

Improving Lives Event
Uttoxeter Leisure Centre
7th July 2015

Question & Answers

Questions and Answers asked during the Open Conversation section of the event

CCG= East Staffordshire Clinical Commissioning Group response

VC= Virgin Care response

Q: Question; C: Comment; A: Answer

Q	<i>People only find out some of the things they need to know when there is a problem – when I had a reaction to a wasp sting and I was waiting for my phone to be reconnected (which took 14 days) I found out that I was eligible for a free priority fault repair service - if you have a chronic long-term illness or disability it makes sure that, whenever possible, you get priority treatment if you report a fault.</i>
A	VC: That is a good example of not knowing where to turn. The Care Coordinator role would be able to help to find the right answers and this shows one of the ways of how they would be able to help to support you – it is all about staying at home and being independent.
Q	<i>I was intrigued by your ‘road map’ – can the web address be given out so I can look at it in more depth?</i>
A	VC: The road map is still in construction and we are in the process of agreeing the milestones but it will be on the website when it is finalised so that you can follow our progress and hold us to account.
Q	<i>I suffer from depression and anxiety – if this is all about an integrated service why isn’t mental health included?</i>
A	CCG: We had to draw a line somewhere and long term conditions and the frail and elderly is manageable. Virgin Care are experts at working in partnership and work on mental health will be integrated but is not part of the scope for this procurement. As a CCG we are committed to working for the parity of esteem between mental and physical health and it is in Virgin Care and the CCGs interest to ensure it works. 25% of people admitted to hospital have both physical and mental health issues and the line is very blurred. We will be working closely to make sure services are joined up and will be working very closely with the Mental Health Trust. All CCGs across Staffordshire have signed off the Mental Health strategy, so that they should achieve the same sort of outcomes.
Q	<i>There are 6 to 7million people who suffer from hearing loss and a lot of people who have no hearing at all. Will the services be accessible to people with hearing/voice problems?</i>
A	VC: That’s a great point. We have multi-functional access solutions – that enable services to be accessed by a range of methods including email and text messaging.

Q	<i>A big part that appears to be missing is the integration with Health and Social Services.</i>
A	<p>CCG: Virgin Care have a very good record of working in partnership with Social Care providers.</p> <p>VC: This is an issue across the country. We are in talks with Social Services and want to make sure we are 'joined up'. We are used to working with local authorities and know that sharing information is important. We absolutely recognise the point.</p> <p>CCG: One of the reasons so many people get admitted into hospital is because of the lack of other options.</p>
Q	<i>It is difficult to set up the IT Systems. How much will it cost? Is there a cap? What is the lead time?</i>
A	<p>CCG: Computers and IT systems are funded by individual organisations and there is no cap on how much they spend, that is up to their Boards. There is a cap on the CCG's spending with Virgin Care.</p> <p>VC: We provide NHS services across the country and our two biggest investments are always investing in developing and training staff and IT. We have a good IT team and will invest upfront.</p>
Q	<i>Not all people with long term conditions are frail and elderly and some are still working – how will their care be improved? I cannot see what Virgin Care will do to improve my life? I have diabetes and manage my condition well. I have good care in primary care already so what can Virgin Care do to improve this? I do not fit into the age groups you talk about as I work and manage my long term conditions well.</i>
A	<p>CCG: Details will be added to the framework as it develops. There are many measures of success that will ensure care is improved. Virgin Care will support and help free us in General Practice to achieve better outcomes and improve patients 'conditions from deteriorating.</p> <p>If you are happy with your care then we should leave it alone. But thousands of patients do think they need more help. If there are things that you wish to see in the framework talk to the CCG or Virgin Care.</p>
Q	<i>I am frightened of what 'this' means for me. Rheumatology is a big issue. I am happy with now and I don't want to lose what I have.</i>
A	<p>CCG: If it's not broken, then we don't want to fix it. Our aim is to preserve good care. The contract goes live in April 2016 and I can assure you that our definite aim is to keep standards high.</p>
Q/C	<p><i>It is good to hear a vision for the future – but what is the role of the CCG in this?</i></p> <p><i>What steps are there in place for 7 years' time when the contract ends?</i></p> <p><i>What if Virgin don't want to re-tender or cannot produce the predicted results?</i></p> <p><i>What about integration between Social and Medical Care?</i></p> <p><i>Social Services need to step in to assist with inappropriate admissions to hospital.</i></p>
A	<p>CCG: This is all about contract management. Virgin will be responsible and accountable but the contract doesn't mean that Virgin are going to take over direct provision of all of these services. They will subcontract to NHS, voluntary and other organisations. They may or may not deliver some themselves.</p> <p>When nearing the end of the 7 years contract, the CCG will follow the standard procurement</p>

