

Longer, healthier lives for
all the people in Croydon



NHS Croydon Clinical Commissioning Group – Big Ideas session

6.30 to 8.30pm on Tuesday 11 July 2017, Bernard Weatherill House

Thank you for signing up to join us on Tuesday 11 July 2017. The Big Ideas session is a new way of working for the CCG and we thought it might be helpful to tell you a little bit more about how the session will run and what we will be asking you to think about as well as what happens next.

What is a Clinical Commissioning Group?

A Clinical Commissioning Group (CCG) is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning (planning and buying) responsibilities for local health services. A CCG is responsible for planning the right services to meet the needs of local people, buying local health services including community health care and hospital services, and checking that the services are delivering the best possible care and treatment for those who need them.

A CCG has to work within a local budget from the NHS for local health services and work closely with other NHS colleagues and local authorities to ensure local people are receiving the best possible care.

Why the Big Ideas session?

NHS Croydon CCG has big financial challenges and we will need to change the way we do things.

In this financial year (2017-18) we need to save £36.2 million pounds through our Quality, Innovation, Productivity and Prevention (QIPP) programme. The CCG and our healthcare providers have identified how we can potentially save £21.2 million by, for example, providing more services in the community rather than at the hospital, where it is safe to do so. But there is more we need to do.

This isn't just about saving money, national data (Right Care) which looks at every CCG's data for what they spend and where and what outcomes this has for patients shows that, compared to our peers, Croydon CCG spend more on some areas but have less favourable outcomes for patients. For example, Croydon CCG spends more on respiratory services compared to similar CCGs across the country, and our outcomes for patients are no better despite that extra money. We need to make sure we look in detail at these services to understand why we are not always improving people's quality of life with the services they receive from the NHS. We want to work with local people to help us find solutions and ideas of how the local NHS could spend more wisely. We would like to hear your ideas on how we could do better for Croydon patients at a lower cost.

In June we held a Big Ideas session for Clinical leads and CCG staff. Later this month we will be holding a session for staff in the organisations that provide the services we commission, including Croydon Health Services and other NHS providers.

How will it work?

After a short presentation from Andrew Eyres, our Accountable Officer, and Dr Agnelo Fernandes, Clinical Chair, to give some background and context. Lead commissioners will give a brief outline of the plans we currently have for improving the quality of services across Croydon and transforming care for local people and contributing to the saving requirements.

We will then ask people to join one of six tables. A clinician and/or commissioner will be at the table to answer any questions you may have and to help guide the discussion.

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Croydon Clinical Commissioning Group

Each table will focus on one of these six areas where people currently access or receive care:

- **Home**
As well as how people can look after themselves in their own home and keeping themselves home, care delivered in the home also includes district nursing, health visitors, end of life care
- **Pharmacy**
Local pharmacists provide advice for patients, including for self-care, and dispense medications on prescription
- **GP practice**
The first port of call for most people who are worried about their health is their family doctor
- **Community services**
These services often treat people who need more specialist care than the majority of GPs can provide. For example dermatology for conditions including eczema or psoriasis. In the future, the NHS is working towards providing more care in the community to reduce unnecessary visits and admissions to hospital.
- **Hospital**
Where people currently go for testing, diagnosis and more specialist treatment. Currently the national direction is to move away from this way of working to deliver more services in the community
- **Anything goes**
The final table discussion is designed to pick up any other ideas people may have about local NHS services.

Obviously, many of these settings of care overlap and you may find some of your discussions are repeating. It doesn't matter if this is the case, we have used these themes for each of the table as prompts for your ideas and for you to share your experiences of how the NHS could do things better across all areas. We want to hear about experiences and ideas about both physical and mental health care.

At your tables, we will then ask you to spend three or four minutes noting down your ideas for the setting of care under the headings: what should the NHS do more of, do less of or stop doing.

After this, as a group led by the clinician and commissioner at your table you will shift the ideas into things that may fall under the following headings:

- National for example if the idea relates to a national standard
- Local for ideas that are about the way we currently work in Croydon or across South West London
- Constitutional if the idea is not permitted under the NHS Constitution and/ or Act of Parliament

You will then, as a group, decide on your top three or four ideas that should be looked at more closely by the CCG over the coming weeks.

There will be six tables in all and we will ask people to rotate so that everyone gets a change to put forward ideas about every setting of care.

Next steps

Within two weeks of the event all ideas will be written up and, if they were ruled out on the evening, the reasons for why that was. We will then share this summary with all of those who attended the event.

At this point we would really like people to come back to us with their reactions and any additional ideas they may have.



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We will invite people back to a follow up event in September 2017 to start to work up the ideas that are being taken forward and practical ways we can continue talking and working together.

Things to keep in mind

We don't want to restrict people's ideas but think it might be helpful before the session to point out that we know from our engagement processes over the last few months, a lot of people have raised these suggestions with the CCG.

We have looked into these and we have found that the CCG does not have the freedom to deliver the following

- Means testing is not possible – service is free at the point of use for everyone or no one
- Fines for missed GP or outpatient appointments is not possible
- NHS Constitution – for some changes, they would not be possible without an act of parliament