Appendix 3 Public Meeting Notes
Agenda item 2.1

Detailed below are all, of the questions and comments that were collating at the public meetings.

Date:	7 April 2014
Venue:	The Priory Centre, The Priory, St Neots, Cambridgeshire,
Time:	7pm-8.30pm
Speaker:	Dr. Simon Brown
Panel:	Ian Weller, Sue Last
Supporting staff:	Hazel Thomson
Attendance	18

Questions and comments:

- At my surgery you have to wait three weeks to see a GP and three weeks to see a nurse. How will this programme help patients get to see their Doctor?
- There is an issue re infrastructure. When new houses are built there have to be things like schools. It's not the same for GPs. There are long queues, like for a fish 'n' chip shop, at my doctor's surgery. We need more GP surgeries, that's what's important.
- I have trouble reconciling patient-centred and what success looks like. If it works surely the costs will go up, not down. There may be less of a demand on hospitals but there will be increased resources spent on the growing demand for community services. People will be better cared for, but it will cost more.
- How will you cope with the increase in population; you quoted a 40% increase in coming years, if you have less money? If I live another 10 years I'm wondering what will happen to me.
- You said NHS funding would be limited for the foreseeable future. There are lots of private bidders who will want to make a profit, how do you square the circle? Except by cutting staff and services? What consultation have you done with the staff in those services?
- I've had some involvement with one of the bidders. I want to ensure that if someone goes in to a care home that more care is taken. At the moment if you fall you are under surveillance for 72hrs to see if you deteriorate – this doesn't always work. It didn't work for me. I want to know that the successful bidder will make services better. Care homes shouldn't just have a first aider, but a trained nurse so they are aware of problems, e.g. dementia, mental health issues, etc. – also that they involve Doctors more, not just ad lib. There should be visits during the week from a Doctor to check the residents are ok.
- The people in the care home need to involve Doctors and nurses more. All they have is a first aider. One of the bidders is guilty of it.
- Is this the first region allocated this system? Why were we chosen? Is this being tried elsewhere? How is the bidder going to be paid?
- Who made the decision? Why was it chosen for this area?
- One factor for success or failure will be the records system – will the new provider provide the IT or will the government? The government has a history of wasting money on unsuccessful IT projects!
- But the sharing of patient records depends on the patient agreeing? I filled in a form recently saying yes I agree to my records being shared, then the system was withdrawn because the question we were asked was the wrong question?

- The patient doesn't care who is responsible, they want seamless care – if it's the Council, NHS, or district nursing etc. Having one budget will make it better for patients and the money will go further.
- Is this a good idea / principle? I hope it won't be the same as the Titanic – i.e. it takes four years to build and two hours to sink! Why not push out across the board, rather than just in specific areas?
- Who will check on the quality? The hospital cleaning contracts employed people who didn't know how to clean, and the hospital weren't allowed to tell them. How will you make sure it works?
- My experience of private companies is not good. You said if they meet the targets then they will get paid, what happens if they don't meet the targets? Can they just walk away? What consultation have you done with the staff in the service?
- Think of ATOS – companies will be thinking of their public image!
- Will you be asking providers to provide services locally? I recently had to have an ultrasonic scan with Excel in Yaxley, which was a 50 mile round trip. The service was excellent, I absolutely couldn't fault it. My GP later wanted me to have a follow up scan and I found out that the same service is available at Hinchingbrooke hospital! Will they provide services we can access?
- Are any of our hospitals using the Liverpool care pathway?
- Could you define what you mean by "older people", and "Long term conditions"? Will you treat people who are younger than your definition?
- Do you mean care for people with long term conditions who are over 65? Or all people will LTCs?
- My observation is that the government has a pathetic record of managing contracts with private companies, e.g. G4S – who seem to have greater skill in managing their customer (i.e. the government!) than they do in providing a service. Why is the CCG more confident that it can manage outsourced contracts?
- It has been a very interesting presentation and thank you for your time. I hope there will be a follow up meeting in a year or 18 months? How were these meetings advertised? There are not a lot of people here – can it be better advertised?
- What arrangements will there be for end of life? I.e. with Arthur Rank and Moggerhanger? Will the new system have cross boundary flow?
- Go back a step – before taking this on. Giving the spiel is great, but that's all on paper. But you should do a secret shopper with bidders before you shortlist to find out what patients think. Pick out the good and bad points. Why not have a shorter contract of one to two years, get them to improve their weaknesses then you can extend. The people using the services at the moment are the people you want to hear from. Not what the bidders tell you.
- Have you got a back out clause if there are problems?
- How quickly can you get out of the contract if you need to?
- This meeting was arranged at short notice, will there be another meeting and will it be better advertised, e.g. through CAB, unions, charities?
- I arrived late, I didn't know this meeting was happening. I found the consultation document in my GP surgery. I've recently retired from social services. I have a grudge against care in the community – it doesn't work properly. Trying to keep people in their own homes can become like a prison cell. You don't see people, loneliness is a big factor that brings on illness. Isolation creates problems. There are good examples of serviced houses in places like Milton Keynes and the USA. Staying in your own home isn't right for everyone.
- You've got to ensure patients have a choice – some will want to stay at home, others won't.
- "Care homes" is the wrong concept – should be 'residences for older people', right attitude.

Date: 11 April 2014
Venue: Queen Victoria Hall, 7 West Street, Oundle, PE8 4EJ
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Ian Weller, Sue Last
Supporting staff: Sarah Prentice
Attendance: 9

Questions and comments:

- How long does the contract last for?
- Aware that company law in the UK puts primary duty on companies to maximise returns for their shareholders. How will the CCG make sure that there is a balance between commitment to services with commitment to shareholders?
- How will this work across geographical boundaries? Some patients receiving services from MIND are funded by Nene CCG but some will be funded by C&P CCG.
- I understand there will be period of "wait and see" but the issue is how will we know what services are available? A single point of access will only direct people to services that are funded to provide services to them; how will the bidders make it local?
- There is the same issue for the NHS providing services across boundaries. There is a patient who accesses services from Northants MIND but their surgery is at Wansford so within C&P CCG.
- Will the successful bidder employ existing District Nurses and NHS staff?
- Don't mind who provides the service as long as there is a good service for patients.
- Data comes from emergency admissions; how will you measure that as it is more under the control of emergency departments?
- So the length of stay will be determined by the outside community care you're putting in place?
- How will you prevent a private provider from walking away if they don't get the profit they're looking for?
- Interaction with social services will be very important. There is a case where a lady was discharged and needs social care support - meals - but social services can't assess her for 28 days.
- Not had a positive experience of personalised care plans. Someone has to make sure that the care plan works and that there is sufficient resource to implement it
- Worried by the phrase "carers and families", it suggest that the family will have to take more responsibility. When things go wrong or don't work who do they turn to? What are their rights? Families are at the centre, will they have to take more responsibility?
- How a patient is treated is very hard to measure. How will it be measured when there is a profit angle? I am worried about "cutting corners" and the compassion aspect of care being lost.
- If I was a member of staff I'd be worried about transferring to a private provider. Have staff been consulted?
- How will this impact on Peterborough hospital especially if another provider gets the contract?
- Healthcare being free at the point of delivery, then private providers coming in behind the scenes, then private healthcare with no way back. This is a concern.

- My mother lives in the West Country. The contract with the local NHS practice wasn't renewed. A private provider was put in and the number of GPs at the practice halved which had a big effect on the community. The service is not working very well. Elderly people especially found it very disturbing. No-one knows whether or how it's being resolved. No-one had complained about the service they were getting from the overall practice before.
- Will you look at the bidder providing a uniform service across our area or things done differently in local areas?
- Fragmentation around the boundaries is really important. The practicalities of delivering a service on the boundaries that are further away from the geographical hubs.