	<p>regulations and it would be for Virgin Care to decide whether or not to submit a bid. Any staff who are transferred to a different organisation as part of this programme or at the end of it will have all of their terms and conditions protected throughout by TUPE legislation.</p> <p>How will we know they're doing a good job? This is a standard contract and Virgin will be subjected to the same rigorous quality/ assurance/safety standards as any other supplier and on top of that, we will also be measuring performance against the outcomes framework.</p> <p>VC: There are a number of things Virgin Care are working on. We would be working with GPs/Hospitals/Community Services to make it possible for someone who goes into hospital and wants to go home, to do so safely.</p>
Q	<i>What happens if the contract outlives the CCG?</i>
A	CCG: If the contract outlives the CCG, then whatever NHS body replaces it will take over the contract.
Q	<i>There is a long hard road to go down before good IT and communications exist between hospitals and GP practices. Is this likely to happen as it would be fantastic?</i>
A	CCG: The CCG have already invested in a system that means that, with appropriate consent, the appropriate bodies will be able to share information. This means that a GP or Hospital will be able to have a view only screen and, with the appropriate consent, this can be extended to a version where details can be updated so the other party can see the most up-to-date information. The technology is already there, so we have a good platform to build upon.
Q	<i>I do hope this is a success, for my family and for the people of East Staffordshire but I do have genuine concerns as there was a report in the newspaper saying that some of the money was going to shareholders dividends. Is this money going into private hands?</i>
A	CCG: The contract is an NHS contract. It is a fixed price contract at the price that we spend now. This is a good deal for taxpayers. We are able to do this by transformation and improvement of services. We are confident and clear that Virgin Care have the skills and capabilities to help organisations to work together. There is clearly a commercial angle and it is a reasonable return for the improvements that we are going to make.
C	<i>Many illnesses, fibromyalgia, cancer etc. do affect some people's mental health and I pray that these people's needs are met.</i>
Q	<i>Can you define the term 'paid volunteer'? In terms of consultation what is your relationship with Healthwatch?</i>
A	<p>VC: We have talked to Healthwatch and they are a valuable source of information.</p> <p>We are aware that voluntary organisations cannot exist on fresh air, there have to be formal arrangements and we are talking about how they can be supported.</p> <p>We are working closely with Age UK across the country. In Surrey we have volunteers providing extensive services, but they need their expenses paid. Volunteers would be providing services and need their expenses paid for. They would be people who don't need a paid salary but would get reasonable expenses that they incur refunded.</p> <p>There is a very clear difference between paid employment and volunteers.</p>
Q	<i>How often would outcome measured data be reviewed and who reviews it? Would it be a 7 day service?</i>

A	<p>CCG: The outcomes will be reviewed quarterly and annually to see whether Virgin are attaining results and it would be an ongoing process. Many of these services, for example, Community nursing are already 7 day a week and throughout the life of the contract all parties will be working together to improve access to more services.</p>
Q	<p><i>It's a fixed price contract and services will be contracted in I can only see it happening by cutting costs and efficiency savings. Looking logically I can't see how it will work.</i></p>
A	<p>VC: We will provide NHS services for the same amount of money or less. We make this work by getting the system to work more effectively and by focusing on prevention that can keep people well at home and avoid costly avoidable trips to hospital.</p> <p>We can see where duplication is taking place. Some services are not there but need to be. We add in services to prevent people needing to use more expensive services. To make these changes investment is needed upfront and we have the funds to do this, rather than rely on annual funding cycles that often prevent this sort of transformation from being achieved in the NHS.</p> <p>The NHS is drowning in paper – we know what needs to be done and what can be cut out. The improvements we will make will lead to more face-to-face time for patients and deliver savings.</p> <p>We can maintain the quality and make a very small profit in return for investing up front.</p>