Improving Lives November 2015 Public Events

Questions Raised and Responses

Q=question **C**=comment **A**=answer
CCG= reply by East Staffordshire Clinical Commissioning Group
VC= reply by Virgin Care

10th November 2015 - Burton Town Hall

Questions raised during the meeting

Q **This plan needs agreement/buy in from various organisations. Social Care will need to involve the County Council – why aren't there any representatives from the Council here tonight? It's surprising that no-one is interested in coming along.**

A CCG: The Council is a very important part of caring for people at home. Virgin Care do have a very good track record of working closely with councils and other agencies As a CCG we are closely involved with the County Council and attend the Health & Wellbeing Board.

Member of the public added:- There has normally been a Councillor at these meetings and I know that there will be one attending the Uttoxeter event.

A VC: I can reassure you that they have been working extremely closely with us – we work as if we are one organisation and the Council are fully involved, positive and we have the same objectives. The Health Scrutiny Committees have been regularly briefed about progress too.

Q **We have to be positive and look forwards not back – we have to look to the future. I work as part of the Rheumatology team at the Hospital and represent a lot of people at the front end of Long Term Conditions. We have a lot of education, support and empowerment for partners that we want to share. We can also share mistakes so they don't happen again in the future. Can we, as front line clinicians, be included in discussions rather than discussions be held with managers?**

A VC: Yes, we intend that to continue. I completely agree we know that there are some things that work really well and want to focus on these working with the hospital to see what works well and what doesn't work well. We are working across all areas to ensure we get the best pathways.

Q **There is a reliance on working with the Voluntary Sector and it seems that volunteers will be doing demanding work. Will they be trained and paid? How can you guarantee that there will be sufficient volunteers and sustainability in the long term?**

A VC: Absolutely right that volunteers will be fully trained and supported. There will be a range of roles. We know some volunteers are fantastic at supporting at a 'low' level support, for example, making sure the home is warm enough and there's milk in when a patient returns home from hospital. Other roles such as nebulising are not suitable for staff who are not clinically qualified. It is a case of identifying what people need and acting accordingly. We aim to understand what the voluntary sector do well and support them to replicate this across the area.

Q **But how can you guarantee that there will be enough staff for seven years?**

C Jacqui from Support Staffordshire: I think there is some confusion around volunteers and the voluntary sector. Not all the work done by the voluntary sector is delivered by volunteers. The voluntary sector does employ paid staff. The voluntary sector runs the same as any other business but puts the money back into the organisation.

A VC: As regards sustainability – not everything will happen on 1st April. We will grow as and when we have the right resources to do so, in a planned way.

Q **The event is the first I've heard about this consultation. Which services will be privatised?**

A CCG: No services are being privatised. The services will be funded by NHS funding but overseen and provided by an organisation that is independent. This is the same as GPs work, and that is not privatisation.

C **Transferring of staff is privatisation**

A CCG: The staff will be working under the same terms and conditions of service as NHS staff, delivering NHS services. Services will remain, as they are now, free at the point of delivery.

Q **I have concerns over the one number call because of a personal experience of 111. I'm sure the response was just a delaying tactic. How can you ensure with your one number call system that this situation won't occur?**

A VC: This number will start by being used only by complex patients who have been assessed and have care plans, so if they call, their records can be looked at and they will be directed to the right place – it is not taking away/in place of 111 or 999.

Q **How will this ease the situation for A&E?**

A VC: A patient with this number can ring and be assessed by people that know them

– whereas at present, if a problem occurred they would probably present at A&E.

C **… it's back to expertise on the people at the end of the phone**

VC: There will be medically qualified people who will have access to the patient's record. This is quite a different service to NHS111.

Q **There was mention of being able to track people's weight when they get on the scales in their own home – isn't this an invasion of privacy?**

A VC: It would all be done by a secure link and would be by choice, no patient would be forced to use such tools. It's just a tool – just something that could provide better care. We are keen to make use of the best tools from around the world that can improve the health outcomes for the residents of East Staffordshire.

