

Question Time Re: The Future of the NHS Event

11th February 2011

Doncaster Local Involvement Network (LINK) held an event on 11th



February 2011 at Castle Park, Doncaster: Question Time Re: The Future of the NHS. The event was an opportunity for residents of Doncaster to have questions answered by a panel of professionals based around the future of the NHS.

The panel consisted of six professionals as follows:

Rosie Winterton	MP for Doncaster Central
Roger Greenwood	Chairman NHS Doncaster
Dr Alastair Graves	Medical Director
Peter Lee	Vice Chairman RDaSH
Joan Beck	Director of Adult and Community Services
Dr Peter Reading	Interim Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust

The following are responses to questions posed to the panel:

Subject: Medication

Question posed by: Lynette Chip

Could the way medication is prescribed be looked at? Prescriptions sometimes change only for it be found that the new medication is inappropriate in some way and this can leave a large quantity of tablets etc unused or not returnable wasting both money and resources. Older people often don't use medication or it isn't cancelled from Nomad packs meaning that it continues to be delivered and remains un-used. Non-returnability is in the chemist's interest but not the NHS budget. I have asked for a week's supply of medication rather than a month in order to see if they work for me before collecting the remaining tablets.

Response from: Alistair Graves

There are a lot of issues around prescription of drugs that pharmacists can address e.g. move to packs, people don't get along with blister packs when drugs are prescribed. Chemists will still get paid if the pack is broken so there is no incentive if the patient is prescribed with a week/months supply as there is no saving. A very valid point not appropriately reviewed is when discharged from hospital bringing records up to date is essential. Medication should be taken off the list so that it's not possible to order again. It is important to have a proper system for ordering medication, this is essential. Medications ordered on repeat prescription in a list format can produce excess medication as items remain on the list. This could be reduced if each medication required was ordered by name each month.

Response from: Roger Greenwood

Commenting from a financial prospective, expenditure incurred by individual practices is something that has been addressed and has been for some time. This is an ownership issue, campaigns have taken place regarding over-prescribing and stripping out waste to reduce costs which could then be allocated to further treatment in other areas.

Response from: Rosie Winterton

This was an issue when I was Health Minister, we wrestled with the idea of allowing the return of medications, for example, if medication has been stored near a radiator there are issues on how the Pharmacist can guarantee that the medication is still safe – issues on safety. How do we enable patients to have a better relationship with GP's and Pharmacists if medication is put to one side rather than addressing the situation. People will put medication to one side rather than taking it back. Communication between the GPs, Pharmacists and the patients needs to be improved in order for systems to be improved.

Question posed by: Dorothy Head

We are all aware that the drug budget will make up a large part of the requirements on the GP Consortium. The Government have stated there will be an additional amount made for specialist cancer drugs - how will this work in Doncaster?

Response from: Alistair Graves

The initial amount of money for cancer drugs has been allocated to the Strategic Health Authority and they have charged specialist commission groups to allocate the funds and there is a process in place if a treating consultant wishes to apply to access the funds.

Response from: Roger Greenwood

The money is there for drugs but not for treatment. In order to access specialist treatment the process is to put in a funding request in accordance with policy, some treatments are too expensive for one organisation and the cost could be damaging to the organisation. An officer is to go before the panel, if it is turned down an appeal can be held, therefore there is money available but not for treatment.

Response from: Peter Reading

The money made available by the Government is a modest 50 million pounds to the whole of the country. Mostly allocated by specialist teaching hospitals, no one from Doncaster has received any funding unless as a referral to a teaching hospital. The numbers of people who have benefited are in the dozens and not hundreds.

Response from: Rosie Winterton

It will raise expectations and people will be disappointed by this, it is not fair.

Subject: GP Consortia

Question posed by: Deanna Griffiths

With the increased paperwork/administration will doctors have less time to devote to doing surgery hours?

Response from: Alistair Graves

The consultation with GP's is confused, although they have been given a batten to run with; GP'S acknowledge that they don't have the skills to deliver all of this themselves. The process will be heavy and there may be difficulties experienced by people working with them. The current

Primary Care Trust may be called upon to run and assist with the administration, initially, thus not reducing surgery hours. The number of Doctors spending time engaged in the process is recognised as they are an important part of the people delivering it. This will remove some GP's from direct patient care but not any more than it does now.

