

Governing Body

25 January 2017

Details	Part 1	X	Part 2		Agenda Item No.	12
Title of Paper:	Patient Cabinet Update – December 2016					
Board Member:	David McCann, Lay Member Chair of Patient Cabinet					
Author:	Nadine Nolan, Operations and Engagement Manager					
Presenter:	David McCann, Lay Member Chair Patient Cabinet					
Please indicate:	For Decision		For Information	X	For Discussion	
Executive Summary						
Summary	Summary of the Patient Cabinet meeting, 1 st December 2016					
Risk	High		Medium		Low	X
	Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state “Included in Summary”. NB Risks can include failure to act and lost opportunities.					
Recommendations	The Governing Body is asked to: <ul style="list-style-type: none"> note the content of the summary 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	NA Supports NHS Bury CCG Governance arrangements x

Patient Cabinet Update – December 2016

Nursing Homes

Patient Cabinet received a presentation from the Chief Officer around the costs within the Nursing Home sector. These cost pressures relate primarily to estate and workforce issues. It was explained how the nursing home tariff is set for the CCG and explained the relationship with LA residential funding, nursing costs and other enhancements which may be funded by the patient.

Patient Cabinet discussed the implication of faith on patient choice and cost and asked that the CCG be proactive and forward plan the requirements to access to nursing homes for BME communities as part of the health needs assessment process.

Members were pleased to note the good news stories in the sector for Bury. Bury has the fewest number of emergency admissions to secondary care from nursing homes in Greater Manchester per weighted population. Bury have the lowest percentage of nursing homes requiring improvement; a majority are ranked Good and one Outstanding by CQC.

Bury Urgent Care Redesign

Patient Cabinet received an update from the lead managers in the CCG on the engagement which had taken place around redesign of urgent care.

Patient Cabinet was keen that the CCG take into account the concerns of parents with young children who are worried they would not be able to see a health professional as a priority and the overall concerns from Patient Cabinet members about accessing services. They were pleased to note the design of a Vulnerable Patient Scheme that supports patients in Nursing homes who are at risk of deterioration over weekends.

Patient Cabinet concluded that engagement had been sufficient and reasonable that Bury CCG had engaged with a number of forums and groups demonstrated that have listened. Patient Cabinet want to continue to monitor the continuing communications and engagement work undertaken as the decisions are made and implemented.

Primary Care at Scale

The Patient cabinet heard that the CCG are working with the GP Federation to lead on Primary Care at Scale to make GP Practices more resilient. A key factor in resilience is noted as partnership and it is included in the GP Federation list of 10 things that practices can do over the next 5 years. Resilience plans will not however be an intervention for high performing practices. The CCG resilience plan will refer to their registered populations.

There was a discussion on estates strategy as it affected the utilization of existing assets and also the workforce strategy needed to support implementation of the Primary Care Strategy.

Primary Care Strategy

Patient cabinet were invited to contribute to the draft Primary Care Strategy. They heard about previous engagement work which had informed the draft. The Patient Cabinet wished to assure Enabler 5 within the strategy on the engagement and communication envisaged as part of their governance role within the CCG.

Again the Cabinet was pleased to see the inclusion of Estates priorities and the importance of optimising the space which fit for purpose.

The Cabinet was keen to see communication between Practices and their Patients improve and have asked for an audit of PPG activity and agreed to support the GP Survey as part of their networking duties.

Procurement

Patient Cabinet reported the involvement of its members in scoring during procurement evaluations.

Review of the Patient Cabinet

Following review of the Patient Cabinet Terms of Reference, the Patient Cabinet is working on role descriptions and codes of conduct for its volunteer members in order to performance manage participation and has moved to a meeting schedule which alternates formal and informal meetings.

Nadine Nolan

Operations and Engagement Manager

January 2017