Date: 17 April 2014
Venue: King Edward Centre, King Edwards Road, Chatteris,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Jessica Bawden, Julia Walsh
Supporting staff: Hazel Thomson
Attendance: 34

Questions and comments:

- CCS was not selected to go through to the next stage. How did the others get through - poor track record, no experience. How are we expected to have confidence in the process if these organisations are not weeded out?
- NHS services are being handed over to private companies. Why isn't there a question to ask if you want these services run by private companies?
- If services currently are too fragmented - why can't you fix them, rather than go out to a whole new system / private company?
- Have you consulted front line staff? What are their views?
- Are you planning further consultation with staff working in the services?
- Are you planning to consult current staff in the NHS before you award the contract?
- Why is it not possible to integrate existing services? I understand from Dr Fertig there are too many organisations. You've not consulted and never consulted about the procurement process. Why can't you work with existing service providers? Isn't the real issue that the Health and Social Care Act insists you put services out to tender whether local organisations want to or not? Some bidders are private profit seeking organisations. Not communicating or consulting with staff. People say they don't want to see services run by private organisations looking for profit for their shareholders.
- Their priority has to be profit. You've never allowed people to ask that question.
- Do GPs outside Cambridgeshire use facilities in Cambs? What services do they use?
- Will you keep NHS 111 and GP out of hours services if a new service is being brought in?
- What happens to adults who don't have LTCs, are they included in the proposals?
- What about people who need social care support - cooking, shopping, personal hygiene etc.?
- What about those who can afford private care?
- When the preferred bidder starts who will monitor them?
- f the preferred bidder goes bust in the middle of the contract what will happen?
- Each time we ask about private sector and privatisation, we hear that GPs are private - but there's a huge difference between GPs and Virgin/Sodexo/Circle, they have shareholders they must deliver profit to. When the private sector gets involved there is disaster and havoc, e.g. Serco's Out of Hours contract. Don't be fooled.
- I'm struggling to understand. You want to get proper integrated services - I understand this. I'm struggling with the difference between commissioning from one of the four bidders vs the CCG working with current providers to commission better more joined up services. What's the benefit of this extra process? Not clear where the gains are.

- Will the questions and comments from the meeting be recorded and circulated?
- GMB: we've been critical of the consultation process - it's after the horse has bolted. The lead provider model leads to subcontracting - which is the opposite to it being more integrated, especially if (as is likely) it's a private provider. How does this lend itself to an integrated service? Seems like it will be less integrated than now?

Date: 22 April 2014
Venue: The Meadows Community Centre, Cambridge,
Time: 7pm-8.30pm
Speaker: Dr. Cathy Bennett
Panel: Matthew Smith, Peter Mercer, Sue Last
Supporting staff: Julia Walsh
Attendance: 31

Questions and comments:

- Will there be just one provider?
- Can you actually say that the current provider isn't doing this already?
- By going through this process money is being withdrawn from the NHS.
- Why do we need a lead organisation - why don't they just talk to one another?
- Silo working - that's the mentality of the public sector worker. It's about changing that behaviour and the management need to change that.
- You say the key factor is the IT system but it's about having the right people with the right analytical skills not the IT system.
- Key research has shown that human contact reduces admission to hospitals. Most efficient. Early contact with the district nurse. It's the human skills that make the difference.
- Social isolation causes deaths
- What is the plan to get the buy-in from the GPs?
- For two years I looked after my wife at home and we didn't see a nurse until the last four days. That shouldn't happen to somebody.
- I do agree with doing something different. I can't see how increasing community services is going to be any cheaper.
- I wouldn't trust these (bidding) organisations. How can we have faith the process given their current track record and no expertise, which the current provider does have.
- Why isn't the key question being asked - do you want these services provided by a private provider?
- How did you get to this stage without a consultation?
- Much of the opposition would melt away if you didn't have private bidders in there. I am disappointed with the consultation. Not enough detail. It's a wish list. How is this going to make all of this happen? The biggest challenge is social care as well. It's a big leap of faith from CCG to another organisation.
- Who owns the IT solution?
- A number of people(bidders) have dropped out because of the money - the bottom line.
- From the turnout here, when is it the local people have been consulted on this. Had it been publicised democratically - more people would be here. I found out by default. I picked it up in the library.
- There are good ideas at the core. Single point of contact, MDT, single IT system. First two can be done under current system, third is more difficult. It is going to collapse. Needs to be benchmarked both before and after.
- What about System 1, why not use that?
- Isn't it that services are not there to provide for older people, so they end up in hospital?
- Social Care - In order to maintain health you need good social care.
- Why is this consultation not asking the question about who people want to run their services?
- How is the service being put out to tender in the interest of patients?
- Will you publish if people say no to privatisation?

- I picked up the document at my local pharmacy. I think the real expertise is there at the bottom of the NHS not at the top.
- In the questionnaire you ask to what extent people agree. If 85 percent of your respondents tick strongly disagree. Will you stop the process?
- I think the way this being carried out is disastrous.
- Talk to the people at the bottom. See the elderly. Have on your staff people who are capable of building anew.
- I am a retired nurse. Why can't the bidders come to the consultation meetings? I want to talk about profits. They will downsize on manpower to make profits. They have a legal obligation to maximise profits for shareholders.
- I have a vote of no confidence in the NHS and social services in this city. I have Aspergers, Dyslexia. I had to go to Leicester to get an assessment. I live in total isolation in this city. Public sector puts people in boxes.
- Contract will be subcontracted out and money will be sifted out. Who is accountable? Different CEOs.
- This meeting has been hijacked by people with strong feelings. I don't think we've even started to talk about what we are here to do. We've got to make this work for the over 75s in this county and those with long term conditions.
- I don't think community services are the answer.
- I help to care for three people over 90. You've closed almost every community bed in this area. Need to see the importance of community beds and rehab beds.
- If you are not careful this will be made a political football.
- However this works out, the voluntary sector is going to be increasingly important. It's really important that voluntary sector is integrated as much as it can be.
- This shouldn't be about hospital versus community. If you need to be in hospital that is where you need to be.
- I'm a public health sector worker. I don't have a silo worker mentality. I am fed up of being blamed. I'm a worker who feels it will deteriorate if privatised.
- In my opinion there still isn't a necessity to go out to procurement.
- The model of a lead provider - doesn't this lead further away from goal of integration?
- Does it mean that it will be a viable trust going forward?
- It would be good if you had consultation meetings in other areas of Cambridge.
- Can get right the workforce issue? Especially in rehab. Have to have a network of premises and the right skilled staff.
- Work that has been done in the past that we know about, can we use that again?

Date: 23 April 2014
Venue: Skoulding Suite, March Town Hall, March, PE15 9JF
Time: 1pm-2.30pm
Speaker: Dr. Stuart Shields
Panel: Ian Weller, Sue Last
Supporting staff: Jane Coulson
Attendance: 16

Questions and comments:

- Are they bidding for the whole area? Thinking particularly of Fenland.
- End of life care, does that include euthanasia? A: No – that isn't legal. End of life care improvements.
- Sharing information amongst yourselves needs improving. Better if anywhere in the country they can see what you have or what you take.
- Looking at questionnaire Q2 difficult to answer. I wasn't impressed with the questionnaire.
- About the geography – same people are bidding for all of the area, some for only parts – how will that work?
- Tremendous waste of time and money. Local NHS providers are only too happy to improve their services. Info on bidders in dispute with staff, quoting various bidders in dispute and newspapers re stories about bidders. UNISON regional sec deskill and dumb down staff in danger of happening here. Of these four bidders first priority in profit for shareholders – patient care comes a very poor second.
- Problem with private organisations running healthcare is that they are losing money. Think of Circle in Hinchingbrooke, hospital may have improved but they are losing money. If they invest £5 million of their own money the contract becomes invalid.
- You have just simplified that situation – anyone who has been in hospital will see that level of staff has gone down. Fragmented NHS system under your management. You plan to hive off management of part of the NHS to a company who has a legal obligation to make a profit for their shareholders. They will de-skill staff and employ people at lower costs, appreciate you bringing this to consultation, mean no disrespect.
- Four preferred bidders – one question missing - vote for none of the above, what if we don't want any of them, and we want NHS to run it. If this is a real consultation we want option 5, you do it, use the money to improve things. If this is a real consultation our voices should be listened to.
- You said one provider might choose one patch, and they could be the best provider for that patch, all the other bidders want it all – how will that work?
- Looking at how you intend to use the feedback – give to bidders to shape up their proposals. Giving them opportunity to rephrase their bids in user terms, often ends up in platitudes, they say what they are going to do but not in reality.
- Outcome framework, payment by results usual mechanism, payment by activity and this doesn't work.
- Is part of the consultation to differentiate between the bidders, is it to discuss CCG criteria, or is it to feed into the evaluation process?
- Equipment, you talk about pairs of hands, a lot of time is spent arguing over who pays for what. Needs to run in parallel with improvements in social care.
- Still postcode lottery. There are some really good services out there but it isn't consistent. It should be the same in Ely as it is in Christchurch.

