

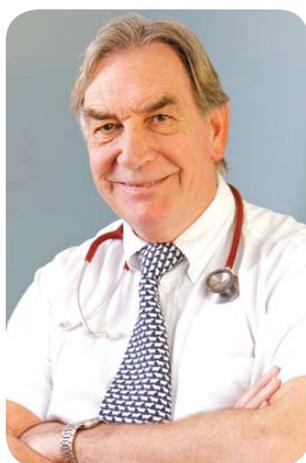
# Welcome from the Chair

**It's hard to believe that six months have passed since our last newsletter – time really does fly when so much is going on!**

Last time I sat down to write an introduction to this newsletter our Clinical Commissioning Group (CCG) was still working hard towards becoming a fully-fledged NHS organisation. I'm pleased to say that in February we successfully passed NHS England's authorisation process and we officially took over from the former Primary Care Trust in April.

This means that we are now responsible for identifying and buying the vast majority of health services for around 142,000 people living across Scarborough and parts of Ryedale. This includes health services like planned and emergency hospital care, rehabilitation and community and mental health services.

At the heart of our CCG is our Governing Body which has representation from local GPs, other healthcare professionals and lay members. In May we welcomed Dr Ian Holland to our Governing Body which completed its membership and meant we had the view of a secondary care doctor when making decisions about local services.



The fact that we have access to the knowledge and experience of so many local healthcare professionals means that, in my view, the NHS is in the strongest position in its history to ensure that healthcare is provided in a way that best meets the needs of local people.

In other news, our CCG is making great progress towards delivering some of the key initiatives highlighted in our four-year commissioning strategy. As you will read over the following pages there are some really exciting changes on the horizon around how we work more closely with partners such as North Yorkshire County Council and York Teaching Hospitals NHS Foundation Trust to improve patient access to care and services in the community.

Not only will this help to keep people in their own homes for as long as possible, which incidentally is something local people said was important to them during our 'Your health, your say' campaign last year, but also help to reduce pressure on A&E departments which is an issue facing the NHS across the country.

On a similar theme a new national telephone-based service called NHS 111 is now live in our area. This three-digit number replaces the former NHS Direct service and should be used by anyone needing advice about what treatment or service to access. There's more information about this service on page 6.

I hope you find this newsletter a useful update on our work and, as always, I'd welcome any questions or feedback you may have via our contact details on the back page.

**Dr Phil Garnett**  
Chair

*"...our CCG is making great progress towards delivering some of the key initiatives highlighted in our four-year commissioning strategy"*

## INSIDE

**2**  
**4**

Improving access to care in the community

How to get involved in local health services

**5**  
**6**

Malton MIU reopens at weekends

NHS111 – help to find the right health services

# Improving access to care in the community

**In April we launched our four-year commissioning strategy which identifies how we will work towards our vision of improving the health and wellbeing of everyone in our communities.**

An important part of our strategy is about how we can improve the way health and social care services work together to improve access to care in the community and provide a more joined-up service for patients.

This programme of work, which is being led by our CCG in partnership with other local health and social care organisations, is made up of a number of different projects all of which will help to support patients closer to home and reduce the risk of them being admitted to hospital.

When we held our 'your health, your say' initiative earlier this year, one of the things you told us was that being cared for as close to home as possible was really important and that you agreed we should do everything we can to prevent patients ending up being admitted to hospital.

Over the coming weeks we'll be producing lots of information about this programme of work so keep an eye on our website for the latest news. In the meantime, here's a brief description of the main projects that will help to improve:



**Dr Gregg Black**  
CCG lead for community services

## Identify

### Risk stratification

- › Risk stratification is a new tool we will use to help identify patients with a high risk of being admitted to hospital. These will mainly be patients with a long term health condition.
- › Being able to identify these patients early means we can develop a package of care that prevents their condition deteriorating, enabling them to continue to be cared for at home.

### Single point of access

- › A professional-led call handling service that will deliver a single point of access and co-ordination to community-based services.
- › This will ensure that the person being referred to the service receives a response and outcome that is appropriate to their needs.

