

Questions following the 1st presentation, Overview of the Healthier Wigan Partnership

Speaker: Rebecca Murphy, Partnership Director

Q. Within the first presentation there was reference to an 'affordable care system', does this mean that people will have to pay for healthcare in the future?

No, NHS services will remain free.

What was meant by the word affordable in the presentation is that the existing system is not financially sustainable at the moment and we need to work differently.

Q. Reference was made in the slides to the discharge policy; are people still getting discharged from hospital at 1am?

Lots of work has been done around improving discharge procedures in Wigan Borough and this should not happen. If there are any specific cases or concerns we would need to have further information to look into it.

Q. It is impressive to hear about integrated care. What impact will this have on the deaf community in particular as each organisation currently has its own policy with regards to providing communications support. What will be done around communication support?

There is currently variation across different organisations and services with regards to the communication support that they provide to the deaf community and to other groups.

The Healthier Wigan Partnership is bringing together the different health and social care organisations and this may give us an opportunity to look at areas of inconsistent practice and to get services adopting a similar approach.

Q. Do you have plans to, or would you be willing to, work with the private sector around corporate social responsibility in the future?

The Healthier Wigan Partnership's focus so far has been on working with the key organisations in health and social care, with the next step being to work with the Voluntary and Community Sector. The model of having different conversations and

taking an asset based approach is the common theme through all this work with different stakeholders. Working with the private sector may be possible in the future.

Q. What are the opportunities to get involved with the Outpatient Service Redesign that is noted in the delegate information pack and what has been done so far?

Each of the outpatient services listed are being looked at individually. Some work was done initially around understanding experiences in outpatients and looking at the broad principles of the redesign. What we need to get into now is the detail of the individual outpatient services. Some engagement work has been done recently in Pain Management and Rheumatology for example. We are working closely with colleagues at Wrightington Wigan and Leigh NHS Foundation Trust on this and with the project leads have agreed the next 12 – 18 months of activity that needs to be done for each of the outpatient services. There are also clinical leads involved in this from primary and secondary care.

If anyone has a particular interest in a service please let us know – shapeyournhs@wiganboroughccg.nhs.uk or call 01942 482711 (contact Rachel Richardson).

Questions following 2nd presentation: Focus on the Development of GP Clusters

Speaker: Claire Roberts, Assistant Director of Strategy and Collaboration

Q. My own experience with the Voluntary Community Sector has been that they do not have the budget to provide extra support to the deaf community to get involved with activities and groups – what will be done about this?

The Voluntary Community Sector is varied, ranging from small un-constituted groups, to larger organisations. There needs to be a discussion held with the Voluntary Community Sector around what support and resource they may need to provide the infrastructure to make their services more accessible to the deaf community. There may then be a question around how the Healthier Wigan Partnership could help to meet the needs of the sector.

Q. How do I know which GP Cluster group I belong to and how do I contact them?

Patients will not see a fundamental difference in the way that the practice operates initially, but over time the practice will be working more closely with other practices in the area to improve services. You will still contact your GP practice if you need an appointment or advice in the same way as you do now.

Please see Pages 8 - 10 of this document which is a full list of the GP Clusters along with contact details for staff at Wigan Borough CCG who are working with these GP Clusters. Please note that whilst the current Clinical Leads for the GP Clusters are listed, this is an interim arrangement and we are going through a nomination process to appoint a Clinical Lead and Practice Manager for each GP Cluster so this may be subject to change.

Q. GPs were encouraged to form Federations 2 – 3 years ago. Will there be a conflict of interest between the Federations and GP Clusters?

In Wigan Borough we currently have 3 GP Federations, which have come together as 1 GP Federation Alliance. The Federations are about providing services. The Extended Hours GP Service for example is run through the GP Federation Alliance. It is a complex and confusing picture.

There may be discussions around the role of the Federations and whether the GP Clusters may wish to commission them in the future to deliver services. We have robust processes in place to manage any conflicts of interest.

Q. What is the timeline for all this to happen?

Before the next financial year, 1st April 2018, Healthier Wigan Partnership will become a legal alliance.

