

Better health and care in West Kent

Listening event

NHS West Kent Clinical Commissioning Group

Tuesday 14 March 2017

Gallagher Stadium, Maidstone Football Club James Whatman Way ME14 1LQ

Questions and Answers – Local Care Dr Bob Bowes

Q1. Councillor Dan Daley (KCC). We all know we are at the embryonic stage. One basic problem is lack of available staff. I can't find any plans for training which I find sad.

Without that basic necessity of people on the ground, none of this is going to work.

A1. It's a worry but it isn't a completely insoluble problem. The STP is doing a lot of work to try and build workforce. There probably won't be the same number of GPs as now. With the right support GPs can probably look after a bigger list, 4,000 patients each rather than 2500. We are already seeing that in some parts of the country.

Q2. (Questioner worked in KMPT, KCC mental health services). I can't see how we are going to get more nurses or OTs when nursing bursaries have been taken away. It's something central government needs to address. We are not going to get the nurses through if that isn't resolved.

A2: I agree.

Q3. (Same person as Q2). We now work for 12 weeks with somebody, then we pass them on to our strategic partners. Services in the third sector that we used to refer people to are no longer there. You get a revolving door when all people are getting is signposting. It's not unknown for someone to be signposted by us to a strategic partner who then signposts them back to us. You need to make sure you monitor contracts properly. Don't get four years into a five year contract and say: "Hm, this isn't working very well." At the sharp end, it's a nightmare.

A3: It only works if it's a team, not just a clumsy agglomeration of organisations.

Additional answer by Rebecca Bradd, workforce lead: We will be working on these things alongside the four workstreams.

Q4. (Unison) Good points have been made about chronic underfunding of the NHS and the difficulty of staffing. Underfunding and staff are linked. What are the CCGs and other NHS organisations doing to lobby more funding?

A4. As a CCG, we are a statutory organisation, not a lobbying organisation. We are given a budget and it's our statutory job to live within that budget and do the best we can for the population.

Additional answer by Ian Ayres, Accountable Officer for NHS West Kent Clinical Commissioning Group: There are organisations that represent the sum of all providers and the sum of all commissioners. We use those organisations to feed hard messages up the line. That's a powerful way to convey in a factual way evidence and research on what the real challenges are, such as difficulty in recruiting staff. We have a voice through those organisations rather than as individuals.

Q5. As a PPG Chair I am aware of all that's going on in Maidstone. We accept change is needed but it costs money to alter systems, let alone mind-sets. Where will the money come to do it? Unless the money is found from somewhere, with the best will in the world we are not going to get anywhere.

A5. The cost of this transformation and how it happens is a big, big challenge. Everyone in the system understands this has to happen and is absolutely committed to it.

Q6. (Unison) I have a big issue with the word 'transformation'. It smacks of consultants from London charging a big amount of money.

A6. There is a consultancy, Carnall Farrar. They drive us extremely hard. Without them, the plans wouldn't be anywhere near so advanced. The work was awarded through a competitive tender. They are doing a good job, and providing good value. We will miss them when they're gone. The clinical oversight is entirely led by local people.

Q7. (Unison) At some point will we find out what they're costing? And what do you mean by acute beds?

A7: There are 300 people in hospital beds in west Kent who would be better looked after not in hospital. Because of the changes in demographics, in 15 years' time we will probably need more beds.

Comment from Unison: Joined-up health and social care is a very good idea but it won't work until pay for carers in the private sector goes up substantially. We see closures all the time. Carers on a minimum wage

Comment: Chair St James PPG – my daughter manages a psychiatric unit. Ten years ago she noticed patients discharged to attend regular clinics were not attending and not taking their medication. She found it was down to the patients not having a regular personal contact or seeing the same person every time. Where that failure occurs, we need to have some degree of personal contact that can be made with those patients before they end up back in a psychiatric hospital.

A: That is a really good point.

Q8. How far is your thinking on engaging with the Voluntary and Community organisations (VCS)?

A8. We have begun to have conversations with Imago and the networks in Maidstone. Once we get to the point of building the teams around patients, with bigger hubs, those conversations will start to become much more formal.

Q9. West Kent have delayed non-urgent surgery for their patients. When will they start again?

A9. The delay on elective surgery ends on 31 March. We asked patients to wait until after March to have their elective surgeries.

Q10. When will the financial plan for the STP be shared?

A10. There is no single financial plan for the STP.

Questions and Answers – Hospital Care – Jim Lusby, deputy chief executive of Maidstone and Tunbridge Wells NHS Trust

Q1. We have heard about Primary Care and less about secondary care. One thing they have in common is lack of staff. What plans do you have to support staff? There isn't nursing accommodation, to retain staff, you have to attract them. You will need to think about this. Training hospitals have disappeared and if you can't provide for staff you won't have services.

A1. We are looking at workforce around this. With the hospital services, they are much more specialised and there is less flexibility. We can, should and have done a lot on this so far. We have had success through attracting staff from London through the evening standard and the Metro. There is much more we could do on training. We may need to take the initiative to set up something ourselves. The challenges around this are huge!

Comment: Back in the 1950s and 1960s we used to work like this. And now, after all this time, we were doing it right!

A2: Things have moved a lot since the 1950s and 60s. We can offer far more treatment now.

Q3. Are we using GPs in A&E more effectively now?

A3. (Dr Bowes) We have GPs working in both A&Es. They could be more effective, although it is a work in progress.

Q4. (A&E receptionist Maidstone) We see a huge amount of people in A&E who can't access their GP. They can't get an appointment so they come to A&E with verrucas or colds or sore throats. It's a really big issue. And people who can't get registered with GPs.

A4. Primary care is under a lot of strain though most practices see or speak to people on the day if they need an urgent appointment. A&E can now take appointments from paramedics for patients to come and see the GP in A&E.

Q5. Obstetrics is a big concern - the access from Maidstone to Pembury Hospital. When in labour for a mum, it's a long way to travel, in that much pain. I think this is when Maidstone Hospital is being sacrificed for Pembury Hospital. Why are you selling off nurses' homes?

A5. The maternity consultation was carried out and we are not going to revisit that. NHS property is now managed by NHS Property Services which takes a view on the best use of NHS estate.

Q6. (Ex MTW clinician). I am worried about hyper acute model for stroke services in a rural area.

A6. I appreciate your concerns. The stroke review is looking carefully at all aspects of stroke care.

Q7: There is a lack of diversity in the room. What are your plans for patient and public involvement? How are you going to involve different organisations?

A7: This is the first event in a conversation. We plan to reach out to different groups, working with partners and voluntary organisations. Any help people can give with that would be much appreciated.