

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

More talk less action is the ccg motto

none

none

No comments to add

The ccg has not responded nor understood deeply enough our concerns despite attending for a meeting. They have been too slow to react and not provided enough support.

NONE

Been involved all year in merging both CCGS so little time for anything else.

I read the news letter, attend monthly meetings and follow CCG process eg referrals and prescribing but the main challenge is coping with workload and recruitment issues. I don't think that the CCG can help with this.

Can the CCG help with grass root issues for GP surgeries? Seems to be more focused on dealing with Acute Sector overspend.

Too much paperwork sent (incl. e-mail notifications);

Time frames for completing workload, applications, questionnaires too short;

Targets set too onerous to achieve;

Too many "managers" making decisions which influence clinical workload yet have minimal knowledge of the way primary care works.

have met with CCG, issues in Wycombe are complex and the locality is overall not fit for the future at the moment. early signs of increased engagement with the CCG are starting to happen which is to be welcomed. I wish the CCG would be more honest with primary care that change is essential to adapt to the new environment and not say that things will all be ok where as a system we will be facing significant financial pressures.

Providing information at PLT and via the weekly bulletin. The chair happy to answer queries directly

Whilst we attend locality meetings, the urgent care & prescribing meetings we have little other contact. We haven't had our annual meeting with our locality lead.

The CCG feels a bit distant & not part of what we do day in day in. Having said that I know that our practice manager enjoys good working relationships with the CCG.

I don't think I'm totally clear about what their aims and objectives are. They could clarify more about where the pressures are and what they think we should or shouldn't be trying to tackle. I think they have a difficult job. There are huge pressures on the NHS and on General Practice. There doesn't seem to have been much liaison between primary and secondary care as to what can be done to try and alleviate some of those pressures.

I regularly represent my practice at Locality meetings so perhaps feel more engaged with the CCG than some of my colleagues; CCG representatives have also visited our practice to meet with doctors, which I think is a good effort to engage and build on our working relationship.

POOR RELATIONSHIP WITH CCG

More difficult since the merger of the two CCGs, and increasingly focused on managing General Practice rather than managing the commissioning of other services.

It is sometimes not obvious where monies for primary care lie that have been allegedly given from NHSE. Whilst we understand the CCG is under financial strains we at the coal-face are struggling too. Increased administrative costs, inflation, CQC, indemnity etc etc are all going up and the pot of money to pay for it all is going down. Yet we understand there is money allocated but not seeming to get to the end user. There seem to be expensive pilots operating around the county with little evidence that it is making a radical difference to most of us in primary care.

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

No comments

none

none

No comments to add

NONE

No better, no worse.

As above.

more engagement, they seem more ready to listen and give opportunities for new ideas

No significant change

More referrals and things are squashed. It's getting harder to challenge low priority procedures of things that you think really should be dealt with by the NHS. It's very hard to get any specialist care. I have a patient with a severe form of OCD and it took a long time for her to be sectioned. She needs very specialist care but she is just languishing in a special care unit and it's just not moving on. We're discouraged from referring patients and some of that is no bad thing but I think those priorities are not totally clear to me as a working GP. There have been good things like organising intermediate Gynaecology and Ophthalmology. Some specialists there is a very long wait to be seen but I don't know what influence the CCG has on that - especially Paediatrics. It also takes a long time to get referrals for non-urgent appointments, like cardiology.

we hear of what is being discussed/processed by the CCG via Locality meetings which are very helpful.

This has not changed

MORE DISTANT AND REMOTE SINCE THE MERGER WITH ALYESBURY CCG

There has been no change in our practices working relationship with our CCG over the past 12 months

We can see attempts at increased engagement and understanding, but it sometimes feels that whilst the situation we face is allegedly understood there seems to be little practical action taken

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

none

more cluster groups

No comments to add

I don't really understand their plans or priorities, however I think primary care services in Wycombe are about to fall over and they are unaware of how bad it really is and they are either powerless to do anything about it or they don't care about the individual practices. Communication and getting back to us for queries and for support is poor.

NONE

I don't blame the CCG. I just don't have time to get involved and find out more about the CCG. It would require time and cost to me with no recognisable benefit.

None

The underlying problem is money & that influences everything. There are opportunities through the various forums & PLT sessions to be involved.

I'm not totally sure on what their plan and priorities are, although I haven't take many active steps to attend many meetings.

we only hear of plans and priorities via the Locality meetings. We feel free to comment at these meetings.

LITTLE ENGAGEMENT WITH PRACTICES LIKE OURS

We have attended regular Practice Learning Time sessions(all local practices) about the CCG work and plans together with specific evening meetings, urgent care and medicines management meetings .