Q **There has been a lot spoken about clinical objectives but financial objectives haven't been mentioned. The NHS has faced severe cuts – are Virgin Care in a position to guarantee their plans whatever the exchequer decides to do with funding. Funding cuts mean that local councils can't afford to get the right care for people to go home. Can you guarantee funding is going to be there for seven years or will you walk away leaving the NHS to pick up the pieces?**

A CCG: The reality is that the NHS is not getting funding cuts to budgets. Funding is not going to grow either but patient demand is growing. People are living longer and there is then more need for healthcare but not more money. So money is not being cut but we need it to go further. We want to help people to do what they told us they wanted to do which is stay well longer and get home sooner. Virgin Care and the CCG are working together on the best way to do this for the residents of East Staffordshire.

Q **I am a practice manager and whatever is coming has to be better in some areas than what we have now. What worries me is the IT infrastructure and recruitment of staff.**

A VC: We all recognise that NHS organisations and GPs do a fantastic job but can't invest money to fix the systems – One of the reasons we know this can work is that we can put investment in at the beginning. Virgin are investing in two main things from the start – IT and staff training & recruitment. We are not intending to replace the IT infrastructure but link all of them (hospitals/councils/GPs/Community Services) together. We would like to have the first parts in place by April when the contract starts.

The issue is national and there are nurses leaving all over the country because of conditions. We can't offer guarantees but are working on how we can improve conditions. Staff who work for Virgin Care keep their NHS Terms and Conditions and we are working on how to best retain staff – it is still a problem but we plan to invest up front and give them the equipment they need to help them in their job and make them more efficient (smartphone/ipad etc.)

Q **We've heard a lot about the Frail/Elderly – what are you going to put in place for those people who are in hospital for weeks and weeks?**

A VC: Care coordination runs from the start of a condition and focuses on prevention. Also, making sure that patients can leave hospital when they are ready is all part of care coordination. A lot of people are medically ready to leave hospital but want good care/social care. This is all part of the programme we are investing in, to keep people out of hospital where possible, and to get them home as soon as possible.

Q **When you sub contract can you guarantee that you won't sell our NHS abroad/sell it off?**

Can you promise you won't sell up if you sub-contract?

A VC**:** We only work in England. All t**he** organisations we will subcontract to are already here in East Staffordshire**.**

Q **What will you have in place on 1st April – what will be there?**

A VC: April is the starting point. We are talking to partners about current levels of resources and looking at the gaps to see what resource is needed and how we can align – not just capacity but process. We are doing detailed planning on how we are going to introduce the scheme in conjunction with a wide range of others.

Q **How are you going to identify the people who need this help?**

A VC: We will use 'risk stratification' which means we will be working with local GPs to proactively identify those most at risk. These will usually be people with a combination of medical conditions. We will identify the most high risk at first and work with them.

Q **You talk of using IT – East Staffordshire has one of the highest levels of lack of access to IT and not everyone is confident in using IT.**

A VC: It won't be a case that everyone has to use IT. But it important that we create opportunities to empower local residents and give them more confidence with IT to support their health and wellbeing. One of our ideas is talking with local schools and the Princes Trust to look at opportunities of working together across the generations to support members of the local population to become more confident with IT.

C **There is a step missing in the Citizens Panel– there should be a 4th level – it should be Involve then Empowerment.**

C **Patient Groups have been excluded and continue to be excluded in engagement. These should be included before plans move on to care co-ordination. Arrangements have already been started and are way down the road this is not what was promised. You are ploughing through before involving patients. This is a new beginning and patients want to be involved now not wait until April 1st. Patients don't want to be told – patients want to be empowered in that process.**

A VC: Even before the CCG went out to tender, patients were involved and the CCG was involved in consultations with the public and this has been documented.

We have talked to a lot of patients and will talk later (in the following presentation) about our Citizens' Panel which will be the vehicle in which we will continue to get patients' views. The contract doesn't start until 1st April. Invitations to all our engagement events have gone through patient groups.