- PRG – states in doc p8 – quotes document. Member of PPG for local GP - we haven't heard from them, who are the PRG? We haven't heard from them. We have had no contact.
- I regularly go to Patients Congress in Hunts – they are still looking to improve links with PPGs to wider forum. Reps haven't made connection back to the PPGs.
- A lot of people will have to work a lot longer; I had to take time off work to come today.
- Outcomes framework is critical looking at p20 only one is around the individual; the others seem to be measuring the service. It is really important to measure the outcome for the individual rather than heavily rely on service measurement. Discussion on measuring outcomes for the individual rather than service processes.
- Point of clarity. The potential providers are putting together their business plans, these will include lots of services that already exist with individual budgets. These services are hard to integrate because they have these set budgets. In order to integrate all of these won't the successful bidder need to be on a level playing field?
- Why can't the NHS break those barriers down itself? That's how the NHS was run 25 years ago!
- Will they need to spend the same amount of money in each area? Will Fenland lose out again?
- How will this 24 access thing work? If it's anything like trying to book a GP appointment it won't work.
- Will bidder be allowed to outsource their 24 access line to the Philippines?
- Will agency staff be allowed to be used?

Date: 26 April 2014
Venue: Becket's Chapel, Peterborough Cathedral, Peterborough,
Time: 10am-12pm
Speaker: Dr. Arnold Fertig
Panel: Dr. H Mistry, Jessica Bawden,
Supporting staff: Sharon Fox, Jane Coulson
Attendance: 12

Questions and comments:

- You must know you couldn't have such a vibrant service as we used to have especially district nursing service. As a GP you shouldn't have put your heads down, you should have put your heads up and improved the NHS. This won't happen if you privatise the NHS. Why aren't you putting your heads together to improve the NHS? Return it to how it was when we were all proud of the NHS, which wasn't that long ago.
- Parkinson Society. Interested in better services for people with Parkinson's. Will there be anyone on evaluation process with neurological expertise?
- Obviously very knowledgeable about issues Dr Fertig. You haven't got a bank of nurses etc. waiting for jobs. Why do you go out to private organisations? Why haven't you been able to work with other providers to improve services? Putting NHS funds into hands of shareholders.
- Have you costed this procurement? You want bids from private organisations. We haven't seen any costings for this at all.
- Neurology seems to be a key issue. Being a clinician, working with neurological conditions, when it comes to end of life, often people are isolated and find it a difficult experience.
- You as a GP knew the problems, but you don't need to go out to a profit-making organisation. You can do this, find solutions yourselves.
- Healthcare being put into a business context not a public service context, and that is not acceptable.
- If you have an infection, it would be better if you were able to get a GP appointment to have a water test. Long term conditions need treating at home. When people go in hospital they come out weaker, less able to look after themselves.
- Assessments for over 65s, who would initiate this? Would that include input from patient to their GP?
- Stop NHS Sell-off campaign. Organisations that are bidding – info on Care UK, staff cut pay and conditions. Virgin has CQC issues. Examples of private companies looking to save money. Hard to see how they are going to make money. Will they cut corners to make money for their shareholders?
- Unison Health. You are holding a meeting in Central Library, are you having any other venues in Cambridge? There are none in South of the city?
- With all this extra care, does the patient have to pay for it? Will it be means tested or free to patients?
- I saw this for the first time a few weeks ago. My residents association received 10 copies. There are 400 flats in my area. Why didn't we hear about this earlier?
- Had an operation last year, tried to find information on after care - drew blanks. Luckily was able to be cared for by family, how will this be improved?
- Instead of focussing on joined-up care, it would be better to improve communication and employ information people who can help patients through the system.

- You talk about people wanting care at home, what about people who want to be cared for in hospital? What will happen to them?
- I go to PPG meeting Borderline forum, does my view get fed into you?
- Five year contract extending to seven years. Inflationary pressures and population increases. I acknowledge good intentions over outcome framework, but this is untested and outcomes are down the track. This is relatively new – unproven.
- Applaud the ambition, huge population and budget all innovation. It is too difficult to do at once. Patient living abroad – came back here can only get three months support, wants information on exercise regime for diabetes. NHPCF changing to patients' forum.
- Social care budgets charge for care, only critical care will receive personal budgets, the others will be means tested. Each political party that comes in in 2015 will have own ideas of how to run NHS. What you are doing is dangerous, it's all subject to change.
- Organisation change is not easy – have gone through mergers in Cambs and Peterborough it is difficult. We have to stop working in silos. Historically don't see good project management within the NHS. Virtual organisations as we don't see people on a daily basis.
- Mobilisation is part of the evaluation. Are there published somewhere the evaluation questions? Scope rather than details. Interesting to see the scope of the evaluation.
- Medication – patients in hospital and at home getting medication on time. Would be good if GP put times onto medication as well as frequency.
- How much is procurement costing?
- Why didn't you spend that money to improve the NHS?
- I work on ground in NHS. In the last 10 years, number of complex and long term patients who can be supported has increased and the current system is no longer fit for purpose.

Date: 28 April 2014
Venue: New Vision Fitness, Station Road, Whittlesey,
Time: 1pm-2.30pm
Speaker: Dr. Gary Howsam
Panel: Dr. Cathy Mitchell
Supporting staff: Jane Coulson, Sarah Prentice
Attendance: 5

Questions and comments:

- The proposals sound like utopia. It sounds like the NHS before the reforms.
- Continuing healthcare. People will come off NHS care, which is free, and onto social care which they have to pay for.
- Older people are the ones with time for volunteering - therefore saving the NHS money.
- GPs only work 9-5. To patients, it doesn't appear to be a 24/7 service.
- My wife has been a nurse for 40 years and has worked with people who were very ill - stroke victims. They come out of hospital and are already in the rehab system. Under the new proposals - are we tinkering around or are we making it better?
- Is the CCG buying in this service? Money will always be an issue. No-one knows how many older people will need the services. The Government etc. changes the goalposts every so often. Members of the public don't understand the acronyms / providers / systems.
- How will you achieve the outcomes when you're working with individuals that have different needs?
- Seniority pay has been stopped in the NHS but GPs are still getting it.
- There's a misunderstanding here. In the '70s and '80s there was always a cut-off point - those people in hospital that got better went home; those that needed care in the community had problems with their discharge from hospital. Anything that gets people out of hospital and into the community has got to be better than discharging people at 1am.
- Electronic join-up of notes - the Government has recently withdrawn this. Will the CCG have a new system?
- Doesn't this bypass the responsibility of the GP? How does the GP fit in with the lead co-ordinator?
- How will older people's mental health be funded in the new regime? Dementia is expensive.
- Have the prospective providers already provided services in other CCG areas and can we learn from it?
- Worst case scenario - the provider comes in and decides that they can't make money. What's the plan B?
- Joining up services is utopia to patients and the public. It's been tried before and is a big challenge for any organisation. Frustrating for the public that they are always seeing different people / faces all the time.
- Communication between GPs and social services is not joined up. This has always been an issue.
- There is a lot in the consultation document that's not new and is a wish list - where is the resource to deliver it? The relationship with the CCG has not been positive so far. There's no innovation. It's all been failed at before. The NHS / hospital culture is hard work. I chair Herts Care Providers and the Herts CCGs are talking with each other; talking across borders will be

interesting. Hope the co-ordinators get the respect of the people they're working with. If it's to work there needs to be a culture shift.

- The new systems coming in are taking all the funding.
- People's expectations have changed. We can't go back to a system that worked for people's grandparents.
- There's a discrepancy. When someone goes to see their GP why can't they been sent to see someone there and then for treatment rather than having to be re-referred?
- Does anyone know who the person is at the top of the organisation? Is a GP? A politician? An accountant? Experience is that if an accountant is at the top they are the one pulling the strings.

