

CCG AGM Thursday 14 September public questions

Advance questions (by email)

1. What progress has been made since 2014 in improving palliative care for residents dying at home and what support is planned for carers especially those trying to cope alone?
2. Who is responsible for Vision online at the CCG and what help is available to practices?

Twenty-three practices use the vision system in Bexley / 4 practices use EMIS - both systems provide online GP services which provide access to online appointments, prescriptions and medical records.

Support for practices is available in a couple of ways as follows:

- Clinical system provider will provide training and support to practices
- The CCG primary care facilitation team will also provide operational hands on training and support to practice staff too

3. Can you please explain how patient record sharing works in Bexley? Does this mean that my local hospital at Woolwich will be able to see the medical records held at any doctors practice in the borough?

Bexley Linked Care is our programme of interoperability.

We have been working with our GP practices and health and care providers to share data with each other for the purposes of direct care. What this means for our patients in real terms is that when they are seen at any one of our hospitals (Lewisham/Queen Elizabeth Hospital & Darent Valley Hospital), through our community service providers, or at our out of hours providers based at Queen Marys Hospital Sidcup and Erith Hospital, they will not have repeat their health history to the clinician as they will already have access to it.

Clinicians in any setting must obtain consent prior to viewing any patient records. GP practices will need to have signed up to a data sharing agreement in order for patient information to be available to longer term plans are for the Kings partnership to have access to records, so this includes Princess Royal Hospital (Orpington), Kings College Hospital, Guys and St Thomas's and South London and Maudsley NHS Foundation Trust.

Questions from the floor

1. Re the 'Christmas tree' presentation – how do you measure the 16 per cent (health and wellbeing group) in the borough?

We all know people who are fit and healthy but there are a lot of people who aren't. Health is about more than just age. It's also about long term conditions (LTCs): a lot of LTCs are avoidable, and it's our job to help these people to avoid LTCs. We also need to look at people who smoke, and about obesity – Bexley statistics are among the worst in the country – and about people who drink more than recommended by Government.

Health is the ability to access care, so we also need to look at inequality of access. I think up to 20,000 people are not registered with a GP because they don't have the capacity to, because of their community, background etc.

2. With services being developed at QMH what are we doing to make sure buses get right to the heart of the hospital and not just skim around the periphery? Also, the QMH is swanky and brand new, and now Erith needs some attention.

Erith is next; we are already asking, what are we going to do there? We are going to set up an Erith programme board to invest and grow Erith. We have massive growth there. As for the travel question, we need to link in with our Council travel colleagues.

(Pensioners Forum representative): Transport is being taken care of through the CCG and Oxleas, as people want to stay on the bus until they reach opposite the entrance. The doughnut roundabout is too small for buses, so this needs to be bigger. This will be a joint effort between the council and Oxleas.

3. The Libra Flash blood glucose meter for T1 diabetics is available on prescription from Oct 1. Will Bexley CCG do the right thing and allow T1 diabetics to access this?

I understand that it is life-changing, and if on NHS formulary, we will prescribe it, but I would like to proactively ensure that practices have guidance, so people who need it can access it.

The CCG is aware it's coming, and we will be working with our colleagues across SE London to ensure it is equally accessible.

It is a positive thing that it is available on NHS tariff and it will benefit people with T1 diabetes.

4. GP practices' expenditure on locums is taking so much money out of surgery that we can't afford the things that we want

I love the support you are giving to your surgery, but fundraising should be spent on added extras, not core functions. I worry about the number of GPs, practice nurses and community services in the borough. Bexley has a standardised agreement regarding locums to avoid excess expenditure. But the model of GP is changing: newer generation GPs want to work flexibly, and have portfolio careers.

There is a lack of GPs locally, so have to design own solutions, eg GP pharmacists, medical assistants, and community roles to help people be seen by the right person. We also need to work with GP trainees, to keep them working in Bexley. Flexibility, portfolio careers, and the federation is critical to that.

Short term we do have an immediate problem around spiralling locum costs, but mid to long term it's about recruitment and retention. We are working with the local authority to create key worker housing and we are making a GP recruitment video.