## Support

### Neighbourhood care teams

- › This project will see the formation of what we call 'multi-disciplinary teams'. This basically means a team of different health and social care professionals who work together in a coordinated way to develop a care plan for the patient.
- › This will create a more joined-up service for the patient and reduce duplication.

### Evening response

- › Working with GP practices, community and social care professionals, this project will establish an evening service that responds proactively to presenting urgent care needs, utilising alternative care provision to avoid hospital admissions. It is a community-based response service available between 6:30pm and 10pm.

### Care home link nurses

- › This project aims to improve end of life care in homes, keeping patients within a care home setting rather than being admitted to a hospice or hospital.
- › Where hospital admissions are unavoidable the service will work with the care home to enable the patient to go home as soon as is possible.
- › The appointment of Care Home Link Nurses will provide the expertise to support patients more effectively without admission.

### Home from hospital

- › This project is about providing individually tailored, proactive, practical support for vulnerable people who leave hospital to help them settle back into their own home.
- › The aim is to ensure the person's home environment is safe and warm and they have sufficient food, skills and ability to look after themselves.

## Educate

### Health trainers

- › The aim of this project is to work in partnership with Scarborough Borough Council and North Yorkshire County Council to commission health trainers to reach a range of people that either have long term conditions or are at risk of developing them in the future.
- › The health trainers will be a key service in extending access to hard-to-reach and disadvantaged individuals; providing one-to-one health improvement support, motivating and signposting members of the public to make long-term healthy lifestyle decisions.
- › They will also act as a portal to a range of services available from the county and borough councils, NHS and the voluntary sector.

### COPD / Respiratory Inhaler / Heart Failure Projects

- › These projects aim to improve the management of patients diagnosed with COPD, Asthma and Heart Failure.
- › It will include educating them about the appropriate use of medicines to help them manage their own condition.

# Alcohol support workers reduce the strain on A&E departments

**Our CCG has been part of an on-going collaboration with York Teaching Hospitals NHS Foundation Trust (which operates Scarborough Hospital) to introduce extra support for patients who present at A&E under the influence of alcohol.**

Alcohol support workers provide advice and intervention to people who present to A&E with alcohol related problems on a Friday and Saturday night. Eighteen months into the project

we have clear evidence to show an improvement in the individual health and wellbeing of the individuals categorised as light and medium drinkers as well as a substantial reduction in further A&E presentations and a reduction in acute hospital admissions.

We are pleased to announce that our partners have recently agreed to fund an additional alcohol worker in A&E specifically to target and support young people.



**Dr Omnia Hefni**  
CCG lead for emergency care

# Open evening for new offices

**In June we welcomed a number of special guests to an open evening to mark the official opening of our new offices in York House.**

Although technically we've only moved about 12 feet from our old offices on the ground floor of York House up to the second floor, having access to more space (and windows!) has made a world of difference to staff morale. Also, the additional meeting room space means we no longer have to spend money on hiring private venues.

I'd like to thank all the staff who made the transition such a smooth one!



*"Having access to more space (and windows!) has made a world of difference to staff morale. Also, the additional meeting room space means we no longer have to spend money on hiring private venues"*



**Simon Cox**  
Chief Officer

# How to get involved in shaping local health services

**As an organisation that puts the needs of patients at the heart of every decision it makes, it is important that we create opportunities for people to hear about our work and have their say.**

There are a number of ways you can do this which are explained below:

#### **Via your GP Practice Patients Group**

Our CCG is a membership organisation made up of 17 local GP Practices. Each of these Practices has its own patient group which meets regularly to discuss issues relating to the GP Practice and also wider issues which may affect patients from other GP Practices in our CCG.

If we want to hear the views of people about a particular issue we may send information to GP Practice patient groups so they can discuss it at their meetings and then send us their ideas.

Our CCG has also established an overarching patient group, the membership of which includes a representative from each of the 17 GP Practice patient groups. These representatives act as the link between our group and each GP Practice patient group which ensures information can flow effectively between them.

If you would like to get involved with a patient group, speak with a receptionist at your GP Practice.



