

## Questions and answers from our stakeholder event on 8 May, 2013

Below are the 12 questions you asked in your feedback forms in the stakeholder event – with responses from the CCG.

Please remember that you don't have to wait for our stakeholder or other events to ask questions. We regularly have question/answer sessions at our governing board meetings in public – and we welcome your questions and comments at any time.

For details, visit <http://www.portsmouthccg.nhs.uk/Contact.htm> or email us at [enquiries@portsmouthccg.nhs.uk](mailto:enquiries@portsmouthccg.nhs.uk)

1) Why are people in receipt of means tested benefits being asked by GPs to pay to pay for their records under Freedom of Information (Fol), particularly when the information is required for benefits appeals and tribunals?

Commissioning Support South (the local commissioning support unit (CSU) – a team of mainly former primary care trust staff – is supporting elements of CCG's work, including handling its Fol enquiries.

The CSU is not responsible for answering Fol enquiries on behalf of a CCG's individual member practices.

If a patient makes what's known as a *Subject Access Request* to the CSU then, generally, they won't be charged. However, provider organisations can charge for time and to cover the cost of printing etc. up to the value of £50 - although this would include things such as x-rays.

You may find these two links to documents on the Information Commissioner's Office website helpful.

The second one highlights charges and the reason for them.  
[http://www.ico.org.uk/for\\_organisations/data\\_protection/subject\\_access\\_requests](http://www.ico.org.uk/for_organisations/data_protection/subject_access_requests)  
[http://www.ico.org.uk/for\\_the\\_public/personal\\_information](http://www.ico.org.uk/for_the_public/personal_information)

2) Why wasn't today's event attended by representatives from those who use the services – both those who feel let down and those that have benefited? They have a voice. It's their lives you are talking about. It the poverty-stricken, addict, black, single mum on benefits is your demographic, we need to hear from them.

Getting the views of service users and patients is obviously essential to us as we move forward as a CCG, and we are looking to do this in a number of ways, including the existing network of Patient Participation Groups (PPGs). We are also looking to set up a citywide forum of PPGs and the inaugural meeting of that group was held on May 29<sup>th</sup>.

But we recognise that we do need to get the views of our harder-to-reach patients as well – and this fact is recognised in our communications and engagement strategy. But this stakeholder event was targeted specifically at Third and voluntary sector groups involved in providing a range of services or who may in the future provision of health services.

3) How will everything be paid for? Even volunteers need expenses.

If this question relates to commissioned work, expenses and any payment would normally be met by the provider organisation or organisations they were working with or by the CCG - IF they have a direct contract with us.

4) In relation to improving life expectancy for men, what worked to improve life expectancy for women. How much are lifestyle choices actually a consequence of the wider determinants of health. Can you separate the two and if so how?

The Marmot review, "Fair Society Healthy Lives," which provides a blue print for tackling health inequalities, demonstrates that the wider determinants are the most important factor in shaping the health of individuals; lifestyle choices of people are framed within the conditions they grow, work and play in. In future public health and partners will be looking to adopt a more holistic approach to improving health and wellbeing.

The aim is to work with and support individuals and communities to identify their own issues and develop solutions by adopting an assets based approach.

This will complement and enhance the delivery of future life style interventions. Partners are also looking at how city wide economic and social regeneration initiatives can be more integrated and joined up.

5) Could we not have a mobile clinic giving health checks in the city centre and elsewhere?

Currently the Health Checks services are being reviewed and new service models are being considered which would enable opportunistic screening in a broader range of locations so that groups and areas with low uptake can be targeted.

6) How can I promote our health-related news to the CCG to ensure that GPs are aware of it?

As mentioned at the event, GPs and practice managers at all our member practices have access to an extranet called PIP (Primary Information Portal) which gives them information on a range of issues. This includes a news section, on which we would be happy to include any relevant information which GPs and their staff may find of use or interest. This site is not externally accessible. But we will consider setting up a specific new page on it for Third/voluntary sector news. In the meantime, if you would like to send us any information, you are invited to email [enquiries@portsmouthccg.nhs.uk](mailto:enquiries@portsmouthccg.nhs.uk)

7) Who is the lead GP for patient and public involvement and how would I contact them?

Dr Tim Wilkinson, who can be contacted by emailing [jayne.collis@ports.nhs.uk](mailto:jayne.collis@ports.nhs.uk)

8) Who is the lead GP for prescription for exercise and how can I work with them?

There is no specific GP or CCG lead. But the CCG is working very closely with colleagues in the Public Health team at Portsmouth City Council on the healthy weight agenda. Currently the public health team is refreshing the healthy weight strategy. As part of this process, the team will be reviewing the range of services needed in Portsmouth. The lead for this piece of work is Kate Lees, Acting Consultant in Public Health.

9) It would be useful to know more about CCG priorities and how to engage with the CCG.

Page 2 of the CCG's new prospectus might help you here. Here's the link <http://www.portsmouthccg.nhs.uk/YourCCG.pdf>

10) Why not have an event like this in schools and colleges – and get young people with health issues at an early age?

We fully recognise that education in schools and with young people will be key to changing behaviours for future generations.

This is not just the responsibility of education and health but a community responsibility. Work is on-going to review school nursing arrangements which sit with the Local Authority. In addition there is a Children's Trust Board which is a collaboration of agencies with an interest in children such as the Local Authority, NHS, the police and education working in partnership to influence the health and well-being of children. Children's health is also a priority for the city's Health and WellBeing Board – with early intervention recognised as being really important to tackle any problems

11) How can we advertise our service?

Please see the answer to Question 6 above.

12) Who should we contact to discuss funding to enable one of our advisors to work in Portsmouth to grow the number of Good Neighbour Groups?

Your initial point of contact should be the CCG's Chief Operating Officer Innes Richens – via email his executive assistant, Shirley Stout  
[shirley.stout@ports.nhs.uk](mailto:shirley.stout@ports.nhs.uk)