Date: 28 April 2014
Venue: New Vision Fitness, ,Station Road, Whittlesey,
Time: 7pm-8.30pm
Speaker: Dr. Gary Howsam
Panel: Cathy Mitchell, Sue Last
Supporting staff: Jane Coulson
Attendance: 7

Questions and comments:

- In the whole of the East of England what makes Cambs different from Beds, Norfolk etc. They are not proposing anything like this?
- Will this scheme be funded out of existing money? I am interested in relationship between social care and health. Care co-ordinators role. Have social care been involved in these proposals?
- Care co-ordinators, how are they going to link to other organisations who will have their own ways of doing things – especially hospitals?
- Section 256 money between LAs and health, requirements built into agreements on ways of working. Better care fund, section 75 integrated care. We are piloting care co-ordination and Multi-disciplinary Team (MDT) working. Larger more responsive community services – generic community workers across sectors.
- I have been involved in voluntary sector project in helping people on discharge from hospital. It is important we work with lead provider not to lose those services.
- Fully aware that there is a major change in Pathology services – taken over 2 ½ years ago and is a fraction of the cost and complexity. How can you be sure that this contract will be ready for delivery by January next year?
- Key people in this are services, users and staff delivering services, looking at attendance here and at other meetings. How are you going to get message across?
- In terms of staff, you need to engage with band 2 & 3 staff.
- In terms of private bidders, NHS bidders are publically accountable to shareholders. Serco etc. have thrown keys in after 18 months. How can you ensure 18 months 2 years into the contract they don't quit leaving the NHS to pick up the pieces? This has happened many times when private companies take on NHS contracts.
- Sustainability, non fragmented, non silo working is the way the lead provider will be more efficient. Makes common sense on where to spend money. NHS contract, NHS constitution –joining NHS family. Outcome framework at the heart of it.

- Issues of what will happen after the general election 2015, another political party will reform the NHS.
- I think the logistics of what you are trying to do is widely optimistic.
- Joined up electronic system won't work by Jan 2015 or even 2020. You need a system that works across all agencies, you need to get that right.
- Critical to success – new programmes that at least all agencies can input. Working to give access to system one More and more agencies using it, it does make a start.
- Respect interest – my daughter is a system one trainer used to work for NHS now works for Serco which is a very different animal.

Date: 29 April 2014
Venue: Rosmini Centre, 69 Queens Road, Wisbech,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Gill Kelly, Jane Coulson
Supporting staff: Hazel Thomson
Attendance: 13

Questions and comments:

- I can't see the presentation. Everyone should be able to see. I don't have a visual impairment but I'm not able to see it. You need to have a minimum point size.
- I'm a consumer. I spent 5 weeks in hospital because there is no community IV antibiotic service. When I used the outpatient service I still had to travel 40 miles a day because I had to have the IV in hospital. I also needed a blood transfusion but because of the mechanics of going to hospital I didn't have it. No wonder the NHS is broke - the cost of admitting patients vs services in the community.
- This is the rhetoric without the detail.
- Your aims and goals are utopian. To achieve them you will need the buy in and enthusiasm of staff. In my experience of private companies they often reduce the terms and conditions and the numbers of staff. Can you put in a clause to protect staff?
- What are staff's views on what is being proposed?
- A clause to protect staff T&Cs can be put in - I've had experience, I was subject to a clause for 3 years. What are the feelings of current staff?
- I'm a carer, and my husband uses services. I'm very worried re private companies. You say (in the consultation document) that the reason you are looking at private companies is to get value for money. But you don't need to use the private sector to do that. I previously worked in Croydon where there were serious problems with the domestic violence service. We didn't go to the private sector. We did it ourselves. We talked to providers, looked for good practice and built on it. There are 4 bidders, you will appoint one - but the other 3 will have had good ideas also. I can't see the benefit of the process you are going through. You should take good ideas from everywhere, other parts of the NHS, and put in to services yourselves.
- But you don't need to go through a procurement - you can do it without. In Croydon we took what was a terrible situation to being the best in Europe. If you sign a contract for 5 years you won't have the flexibility to change what's not working.
- I'm from 'Living Care' which provides services complementary to the NHS - carers service. That's why I'm here today. We can provide a lot of the support that allows patients to come out of hospital quicker or stay at home - our service is comparable to a residential care home.
- There is concern from the patient groups that NHS England ruled CCS out of the Foundation Trust process, and that's why you have to procure something new. CCS were told they couldn't lead by themselves.
- If the contract is awarded, for example, to Virgin - but in 3 years is losing heavily, what safeguards do you have against them walking away?
- At the end of the consultation document you are collecting details on age, ethnicity - but not disability or sexuality. Why?
- But if you're asking what's important - it might be because of your disability, or religious views, or sexuality. Something might be more or less important to you because of a disability. If that's your standard of assessing contracts - I'm worried!

- I think it is important to keep services local. For example for outpatients appointments we have to go to Queen Elizabeth Hospital Kings Lynn (QEH), Peterborough Hospital(PSHFT) or Hinchingbrooke Huntingdon. Yet we have a hospital in the town. I would like to see the community hospital used more.
- Patient groups say the biggest problem is provision of local services for fairly straight forward things like outpatients appointments. Especially for elderly patients a 30min appointment might take all day - with travel time, waiting to be picked up after appointment etc.
- I'd like to reinforce that. QEH is easier to get to than PSHFT - there's a dual carriageway. My husband used to have appointments for INR (anti-coag) at QEH, then he was told to go to his GP, then told not his GP but GP at North Brink - which has poor accessibility. Why wasn't the service moved to North Cambs Hospital? It's easy to access, in the middle of town, and has good public transport.
- One of the PRG's 'Hot Topics' was the repatriation of services - esp 1) FANS and 2) diabetic retinal screening. Moved from accessible location, to non-accessible.

Date: 29 April 2014
Venue: Rosmini Centre, 69 Queens Road, Wisbech,
Time: 7pm-8.30pm
Speaker: Dr. John Jones
Panel: Gill Kelly, Sue Last
Supporting staff: Jane Coulson
Attendance: 6

Questions and comments:

- How will the chosen bidder be monitored if they are selected and if they don't meet the criteria do they lose the contract?
- How long could it continue if a change was needed? Who would step in if they can't deliver what they say they can?
- Sounds like a red herring – what about transport? Have difficulty getting to Queen Elizabeth Hospital, it can be really difficult. Also for people living in villages they have difficulty getting to GP practice even.
- Also need to consider while you arrive and have a car, lot of new facilities are built out of town away from public transport.
- Mini buses would help.
- Since last April created about 200 CCGs. How many of them are expected to meet any targets. Doesn't look good in the Kings Fund report.
- Looks like another PFI looming over us. Coerced, pushed into supporting Peterborough hospital who are in dire trouble. CCGs are not in the right position to be buying in. they don't have the business clout.
- This is a contract for services not a white elephant building somewhere.
- Assuming for instance Virgin gets one of these contracts, who is to say where a patients care, medication and operations will come from.
- Briefly mentioned mental health, this is a vast area. Does this mean that the people needing specialist mental health services may need to travel further for mental health needs?
- My concern is that we have people putting forward a budget to provide a service. If it doesn't come up to scratch it get closed down.
- If they think you should be at home your family will have to look after you.

- Recently had an operation in one day at QEH. Service was marvellous – I was discharged and didn't know what to do. Rang GP Practice – they said it wasn't anything to do with them.
- My wife has lymph cancer. We have had marvellous service. I am not a moaner but how are you going to buy services that are extra – where will that money come from. I don't understand.
- I want to ask about staff training around patient information, sharing information rather than holding onto information and having that power. This will need a real culture change to share information. It sounds easy but it really isn't.
- How long does the contract last?
- Will this all happen again in seven years then?
- Do we lead the way in this group looking after older people in hospitals etc. Is this better than private care for older people?
- If the care is going to be in the round – here stories of not getting fed, water etc. Sounds like you are saying this is going to be looked at?
- People who get neglected in hospital tend to be those who don't need to be there and they can't get home. In interests of winning bidder not to leave people languishing in hospital.
- Are you saying some of the social care money will be coming to you?
- If you are putting care in the community are you going to be able to ensure continuity of care through the day and night linked in with social care?
- I was told after 5 years of having cancer it wouldn't be automatic that I get monitored and screened every 5 years as I am over 70. I was told by my consultant that it was needed but it wasn't provided on the NHS due to my age.
- Talking about stopping people going into hospital unnecessarily – this also applies to young people with alcohol related issues – are you going to tackle that.
- I remember a time when NI was ring-fenced to health. It is now put into the general pot?
- Audiology clinic in North Cambs was taken away and contract given to Specsavers. I know someone who needed hearing aid – had that agreed – none of them have worked properly. Have to make three phone calls to get an appointment. System is now so complicated people give up and put up with substandard hearing aids. Our generation do not complain – we put up with things.
- I found out about this by accident - I went into the library.
- Under usage of North Cambs hospital – we have trouble finding venue for groups we run for people with Alzheimer's etc. We have to find accessible church halls etc. and pay – although small amount. There are empty rooms at North Cambs hospital and we can't use them. We have asked but not available.