Additional Questions submitted in writing at the Burton event

1 I have excellent surgery-Winshill Medical Centre. 100% satisfaction. How will these changes introduced by Virgin Care impact on this practice? You seem to want people rapidly out of hospital (great) but what guarantee will there be to ensure adequate support is provided within their own homes?

A: VC: We are working closely with local GP Practices so that we understand their challenges and their patients. By establishing these Care Coordination Hubs we will help reduce the administrative workload on GPs and free up more of their time to spend with their patients. GPs will be able to refer patients with complex needs to the care coordination team, who will support patients'' GP by liaising with the hospital, Social Care and many other organisations.

People will only be discharged home from hospital once we know that there will adequate support in their home and, again, this is something which the Care Coordination team will be supporting.

2 How many patients have you talked to about their needs at this point in time. Data security!!

A: VC: The Improving Lives Programme was designed by patients, based on what they told the CCG they wanted. We have read all the information which the CCG has gathered from patients, carers and the public in East Staffordshire. We've also held joint public meetings with the CCG and members of the Virgin Care team have been on several occasions to the CCG's Patient Board meetings and District Patient Group, as well as meeting with individual voluntary groups and charities. Now that we are in the early stages of the Citizens' Panel, there will be many opportunities for patients to get involved and give us their views.

Data security is of paramount importance and we are investing a great deal in IT and all we do will be within agreed information governance frameworks, which will ensure that data is kept secure.

3 There were 3 questions posed from existing staff around District Nurse recruitment and retention. The transfer of staff is subject to TUPE legislation and Virgin Care are working closely with SSOTP to answer these and other questions directly to staff

A: Over the next few weeks Virgin Care will be at three staff meetings for the Community Staff, including District Nurses and Community Matrons. As per the TUPE guidelines, these meetings are being organised by their current employer, Staffordshire and Stoke on Trent Partnership Trust. We are looking forward to meeting staff at those meetings and hearing their hopes and their concerns. We want to work with them to improve the outcomes for local patients. While recruitment is a challenge across the NHS, Virgin Care has experience of recruiting and retaining staff by drawing upon their national scale to create more opportunities for training and development than staff have previously experienced as well as empowering them to have a more meaningful role in shaping how services are provided.

Please do come to the staff meetings which are taking place and speak to a member of our team. These question and answer sessions have to be run alongside SSoTP, as per the TUPE legal process.

4 a) If the services commissioned are not efficient will they be stopped?
A: VC: Our main concern will always be patient safety. We would not change a service without first talking with patients and understanding their needs to help us and find a better way of providing that service.

b) What other areas have commenced this service? / How many areas commenced this and no longer provide it?
A: VC: We're not sure which service you mean? If it's the Care Coordination Service, then as we have described it, it is a new approach which has not been used in other areas yet. However, all aspects of the service have been done before in different services, just not all together with the IT.

c) Will there be any regular audits – if so will they be made available to the public/private sector.
A: CCG: Yes. The Clinical Commissioning Group will be monitoring and holding Virgin Care to account and in the same way Virgin Care will be monitoring its sub contractors.

e) What will happen after the 7 year term has ended?
A: CCG: Well before the end of this NHS contract, the CCG will need to decide what a future contract should cover and will then begin the procurement process.

f) Have you written to all patient groups to inform them of this change?
A: CCG: The CCG has sent the Improving Lives updates to all the patient groups we are aware of and to everyone who has attended the public meetings. We have done our best to publicise Improving Lives to through our Patient Board, GPs' Patient Participation Groups and in the local communities and local press.

5 You said with the case managed patients you will be looking after.

How many unpaid voluntary people will you be using?
A: VC: We will be working with voluntary sector organisations which have both paid staff and volunteers. It's impossible to know that at present and we hope that the number will grow, as the schemes develop.

Could I find myself coming out of hospital to find an unpaid person in my home?

