

Appendix 3:

Reference Group Meeting: What are the questions?

	What evidence is needed?	What questions should the commission be addressing?	Any other comments / suggestions?
Primary Care	<ul style="list-style-type: none"> • Are the incentives to Core CQOF matched to population need? • How are GPCCs to be supported more broadly to deliver their functions / agenda? • How will GPCCs collaborate effectively across consortia boundaries? • Does GP "premium" in deprived populations = better outcomes? • Sharing of clinical excellence relating to managing long term conditional amongst GPs in NYY. • Patient list size for GPs - % of high users and non-users. • How do we support GPCCs to effectively "decommission"? • Can we understand the QOF exception reporting levels? Does this mask care quality issues? • Quality measures on GPS? 	<ul style="list-style-type: none"> • How will the GPs be supported politically when difficult decisions need to be more and the "noise" will be very significant? • What incentives / encouragement can be given to GPs to take on community team / leadership roles? • What services / functions need to be in place to help GPCCs plan more effectively? • Is primary care delivering value for money? Does it proactively prevent ill health? • How will the GPCC manage performance with in their consortium? • There was a Hambleton & Richmond review in 2009? Craven & Harrogate ?when. • Does the PCT / GPs engage with independent community services to establish need? • How will we ask GPs to measure success for the future "QOF" vs 	<ul style="list-style-type: none"> • GP Contract is the last bastion that needs to be tackled. • Need to get message over to primary care that they are over doctored – either reduce or use more productive.

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		<p>“something else”?</p> <ul style="list-style-type: none"> • Whats the potential for telehealth / helicopters? • Is NYYPCT and its patch so unique as to make comparisons? • Is the number of GPs acceptable? How can we reduce these? • Why should GPs be prepared to join a GPCC and work within its guidelines? • MPIG – must we pay this on small list size? 	
Community Care	<ul style="list-style-type: none"> • Proportion in residential care? - Comparison • Clarity required regarding “spend” on community services. • Is this “NHS” community services or does it include voluntary / charitable services? • Do we know current spend by locality? • Compare “death at home”. • Living wills and DNR. • Compare staff working “overnight” in community care. 	<ul style="list-style-type: none"> • Should NYY be focusing on community care rather than acute care services which are best done outside? • NYY should become a community care facility? • Are community hospitals cheaper or could they be? • Why aren’t we transferring to step down? • The new system – how does it maximise efficiencies to the exchequer as a whole? • Nursing homes – admissions, can we prevent these? • Adult social services cut 1/3 – effect on NHS? • What are community hospitals for? 	
Secondary Care	<ul style="list-style-type: none"> • Should the integrated model of 	<ul style="list-style-type: none"> • How many hospital beds are 	

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	secondary care and primary care (Harrogate) be better for all communities?	<p>needed in NYY?</p> <ul style="list-style-type: none"> • Which centres should deliver unscheduled secondary care? • Which centres should deliver planned secondary care? • What services should be provided by the acute services in NYY? • How do we maintain acute sector stability whilst shifting towards "preventive" / "community care" based on service provision? • Rationalisation hospitals based on specialisation? • Major exporter of patients to other areas of specialisation eg Leeds? • Match money to prevention products to taking out beds in secondary care. • De-commissioning Rules – better care / better value – can these be used as a matter of course? • Thresholds in secondary care. 	
Public Health / Prevention	<ul style="list-style-type: none"> • What evidence do we have on "primary prevention" service developments? 	<ul style="list-style-type: none"> • What opportunities will be created via new Health & Well Being Boards? • How care we move "conservative" practitioners to engage in dialogue for commissioning "preventive" services? 	<ul style="list-style-type: none"> • Invest in transport?