Response from: Roger Greenwood

I have deep concerns about the effect of GP's taking on paperwork and administration tasks. By abolishing the Primary Care Trust, what will happen is that people will go to GP surgeries. Expertise built up is linked to public health specific services, for example mental health services. This is a huge burden to put on GP's.

Question posed by: John Burke

Will GPs have the time to dedicate to the Consortium or will they have to spend less time with patients?

Response from: Alistair Graves

To give a flavour of what GP's are proposing, it is a single Consortium covering the whole of the Borough and all GP's will be engaged. However, not all GP's are interested in running the NHS, only a few. Some only want to provide services. We are not proposing to drag people into this who do not feel they can contribute. The Consortium will produce a plan for Doncaster and surrounding areas outside Doncaster and the teaching hospitals will be very closely linked. GP's will have some time to dedicate but it won't be done as their sole job.

Question posed by: Dorothy Head

We know that many administrative jobs will disappear with the closure of the Primary Care Trust. As administrative assistance will be required to run the Consortium is this not self-defeating?

Response from: Roger Greenwood

Helping won't be self-defeating because we have a fundamental interest in providing the people of Doncaster with care and are looking for improvement. My organisation has a reputation nationally (in the top 25 in the country) and, singing their praises, if the legislation goes

through there are many able people within my organisation who will be at risk. We have already had a 45% reduction in management costs and have already suffered a voluntary redundancy scheme. My role is ensuring expertise isn't lost and the transition goes as smoothly as possible. We have some shining stars and want to involve them to minimise any difficulties faced. We also have a lot of expertise in commissioning terms.

Response from: Rosie Winterton

Health care and the Primary Care Trust do their best but it will be difficult, the Government should listen. Changes are being made in the most effective way. The changes will cost 2.3 billion pounds so people need to be properly listened to. The Government needs to listen to people in the NHS and be flexible. The danger is ploughing on without knowing the danger of what will happen as a result.

Question posed by: John Burke

Will GP Consortia have set standards to comply with?

Response from: Rosie Winterton

I understand that there will be centrally set contracts that GP's will have to comply with. There absolutely needs to be a key principle that all GP's and independent contractors comply with the standards as they are effectively small private businesses. It is crucial that proper monitoring is in place on how the 80 billion pounds will be spent. Standards of health care were criticised and the Labour Party set targets but it's very important to say people were well diagnosed and operated on quickly and standards met.

Response from: Alister Graves

I agree with Rosie Winterton's comments on targets, they have transformed expectations of practitioners and standards for GP Consortium. I cannot envisage that it will not be the same it just depends on which organisation survives the longest. Standards will be applied and monitored; any conflict of interest needs to be monitored.

Response from: Peter Reading

The gain in hospitals has been driven by standards. Primary Care Trusts forced the hospitals to meet the standards. There is a high risk that we will lose the quality already gained. The government proposes that any willing provider can compete for business.

Response from: Joan Beck

I agree that it is necessary to have national standards, the national health board will be regularly monitored.

Subject: Funding and Staffing

Question posed by: Gary Griffiths

In order to reduce costs would it be possible to stop using agency nurses and staff, and instead, as was done when the NHS was set up, use those just trained to work for it? Perhaps, for at least half the time they were trained so that they don't go to private companies.

Response from: Peter Lee

When I look and talk about the statistics there are complicated issues. Expenditure in first year was £108,000 and so far this year £28,000. There are issues on recruitment. Some nurses simply don't want to work full-time they go to agencies to get paid more. The aim is to try and reduce agency staff.

Response from: Peter Reading

I agree with the sentiment of trying not to use agency staff. However, at the moment, Doncaster Royal Infirmary cannot do that. Sometimes there are surges of patients, for example, in recent weeks after the heavy snowfall and high hospital staff sickness levels; the pressure on hospitals was extreme and agency staff had to be utilised to fulfil the hospital's needs. We now have a large bank of nurses who comply with NHS regulations and we try to use them as much as possible - they are our first choice.

Response from: Joan Beck

Local authorities do use agency staff especially in recruitment of workers in social care. Some choose to work for an agency because they require the entire summer off to be with their children and with the best flexible employment methods this is unlikely to be able to be given in an ordinary job. They don't get sick pay or holiday pay but they do cost more.