Date: 30 April 2014
Venue: Ely Cathedral Education and Conference Centre, Ely,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Dr. John Jones, Gill Kelly
Supporting staff: Julia Walsh, Sarah Prentice
Attendance: 7

Questions and comments:

- I imagine the people already delivering the service will have a lot to contribute. Have they been invited to see the presentation and to comment on it?
- The consultation focuses on older people. Long-term conditions and disabilities have a low focus in the presentation. What efforts are being made to reach individuals with long-term conditions or disabilities?
- There only 1 - 5 specialist nurses for Parkinson's disease - there needs to be more.
- How much staff input (CCS) have you had to help design the services? Presume the bidder will want staff to move over?
- Will you use some staff in the due diligence phase.
- Can the CCG (use staff in the due diligence) legally? Can you invite the bidders to talk to staff?
- There's no tick box on the questionnaire asking people if they have a disability - it's a big omission.
- (questioner manages X-ray service and works as a clinician) There's a communications problem. Concerned that people are not getting the full picture. Public don't know what's included and what's not i.e. X-ray is included but isn't mentioned in the consultation document. They might consider it in a different light if they knew the full picture. X-ray is mainly one-off appointments and deals with few people that fall into the definition of the consultation. Lots of change over the last five years, CCS has made a big investment in services and I'm concerned that the new provider won't continue that investment and that quality will suffer. X-ray would like to offer more of the same , could take more from Addenbrookes, Hinchingbrooke and Queen Elizabeth Hospital at Kings Lynn. Feel that MIUs, X-ray and Outpatients should be more closely together. Having services within one organisation could work together to achieve a better result.
- Do the bidders know what's in scope?
- What can you do to make sure people know what's in scope?
- How will you make sure, from the local specifications, that the local things will be provided locally?
- How will services be delivered if you withdraw funding from the people providing the service? (if the successful provider doesn't deliver locally). Linking adult and older people's services is a worry as is privatisation of the service.
- Funding for secondary care and the provider being able to take funding out of secondary care is a good idea to invest the funding into community services. Unclear what levers the new provider will have to take funding out of acute services
- What if the acute sector trusts don't react to the new provider in the way you suggest and the new provider doesn't make them change?
- Providers such as Virgin Care. I don't want services to leave the NHS. Can I put that in my response?
- What safeguards are in place for patients and staff if the provider doesn't deliver?

- Stop the NHS Sell-off) £70million is not much in the context of £800million. If the IT system is not up and running in the first couple of years the provider will have no clout. In your presentation you used words like "hope", "expect", "believe", "in my opinion" - you don't know. It's not tight enough. You can't rely on a private company to deliver the public sector ethos. Integration is a myth - how can it possibly be?
- What happens with investment in IT; it is possible that there will be four providers with four different IT systems. At the end of five years they might decide to "take their ball home".
- There's a feeling that the NHS is wonderful. We shouldn't be frightened of innovation and change as care in the US is much better. My grandson had a knee op; before he went in he was told what equipment he could have and he was given the medications he would need. My daughter has had a lot of illness, she was treated very well and she might well have died over here. I had to wait weeks for a Physio appointment here so in the end I went private. Don't assume a private provider would provide worse care. Smaller processes in hospitals need changing / improving: I was in Addenbrookes Sun-Thurs and the ward and toilet were not cleaned once. The ward Sister didn't have any time for patient care. I don't think we need more funding, we need to change the processes.
- I don't think you need a private provider in order to make changes. The presentation said that it's disjointed at the moment, not that it's not fit for purpose.
- There are huge inequalities
- IT and access to information - lots of money has been spent on System one, will we continue to use that?
- Sept - Jan is not long when you're looking at lots of staff changing organisation

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Date: 30 April 2014
Venue: Ely Cathedral Education and Conference Centre, Ely,
Time: 7pm-8.30pm
Speaker: Dr. John Jones
Panel: Dr. Arnold Fertig, Gill Kelly
Supporting staff: Julia Walsh, Sarah Prentice
Attendance: 10

Questions and comments:

- The original ITT said that there are four separate areas. Will there still be four separate contracts?
- I know that John Jones chairs a local group that looked at what the changes should be. Were you concerned about distances i.e. in Fenland?
- We have choice as patients. Often when services move they go to other locations i.e. Littleport which is hard to get to by public transport. (ECDC Cllr responded that dial-a-ride offers a service to hospitals. Ely Soham Dial-A-Ride has had its funding confirmed by the County Council)
- I'm really please to hear what you've said. I had to deal with eight GPs at the one practice and with six different services for my mum. Joined up will be better. How will you manage the contract? Will it be on cost penalties? I'm worried about funding for meeting targets - are the targets realistic in the first place?
- If punitive penalties are put in people tend to hide the truth
- The safety culture in the health service is "abysmal". The Francis report will make it worse. There needs to be a just reporting system.

- You've got a private provider; a world class provider that knows the area; one rural areas and no idea of the problems for the population. How will you assess four separate bidders when only one knows what they're doing and the area?
- Do you have to go for the lowest bid?
- Concern about the cost and the tender process. There are no indications of what the bidders' profit margins are. Are we going to see the collapse of more areas of the health service when they realise they can't make the money they want to? I.e. care home companies running off in the night..
- I am concerned about quality. One way to maximise the profit is to squeeze the people working for you. Patients at the end of the line will suffer.
- (Trade Union with responsibility for health for the whole of the East of England) When private organisations take over NHS contracts people go over with NHS Terms and Conditions. When new staff join they have worse terms. We want to see quality healthcare free at the point of delivery. Consortia: confusion about who is in overall charge - the NHS organisation or the private one. i.e. there is a Pathology service for the whole of the East of England. It's taking them three years to do what you're trying to do in eight months.
- There is no direct accountability to Virgin Care, they're only accountable to shareholders.
- Anything would be better than what we've got at the moment. There are not enough doctors in Ely
- Has there been any benchmarking with other CCGs and what they're doing?
- The role of care co-ordinators is very important. My mum is 94 and we've done care plans with several different bodies when it could've been done once. She became confused in hospital because so many people were seeing her for so many different things. Would each older person be assigned a named care co-ordinator?
- Where would they be recruited from? Or will they be new people?
- Recruitment is a problem in this area i.e. District Nurses
- Look at the process in place for vulnerable children
- The consultation in general is pleasing and it's useful for the public to be able to comment. Voluntary organisations can be integral. An ageing population can be positive too - some are also retired but are still able and well. They could be used to provide some services.
- Will each bidder have its own IT system or will they use System one? Communication is the big problem. I don't care whose fault something is, I want to know what to do about it.
- Are GP practices really on board with this? Experience recently has been that the GP practice is the weakest link in the chain. They're the key point of contact. Most people's complaints are about the first point of contact.
- Are you familiar with what's happening at Cathedral Practice? Four doctors have left recently. GPs keep changing.
- Funding for West Norfolk compared to what we need here - why do they get more funding than us?
- So many questions. I am concerned that the private sector will get involved with the NHS.
- Why don't young doctors want to come to this area?

Date: 1 May 2014
Venue: Burgess Hall, One Leisure, Westwood Road, St Ives,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Ian Weller, Sue Last
Supporting staff: Sarah Prentice
Attendance: 26

Questions and comments:

- You mentioned four bidders and you went into detail of the structure of the consortia. The others you didn't give much detail of - are they all consortia? Are they not-for-profit? Providers, if they have to make a profit as their primary motivation, might have to be legally accountable to their shareholders rather than the good of the community.
- (Unison) We have the same concerns. MDTs already exist, putting more emphasis on them doesn't need service change; nor does a single point of access. A single IT system will disrupt services; service change at the same time means you've got a moving target. It's hard enough when things stay static. What steps has the CCG taken to mitigate this?
- Had ambitions before for a single IT system and it hasn't materialised. We could be faced with an incomplete system after five years; if someone else comes in who will have the IT system will the outgoing bidder own it.
- Keeping older people at home and out of hospital is a good idea. How do you intend to get volunteers out to help people in the community? There isn't the funding for it.
- I understand that Cambridgeshire County Council does it and pays volunteers' costs. Will you do that?
- The focus is on older people. Included community services for adults but there's not much emphasis on this. How will you ensure that money is not taken from community services to fund older people's services?
- Will the contract reflect the existing services?
- Can you tell me how much the consultation has cost the taxpayer?
- It should all be plain common sense.
- Has the provider already been chosen behind closed doors? i.e. there was a consultation to move mental health patients from Hinchingbrooke to Peterborough and the decision was made before the end of the consultation.
- What's the GPs' opinion on seven day working to make all this work? If you can't see your GP where do you go (keeping people out of hospital)
- The consultation document is not a fair robust way to get people's views. The questionnaire doesn't let people make a judgement - all the things are important.
- What are the bidders getting out of this? Why isn't the £800million being used with the NHS, where it belongs, and not with private companies that want to make money? Given the money and the support the NHS could provide the service you're looking for in the procurement.
- Coming here today has made me really angry. We have great hospitals here and you should make it work. We've got the best here already. I've been in Addenbrookes and Hinchingbrooke and both were fantastic.
- (A Podiatrist) The (podiatry) service covers a whole range of age groups. Older people don't think of themselves as frail / elderly. There are a lot of well and active people. What happens to community organisations that cover a range of ages?
- (Works for Help at Home service) The CCG's funding for the service has been put in with the older people's tender. I'm anxious about what'll happen

to our services / other voluntary organisations in the tender - what if the provider doesn't want to fund them?

