



## **PUBLIC INVOLVEMENT**

### **(A) PETITIONS**

The following petition has been received for the Health & Wellbeing Board meeting to be held on the 13<sup>th</sup> June, 2017:

#### **(i) Please Help Protect Our Breastfeeding Support**

"My breastfeeding support worker is having her role removed by the NHS. Without her so many mums in the area will not receive the support needed and may fail to breastfeed their babies. Please sign this petition in the hopes that we can save Donna's breastfeeding support role."

Lead petitioner: Kim Walker

Signed by 546 people

### **(B) WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC**

The following written questions have been received for the Health & Wellbeing Board meeting to be held on the 13<sup>th</sup> June, 2017:

#### **PQ 1. Valerie Mainstone**

"Will the Board prevail upon Sussex Community Foundation NHS Trust to re-instate the post of Breastfeeding Support Worker for Hangleton and Portslade while a full impact and equality assessment is conducted, including a meaningful consultation with the service users, and then brought to the Board?"

#### **PQ 2. Mr. Kapp**

"Will you please report on the number of vulnerable people who have been treated under the Better Care Fund (BCF) giving recovery rates and future plans to treat addicts and homeless people in the light of the Council's policy of ending the need for rough sleeping by 2020?"

Notes.



- 1 Our city has had a BCF allocation of about £20mpa since April 2015 to treat vulnerable people, personified as Rachel (65, depressed and in sheltered accommodation) and Dave (40, alcoholic and homeless)
- 2 he Council adopted the above policy In 2015, implying that they would instruct the NHS to treat the city's homeless effectively.
- 3 Most rough sleepers suffer from mental disorders and addiction, for which the BCF was intended to pay to provide effective treatment under the NHS.
- 4 I would like to see the treatment protocol for Rachel and Dave, who is commissioned to provide it, former outcomes, and future plans.

### PQ 3. Sandy Gee

“What is the HWB doing to support the self-management of the large number of primary care patients with medically unexplained symptoms yet who tend to reject psychological therapy (CBT) due to their explanatory model being physical and the stigma of mental health services?”

There is a research-informed approach based on substantial evidence which has been designed with service users and piloted at the University of Hertfordshire. This service promotes self-care for this patient population with strikingly positive outcomes for patients, substantial increased GP capacity as well as huge savings in the NHS.

Would the HWB like to learn about this intervention? Presentations, the training of GPs and telephone consultation is available from: [H.L.Payne@herts.ac.uk](mailto:H.L.Payne@herts.ac.uk) or [info@pathways2wellbeing.com](mailto:info@pathways2wellbeing.com)

([www.pathways2wellbeing.com](http://www.pathways2wellbeing.com) is a university enterprise delivering courses for people affected by MUS in primary care. I Sandy Gee, the questioner, am an accredited and affiliated practitioner of this approach. Any questions can also be directed to me at [wildbalance@gmail.com](mailto:wildbalance@gmail.com))

### PQ 4. Ken Kirk

“Your honest opinions of the effects of a) poorer quality services after STP is imposed b) rationing of NHS services c) it being run for profit... would be appreciated.”

STP leaders lay great emphasis on the integration of healthcare with social care. No-one would argue with this, it's a sensible policy. But there are other STP issues that they are reluctant to acknowledge. Above all, we know that STP is a cost cutting exercise; we will bear our part in the £22 billion reduction in NHS funding, in addition to paying off £864 million deficit.

1. Reduced funding means –
  - a. Deskillling – e.g. Patients will be seen by less-qualified staff; a doctor will be two or three appointments down the line.
  - b. Fewer beds – we already have fewer hospital beds than most of Europe, now more reductions are proposed
  - c. Rationing – reductions in the numbers of operations.
  - d. Range of NHS services reduced – e.g. restrictions of hospital procedures to only those that are life-saving.



2. Privatisation. It's obvious from Hunt's and Stevens' statements that MCPs and ACOs will be run by private profit-making firms.

#### **PQ 5. Pat Kehoe**

“What impact assessments (ia) have been undertaken by Mr Persey, his department, council employees, Councillors or sub-contractors, of our STP/place-based plan relating to Brighton and Hove (B&H). A written ia report on its implications for health and care service changes/provision for B&H, including a financial breakdown of implementing these changes is essential. Consultation on same, with awareness of the impact of these changes to our health and social care provision, can then take place. Therefore, if not already available, when will a full ia report on these changes be available? A time-table of public consultations would also be appreciated.”

#### **PQ 6. Madeleine Dickens**

“Given Councillor Yates February statement refusing to cooperate with the STP Board how have the STP proposals relating to Primary and Social Care been passed into CCG operational plans for 2017-2019 with no public consultation no impact assessments? Given the council's crucial role in the provision of social care did the HWB or another council committee sign off on this?

Will the HWB agree to demand urgent answers from the CCG on these matters of crucial public interest citywide; and in particular ask for urgent clarification of the true level of cuts entailed in the main STP and the Place-based plan and their consequences?”

### **(C) DEPUTATIONS FROM MEMBERS OF THE PUBLIC**

The following deputation has been received for the Health & Wellbeing Board meeting to be held on the 13<sup>th</sup> June, 2017:

Judith Aston (Spokesperson):

**Written Summary for Deputation of Brighton & Hove City Council Health and Wellbeing Board, Tuesday, 13 June 2017.**

**'Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view'?**

General Practice is in trouble. The workload is increasing, service demand is rising. GP numbers are falling, practices are closing and recruitment of partners and locums is becoming very difficult.