A: VC: Not unless you give permission for us to arrange for some voluntary help for you.

Dr Pidsey said other people were already coming to them to recommend this model. How can you? It's untested, may not work.
A: CCG: Other areas have similar challenges as we do in East Staffordshire. This is ground-breaking work and this approach could well provide solutions to their challenges too.

6 When will Virgin Care start to pay UK corporation tax?
A: VC: Corporation tax is payable on company profits. Our shareholders are still investing in our growth and improving the NHS services that we provide. We are incorporated in the UK and subject to normal UK tax law, and we will continue meeting our obligations in full as we transition to becoming a profitable organisation.

7 Burton being "Border" will there be transport available for the Needy, frail/elderly ie, To Derby, Stafford, Wolverhampton etc.

A: VC: The same arrangements and criteria for eligibility for transport will be in place as at present.

24 November 2015 – Uttoxeter Racecourse

Questions raised during the meeting

Q1: Has the care coordination service been tested or used before or is it new? If it has been used before what have you learnt?

A: VC: We have similar services in Devon and Surrey. Neither is exactly the same as the system proposed here, both do slightly different things. The service in Devon is for all children with disabilities. It has a single point of access and fewer care coordinators. Surrey is more similar, but is 3 centres not a single point of access. We haven't done one covering an area this big before. The bit here that is new in the integrated record (nobody has done this yet in the country). We'll be using a product from America, the same product which will be used in Manchester (often referred to as Devo Manc) – but we will get it first.

Q2: IT – It is always difficult integrating IT systems, what are the milestones and key dates?

We have a project plan. IT can move forward relatively quickly. The bit that could take more time is the agreements for consent and data sharing – but of course it's important we get this right. We are already engaged with all key stakeholders to have this ready within the first few weeks of service go-live. All basic systems will work with the care coordination services by autumn 2016.

Q3: I am interested in the company you are working with on this new system. Can you share who this company is?

A3: VC: The company name is Lumira. It is a company from the US and it is already integrated with NHS services in the UK such as EMIS. The service will provide us with a UK provider. We will have the benefits of a well worked out American system delivered by a UK company. We will not replace the old systems, this one will just fit over the existing ones.

Q4: What will you do if the system does not work?

A4: VC: At the moment each organisation has a system in place. The new systems will not stop the old systems from working. We feel there will be better care if the systems talked to each other and our staff could view this overall record. The new system will sit above the existing ones and talk to them to bring the data together. If this should not work nothing would be lost, and we will already be working more closely together. We will work around any problems if they occur but again be assured we are not ripping out or replacing any systems.

Q5: What systems will this be able to talk to?

A5: VC: We want the system to link the hospital, with GP systems, community systems, social care, mental health and ambulance, subject to consent and protocol. This will not add to the workload for staff, as this system will pull the data from the existing systems. The information pulled will depend upon what is already in the current systems.

Q6: Will all community services be taken over, or just those dealing with long term conditions and frail elderly?

A6: VC: The focus is on frail elderly and long term conditions, but the service is available for anyone above 18 years old. It makes sense to deliver all the services.

Q7: Money and care. I was at a meeting today where I was told that no one has any money including the acute hospital and the CCG, who are in debt. I am assuming that Virgin do, which is great news. We want to prevent people going into hospital unnecessarily, and get people out of hospital, but if no one has money,` how will they come up with the services? For example, to come out of hospital you may need a care package. There is not enough money or people. We need people to go into people's homes to wash, care and provide for people. People who do this are currently paid appallingly, and there are not enough of them. How are we going to get a good domiciliary service to keep people in their homes? We need to pay staff at an

appropriate level, so the same people go out to look after these patients on a regular basis so they know the patient and understand them, and prevent them going in to hospital

A7: VC: We agree that it is fundamental that we improve the quality of life for the frail elderly and those with long term conditions in this area. We want people to feel confident, supported and safe. Supporting people to live well in their own homes falls under the Staffordshire County Council budget. Virgin Care is not paid to deliver this within this contract, but we all recognise it is vitally important. The CCG and Virgin Care are working closely with Staffordshire County Council social services to find new solutions to these challenges. We will be looking at better use of technology and more joined up services.