We commented on the Commissioning Intentions document but I don't recall having any feedback and I think it was already planned out before we were asked.

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

scas project

encouraging health initiative practices, e.g. diabetes

No comments to add

The acute home visiting service eased the pressure for home visits but this service did not last long enough. The overspill clinic is a good idea but it is too late.

NONE

Dementia care and Diabetes.

Pro-active in development of Diabetes care planning & lifestyle advice.

I strongly believe balancing the books is the main priority

Development of the ACHT/BRAVO, MuDAS

They've tried to sort out the A&E departments and introduced a minor injuries department and moved most of A&E to Aylesbury. They've set up things like Falls Clinics to try and improve health of elderly people. They've been pro-active about recognising Dementia and setting up services for Dementia.

Commissioning local services such as LIT

Carers clinics and hubs,

Diabetes careplans and initiatives

LOCAL COMMUNITY SERVICE (ENT, ULTRASOUND SERVICES, ETC)

CCG has been instrumental in improving diabetic care for ethnic minorities within the community . They have liaised with local radio and local ethnic leaders .

There is a possibility of a new primary healthcare service for the homeless in High Wycombe. However we have yet to see whether this gets off the ground.

over 75s project, paramedic visiting service. care home pharmacist.

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

increased funding
more time at the gp end
more time!

No comments to add

I think the meetings are difficult to attend as they are always in the middle of the day and we do not have the time to attend them properly or to take an active interest as we are TOO busy firefighting. it's really hard to just engaged with all the activities and make suggestions at meetings as we need to get back and see patients.

BACKFILL FOR LOCUM SUPPORT

NOT MONEY ITS THE PEOPLE WANT!

Membership suggest some sort of influence but in practice this is not the case. I feel that the CCG is very constrained by financial matters and has not flexibility to involve members in any meaningful way. True engagement needs funding.

Does the CCG understand it's finances? I have only seen the CCG present data on acute care and prescribing costs. I don't believe it understands the cost of primary care. Take a greater interest in the true cost (rising costs) of primary care and include these true costs in the overall budgeting plans.

Guaranteed clinical cover for sessions away from face-to-face consultations;

Less non-clinical input into decision-making.

.Better understanding of the roles, protected time to carry out the role, fixed terms so you don't feel that id you volunteer you'll be stuck with the position indefinitely

Meetings at times which fit in with the working week. Feeling encouraged to join in with a greater understanding of what's going on without being made to feel that you don't know anything; Feeling welcomed. Having time out of the working week to actually get involved. To have better undertanding of what's going n.

less pressure in their work as GPs. Locum in fill is not nearly as effective as a partner.

TO BE OFFERED MORE MEETINGS AND DISCUSSIONS WOULD BE NICE. TOO MUCH 'CLOAK AND DAGGER'.

More protected time to engage

Less pressure on front-line services; more confidence in the political direction of travel nationally

Incentivisation. Covering workload gap. recruitment help. Help managing the day to day job.

Buckinghamshire, like the rest of the country is suffering due to policies that Mr Hunt should be accountable for, yet he is conspicuous in his absence of this.

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

none

none

No comments to add

NONE

I have read document and voted.

Would be keen the CCG develop and encourage strong provider groupings to ensure sustainability. Encouraging the federation to take a lead role in assisting practices to work together and promoting mergers and provider partnerships would be really important.

I have no idea what they plan to do once they have delegated commissioning. I have no idea what they plan to do about reducing the burden of QOF and implementing new ideas to reduce the tick box exercises

.I think they are trying to do their best in a very difficult financial climate. Please make your systems easier whether that is claiming funds we have earned or clinical aspects eg. reduce the hoops taht have to be jumped through for things like completing EoL & ACPs.

I think to be clearer about what they are trying to do and the financial implications. How it all fits in with the rest of the health provision because I think some radical steps may need to be made to do with hospital provision and alternatives to hospital provision; some old hospitals may need to be closed down. And also, recruitment of new doctors. We need a new partner and no one is applying and none of the trainees are wanting to come into general practice, so what is going on there? Is it in the remit of CCG to be doing anything about that? As a GP myself, we are struggling and there aren't enough people wanting to come and do this job that I've done and loved for years so what is going wrong there? When I joined people were desperate to be GPs, now they are depserate to get out.

MORE FACE TO FACE MEETINGS WOULD BE NICE

They do a very good job with limited resources

Attempts by the CCG have been excellent in trying to engage people, but we are lacking in time to get involved. How does a full time GP find time to do this? in fact how does a part timer manage?