

Annual Members Meeting Thursday 12th October 2017

Questions generated from 'Round Table' discussion sessions

Please note: this is a 'live' document and will be updated regularly. Last update 2nd November 2017

Stockport Together

Q: Is Stockport Together all 'wishful thinking'?

A: We have been working together in partnership: Stockport NHS Foundation Trust, Stockport Clinical Commissioning Group, Pennine Care NHS Foundation Trust, Stockport Council and Viaduct Health (GP Federation) for over 18 months, and our vision for change is articulated in business cases for new models of care, approved in July 2017. Changes have been implemented since October 2016 and there is a clear programme for further changes – subject to public consultation amendments.

Q: How do we change traditional expectations about services?

A: By creating a person centred vision on services which the staff and public can positively respond to.

Q: How do we get from where we are to where the vision is taking us?...We need more info about the action plan and more about making it happen

A: The business cases are on the Stockport Together website with information on what we are doing to make changes happen.

Q: The vision of Stockport Together and the reality of peoples experiences are often very different. How do we pick this up and respond?

A: The public consultation will help and the need for continual feedback from staff, patients and carers is essential.

Q: Mainstreaming the Stockport Together vision...and sustainability...who and where are the early adopters and can we hear more from them?

A: The Stockport Together website explains our progress.

Q: The Stockport Together website says that there will be double funding of services for a period. In that context, would this result in a significant improvement in the quality of service delivery?

A: The quality improvement is about managing services differently, closer to home and less patients needing to be admitted to hospital as care will be provided locally. The 'double running' is to ensure we do not switch off traditional services before ensuring the new models are working well.

Q: Are all services fully implemented in each of the eight neighbourhoods and, if not, what is the timetable for full implementation?

A: These changes are being implemented across neighbourhoods in a phased way. The website explains this.

Q: Stockport Together is a Vanguard scheme and as such is a trial. I believe other GM boroughs doing something slightly different. If this is the case how solid is the case.

A: All neighbourhoods in Greater Manchester are moving to integrated health and social care and care in the community. The Vanguards were about testing different models to this single approach. By their nature these are not sustained, tested changes, they are Vanguards so learning is essential.

CQC

Q: CQC visits happen and their report follows. Cilla Black springs to mind “Surprise, surprise”. What had not been happening internally through the year?

A: A lot had been happening throughout the year but we hadn't delivered everything that we needed to, to ensure that our patients had a high quality and safe patient experience. There are many reasons for this and we have been focussed on addressing all the issues that the CQC have raised and other issues that we know need to be addressed to ensure we deliver a high quality service all the time.

Q: Can we have examples of changes made following the CQC visit?

A: Following the CQC visits we wrote and have delivered a very detailed action plan.

Some of the changes we have made have included spending more time talking to patients and staff about their experience in the hospital and in our community services with, for example, visits by board staff to clinical areas twice a week.

We have defined clinical standards at ward level through our ward accreditation scheme.

We are seeking expert external advice on the care we provide in some clinical areas to help us to improve our care.

We have launched our Proud2Care campaign to recognise good practice.

Q: Can the excellence shown in Womens and Childrens services in the community be used to help make improvements in the hospital?

A: There are always things that we can learn from each other and where we have areas of outstanding practice we do need to make sure that we learn from and replicate the work across the trust.

Consultant engagement

Q: How are poor patient experiences collected and addressed, and dealt with? In particular when staff training seems to be an issue

A: We collect feedback from our patients in a variety of ways including through the use of surveys such as the national patient survey and cancer survey. These are national and we can therefore benchmark ourselves against our peers.

We also do local surveys which are often undertaken by volunteers who collect data directly into iPads. We also receive information via complaints and feedback is given to use in many forms including through our website.

Feedback, positive and negative, is something that we always encourage as it is a great way to learn and improve. We always investigate complaints and use the information to learn from and to address issues of concern with staff.

Q: What is the model of consultant engagement via GP / patient hub?

A: There will be a number of ways in which GPs can access specialist advice, without the patient necessarily having to attend a hospital outpatient clinic. These include:

- written advice and guidance - rather than referring, a GP can request written advice for a particular patient
- Consultant Connect - where the GP can ring a consultant directly to ask for advice
- Direct to diagnostics - where a patient may have appropriate diagnostic tests eg scans which are reviewed by the consultant and advice given to the patient and GP
- Agreed pathways for specific conditions which are agreed in advance by GPs and consultants to streamline the investigation and management of patients with those conditions

Financial

Q: How will the hospital deficit be eliminated whilst the level of NHS / social care is maintained or improved?

A: We have a medium term financial strategy to address where efficiencies can be made.

There are a number of benchmarking tools available to us such as Carter's "The Model Hospital" to identify financial opportunities and also trusts that are doing better.

Q: Do we chase foreign visitors fees?

A: Yes, we review whether the patient is from a country where the UK has a reciprocal health provision agreement such as the EU. In these cases we report the information and are then paid by the government.

Where a patient is not from a country where the UK has a reciprocal agreement then we request payment or approval from their health insurance company.

Q: If Stockport has 19.4% above the national average of people over 65 should we be getting a suitably similar percentage of additional funding from Jeremy Hunt and N.H.S. England?

A: As described in the Annual Members Meeting, our funding is based on activity that is priced using a national tariff. The commissioners (Stockport Clinical Commissioning Group) receive funding based on the demographic of the population using a prescribed algorithm.