- What happens next year after the election?
- There's not many people here. People I've spoken to don't know about it. How have you advertised the consultation? How about advertisements on the side of buses? Local radio ads?
- £800million based on current costs. Is there a target for the provider to provide the service for that cost or will you take a lower cost bid over the five years?

Date: 8 May 2014
Venue: Commemoration Hall, 39 High Street, Huntingdon,
Time: 1pm-2.30pm
Speaker: Dr. Simon Brown
Panel: Ian Weller, Sue Last
Supporting staff: Rachel Conlon
Attendance: 18

Questions and comments:

- These events have been publicised through organisations but why not to everybody? Nothing has come through my door. What measures have been taken to ensure everyone knows about it? I am from an independent living residents association and nobody knew a thing about it. If nobody knows about it then it is not happening properly.
- I am a retired nurse. You should always invoice the patient and other services. It is clear now about the lack of communication with the elderly. Decisions are made and then they are told. Elderly people are stuck in a situation and nobody cares. This should be looked at. The situation of patients being involved in their care has been around for years. We seem to have lost the patient.
- I have asked this question at previous meetings. Nowhere in the consultation document is there a place for people to state their view as to whether they want to see a profit making company take charge of services. Why not? Previous answers have been due to the legal requirements around procurement. If this was not legally required would the CCG prefer the service to stay as an NHS service? If it isn't just a question of legal advice why are you not allowing people to have their say?
- I live in the real world and understand you have to balance the books but we seem to have lost the art of communicating with each other. Are their facilities in plans to get feedback from patients who are the clients or customers of the service. At the end of the day the NHS runs on business principles with customers.
- Commenting on communication I found out about this meeting in the Hunts Post. My 97 year old mother saw it in Cambs news and suggested I should come.
- I would just like to add that there is a section in the consultation document for people to put any other comments. If you wanted to comment about the privatisation you could do it there.
- On page 31 of the main consultation document saying how bidder will be selected there is no reference to the provider commissioned ensuring each patient has a single point of contact. 1 person and 1 number. Someone who they know and has confidence in and who addresses all their needs.
- Secondly CCS are not a formal part of the procurement. Why not? Why is there only a peripheral passing reference to social care.
- I appreciate what you are trying to do to achieve integrated care, during a previous hospital episode a care coordinator visited twice in hospital to sort a care package. We mustn't throw out a single point of access however wide the procurement is.
- Why is a single point of access not included in the criteria?
- Should it be ok for someone to make money? We should not be lining the pockets of shareholders. I believe in the capability of the NHS to do what is needed.

- I do see and hear of the bad side of privatisation at Hinchingbrooke. There is another side. I am concerned over integrated services matching up, as rather than one body or organisation running everything.
- Have you consulted with staff and listened to their concerns and understood their concerns?
- Why are none of the bidders represented at the consultation meetings?
- I have a query around IT which is hugely complicated. There is large IT project at Addenbrookes to improve overall systems. Need integration for IT between all organisations involved in this. I am trying to get my head around seeing this working. Could the existing IT programme be extended to take this into account?
- After the consultation meetings, will the document be updated and shared?
- Is the CCG Governing body multi-disciplinary?
- If this goes to a private bidder and they don't deliver the service, what provisions are in place and what will happen?

Date: 8 May 2014
Venue: Commemoration Hall, 39 High Street, Huntingdon,
Time: 7pm-8.30pm
Speaker: Dr. Simon Brown
Panel: Ian Weller, Sue Last
Supporting staff: Rachel Conlon
Attendance: 15

Questions and comments:

- I have spent all my life working with contracts and seriously think you will run out of money by year 4. I don't think that you know the costs well enough. NHS services will be out of money also. If the service runs out of money in year 4 what will you do then? What processes are they for disputes and arbitration?
- Thank you for explaining this face to face. I am concerned if a private company is doing this they will be more concerned with making a profit to satisfy shareholders rather than patients. Efficiency may increase which is good but concerned compassion will drain away and this has not been foreseen. For example there was a situation in Devon in the press recently where a child with psychiatric issues could not receive help after 7pm or at weekends as this was not provided for in the contract. What provisions are in place to address issues if something is missed out of the contract or something unusual crops up.
- In an article published on 9th March one of the bidders exited the process expressing concern over a £50 million funding gap in the contract. If a private company get their feet under the table where will you produce the money from when they start marking demands? Which bidder said the contract was priced too tightly to produce good quality healthcare?
- Whilst I understand we can't have an open cheque book, it is not correct to strangle society's good. We should not hold back what the community deserves. I have a bet that Virgin will be chosen. I do not want my care in the community provided by Virgin. Where is my choice? I have almost lost my life twice and the care I received in Peterborough hospital was exquisite.
- Why is Cambridgeshire going the opposite way to the rest of the country in terms of integration with social care? Everywhere else there is more integration and this procurement is the total opposite.
- Hinchingbrooke hospital are short of money, why is this? They are being asked to treat more and more patients but are not being given extra money.

The NHS does not have unlimited funds but if you want a loaf of bread, you have to pay for a loaf of bread. If the NHS included social services you could cope better with larger numbers. You can't issue a contract based on two days numbers and then if there is an increase in patients how will you deal with that?

- If a realistic look was taken at the patients then the government would recognise this and significantly increase finances. If you reorganise and spend wisely that is good but if you do not have the money to do the job in the first place then the needs will not be met. There should be ring-fenced contributions for the NHS. There has to be a better way.
- It feels as if hospital care is being rationed and when the money has gone tough luck. What happens under the present system where the money has gone?
- Care in the community works well but who will do the general day to day things for people? Domiciliary care is overpriced and lacks resource. Has nobody looked at social care?
- You have already talked about how social care is not part of this procurement. Cambridgeshire does not have an integrated social care fund. The older and sicker people get the more they need social care. The outcomes framework is loose. How will you judge if the terms of the contract have been met.
- Looking at the outcomes framework, will the provider be able to withhold data and not be fully transparent?
- How robust is the legal process if the CCG needs to withhold funds and can this be challenged?
- If people aren't going into hospital then you will be relying more on social care. Social care is provided based on income so there is input from the patient where there wasn't before.
- I realise it isn't possible to decide on A, B and C but having done your homework you are in a position to say please minister this cannot be done successfully without more money. You are in a position to give an honest opinion if having revised your opinion this cannot be done properly without more money.
- Why has the decision been made not to integrate with social care in Cambridgeshire. The money will go further if you do that.
- Integration is essential. Whilst I hear what you are saying I am worried there is a bit missing. Should be a belief that there needs to be integration.
- With £800million for a five year contract how will the quality staff already there be maintained. Is £800 million less than what would be spent if we carried on the way things are.
- I work in podiatry services and the local procurement crosses a number of services. How will this affect services to the local community. I also provide service to children. What happens to these individuals?
- Does the general election affect anything?
- The new service is due to start in January 2015. I don't believe anything should start until after the general election.
- If there is a charge at the general election is it likely the budgets will move from being held by the CCGs to being held by the Health and Wellbeing Boards and how will that affect things?
- The turnout at this meeting has been quite small. Was this any better at the daytime meeting?