The piloting of different pieces of work has already started and is ongoing. The feeling in Wigan Borough was that we did not want to wait for the Healthier Wigan Partnership to become a legal entity before starting the work.

Please see Road Map Document on Page 7.

Q. How will patients be involved with the service redesign and will a consistent approach be used?

The individual service redesign areas need to involve patients and public as per their duty. A consistent approach would be useful to ensure in the future all programmes fulfilled their responsibilities.

Q. Some of our GPs are approaching retirement age, what is the plan? Will we have enough GPs in the future?

Things are happening around this issue at a national and local level. We know the Government has pledged to boost the GP workforce, but this will take 10 years or so for people to come through training.

We train 18 GPs in Wigan Borough every year and only a small number stay and practice in Wigan Borough. A focus group was held with newly qualified GPs last year to explore why GPs may not stay to practice in Wigan Borough and what we could possibly do to make this more attractive.

Last year Wigan Borough Clinical Commissioning Group developed the GP Fellowship Scheme. This gives newly Qualified GPs the opportunity to practice in Wigan Borough but to have a bit of flexibility to work across different practices, with an element of learning and development and being involved in service redesign. 2 newly qualified GPs were recruited last year.

We are planning to run the GP Fellowship scheme again in Wigan Borough this year and it will be advertised wider to hopefully attract more interest.

We are also investing in Practice Nursing and looking at developing Advance Nurse Practitioners. We are looking at investing in different roles in Primary Care that will enable us to free up GP time to do what they need to do. The Leigh GP Cluster for example is looking at employing Clinical Pharmacists which can work across the Leigh practices to do medication reviews etc.

Questions following 3rd presentation: Focus on Integrated Community Services

Speakers: Sarah Seddon, GP Relationship Manager Bridgewater and Niamh Rigby, Service Manager Wigan Council

Q. Conversations started to happen 18 months ago around patient and public involvement in the Integrated Community Service (formerly known as Integrated Community Nursing Therapies ICNT), but this didn't go anywhere. It gives the impression that Bridgewater Community Healthcare NHS Foundation Trust has no interest in patient involvement and it feels like this is being done to patients rather than with them.

The general model of Integrated Community Services was developed as a response to some of the engagement work done a number of years ago when the CCG was first being set up and the 10 priorities that came out such as; people needing to be

able to access help easily at any time of the day, only having to tell their story once, and being supported to stay independent.

Progress with the Integrated Community Services model has ramped up over the last 6 months. The main focus to date has been on the estates, co-locating staff and setting up the single point of access telephone number. They are getting to the point now in the design of the model where they will be looking at individual services and this will require patient and public involvement.