Response from: Rosie Winterton

If someone is trained by the government they should have to work for the NHS but enforcing this is very difficult. We did look at this when I was Health Minister. The problems at that time were insufficient nurses undergoing training and it is very difficult to enforce. Lots of times we did look at giving incentives to come to the NHS (the same applied with teachers working for the state as opposed to private schools) but people cannot be forced into working for either.

Response from: Joan Beck

The vast majority of nursing homes are independent and not part of the NHS and have to employ their own nurses, so there is a need for nurses in other sectors not just the NHS.

Question posed by: John Burke

If more hospital services are farmed out to GP surgeries as suggested, will hospitals be at risk of closing altogether because they are not meeting targets?

Response from: Peter Reading

The risk of hospitals closing if not meeting targets is very low when hospitals lose business to GP's. This does apply to Bassetlaw and will apply to neighbours, cutting costs to remain financially viable. £10 million has been taken out of costs without cutting patient services and £19 million next year. Some hospitals don't have enough beds at night or sufficient doctors because there are not enough patients due to the shift of work to GP surgeries and a reduction in hospital capacity.

Response from: Peter Lee

My organisation isn't political it has an increased focus on the individual. What seems to matter to me more than anything else is that policies review care they want/need when they need it. We want to work in the best interest of the patient.

Response from: Alistair Graves

There is a difference in the care provided in GP surgeries and closer to home; we need to look at the right level of service closer to the patient so that they don't have to travel. There has been a development in what outreach services are delivered. Hospitals are now doing more complicated procedures than I could have ever envisaged when I first trained and GP's are doing things previously done by hospitals to allow for this. It is always changing, putting services in community settings in order to provide more complicated care in hospitals.

Response from: Roger Greenwood

There are 9 new health centres in Doncaster, this means that services are closer to home and therefore there are more beds closer to home. We are mindful in Doncaster NHS of ensuring Doncaster Royal Infirmary and Mexborough are sustainable, and the risks to Bassetlaw are minimised. There is a lot in the media about this but there is still consultation taking place.

Question posed by: Group Question

Should there be any funding remaining at the end of a financial year, how will the GP Consortium determine the best use of such resources?

Response from: Alistair Graves

I don't know - my answer is that I believe if savings or funding is left then a commission bid should be produced on how to spend it to be agreed with the commissioning board.

Response from: Rosie Winterton

Nobody is clear about what this means, to be blunt, in handing over the 80 billion pounds we have to ensure that it will be used correctly and if

any is left it is ploughed back into the businesses. People are extremely concerned at the speed these decisions are being made and they are not getting enough guidance and this will be raised as it goes through Parliament.

Response from: Roger Greenwood

At present the Primary Care Trust have a statutory duty to achieve a balance of the income the Primary Care Trust receives and I would say this may well be more difficult as funding reduces. With our financial pressures at the moment, there will be difficulties about any funding left.

Response from: Rosie Winterton

There are no details in the Bill about what will happen if GP commissioning fails, there is a great deal of uncertainty around this as with any other private company, if it fails what would happen to the service. People will not know what the accounts look like; they don't have to produce an annual report anymore. The Primary Care Trust had to produce public reports monthly or hold a meeting in public to detail.

Subject: Community Health Care

Question posed by: Dorothy Head

Major problems exist with health care of the elderly in their own homes- particularly with the issue of lack of practitioner home visits to the many single, infirm and hard of hearing for whom a telephone diagnosis is unsuitable or a visit to the practice extremely difficult. If the aim is to do more caring in the home rather than the increasing frequencies of hospital stays made by the infirm elderly, how will the GP Consortium intend to address these issues?

Response from: Alistair Graves

The care of infirm at home is a really important issue for the Consortium to address. Different practices have different ways of meeting the needs of people in their own home. The Consortium is trying to develop a service on how to best provide care to people in their own home for example visiting nurses. We are looking to develop a service that meets everyone's needs.

Response from: Peter Lee

There are concerns for people with learning disabilities or mental health issues. I can comment that recent developments have led to positive dialogue and the community is working together to ensure community support. We are going through a period of change so it is uncertain; the system has to ensure that people are cared for.