Date: 12 May 2014
Venue: The Meadows Community Centre, Cambridge,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Matthew Smith, Peter Mercer, Sue Last
Supporting staff: Sarah Prentice
Attendance: 30

Questions and comments:

- Named co-ordinators: what status will they have? Will they be admin people or will they have power?
- Where does Cambridgeshire County Council's social care department fit in to this?
- When the preferred bidder is selected will there be an announcement before the service starts?
- A lot of the organisations have a poor track record in delivering elsewhere. How did they manage to get through to this stage when the current provider didn't? Was an option explored where the current provider could be helped to deliver the service? Model – how does integration fit within private organisations that might not be good at communicating/co-operating with other providers?
- I live in Cambridge and have a lot of patient experience in Kent. I want to congratulate the CCG on the document, it is first rate.
- I run the community room. My heart sank when I saw the names on the list. It's a short lead-in time from September to January. Is it a contract or a partnership? If it's a partnership you'll get more out of the preferred bidder.
- Where will you get the experienced staff in the first six months?
- What is the period of time of the contract? They'll be dealing with more complex cases over time?
- If the admin person has to refer up to the team won't it take longer for people to get treated?
- If it is a partnership will there be regular meetings including the public?
- You are talking about thousands of people.
- Any contract needs good staff. What consultation is there with staff?
- If it's a private provider and they are not making money after a few years, what's to stop them cutting and running?
- Talked about things that are going wrong and right a bidder is basing their proposals on an existing project. Why are you not developing them with existing staff? Where is the money coming from for new IT systems etc.? Will it be successful, how long will it take before we know it's been successful?
- Why doesn't the consultation ask if people want a private or an NHS organisation? The public has to have a voice. Why doesn't it talk about the benefit of a private provider of providing service change for the service patients? No costing, profit margins, returns for their shareholders.
- The information provided in the summaries is very woolly and will be hard to measure.
- Health and Social Care interface. You've got to have pooled budgets. Has anyone been brave enough to discuss it?
- Hasn't the Better Care Fund been delayed?
- Have you got your own legal people looking at the contract before it's signed and how long is the contract for?

- TUPE regulations. These can only last 12 months. Can it go into the contract, protection for staff for more than 12 months?
- When push comes to shove staff are always the first thing to go.
- What percentage of volunteers are you expecting to help with the contract, to help and support people?
- Do you still have a patient panel?
- Over the last 20 years statutory services have relied on volunteers. I am concerned as people are working longer now so they won't be able to volunteer.
- Seems to me that you're not bursting with enthusiasm about any of the bidders. Do you have a fall-back plan if none of them measures up?
- How are you intending to create robust MDT working if people are working to different masters (some health, some social care)?
- At a previous meeting an IT expert said it would take a very long time to create a new system that was able to communicate. How will you overcome it? I am worrying about what will happen to the service during the transition.
- Will IT systems be fully funded by the bidders without support from the CCG?
- How much money will it cost for a safe and adequate IT system to be implemented?
- Would be pleased to take consultation to Addenbrookes. Friend in there at the moment.
- Most of the organisations are seeking to make a profit and are accountable to stakeholders. Does the contract have a ceiling for profit they can take out? Might public sector be left to bail them out if they run into financial difficulty? Four of the bids are being led by private organisations.
- NHS organisations won't have any money to invest so they'll be at a disadvantage.
- Training, IT etc. being a big input at start of contract. But it'll need to continue throughout. Is shared profit included in the contract?

Date: 15 May 2014
Venue: Disability Cambridgeshire, Papworth Everard,
Time: 1pm-2.30pm
Speaker: Ian Weller
Panel: Dr. Jonathan Wilcox (from 1.30pm), Sharon Fox, Sue Last
Supporting staff: Jo Hobson
Attendance: 12

Questions and comments:

- Timescales seem tight?
- Here in Papworth and surrounding villages, social care is under South Cambs, Health Services is under Hunts. Not joined up at present. How will this improve? I am slightly sceptical about how this will work?
- Can't you adapt the current service to meet needs? Rather than go to private companies?
- It should be within NHS, I am concerned about private entities coming in. As an employee of the NHS I have concerns about the changes coming in.
- Services could be adapted. I am concerned you are disseminating responsibility to other private companies.
- Very few people here today, what have we done to raise public awareness?
- Why not give public the choice between public and private?
- What happens if someone backs out? What next?
- What are the frontline staff doing? What are they being told at present?
- Why not send a letter to all?
- New to the sector – seeing with fresh eyes. Strikes me that the proposals are good in theory. How much detail has been submitted? How much difference is there in the bids? Are they different/similar?
- They bid, and keep ideas to themselves. Shouldn't it be transparent?
- The decision makers on the bid, have they any vested interest in any of the bidders? Shareholders/employees?

Date: 16 May 2014
Venue: Methodist Church Hall, Queens Road, Royston,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Matthew Smith, Sue Last
Supporting staff: Jo Hobson
Attendance: 74

Questions and comments:

- From Oliver Heald, MP Royston: Wanted to make the point that up until recently there was a range of services available at Royston hospital. Now local people have to travel to Addenbrookes and people in Royston want these more local. Oliver encouraged members of the public to have their say in the development of the OPP plans.
- No mention of money in the document? Can they afford what suggesting?
- If the successful bidder ends up losing money – is there a get out clause? Will there be a change to terms and conditions? How will the CCG deal with funds coming across borders i.e. Herts CC
- There is a big divide between the services provider for Alzheimer's sufferers in Cambridgeshire and Hertfordshire. It is also not classed as a 'health issue'. Will this change?
- Concern about being run by private companies – they are in it for the money and not the patient?
- Why doesn't consultation ask public if they want private or public running it?
- What part will Royston Hospital play?
- Will this programme improve the number of Carers?
- At present Royston patient have to go to CUH for some services and Lister Hospital in Stevenage for other – will this be improved?
- Royston Hospital Action Group comments; Group applauded the work of CCG in supporting them and the plans. Concerns over the OPP tender process in that it goes to the bidder who can do the most for least. Questioned where profits will go? Especially in companies that are not of a medical nature. Plans state to start in Jan 15 – is this feasible?
- There is a lot of info on the slides, too much to take in?
- Can you clarify about staff training? Short time between July to January to get all trained.
- Oliver Heald, MP feedback that this has been a very useful meeting. Royston Hospital is a much loved institution. Encouraged local resident to have their say and complete the consultation document.

Date: 30 May 2014
Venue: Little Shelford Memorial Hall, Little Shelford, Cambridge,
Time: 1pm-2.30pm
Speaker: Dr. Cathy Bennett
Panel: Jessica Bawden, Peter Mercer
Supporting staff: Julia Walsh
Attendance: 30

Questions and comments:

- Stop the NHS Sell Off - What I don't think you've gone into is the privatisation. The stage you've got to is that you've got four bidders - three of which are from the private sector. How is there any justification for the private sector taking control of this?
- We are not alone. Patient representatives have concerns in CATCH - they have concerns about this process.
- Also aware that Health Scrutiny committee is concerned about the capability of the CCG to test the financial capacity of the bidders. How are the concerns going to be addressed?
- Unite - Will there be clauses to say they just can't cut and run? What provision could be built in for staff?
- This would not work without the voluntary sector. People are being ask to work until they are 68 - will not have the staff going into the voluntary sector.
- I have had feedback from around the area and people say why should they be doing work for a company that is making a profit?
- I am a carer for an adult and a member of a borderline personality carer group. There's an over reliance on people who are carers. Most of the carers are my age and are not going to be around much longer. Without support it will go back to the NHS to provide extended care. An essential element is a central contact but there needs to be an alternative named person. People take holidays and have essential training. Not 52 weeks, more like 20 to 30 weeks, and then it ends up in a crisis. Records are a part but its people that help. You need a main person and then someone who steps in when necessary, someone who is more familiar with the person.
- Carers Strategy has been delayed until after this consultation - these proposals will not work without carers
- Parish Cllr for Grantchester and care for mother who is 86. My mother pays £3,000 to stay at home. Intolerant to Parkinson's drugs and pays for all her own care. Are people who are not going into hospital not going because they are paying their own way?
- I do think there is a difference between public and private.
- Timescales for something as large and complex as this is completely bonkers. What will my mother see as different in Jan 2015?
- You've got to think about carers who are in their 50s and 60s who are caring for people in their 60s and 70s.
- GPs are what you think of first. What sort of change is going to be required of GPs. Longer opening times. How might you change practice to meet the needs of older people?
- If in two years time you find that the bidders are spending a lot of money on outcomes measuring. Would you be committed to reviewing that?
- Director of Carers Trust - We've got a befriending organisation and those who provide services. But there are also 78,000 family carers in Cambridgeshire. They are all providing services without charge. What are you doing to support these carers? What are they going to do if they are not going to be able to do

that? I would hope that one the things that comes through this is that this will be sorted out. Let your GP know you are a carer. If you let your GP know you are carer they are able to provide you support. When the Care Bill goes through, they will have rights. Carers will be coming to the forefront rather more.