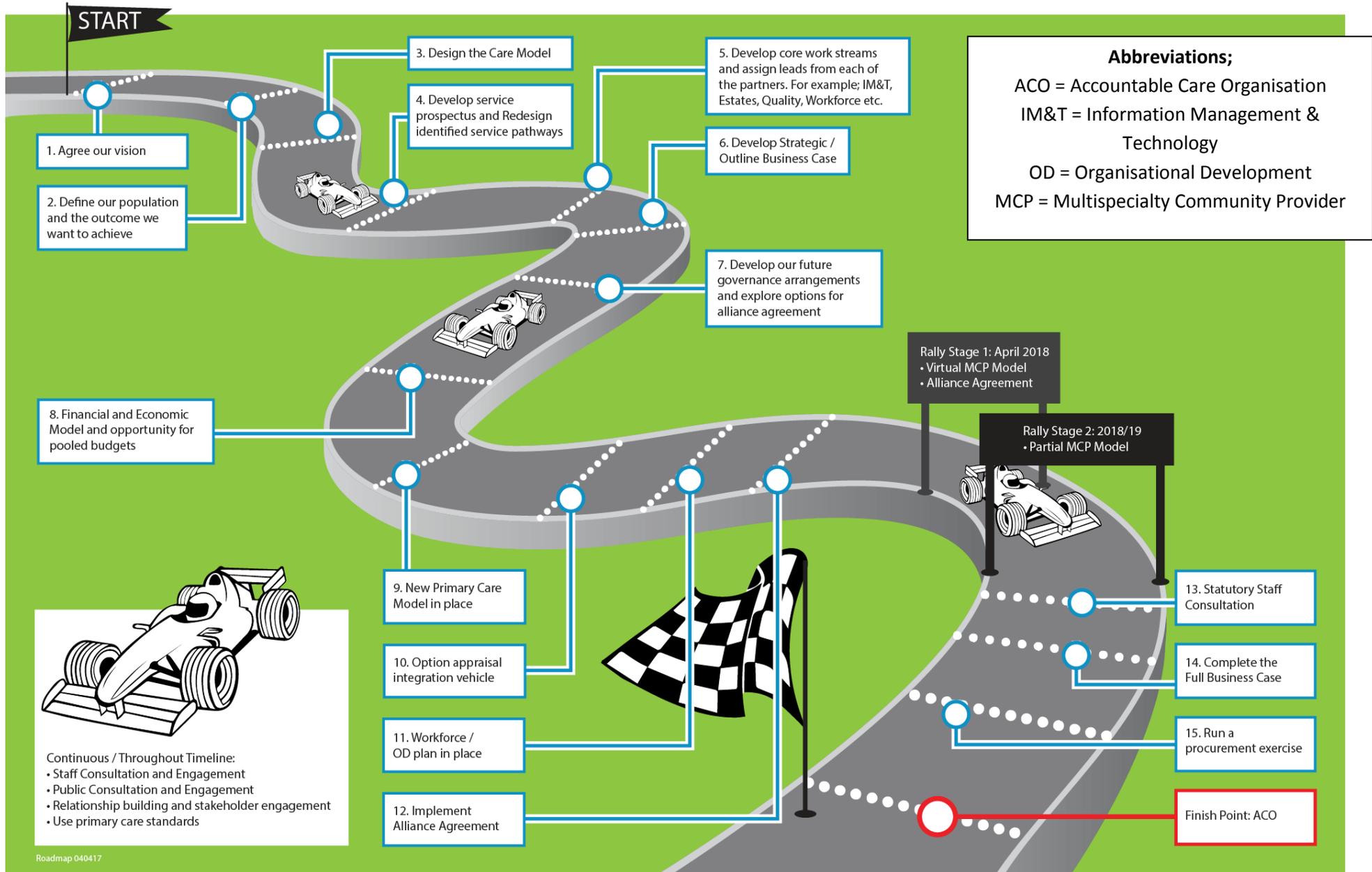
Q. I have personal experience of using the single telephone number and was put through to a District Nurse answer machine. Should patients end up with an answer machine when they ring the single point of access number?

No, this is not the experience we would expect someone to have when they ring the telephone number. We have taken on board the comments raised and regarding the individual detail we will speak directly to the patient/carer.

Q. How do you expect the deaf community to use the single point of access telephone number?

We have taken on board all of the comments and concerns raised at the meeting regarding how the service is accessed by patients and the public and are working on the following:

1. A group has been set up to relook at the contact of the poster including links with Governors from both WWL and Bridgewater.
2. The Single Point of Access (01942 483483) does have a text number for the service and this will be included in the posters.
3. Issues raised regarding people being left with an answerphone once through to the hub have been discussed with appropriate teams.



GP Clusters (5th April 2017)

Cluster:	Code	Practice
South Wigan Ashton North (SWAN)		
	P92005	Zaman & Partners
	P92024	Kumar & Partners
	P92653	Shakespeare Surgery
	P92642	Marus Bridge Practice
	P92647	Hawkley Brook Medical Practice
	P92034	Bryn Cross Surgery
	P92001	Medicentre
	P92038	Dr Saxena
	Y02378	Ashton Clinic (Al Thompson)

Service Delivery Area(s) covered: Worsley Mesnes, Poolstock, Marus Bridge, North Ashton (One Service Delivery Footprint)

