

Patient Voice Panel

The Patient Voice Panel, comprising Patient Members, Healthwatch and CCG Governing Body Lay Advisors, met on Wednesday 11 May. This is the feedback from that meeting and an update of other CCG news.



Procedures of Lower Clinical Value

Talk to us about
**Procedures of Lower
Clinical Value**



The Panel members received an update presentation on the policies and information behind Procedures of Lower Clinical Value. Some of these types of procedures are considered less effective, or are carried out for cosmetic purposes, others however such as hip/knee replacement and cataracts have good evidence for effectiveness.

The policies are designed to ensure fairness and equity regardless of where you live. All the policies have been reviewed to ensure the most up-to-date clinical guidance is met. In all cases, should a patient not meet the policy criteria, there will still be the opportunity for them to apply for the procedure in exceptional circumstances through the Individual Funding Request route.

- **Members are invited to suggest their ideas for a more reflective name for this group of policies.**

Responses to the proposed policies have been received from members of the public, providers such as HEFT, Royal Orthopaedic Hospital and the Royal College of Surgeons.

Changes have been proposed to the policies as a result of this feedback, for example within the Hip and Knee Replacement Policies, the proposal to use Body Mass Index as a criterion has been removed as the clinical evidence on this point was mixed. Local CCG Governing Bodies will review the policies at their meetings during the Summer.

NICE will be reviewing the clinical evidence of the Cataract Policy nationally in the Summer of 2017. At that point, this policy will be reviewed again, but in the meantime the CCGs have reduced the acuity level, so more people will be able to access this treatment earlier.

The Panel had recommended a series of leaflets supported the policies, so that patients had easy to read information available to them about the policies and what it means for their condition. The Panel reviewed a number of leaflet formats and fed back that: -

- **Bullet points would be useful as people remember these better.**
- **Graphics and colours make it more attractive to read.**
- **Design to break up the more detailed information for an easier read.**
- **Larger font size was seen as a plus point.**
- **Information contained within the policy document was considered useful, but would be better received in the style of the CCG's leaflet.**
- **Shorter sentences.**
- **Mention costs/funding at the end of the document rather than at the beginning.**
- **Less NHS jargon.**

Drafts of the new policy leaflets will be discussed at the next Panel meeting on 13 July. Prior to that, technical amendments will be made and a 'You Said, We Did' document will be produced. The Scrutiny Committee and the Health and Wellbeing Board will be updated and then the CCG's Governing Body will be asked to approve the policy set, resulting in contract variations with providers.



Quality Strategy

The second Quality Strategy document has been written covering a four-year period. It sets out to assure patients that the services we commission with public money are of a high quality.

For ease of use, the Panel requested a glossary of terms be added to the Quality Strategy – the CCG agreed and the strategy has been updated.

In addition, Debbie King, Deputy Chief Nurse, explained the principles of the Fundamentals of Care visits carried out by the CCG. These ensure that patients in hospitals and homes are clean, fed, watered and treated with dignity.

Panel members are encouraged to let us know if they ever had any concerns about such issues and to e-mail us their experiences. The CCG's Governing Body hears a Patient Story at each public meeting so please get in touch to share your experiences - email solihull.ccg@nhs.net with the subject 'Patient Story'.



Website Demonstration

The Panel had previously reported concerns on the ease of access and use of acronyms across the CCG website. As a result of this feedback, the CCG is now making changes to its website.

Robert Smith, Web Content Manager, demonstrated to the Panel some new features for the CCG's website including a 'jargon buster' (a guide to the meaning of acronyms used on the site).

The Panel was asked whether this was worthwhile. Members believed it to be valuable.

Some useful suggestions were received from the Panel including moving the Jargon Buster guide to the very start of the website located at the side of the web page.



Annual General Meeting Invitation

Wednesday 22nd June 2016

Cranmore Park, Cranmore Avenue, Shirley, Solihull, West Midlands, B90 4LF

1.30pm-3.00pm (Refreshments from 1pm - Cranmore Suite)

We would like to take this opportunity to invite you to the **2015/16 Solihull Clinical Commissioning Group Annual General Meeting.**

As well as sharing with you how the last year has gone and our challenges for the coming year we would also like to highlight the hard work that has been undertaken in our endeavours to provide a patient centred service. The Annual General Meeting will be a celebration of what we have achieved. We will have stalls from local and national providers who make a difference to the lives of the citizens of Solihull.

There will be networking opportunities both before and after the AGM to discuss topics with Clinical Commissioning Group member colleagues and Governing Body members.

To reserve your place at the Annual General Meeting please contact Sue Byrne on sue.byrne@nhs.net or call 0121 713 8812 by 13th June 2016.

We look forward to seeing you there.

Dr Anand J Chitnis
Chair and Clinical Lead, NHS Solihull CCG



How can we improve support for carers?