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		<ul style="list-style-type: none"> Keep profile "well" between 65 and 80 – best practice? 	
Mental Health			
Children's Services		<ul style="list-style-type: none"> Would additional resource in community / children and mental health prevent more expensive costs at a different point? 	
Social Care	<ul style="list-style-type: none"> Recent Kings Fund report on social care expenditure since 1994, identified only 3% increase since 1994 (for elderly care) not keeping pace within demographic changes – what impact has this had on health provision. What is the evidence from localities across NYY? What is social service spend? What is the equivalent benchmark for them? Does this correlate with health? Spending initiatives of social care for the next 3 years? 	<ul style="list-style-type: none"> What do we need to do across agencies that reduces the impact on health? – social, housing, employment? 	<ul style="list-style-type: none"> Should we go to full integration of health and social care? Voluntary sector long term commitment.
Other	<ul style="list-style-type: none"> Have you look at other (non-UK) models for out of hours? Outcome measurements – secondary / primary care. What is the impact of armed forces & dependants needs on health? Will GPCCs increase quality / access / equity on decrease it? Public debate in Oregon in 1990s 	<ul style="list-style-type: none"> How well established are pathways of care to balance primary & secondary care delivery? What will be the impact of moving multiple commissioners from current single commissioner? Will this drive increase or decrease costs? How do the public get more 	<ul style="list-style-type: none"> Lessons to be learnt about the ways things are done = better outcomes. The gap is significant, there are not many options left without radical change. Passing the issue / problem between organisation is not a solution. This review must feed upwards

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	<p>resulted in above / below line re health spend – they still use it – can we use approach?</p> <ul style="list-style-type: none"> • Estimating financial impact of telehealth YHEC. • Using presented supply and demand metrics can we ascertain how useful “average” ie benchmark for PCT is to specific localities. • Requires fundamental change in every part of the system. • How are “private sector” providers utilised – what is the health spend? • Rurality index – is this correct? • Is there a mismatch between incidence of disease and resource used? • Effect of aging population will the problem stabilize? Impact of over 80s. • What proportion goes on 3rd sector provision – is that cheaper? • Effect of displacement (students / visitors) on NYY. • Any evidence that unit costs are low in a low funded PCT? • What initiatives have been undertaken to address variation in care? 	<p>engaged in the debate about funding and priorities?</p> <ul style="list-style-type: none"> • Would using programme budgeting to drive integrated care pathway development allow constraints to be managed? • How do you change clinical practice when the clinicians have a vested interest in maintaining the status quo (both workload & financial incentives)? • What are we going to stop? • Where is the management of capital to be based? • Is there clarity on population needs and how does this translate to service change (strategic needs)? • How do we balance patient choice with need to contain cost? • What is the most cost effective and clinically effective pathway for the top HRG’s? What change does that require in NYY in acute, community, primary and mental health care? • How will GP consortium commission together optimise size? • How can an integrated IT system help? • How to get distinct communities to see bigger picture? (re- 	<p>to DoH re funding allocations.</p> <ul style="list-style-type: none"> • Public needs to help understand the financial position and expectations – how can we achieve? • The process for change is fraught with problems – when to consult and who are the decision makers; politics; the process stops moving forward – it is used to avoid change. • Invest in “same” opportunities. • How does this patch and review really get the political support to make change. • Do not underestimate the opposition to change – it will be phenomenal. • Can we maximise new technologies to bring healthcare closer to patients and reduce unnecessary hospital admissions? Yes we can. • Is system of PCT / provider / GP proactive integration right to help collaboration? • Is there really a political will for it to succeed? • We must not mislead – be honest with the public. • Financial gap requires radical change not tinkering. • Incentives – John Lewis model –

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		<p>provision of services – higher quality / lower cost)</p> <ul style="list-style-type: none"> • How much cooperation between providers (primary & secondary care) exists and should be encouraged? • Have the PCT initiatives worked? What have they tried? • How do we get collective staff ownership / understanding of need for change? • Use lower level type of care by voluntary service due to remote access of some regions. • How to simplify the process / choice for patients – knowing right place to go. • Should NYY be focusing on what is the best experience for the patient ie at home care. 	<p>if we're all shareholders will we care more?</p> <ul style="list-style-type: none"> • Vested interest are to the detriment of the population.