Q8: There are social services cuts across the country. Could the new system identify a gap in the service?

A8: VC: This is one of the things that will happen. We will try to keep people independent for as long as possible, reduce dependence and increase independence. The reduction in local authority budgets is a major challenge to both the NHS and local authority.

Q9: I use to work with Connexions, which was about giving young people a vision and support for the future. We did not get further funding from the council to continue the service. If parts of your diagram are provided by the local authority, how will you make them work with you? Do they have an obligation to work with you?

A9: VC: We are doing joint planning with the local authority, and looking at what we would do in practice to resolve the issues. It goes back to supporting people as people, not “yours/ours”, it is person-centred planning. Virgin Care can still make some investment, but there needs to be the right amount of money in the system. The biggest reason people are not coming out of hospital when they are ready is because they are not getting a social care assessment quickly enough. We are moving to a new process – discharge home for assessment – and then fully supporting this. There is evidence that there is less need for care packages when patients are back in their home.

Q10: My elderly parents live in South Derbyshire. They have a GP in Leicestershire, and have been admitted to Burton Hospital. How will this integrate? Who will look after them apart from me?

A10: VC: This is not a new issue. When Burton Hospital has patients admitted from Staffordshire there are well defined systems and processes. Where patients are admitted from outside of Staffordshire it becomes more complex, the relationships are not so well established. This system will not make it any worse and will hopefully make it a lot better. Virgin Care will work with a wider remit of partners.

Q11: When demand increases and funding decreases everyone rations, e.g. through waiting lists. Mental health and social care increase the eligibility criteria, making it harder to get in. What will Virgin Care do? They have a fixed price contract, and have to pay shareholders etc. What are the Virgin Care criteria?

A11: VC: This is a different type of contract and we can make this work. We are already working within fixed price contracts in Devon and Surrey. There are no criteria as you describe. Here it is all adults over 18. What we can do that NHS organisations cannot is invest up front. We can invest in IT systems, make the job easier for staff and give care more quickly and efficiently. With our Surrey contract we have seen that if you give people the right tools to do their job they use their skills to the maximum to do a better job. We will be monitored by the CCG against outcomes, a lot of which have been decided by the public. This is an opportunity to do things differently.

Q12: Is the care coordination going to be 24 hours per day/7 days per week? How will it link with 111? A lot of patients default to A and E after hours.

A12: VC: We have already started talking to 111. 111 is within the scope of this project and could develop over time. We will look at and target the most vulnerable and complex patients in the area, drawing up care plans and carrying out assessments. Some will be monitored more closely; it will depend upon the patient. We will start operating care coordination from 8am to 10pm, 7 days per week.

Q13: I have heard a lot about the IT but not the staff. What is more important to you, IT or staff?

A13: VC: We have consistently said that two of our biggest investments are our staff and IT (give staff the tools to do the job). In my career the time spent on admin and chasing stuff slows things down and takes away from patients. The NHS has cut back on training and development for staff over the past few years. We have our own training department in Virgin Care which we are very proud of and which has won awards. The staff we will have here are the staff that exist now. We will talk to them about what they need and put it in place. Staff are the most important part in any service industry, but we have to invest in the technology too. In Surrey, our staff now have 30% more time to spend with patients thanks to new technology.

Q14: Confidentiality - you have talked about different systems linking in and targeting specific patients. How will you get patient consent?

A14: VC: We will use anonymous data to identify which patients need most help. If patients come into the care co-ordination system they will have to have given consent.

Q15: Where will the care centre be? How will you improve access for people in the rural areas e.g. Uttoxeter and Rochester?