Response from: Joan Beck

There could be a single point of access to a GP on a Friday afternoon as someone who is really poorly would ring the hospital or phone 999. There could be one phone number for professionals to phone, this would provide a wrap-around care system and therefore people would be supported in their own homes at times of crisis and would not have to go to hospital. There are issues in GP's doing out of hour's surgery for an emergency. The work we are doing with RDaSH and the local authorities is to provide the right person, at the right time, in the right place. In some cases home carers or specially trained people can provide care instead of nurses.

Question posed by: Brian Button

It is known that in some instances inappropriate discharge occurs. What measures will be taken to ensure this will not happen in the future?

Response from: Peter Reading

Yes, inappropriate discharging does occur and can cause distress and risk to patients. There are a number of things going on that will reduce the risk. The first is we are now using IT differently with a computer system which now links hospitals to GP's and allows there to be a connection from the ward to the GP about the care of patients, meaning the GP can track treatment ensuring good communication. The second is planning takes place to estimate discharge at the moment of entry to the hospital, we have talked about this for the last 10 years. Getting staffing levels right if wards are under pressure, things can go wrong and decisions made in haste that cause things to go wrong and problems to occur. If there was an increase in the number of nurses in all wards this would be less of an issue. Working in an integrated way is not always done well. The last few days of January 2011 the

pressure was extraordinary on hospitals and we completed 46 discharges because of cross agency collaboration - this is key.

Response from: Peter Lee

I am impressed by RDaSH's care planning. You start planning care post hospital treatment from the moment they are admitted.

Response from: Joan Beck

At the end of January 2011 a pilot idea of wrap-around care was provided and it proved that it is worth doing. We need to look at providing care in own home/residential care setting without resorting to hospital as a huge amount of work will be avoided in inappropriate discharge i.e. not going into hospital in the first place.

Response from: Rosie Winterton

My worry is about financial pressure it is difficult to provide services. The local authority is going to find it difficult to cope with.

Subject: Strategic

Question posed by: Mac Manakerman

What is meant by accountability and how and by whom will it be applied to be robust and meaningful? Will there be enhancements of various types? If so will there be penalties applied with equal alacrity?

Response from: Peter Reading

Accountability is ensuring everyone working in a hospital is clear about what their job is. It is not working in a financial way and should be applied right across the board.

Response from: Rosie Winterton

The way to ensure proper accountability in its new context is through organisations, for example Local Involvement Networks making demands and through health boards seeing what needs to be done. Proper information needs to be published and proper reports created.

These quality community reports will let local people know what is being done in the future.

Response from: Peter Lee

Accountability takes a number of dimensions and we are accountable to many organisations. It is all about satisfying targets and certain standards. It is more important to hold accountability to the patient. It is very important, looking forward, to publicise what is happening and emphasise what exists about how the system works. We all have to play our part in ensuring that it works.

Response from: Roger Greenwood

Our accountability is to the people and I like to think that we act as an organisation for people. Where accountability is to people, public accountability can go a long way. We couldn't provide Bentley and Mexborough with a new health centre, that was from a financial view point and we have accountability for this and in future the Consortium will not forget about Bentley and Mexborough.

Response from: Joan Beck

Care Quality Commission and Overview and Scrutiny panel will require reports. GP Consortium will write to the commissioning board. There will be a Health and Well Being Board. The Board will include me and a balance of people including HealthWatch.

Response from: Alistair Graves

We are in a sandwich of accountability in public and in general, committed to involving people in decisions made. Accountability to patients justifying decisions made. Accountability upwards, inheriting the accountability role from the Primary Care Trust. Accountability to the Health Care Commission and the people watching what we are doing.

Subject: Media

Question posed by: Mac Manakerman

How will the local health organisations and DMBC inform residents of Doncaster of the developments?

Response from: Roger Greenwood

At the moment it isn't as much flesh and bone as there will be in due course as the Bill is progressing through Parliament. There is a duty to people in Doncaster and we will make sure that the people are made aware of the changes. With Pathfinder status, this encourages the Doctors Consortium and ensures that the people of Doncaster know what is happening.

Response from: Joan Beck

We will use a variety of methods to keep people informed such as elected members and different forums. We will use every available opportunity to provide people with information.

