

## Governing Body 25 July 2017

### Questions from members of the public

<p><b>Jan Birtwell – Governance of Accountable Care</b></p> <p>Question: I realise that you do not know what the governance structure for any Accountable Care System will look like, but cannot think of a reason why you will not commit, in writing, to holding ACS governing board meetings in public, other than that you consider holding them in private could be an option.</p> <p>I hope you can give clear reassurance that this is not the case and commit to such meetings being held in public, whatever their structure or legal standing turns out to be.</p>	<p><b>Response:</b></p> <p>All commissioning and provider NHS Trusts meet in public and we do not see why this would be any different for an Accountable Care Partnership going forward.</p> <p>The ACP is still in development and all partners are working together on the governance arrangements so we will make this expectation clear within the planning.</p>
<p><b>Jan Birtwell – Capped Expenditure Process</b></p> <p>I understand that the capped expenditure discussions have been completed and, according to an article in the Guardian, our STP footprint is expected to save £55m on top of the £106m already agreed.</p> <p>1. Is this correct and what will this mean for Coastal West Sussex CCG and the services it commissions?</p> <p>2. Ideas suggested in the article, attributed to anonymous NHS bosses, include:</p> <ul style="list-style-type: none"><li>• Restricting the number of patients given angiograms or angioplastys</li><li>• Rationing knee operations, cataract removals and tonsil removals, restricting IVF treatment and the provision of hearing aids</li><li>• Closing beds, or even whole wards, in community hospitals</li></ul> <p>If this is the case, what is the clinical evidence base for such decisions to suggest they can be made without endangering or reducing quality of life for residents of Coastal West Sussex?</p>	<p><b>Response:</b></p> <p>1. The organisations in the Sussex and East Surrey sustainability and transformation partnership have put together ambitious financial plans for 2017-18. However, collectively, the plans would overspend by £55m against the financial “control total” that has been set by NHS England and NHS Improvement.</p> <p>NHS England and NHS Improvement have requested a balanced plan for 2017-18 - through the capped expenditure process - to provide services within the funding available. All the partners, including NHS Coastal West Sussex CCG, are working jointly to develop this plan. The scale of the financial challenge the local NHS is facing cannot be underestimated and the challenges we continue to face mean we have an unprecedented level of savings to deliver this year.</p> <p>The capped expenditure process requires all organisations to look at how they compare with national benchmarks for clinical efficiency, management costs and increasing the care provided to patients out of hospital.</p>

2. Firstly, no decisions have yet been taken.

The local NHS must work differently if we are to address the financial challenge this year and going forward.

We know there is considerable variation in the thresholds and criteria applied before patients are referred for tests and treatment. For example, some procedures are four times more likely to be carried out in some parts of the area than others and we need to understand why this.

Therefore, clinicians across Sussex and East Surrey, including from the CCG, are looking at the clinical evidence base for all treatments and procedures provided across the area, including cardiac services, to ensure that only clinically effective treatments are commissioned, in line with the latest evidence and NICE guidelines.

This group of clinicians will be exploring a long list of options and will be involving patient and public representatives in their discussions. We know that this work is likely to identify areas where current services in Coastal West Sussex are not in line with current clinical evidence, or that the thresholds are not being stringently enforced. Once their recommendations have been considered, decisions will be taken through the CCG's Governing Body after proper public consultation if appropriate.

### **Petitions/corporate correspondence**

We have not had any formal petitions submitted to the CCG since the previous Governing Body: Assurance meeting April. We have had a number of letters about three common issues that we have responded to and just wanted to share with at the Governing Body. The areas are:

- Access to diabetes monitoring strips
- Access to specialist nurses for people with secondary breast cancer
- Access to the IAPT mental health service

Our responses to all of these are on our public website.