Lead Assistant Director: Claire Roberts Claire.roberts@wiganboroughccg.nhs.uk

Executive Support Office: Laura Midgley laura.midgley@wiganboroughccg.nhs.uk

Clinical Lead: Dr Mohan Kumar

Cluster:	Code	Practice
Leigh		
	P92007	Wong & Partners
	P92023	Brookmill
	P92029	Trivedi & Partners
	P92035	Lilford Park
	P92607	Grasmere
	P92615	Esa
	P92621	Premier Health
	P92623	Maung & Partner
	P92602	Foxleigh
	Y02322	Leigh Family Practice
	Y00050	Gupta
	Y02886	Intrahealth Family Practice
	Y02887	Intrahealth LSV

Service Delivery Area(s) covered: Leigh (One Service Delivery Footprint)

Lead Assistant Direct: Claire Roberts Claire.roberts@wiganboroughccg.nhs.uk

Executive Support Office: Diane Nicholls diane.nicholls@wiganboroughccg.nhs.uk

Clinical Lead: Dr Gen Wong

Cluster:	Code	Practice
Wigan		
North Wigan	P92010	Beech Hill

	P92014	Standish Medical Practice
	P92017	Shevington Surgery
	P92015	Aspull Surgery
Central Wigan	P92019	Pemberton Surgery
	P92021	Newtown Medical Practice
	P92008	Bradshaw Medical Centre
	P92026	Longshoot Health Centre
	P92011	Sullivan Way Surgery
	P92634	Mesnes View
	P92030	Wrightington Street Practice
	P92003	Dicconson Group Practice (Boston House)
	Y02885	Intrahealth Marsh Green

Service Delivery Area(s) covered: North Wigan & Central Wigan (2 Service Delivery Footprints)

Lead Assistant Direct: Jennie Gammack jennifer.gammack@wiganboroughccg.nhs.uk

Executive Support Office: Kate Davenport kate.davenport@wiganboroughccg.nhs.uk

Clinical Leads: Dr Jayne Davies & Dr David Humphreys

Cluster:	Code	Practice
Lowton, Ince, Golborne, Ashton (LIGA)		
Hindley, Platt Bridge, Ince, Abram	P92620	Dr Wahie
	P92016	Pennygate Medical Centre
	P92004	Dr Tun & Partners
	P92006	Dr Ahmad & Partners
	P92616	The Ince surgery
	Y02274	Intrahealth Platt Bridge
	P92031	Dr Ullah
Lowton, Golborne, Ashton	P92651	Dr Xavier
	P92041	Ashton Medical Centre (Dr P Pitalia & SK Pitalia)
	P92648	Slag Lane Medical Centre (Dr Sunil Kumar)
	P92639	Dr Shahbazi
	P92012	Dr Anis
	P92002	Braithwaite Surgery
	P92630	Dr Pal

Service Delivery Area(s) covered: Hindley, Platt Bridge, Ince, Abram & Lowton, Golborne, Ashton (2 Service Delivery Footprints)

Lead Assistant Direct: Rob Wilson rob.wilson@wiganboroughccg.nhs.uk

Executive Support Office: Lynne Hogan lynne.hogan@wiganboroughccg.nhs.uk

Clinical Leads: Dr Sanjay Wahie & Dr Shikha Pitalia

Cluster:	Code	Practice
Tyldesley, Atherton, Boothstown, Astley		

(TABA+)		
	P92042	Sevenbrooks (KK Chan)
	P92626	Meadowview
	P92652	Sevenbrooks (ART Thompson)
	Y02321	Intrahealth Atherton/ Tyldesley
	P92033	Tyldesley CPK
	P92646	Astley KK
	P92020	Sivakumar & Partners (Dr Gude)
	P92605	Boothstown (Anderson & Partners)
	P92028	Dr Shah
	P92637	Astley General Practice
	P92633	Dr Hati Kakoty
	P92635	Dr Vasanth
	P92619	Sharma

Service Delivery Area(s) covered: aligned to one Service Delivery Footprint - Atherton, Tyldesley, Astley,

Lead Assistant Direct: Rob Wilson rob.wilson@wiganboroughccg.nhs.uk

Executive Support Office: Stephen Green Stephen.green@wiganboroughccg.nhs.uk

Clinical Lead: Dr Ashok Atrey