

Cannock Chase CCG Annual General Meeting

Public Questions and Answers

July 2018

What impact will the Burton-Derby merger have on Cannock patients?

There will be no impact as services are already available in the Cannock Chase area. The Trust is looking at what services are provided at the community hospitals in Lichfield and Tamworth, although most Cannock Chase residents would attend Wolverhampton.

What savings have CC CCG made this year?

The CCG has saved £4.4m on a range of programmes e.g. Care Navigation, Medicines Management, avoiding emergency admission etc. against a plan to save £7.8m.

Moving forward it is important to have a different approach to identifying opportunities and should be more about how we get the best value for our money. Schemes such as Care Navigation will help to ensure that patients are seen by the right professional in the first place, which will also result in using money more efficiently.

How many neurologists are in training for Cannock Chase?

Neurology is a specialist service with a long period of training for 5-7 years, so it is a difficult question to answer. Everyone is working creatively across Staffordshire and Stoke-on-Trent to achieve a workable solution.

We already have a good neurology service at University Hospitals of North Midlands (UHM) so why can't we bring it through to Cannock?

The CCG acknowledged the quality of the neurologists at UHM and reassured the public that neurology is at the centre of our focus.

How are Lay Members recruited onto the CCG Board?

Lay members roles are advertised, but currently the positions on Cannock Chase CCG are all filled. There are other ways to get involved in CCG activities and these are advertised on the CCG website at www.cannockchaseccg.nhs.uk

What savings have been achieved by bringing together the administration functions of the CCGs?

The CCG continues to meet its targets on administration costs and compared to the national benchmark, the health service is lower than any other organisations. The National Audit Office visited 10 out of 12 CCGs recently to discuss the things that we do and there are significant savings with a single leadership team.

The CCG was overspent by £10.4m last year and £16.6m this year - is this going to be the norm over the coming years?

The CCG has a statutory duty to not spend any more money than it receives. Over the next two to three years the CCGs in Staffordshire will need to get into a position where they only spend the money they are given.

The three south CCGs have an accumulative debt of £154m, which is not sustainable.

Collectively through the STP we will need to make choices about what the health service should look like. There are a lot of things we can do better and the plans for the three south CCGs is to get to £26m deficit for 18/19. The following year we would need to improve again and perhaps by the 3rd year get to a balanced position.

Is there any truth to reports that the CCGs may be abolished?

CCGs were formed out of the Health and Care Act 2012. The only way they could be abolished would be to have a new Health & Social Care Act. It may be that roles could change over the next few years, such as commissioning with long term planning.

Why does Brereton surgery and Sandy Lane Surgery have to renew their contracts?

Practices have a contract with NHS England on how they provide their core services. Both Brereton and Sandy Lane are currently on APMS contracts, which are due to come to an end and therefore need to be retendered for contract delivery.