Response from: Rosie Winterton

It is not just about giving information out but properly consulting on what people want from the beginning. We need to know what people want and expect from health care and how we can improve services before producing a document on this. It is an ongoing rolling process, we should not see suggestion as attacks we should use them as a way to improve.

Subject: Voluntary Sector

Question posed by: John Burke

How will the GP Consortia engage with the voluntary organisations regarding opportunities for the provision of services?

Response from: Alastair Graves

The important thing is that voluntary sectors are used in the development of planning services. Any willing provider can provide a

service including the voluntary sector. It is unclear if we could direct certain services.

Response from: Joan Beck

There is going to be an event on the 17th March 2011 looking at the changes to the NHS, the voluntary organisations will be asked to nominate people to attend. What the GP Consortium will look like will be discussed.

Response from: Rosie Winterton

The NHS will be opened up to private providers. The voluntary sector Consortium needs to be reassured that not just competitive tenders will be considered but it will be about the quality of services offered as well.

Response from: Peter Lee

Encourage the voluntary sector to get fit for purpose and to work within the rules and to smarten up where needs be, there is support available for this.

Subject: GP Access

Question posed by: Joan Shacklock

Is there any future risk envisaged to the out of hour's service?

Response from: Roger Greenwood

We provide out of hour's service in Doncaster that is better than many. I hope that there is no risk to it - I have no knowledge of any risk.

Response from: Alastair Graves

The responsibility of out of hour's care will fall to GPs and the Consortium. GP's are committed to a quality service and there are many services available like GP's on call and community nurses. Its location and links with Doncaster Royal Infirmary are critical.

Response from: Peter Reading

The strength of the out of hour's service based at Doncaster Royal Infirmary is its location. Coordination is good through the system and it is run by local GP's. However, one risk is the number of GP's. Currently there are 49 on the rota but this is not enough and we will struggle to keep the service at a high standard if anyone leaves.

Response from: Peter Lee

If out of hour's service is right for people it shouldn't matter who provides it.

Question posed by: Lynette Chip

In order to ensure patient needs are addressed equitably across the borough, should there not be a standard procedure for booking?

Response from: Alastair Graves

There has been an enormous amount of work done over the last 10 to 15 years. GP's are running their own organisation and we have no authority to say to GP's they must book in a certain way or provide certain services. It is difficult to book in a standard way. My concern is the idea of having a central booking system run by NHS Direct as this is difficult to implement.

Response from: Rosie Winterton

I often get letters from people frustrated by GP booking systems. GP's should be flexible. It is the classic case that people believe if they went private they would receive a better service.

Subject: Health Watch

Question posed by: John Burke

It is proposed that new independent boards will be set up i.e. NHS Commissioning Board, Health and Well Being Board and HealthWatch. How are these being developed at a local level?

Response from: Joan Beck

NHS Commissioning Board is national. Within local authorities there will be a Health and Well Being Board, it is a statutory board required to be set up by April 2012. Because of Pathfinder we have been able to set up a shadow board in April 2011. All members of the board's first piece of work will be to decide who else needs to be on it. It will be a formal process of developing it. Data is the key to developing health and social care services which will be a joint project with the Primary Care Trust.

Response from: Rosie Winterton

As the Bill goes through Parliament we need to look very carefully at the Bill and see if it needs strengthening in any way.

Response from: Roger Greenwood

We are positive of the draft plan. I am concerned about the negative image of Doncaster we must try to enhance it. We are fifth in the league table of Primary Care Trusts and our challenges are to improve on this. When there was a difficult two days people rolled their sleeves up and got on with it. The mantra is 'Doncaster delivers.' We believe that the health organisation are pulling together and can make a success as there are some gold bars in Doncaster that don't get shouted about enough.

Summary

The overall event was a great success with over 60 attendees. A varied number of questions were put to the panel which were answered as well as possible with the information currently available. The vast majority of evaluation forms were positive. It is the intention of the LINK's Information Communications and Engagement group to plan for further informative events for its members and the public throughout the coming months.

Doncaster Local Involvement Network

Doncaster Business Innovation Centre • Unit 20 • Ten Pound Walk • Doncaster • DN4 5QA
Tel: 01302 554970 • Typetalk: 01302 554970 • Fax: 01302 554996 • Mobile/Text: 07739 237452
Email: doncaster.admin@carersfederation.co.uk • Website: www.doncasterlink.co.uk