A15: VC: Where has not been decided yet. We are trying to integrate and plan with other stakeholders e.g. the hospital estate and other options in East Staffordshire. We want to choose the best one. We are talking to Burton Hospital as it is the biggest locally. We are also talking to Derby and others. It will be a well-coordinated service for anyone who phones in, providing the same level of service for all. One of the outcomes in the contract is equality of service.

Q16: I'm thrilled to hear you're investing in services in Mental Health; it's a big issue in this area. What will this look like? Will it be a replacement for the Margaret Stanhope?

One patient I know of is in treatment in Tamworth, and the family cannot afford to visit due to the distance.

A16: CCG: This contract is focused on the frail elderly and LTC's. Part of what drives quality of life is around mental health and wellbeing issues, we all recognise this. Mental health as in mental illness is not within the scope of this contract. There will be a focus more generally on mental health and wellbeing.

Q17: Can I read the contract? If I worked for Virgin Care and managed to crack the IT I would want NHS England to pay me to deploy the IT elsewhere!

A17: CCG: The standard NHS contract is a publically available document: https://www.england.nhs.uk/nhs-standard-contract/ and includes all of the nationally mandated quality and performance standards. We have published our outcomes framework, which is at the heart of the Improving Lives contract.

Q18: When will the Citizens' panel be up and running?

A18: VC: It is open for membership now; we already have 23 members following the event last week in Burton. It's a way to continue to be engaged, and you can sign up today.

Additional Questions submitted in writing at the Uttoxeter event

Q1 Which hospitals will the IT system communicate with? What will happen for people with LTC that attend and see consultants at Stoke Hospital?

A1 VC: Initially, the focus will be on the hospitals most used by residents of East Staffordshire. Over time, we hope to develop relationships with all healthcare organisations.

Q2 Are there any community services that will be decommissioned?

A2 VC: At this stage there are no plans to decommission any services.

Q3 Will the community continence service continue and will people still receive free products "pads"?

A3 VC: There are no plans to change the continence service at this stage, although all services across East Staffordshire that are provided to people with long term conditions and those who are frail elderly will be reviewed. The focus of any review will only be to improve outcomes.

Q4 Who will be the case managers? – Profession / qualification?

A4 VC: Case Managers are expected to be community matron level.

Q5 You talked about integrating with NHs and voluntary sectors. What about other private healthcare companies i.e. oxygen companies; home enteral feeding companies; wound care?

How are you going to integrate with them and their care services (home care, delivery, nursing)?

A5 VC: It's important that all providers of health and care services work together to achieve improved outcomes, so wherever possible, Virgin Care will work with associated organisations to improve lives for the residents of East Staffordshire.

Q6 Staff training for new IT system – timescales & consequences?

A6 VC: All staff will receive full training on any new systems provided. Should their work need 'cover' while this is done, cover will be provided.

Q7 Cost of home based technology

A7 VC: There are no plans to charge patients for the use of home based technology. The cost will be covered by Virgin Care, and it will be used to improve outcomes for patients.

Q8 Voluntary sector workers – equal access to data as professionals? Vetting? Security? Checks and balances? Longevity of individual charity groups?

A8 VC: Access to information on clinical systems is always on a need to know basis, and it will be fully auditable who has accessed what information. Anyone working in a patient facing role, or with patient information will have the necessary Disclosure and Barring Service checks. Virgin Care wishes to work with organisations who support our vision to improve outcomes for patients, and will be working with voluntary sector organisations over the course of the contract, where possible.

Q9 Some staff already moved to Virgin – how many positions lost or gained?

A9 VC: There have been no local staff transferred to date. Transfer happens at the start of the contract, which is 1st April 2016. Those staff who are being transferred are currently being consulted with, by their current employer, in accordance with the TUPE legislation.

Q10 What are Virgin doing about cardiac rehab (in Uttoxeter)?

A10 VC: This will be one of the services pathways we will look at during our contract. We would urge anyone who has a view on how to improve outcomes by changing any service to join our Citizens' Panel. An application form can be found on the website: www.eaststaffscitizenspanel.co.uk