**Check our website:**  
[www.scarboroughandryedaleccg.nhs.uk](http://www.scarboroughandryedaleccg.nhs.uk)

From time to time we give people the opportunity to comment on a particular issue or service that we may be looking to change. The 'have your say' section of our website includes details of these opportunities and usually includes a link to a survey for you to complete or information about an event we may be holding.

#### **Share a compliment or concern with Patient Relations**

We welcome feedback from patients, families and carers about the care and treatment they receive. This can include raising concerns, complaints and compliments.

You can get in touch with our Patient Relations team by:

- Emailing: [SCRCCG.PatientRelations@nhs.net](mailto:SCRCCG.PatientRelations@nhs.net)
- Calling: 0800 068 8000
- Writing to: Patient Relations, Unit 1, Triune Court, Monks Cross North, YO31 9GZ



**Andy Hudson**  
CCG lead for patient and public involvement

**BE CLEAR ON CANCER**

Coming this autumn  
National 'Blood in Pee' campaign

If you notice blood in your pee, even if it's 'just the once', tell your doctor.



#### **Join us on twitter and facebook**

Our facebook and twitter profiles contain the latest news about what we're up to and how you can get involved. Feel free to ask us questions and comment on our posts – we'll do our best to respond quickly!

Facebook: [www.facebook.com/srccg](http://www.facebook.com/srccg)

Twitter: [@srccg](https://twitter.com/srccg)

**facebook**



# Malton minor injuries unit reopens at weekends

**If you live in or around the Malton area you will no doubt have heard quite a lot about the situation with the minor injuries unit (MIU) located at Malton Community Hospital.**

As a quick recap, the former Primary Care Trust (PCT) made a decision late last year to reduce the opening hours of the unit which meant it would no longer open on evenings or at weekends.

The reason for the decision was to try and save much needed money as the PCT's end-of-year financial position was heading towards a significant financial deficit.

Although the decision was based on an analysis of how many patients accessed the unit at different times of the day (which did actually show that numbers accessing it after 6pm and at weekends were low), local residents expressed huge

concern towards the loss of what they felt was a very important and valued local health service.

As our CCG was operating in shadow form alongside the PCT at the time, we gave a commitment to review the decision and subsequently held a period of engagement with local people to hear their concerns and see whether a solution could be found.

During this period of engagement people told us that the availability of the service at weekends was particularly important, but could understand why it made sense to close the unit on an evening when less people accessed it.

Weekend availability was seen as important due to the number of local sporting activities that take place such as football, rugby and horse riding which all pose a risk of injury.

Based on this feedback we made a commitment to reopen the unit at weekends and the MIU actually reopened its doors on Saturday 3 August.

It is really important that we continue to monitor the use of the MIU to ensure it continues to be a well-used service and is a good use of public money.



**Simon Cox**  
Chief Officer

# Helping you access the right health service

NHS 111 is a new service that's being introduced across England to make it easier for you to access local NHS services. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time.

NHS 111 is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones.

You should use NHS 111 if you urgently need medical help or advice but it's not a life-threatening situation.

## Call 111 if you:

- Need medical help fast but it's not a 999 emergency
- Think you need to go to A&E or need another NHS urgent care service
- Don't know who to call or you don't have a GP to call
- Need health information or reassurance about what to do next



*"Where possible, the NHS 111 team will book you an appointment or transfer you directly to the people you need to speak to"*

For less urgent health needs, contact your GP or local pharmacist in the usual way and for immediate, life-threatening emergencies, continue to call 999.

NHS 111 is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They will ask you questions to assess your symptoms then give you the healthcare advice you need or direct you straightaway to the local service that can help you best.

That could be A&E, an out-of-hours doctor, an urgent care centre or a walk-in centre, a community nurse, an emergency dentist or a late-opening chemist.

Where possible, the NHS 111 team will book you an appointment or transfer you directly to the people you need to speak to.

