

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 30 March 2016

1. Working with Practice Participation Groups

All 27 GP practices in B&NES are required to have a Patient Participation Group (PPG). These groups work in partnership with their practices to help patients take more responsibility for their health; contribute to the continuous improvement of services and quality of care; foster improved communication between the practice and its patients; and provide practical support for the practice to implement change.

We have undertaken an audit of all the PPGs in B&NES to identify which practices have active groups and which practices may benefit from further support with their patient engagement. 14 practices hold meetings at least once a year whilst the other 13 have virtual groups that communicate via email.

The CCG organised a joint meeting for all PPGs on 14 March which attracted 16 PPG representatives. The event was well received with the PPGs learning from each other and sharing best practice. The PPG reps asked for the CCG to support them with creating Terms of Reference and providing training for new members a few times a year.

2. Update on A&E performance

Between the months of March to December 2015, an average 89.3% of patients were seen in A&E at the Royal United Hospitals Bath NHS Foundation Trust (RUH) within four hours.

In January this percentage dropped to 76% (against a national target of 95%) and the RUH was one of 30 hospitals in England identified with the worst A&E waiting times for that month. RUH representatives have subsequently attended a NHS Improvement event to share concerns and learnings in relation to the four-hour target. The RUH's ranking was reported in the local media. In response, the RUH highlighted how in January 6,885 patients were seen in their A&E department, 546 more patients than the same period in 2015. The hospital continues to perform highly on quality aspects of A&E services. It remains one of the top performing trusts in the region in ensuring a swift handover between ambulance and A&E staff. This means patients arriving by ambulance are brought in quickly and ambulance crews are freed up to respond to 999 calls. In addition, Friends and Family Test feedback from patients who attended A&E during January shows that 97 per cent would recommend the service to their loved ones.

The System Resilience Group (SRG) continues to oversee implementation of a four-hour recovery plan to strengthen urgent care performance and ensure patients receive the highest quality care.

On 24 March we are holding an Urgent Care Summit in collaboration with the RUH to which we are inviting clinical leads from a number of key providers. Participants will review emergency admissions data and the range of services currently available and explore what we can do differently in order to reduce emergency admissions without impacting adversely on patient experience.

3. Planning for 2016/17

We are developing our plans and priorities for next year to ensure high quality care and improve the health and wellbeing of the population we serve. Our Operational Plan is being developed in line with NHS England's (NHSE) *Five Year Forward View* that outlines clearly the direction for the NHS and why we need to transform services in order to meet the challenges of the future.

We know that to sustain NHS services we need to get better at preventing disease, not just treating it and encourage everyone to take on responsibility to manage their own care. We also need to focus on inequalities within our local community and reduce variation in health outcomes.

The NHS nationally faces significant challenges and financial pressures. Locally we need to drive up performance and encourage organisations to work closer together to be more efficient and effective. As part of this and in line with NHSE planning guidance, we are working in partnership to develop our five year Sustainability and Transformation Plan (STP) across the wider health and care system that includes Wiltshire and Swindon. Our Operational Plan represents year one of the longer term plan to improve health outcomes for the people of B&NES. The priorities and goals in our STP will be developed by the CCGs, councils (including Health & Wellbeing Boards) and providers across the three local authority areas. Our STP planning process will also include engagement with the public, patients, their families and carers so that we draw on the experience of those that use health services to develop new models of care.

4. CQC Inspections

The Care Quality Commission (CQC) is the independent regulator of all health and social care in England. The CQC has very recently carried out an inspection of the RUH. As part of the inspection, the CQC proactively sought feedback from patients, their families and the wider public. This included holding two engagement events in central Bath and Trowbridge. An inspection of South Western Ambulance Service NHS Foundation Trust takes place in early June.

CQC is carrying out a programme of checks at GP practices in B&NES. Inspections at Catherine Cottage and Rush Hill Surgery have been completed and both were rated as 'good'.