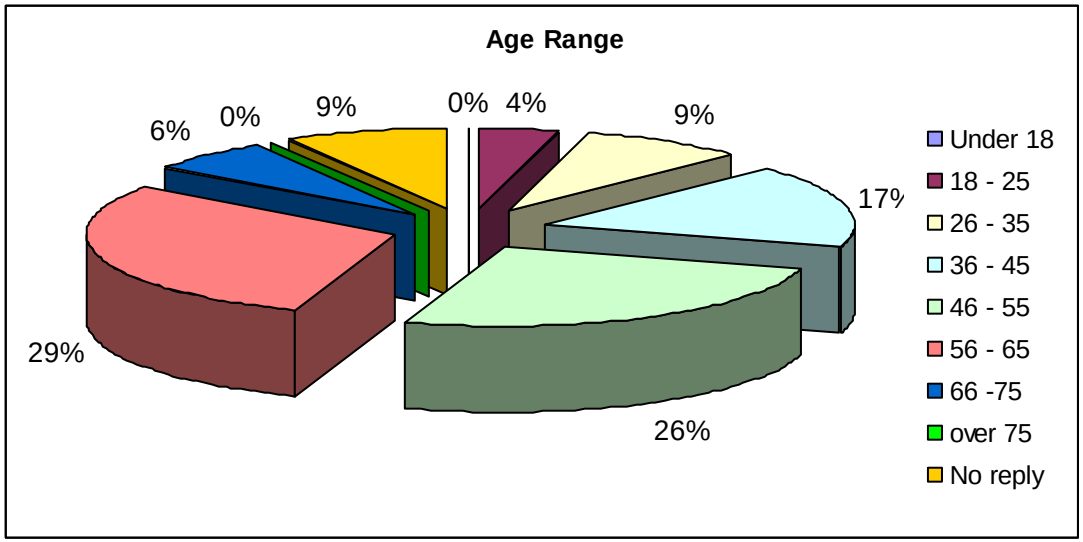
July 2012

Appendix 1:

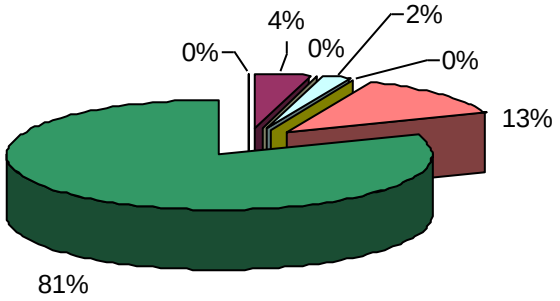
Demographic information provided. Please note that not everyone replied to every question.





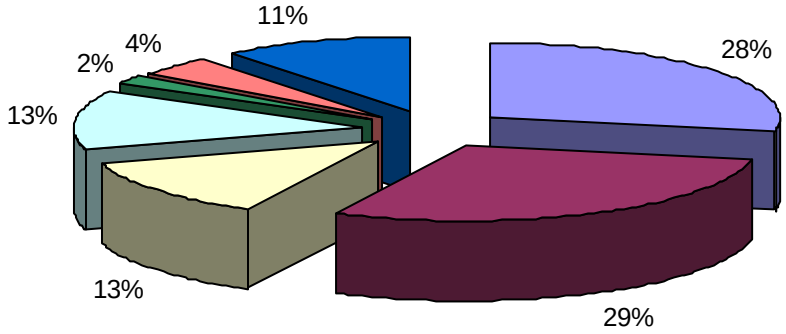


Do you consider yourself to have a disability?



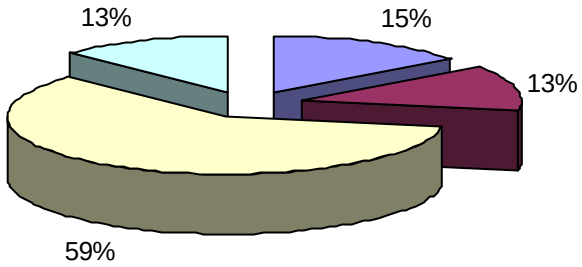
Visual impairment | Hearing impairment | Physical disability
Mental health problems | Learning difficulties | Long-term condition
No/no reply

Overall, how would you rate your health during the past 4 weeks?



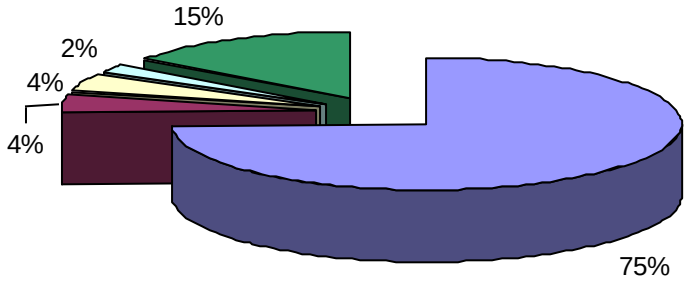
Excellent | Very good | Good | Fair | Poor | Very poor | No reply

Do you look after anyone who is sick, elderly or disabled, other than in a professional capacity?



Yes, I care for a person in my own household
Yes, I care for a person in another household
No
No reply

To which ethnic group would you say you belong



White British | Asian or Asian British | Black or Black British
Other White background | No reply