If NHS 111 advisers think you need an ambulance, they will immediately arrange for one to be sent to you. More information about NHS 111 can be accessed at [www.nhs.uk/111](http://www.nhs.uk/111)



**Dr Kath Halloran**  
CCG lead for NHS 111



# Taking steps to reduce health inequalities



**A key section of our four-year commissioning plan highlighted our commitment to reducing health inequalities. An inequality in health is basically a condition or aspect of health, such as cancer or mental health, for which the outcome is worse than if the person lived in a different part of the country.**

In Scarborough we have quite a high number of health inequalities which are mainly linked with the higher than average levels of deprivation in the area.

As an organisation whose vision is to improve the health and wellbeing of everyone living in our communities, we recognise that we

play a key role in trying to reduce these inequalities and improving overall health and wellbeing.

We recognise that local voluntary organisations play a really important role in supporting people who may be affected by health inequalities and therefore, as a first step toward tackling inequalities, we have organised a series of events which will give us the opportunity to hear from them about how we can work together to improve health outcomes for people in the Scarborough and Ryedale area.

So far we've held two events which looked at mental health and early diagnosis of cancer. We also have events planned for long term conditions, care of the elderly and children's health.

Once the events have taken place our aim is to identify some practical steps we can take, working closely with voluntary organisations and other providers of care and support, to really start to make an impact on reducing the health inequalities that have faced our communities for many years.

More information about these events can be accessed on our website.



**Dr Phil Garnett**  
CCG chair and lead for health inequalities

## Be clear on the signs of lung cancer

Our CCG has been supporting the NHS's 'Be Clear on Cancer' lung cancer campaign which was launched in July.

Around 34,000 people are diagnosed with lung cancer in England every year with the majority of cases occurring in those over the age of 50. Lung cancer has one of the lowest survival rates of any cancer because over two-thirds of patients are diagnosed at a late stage when treatment that could cure is not possible.

More lives could be saved if people were diagnosed at an earlier stage. If survival rates for lung cancer in England matched the best in Europe, it is estimated that an extra 1,300 lives could be saved each year.

A cough that lasts for three weeks or more is the most common symptom of lung cancer. Other symptoms include:

- A cough that has got worse or changes
- Coughing up blood
- Breathlessness
- Feeling more tired than usual for some time
- Losing weight for no obvious reason
- An ache or pain in the chest or shoulder that has lasted some time

It is important for people to be aware of the symptoms that could be lung cancer - if you have a cough that lasts more than three weeks then please see your doctor. It's very straightforward for your doctor to examine you and determine whether to send you for a chest X-ray or refer you on to see a specialist.

You're not wasting anyone's time by getting your symptoms checked out, go to your doctor - they will want to see you.

For further information about the signs and symptoms of lung cancer visit [www.nhs.uk/lungcancer](http://www.nhs.uk/lungcancer).

# Changes to Governing Body meetings

**In order to make our decision making process as open and transparent as possible, our Governing Body meetings are held in public to give people the opportunity to come along and observe our discussions. People also have the opportunity to submit questions in advance which are then answered publically at the start of the meeting.**

Over the last year our Governing Body has met on a monthly basis. However, following discussions at the July Governing Body meeting, we have decided to change the frequency of these meetings to be held every two months.

The reason for this change is because our members feel the time spent preparing and attending the two-hour public meeting and following workshop could be put to better use and that moving to a meeting every two months would also make for a more productive agenda.

We still welcome members of the public to attend these meetings and we have also discussed the possibility of holding some additional, more 'user friendly' events which would give members of the public a chance to not only hear about our work but also get



involved in it too. More details of this will be shared in due course. The move to two-monthly meetings will take effect following our September Governing Body meeting. Full details of future meetings can be viewed on our website.

***"We still welcome members of the public to attend these meetings"***



**Dr Phil Garnett**  
CC Chair and lead for health inequalities

## Patient prospectus now available



**Andy Hudson**  
CCG lead for patient and public involvement

With all the recent changes to the NHS we appreciate that people might be a bit confused about what organisations are responsible for what services. To try and provide some clarity we've produced a 'patient prospectus' which provides an overview of who we are, what we do and how we do it.

You can view an electronic version of our prospectus on our website, or if you prefer a printed copy, just get in touch using the contact details below and we'll post one to you.