STPs plan to transfer more work from secondary care to GP and to reduce referrals and admissions.



At the same time a reorganisation is planned to more closely integrate social and health care. That last aim is admirable but it will require staff and time and money when STPs insist on repayments and savings.

It is difficult to see how General Practice can be sustained.

Indeed the chair of the RCGP has said that a number of STPs should be rejected for failing to address this sustainability.

We wondered what Brighton and Hove GPs thought about this footprint's STP and its effects.

We therefore sent out a survey for GPs to complete anonymously.

56 of 116 sent responded

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?			
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP).			
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%
Q3 How do you think STPs will affect patient safety?			
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%
Q4 How do you imagine the STP will affect the service you will be able to offer patients?			
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse-50.91%	Don't know-36.36%
Q5 What effect will the STP have on GPs ability to have their list?			
It will be improved-0.0%	It will be unchanged-5.45%	It will be worse-43.64%	Don't know-50.91%
Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?			
It will be improved-7.14%	It will be unchanged-10.71%	It will be worse-42.86%	Don't know-39.29%
Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?			
It will be improved 12.50%	It will be unchanged 21.43%	It will be worse 33.93%	Don't know 32.14%

Signed by:

Jane Roderic-Evans  
 Stephen Garside  
 Felicity Beckett

Chris Tredgold  
 Elizabeth Williamson

6 June 2017

Attached: Summaries of GP comments to GP Survey Questions 8 and 9, June 2017



## Deputation 5 (C) (i) – Supporting information:

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q8.

Q 8. “If you were not guided or restricted by CCG advice based on NHS England’s priorities, what would be your suggestions for 3 actions which would help you continue providing adequate care in your practice?”

There were 140 suggestions.

19 ask for increased resources/adequate funding - for general practice and the NHS

19 ask for more recruitment of GPs - several for roving GPs to do home visits

14 ask for more recruitment of other health workers - pharmacists and nurses

14 ask for improvement in community social care services - with adequate funding and better collaborative working

14 ask for the maintenance of the partnership model by:

- resisting its break-up;
- making partnership more attractive financially (than locum payments)
- staying small and efficient – “that is what patients want”
- underwriting practice lease agreements
- keeping personal lists to maintain continuity

14 ask for less bureaucracy

- fewer meetings: fewer targets
- less micromanagement
- reduce/remove CQC; scrap QOF
- stop imposition of involvement in Extended Access.

10 ask for a better service from the hospital

- better communication; less dumping of problems
- more beds; shorter waits for appointments.

10 ask for better working

- longer appointments
- allow primary care to cap its activity with no financial penalty “there is a limit”; allow restrictions to list size.
- drop 7 day working – “concentrate on adequate resource for current opening hours”

7 ask for patients to be better educated/more self-reliant

3 ask for a change in the model of managing medical litigation

Then individual suggestions:

- Scrap EPIC; More EPIC shifts
- Raise public awareness – nee for National debate about health care
- Tools to address to psychosocial factors in patients’ presentations
- Debate role of GP – “can’t do everything”
- Stop fragmenting NHS and bringing in private providers
- Get rid of Conservative government
- Less moaning by a huge number of GPs (over 50) about how bad it is. It really puts off younger GPs. We run an excellent, growing business with increased profit each year ...that can be invested to improve efficiency.
- Sort out PCSE – practice managers leaving/going off with stress
- Fund Public Health
- Listen to GP



## Brighton and Hove GP Survey, June 2017 – Summary of answers to Q9

### Q 9 Any other comments?

There were 25.

4 are planning to retire as soon as they financially can do so

3 feel very under informed and consulted about STPs

2 feel the broad aims of the STP seem reasonable but that the projected efficiency savings completely unrealistic

2 feel that the NHS is being fragmented and privatized – there is a need to ‘be more public with our views to patients’

#### Individual comments:

- Our problem is not with CCG/NHS England, it with Jeremy Hunt and the Treasury
  - I would like District Nurses back in surgeries
  - In our local area, millions of pounds have been wasted on the ‘marketisation of the NHS’ with private companies running services (poorly).
  - Other HCPs struggle to manage the risk we carry and simply delegate cases back to the reduced number of GPs
  - Stop negative talk. Why would a dynamic 30yr old come into General practice, when the whole BMA/RCGPetc keep moaning about how bad it is?
  - Not a sufficient differential between what a Partner earns compared to a salaried doctor. If such a differential doesn’t exist we will soon be a salaried service as when the current partners retire the businesses will close and there won’t be a job for those new doctors unless a corporation takes over
  - We need to accept our working practices need to change
  - Stop trying to push us into meaningless clusters or random groups of practices
  - Let’s hope this survey helps prevent the destruction of family general practice.
  - Stop micromanaging the profession and trusting its integrity more.
  - All political parties appear to share the same ignorance.
  - Medical indemnity costs are rising – pressure should be put on the three companies to reduce their fees.
  - Primary Care is underrepresented in the development of the STP but that isn’t the major issue. Primary care is in trouble now with under funding and over regulation - the development of the STP is a continuum of the problem.
- All the questions insinuated in the survey as attributable to STPs have been happening for years – redirection of unfunded work from secondary care, need for different workforce in practices, loss of patient list. The STP formation is not going to stop – though it may change its name. We must fight the process and the political and media priorities over those of our patients.

CT/June 2017