The Department of Health wants to learn more about the lives of those who give their time and energy to support friends or family members needing care. We want to hear from carers, those who have someone care for them, business, social workers, NHS staff and other professionals that support carers. We are developing a new strategy to set out what carers need; one which reflects their lives and the health and financial concerns they have about themselves, their families and those they care for. The Department of Health's [call for evidence closes on 30 June 2016](#).



Consultation on Solihull Health & Wellbeing Strategy (2016-2019)

Solihull Health and Wellbeing Board has the responsibility for overseeing improvements to services and the borough's health. It sets out the strategy for how all agencies in Solihull work together to improve the health of the borough's residents.

The Board's draft Health and Wellbeing Strategy does just that – it sets out a vision of all partners including Solihull Council, Solihull Clinical Commissioning Group and the voluntary sector for a fairer Solihull, with reduced health inequalities and key priorities for partners to build into our plans.

From cradle to grave, we want to prevent illness, intervene earlier when people do get ill and help people to retain maximum independence. We want partners to work more closely, making every contact with residents count and offering a seamless service.

We would like your views on the priorities we have set out. It's really important as this strategy will shape the plans of the commissioners of health and social care services in the years ahead.

<http://www.solihull.gov.uk/About-the-Council/Consultations/currentconsultations> will take you to the document (18 pages) on the consultations page.

http://www.solihull.gov.uk/Portals/0/Consultations/HWB_strategysummary201619.pdf takes you straight to a summary document of the priorities (8 pages).

Answer just six questions to share your thoughts on the strategy: <https://www.surveymonkey.co.uk/r/N6MR5TK>

The consultation closes on 20 June 2016.



Healthcare Travel Costs Scheme Survey

The Healthcare Travel Costs Scheme (HTCS) is an important resource that helps people on low incomes get help towards their travel costs when accessing some NHS services. Usually, these are services provided by NHS trusts in hospitals or in the community. HTCS is not available to patients accessing primary care or who need urgent or emergency treatment e.g. the Accident and Emergency Department.

The HTCS is a mandatory scheme in England; this means Clinical Commissioning Groups and NHS trusts must ensure arrangements are in place to reimburse patients, either on the day, or by patients submitting postal claims

CCGs in Birmingham, Sandwell and Solihull would like to understand more about people's experience of the HTCS scheme and ideas about how this may be improved locally to increase access to on the day payments.

Please take part in this short survey about 'on the day' cash reimbursements. The

survey should take no more than 5-10 minutes.

<https://www.surveymonkey.co.uk/r/ZNK8WZT>



Health chiefs support IBS awareness month

NHS Solihull Clinical Commissioning Group (CCG) last month backed IBS Awareness Month throughout April to help raise awareness of irritable bowel syndrome (IBS), which is thought to affect up to one in five people at some point in their life. People who have symptoms of IBS are being encouraged to seek medical advice.

The symptoms for the condition vary between individuals and may affect some people more severely than others – the main symptoms tend to be bouts of stomach cramps, bloating, diarrhoea and/or constipation. The condition usually develops when patients are aged between 20 and 30 years of age and it affects twice as many women as men. Once diagnosed the condition is often life-long, although it may improve over several years.

Many cases of IBS can be diagnosed based on your symptoms alone, although sometimes further tests may be needed to check for other possible causes. Diagnostic tests can include a sample of your stools will also often be tested for the presence of a substance called calprotectin. This substance is produced by the gut when it is inflamed, and its presence in your stools could mean your symptoms are being caused by [inflammatory bowel disease \(IBD\)](#).

From mid-May 2016 Solihull GP practices will now be able to directly request the Faecal calprotectin (FCP) test from Heart of England Foundation Trust. The diagnostic test reporting will be done in-house to reduce the turnaround time for the report to get back to the GP practice. In about one of cases of suspected IBS the FCP test can rule out the need for a GP referral to Gastroenterology and a possibly a colonoscopy day case procedure.



Area Prescribing Committee Patient Representative Wanted

Midlands and Lancashire CSU are looking for a Patient and Public Representative attend the Area Prescribing Committee (APC) meetings which are held on the 2nd Thursday of each month (pm) in Edgbaston.

If you are interested in applying, please contact Isabelle Hipkiss, Senior Prescribing Adviser (MLCSU) at isabelle.hipkiss@nhs.net. The closing date for submitting an application is 5pm on 27th May.

If you have any questions or wish to discuss the role further, please contact Isabelle by email or on 07773 048606.



Tell us your story

We want to hear your experiences about local health services in Solihull. Talk to us and share your story by emailing: solihull.ccg@nhs.net with the subject 'Patient Story'.

You can choose how involved you want to be from receiving newsletters to taking part in focus groups – it's up to you.