

Further comments on how the CCG has engaged with you, and the working relationship with them

Excellent Locality-level engagement

Within our locality group we have been working to understand better the roles of different members of the CCG and how we can work together as well as getting a better understanding of what is expected of member practices and what is expected of the CCG in terms of running projects. There has been a lot of change in terms of roles of members of staff and who is allocated to locality groups and this has made relationships more difficult to build up.

Probably happier if over 75 team have been supported better. Yearly contract agreement is much difficult for their team as well as for the practices, Better negotiation for a long term contract would be ideal as they do the great work and avoid unplanned admissions. Hoping to have better support to them in the coming years.

Many messages are passed to us - without consultation or finding out what we on the front line think

I think they reach out I think they are responsive if I ask for help I usually do get it they are good at follow up

WE ATTEND THE MWWTINGS AND THEREE ARE CERTAIN MEMBERS THAT ARE VERY HELPFUL

I like the CCG bulletin

Regular update by Email.

God notice of locality meetings and information sharing from locality lead.

NO COMMENTS.

There is a generally slow response to practice concerns i.e. Funding for over 75 project and releasing money for staff training and IT development

The CCG have engaged to a degree through our locality group. The CCG seems remarkably divorced from ownership of anything and seems a passively responsive organisation responding to edicts from NHSE and obligations to save money for Secondary care benefit

Good working relationship-regular locality meetings -good forum to exchange ideas. Kept well informed by our locality CCG Lead.

Via locality meetings and informal discussions and also PLT sessions

Provided regular teaching sessions during PLT afternoons.

Invites to the AGMs

Representatives have attend some locality meetings.

Further comments on how the working relationship within/with the CCG has changed over the past 12 months

There has not been much change.

practices have been well informed for the decisions and changes happening locally

Not really changed, sadly

I don't think it has changed much at all I think it has been consistantly high over the past 12 months

NO COMMENTS.

I attend the monthly locality meeting . Communication to practices comes in multiple forms via newsletter and multiple emails .A single useful contact with links such as the newsletter would be better

More time to reply to deadlines would be appreciated . It is very difficult for practices to turn applications around in only a few weeks

No real change

I am a locality lead with CCG. Am now part of a bigger organisation with the federation of the 2 CCG's .

Good to experience Chiltern's challenges with NHS. Feel part of a bigger team with a bigger voice.

Worried there is a dimunition in the close working that goes on in smaller teams

Further comments on the CCG's plans and priorities and how you have been engaged in developing the plans and priorities

The resources available to the CCG do not allow continued improvement, but it rations resources in a responsible and imaginative manner

My lack of confidence in whether plans and priorities will be implemented stems not from a lack of confidence in the personnel at the CCG but more that I think they are being asked to do an impossible job by the government and with the best will in the world will not be able to achieve what they are setting out to do.

regularly we have been updated with the changes happening locally

I mean I know we are in a very tight financial health economy so I think everybody recognises we can only work within priorities as opposed to a long wish list and I think whatever we do with the population will not be enough I think general practice and ccg are under funded and under staffed that we recognise the effort being recognised both ways

THERE SEEMS TO BE A LACK OF CLEAR VISION IN WHAT DIRECTION THEY ARE GOING IN.

What ever is intended , the ultimate result seems to be a response to finding health service economies .

Allegedly there are more resources for Primary care .

There is no evidence of this , nor signs of any serious economies of scale created by the coalition of North and South localities.

How many people have been able to leave their posts? How many offices have been vacated ?,

Why should primary care be obliged to raise funds to pay for duplicating the organisational management normally done by the CCG ?

I understand the organisational restraints on ccg's within NHS and the budgetary restraints on government. This limits capacity of CCG to deliver on its core aims

Examples of where you think CCG has made a positive difference to local health services, including reducing health inequalities and improving health outcomes.

I think implementation of care planning has been a positive thing and supporting practice locality working with funding for over 75s projects has helped improve outcomes.

making well aware of voluntary organisations eg carers bucks, active PPG,

I cant give you an example as I cant really think of anything honest

THE OVER 75S AS BEEN VERY GOOD

over 75s nurse project

NO COMMENTS.

Over 75 projects. However it could have been much better dkresdy if funding issues had been resolved at an earlier date

Very little .

It has just overseen groups (eg MuSiC) that provide a delaying interface between primary care and secondary care with no enhancement of patient care resulting

IFR intervention referrals have massively increased . Decisions are NOT in patient best interest esp Hip Pain management

Over 75s reviews by HCA

Learning disabilities Annual Health Checks

Dementia Care

Safe Guarding Training

locally >75's initiative

innovative use of winter resilience monies in practices

support given to locality in achieving MCP status

Further comments on the way the CCG and your local authority are working together.

No comments given

Further comments on the way the CCG and the Health and Wellbeing Board are working together.

No comments given

Example(s) of the way in which the CCG has engaged successfully with patients and the public

No comments given

Example(s) of where the CCG needs to do more to engage with patients and the public

No comments given

What, if anything, would encourage representatives from member practices to take more of a leadership role within the CCG

More protected time to attend meetings

Remuneration and training; help with recruiting someone to cover the work at the practice that would have to be done by someone else

to be honest I really don't know people are so time poor as if you are working part time or full time there isn't the capacity to do that

HAVING MORE TIME

IF THEY FELT THEY COULD MAKE A DIFFERENCE AND BE INVOLVED IN DECISION MAKING.

Fair reimbursement for practices in order to release partner time

the offer of involvement ... it appears a closed shop

Reduction in day to day clinical/admin workload

major problems preventing them are workload, recruitment and morale. It's difficult to engage outside of practice if it feels like it's crumbling inside. if there were reliable methods for backfill more gp's would get involved

Any changes you would like to make to the way in which the monitors your services?

No comments given

Anything else that you would like to comment on about how the CCG works with you?

No comments given

Any further comments you would like to make on the CCG

Excellent leadership managing scarce resources well. Unrealistic expectations from NHSE re "continuous improvement" with the diminishing resources available

I think they are doing a good job in a very challenging environment. I think unfortunately that what they are being asked to do is simply not achievable with the funds available. I think that they are trying to respond positively to that challenge but I wonder whether there is a responsibility to be more upfront to NHS England about the difficulties (and perhaps to do so in public).

forward thinking, well informed of the changes that are happening locally

no nothing further to add really

does well considering Bucks is one of the worst funded CCGs in the UK

THE ROLE OF THE LOCAL CLINICAL LEADERSHIP FROM THE CCG IS NOT WELL DEFINED AND IT IS VERY UNCLEAR THE SUPPORT AVAILABLE TO LOCALTY PRACTICES FROM THE CCG. THERE ARE ALSO CONCERNS REGARDING THE FINANCIAL STABILITY OF THE CCG THAT HAS NOT YET BEEN ANNOUNCED WHICH HAVE DIRECTLY EFFECTED CURRENT PROJECTS WITHIN THE LOCALATY.

I feel it is a mouthpiece of Government spending cuts .

It does not appear to be benefiting Primary care ... the suggestion of In-house pharmacists was typical of scrambled lack of logical thinking . Who the hell suggested it ? . Underfunded and pointless with no benefit other than to the training of a service that is not needed ... ideas are simply not thought through

The arrangement for co-commissioning and delegation have so far had limited impact in practices. CCG needs to continue to focus on improving working conditions in primary care so as to achieve its strategic objectives