- Unison - Stop the NHS sell off group - A private company is going to be counting the beans and will be required to make a profit. They are going to be using some stuff but they are going to be working for a private company. So how are they going to provide that service when they have layers of management? Much has been said about patient feedback but how is that going to be given. How is this incentivisation going to take place? There's a lot of might, think, how. Virgin can't run trains. Bidders have been to meetings but haven't revealed themselves, so how can they be interested in public opinion.
- District Councillor - District nurses are very very disgruntled. I am in the private sector myself and it's all about cutting back. It's all about streamlining.
- Unite Trade Union - I am concerned with accountability and scrutiny. You are talking about a contract worth £800m. How can you explain how you will consider public scrutiny and public accountability?
- got this from the internet - There's £3.8b for the Better Care Fund – are you not getting that now?
- I am a user of services. In the last week I had to go to ask for assistance for a friend. I went to the surgery. When I got there I was told that the doctor would call my friend back. It took for hours and then she had to go for an ECG and then it was in the ambulance to the hospital. You are left with feeling that the best thing would have been to take my friend to A&E which is what you don't want.
- I ended up as a carer for my husband who in 2012 was admitted to Addenbrookes. When he came home, I knew that with his mobility problems and the health needs, toileting and hygiene needs would be very difficult to cope with. He needed 24-hour care and there was a need for me to sleep. The carers did wash and clean him beautifully but there were a lot of other needs. I would like this type of thing to be in this contract.
- Thank you for having this because I have learnt a lot and will go away and think very much about it. Can you be absolutely sure that this will result in change and they are not in it as a loss leader? Will there be accountability? Transparency? Or will there be a clause of Commercial in Confidence?

Date: 2 June 2014
Venue: The Fleet, High Street, Fletton, Peterborough,
Time: 1pm-2.30pm
Speaker: Dr. Arnold Fertig
Panel: Dr. Paul Van Den Bent, Chris Rowland,
Supporting staff: Jane Coulson , Amie Johnson
Attendance: 41

Questions and comments:

- Older people is a general term what are we defining as older people? Are you now old when you are 65?
- How can we feedback on the consultation document when you are only just giving us the names?
- What is a 'Single Point of Access'?
- I am a blind person who cannot read the documents provide – can you please read the website address out to me
- As a resident of Peterborough why was I not informed of the consultation by letter?
- Will the bidder be taking over the local NHS completely? How will they be paid?
- In offloading these services won't we be paying for an extra management layer? What about the nurses? Bidders from outside of the county aren't able to deal with local issues. This is what has happened in social care with Direct Payments. What is wrong with putting proper management into current facilities rather than outsourcing?
- How will the bidder get the money?
- Primary motivation for awarding a contract is financial – When awarding the contract will there be key performance indicators in place with benefits tied in; where if the benefits of the service are not achieved the provider won't make a profit?
- £900m is an annual budget or their budget over five years? Will inflation and population increase be reflected?
- I struggle with telephone consultations within GP practices to get them to listen and understand my problems?
- The consultation is about listening and empowering people, but I am having trouble listening in the room because of the microphones. Also can you introduce the speakers again and make it clear who is who.
- I have great experience of the local health care and cannot fault the service we have had. We cannot fault the communications. What you are doing will be the same services, with better organisation. In order to do it properly, you need to do it on a big scale as you are.
- As a trade union representative and part of the pensioners association I echo the comment before about having a letter through the door. Have staff affected been consulted at all? Will their comments be included in the feedback? Are they in favour of the privatisation?
- As commissioners why can't you provide the service? Why do you have to buy in the services from elsewhere when you have a staff of people previously employed by the PCT?
- Pensioners Association – the idea that there is no money in the country is not the case. We gave GPs a handsome raise and then the GPs reduced their hours, and now they wonder why there are so many patients in A&E over the weekend. We need to have money to invest into a national training programme for carers, because we most certainly do not have the number of district nurses needed at the minute.

- Given that this is a set amount of money for a set no of people, we need to make sure there is the proper care – how can you use this budget to pay for carers and make sure you get the proper people to do the care? You won't get the right type of people if you don't pay properly?
- A member of the audience asked how GPs gain their qualifications
- Within the outcomes framework and KPIs, how will you be able to measure compassion?
- Care UK as one of the bidders have not had a good time in the press and have had poor CQC reports, I have also had bad reports from staff who have worked from them. Also, as a carer looking after my mother we recently moved here and my mother no longer meets the criteria for social care. How can we access these services if we don't meet the criteria?
- Given that all of this is going to happen no matter what people have said – what will the services do? How do they work? How do I access them?
- Could you please consider having emotional and mental health in the centre of service not as an add-on? People trained in counselling skills are able to look after and listen properly to patients, understanding their issues. Also can you make sure that the outcomes framework and KPIs are not tick box exercises?
- Question submitted at the end– It seems likely that the recent statement by the new NHS Chief Executive will have some implications for the eventual contracts over the five years. Will the ability to react to to external influence be a feature of the planning?

Date: 2 June 2014
Venue: The Fleet, High Street, Fletton, Peterborough,
Time: 7pm-8.30pm
Speaker: Dr. Arnold Fertig
Panel: Dr. Paul Van Den Bent, Chris Rowland
Supporting staff: Jane Coulson, Amie Johnson
Attendance: 14

Questions and comments:

- NHS England's Mr Stevens and Matthew Paris of the Times newspaper have both been in the media recently asking the question "Do we need GPs?" Mr Stevens said we needed more community hospitals and it seems to me this could be organised by community hospitals. Future roles will be clear in near future.
- You describe the new organisation as being a provider, a manager, and as having oversight. Wouldn't the CCG team need to be sizeable to manage this?
- You mention the service having access to a patient's Single Electronic Record 0 how do we make sure that data is protected and secure? At Healthwatch we are aware of issues around this in practices.
- NHS is a not for profit organisation, yet the four of the bidders who can take over the NHS in this area – where did they come from? How can they work for no profit if they are not NHS? If they are NHS why do we need them? Will money come in the way of healthcare?
- The local hospital has been cancelling appointments as they can't get patients out of hospital and into the community. Care homes with intermediate beds have been closed. Will the new service be able to provide what is needed?
- How does adult social care fit into the model?

- Where do BME communities stand in this? You have numerous translated copies of the documents which commendable but this isn't very good for some of the older communities who cannot read or write. Other examples are around current services such as reablement who cannot provide female to female care.
- Unison. CCGs are legally bound to break even and cannot reinvest in each other. Services used to achieve improvements. They will be using the same staff and the same companies. One of the bidders is only proposing to be a social enterprise. Virgin healthcare are unable to deliver staff training properly. Why are we doing this here? Why are we not asking current providers to provide? The CCG are talking about the new provider buying in more community staff – current providers could do that with the same investment over the longer term.
- Why are you giving a 5yr contract and not a 1yr?
- Care UK is having problems. We're talking about end of life strategies and quality. Staff and doctors will need to be trained in different ways; people looking after the patients will need to be well trained.
- The NHS is completely free yet other countries provide faster more joined up healthcare and they are private or mixture of private and public. In France small charges are made to visit a GP – if we did that here it would help pay for district nurses.
- You've said that the contract would be issued for five years but that if they didn't deliver there would be fixed penalties. What if they didn't deliver because of financial issues – won't the financial penalties make that worse? What can be done if they are so awful or are we stuck with the mess? What are the contingency plans?
- The lead organisation will take money and sub contract from existing providers, the same providers as now, adding in another level.

Date: 7 June 2014
Venue: Central Library, 7 Lion Yard, Cambridge,
Time: 10am-12pm
Speaker: Dr. Arnold Fertig
Panel: Dr. Cathy Bennett, Jessica Bawden
Supporting staff: Lisa Wood, Sharon Fox
Attendance: 70

Questions and comments:

- Are the 4 bidders social enterprises?
- The bid is not specific enough to allow bidders to cost correctly .
- Unite: as a union rep I am happy to fly with Richard Branson or travel on a train but healthcare. Has every resident of Cambridge received a letter asking them about NHS privatisation? What is the cost of a 2nd class stamp?
- Stop the NHS Sell Off Accountability GPs and DOH not are elected and are not accountable. When services are in place, how would adequate service be delivered properly?
- Patient involvement?
- The Governing Body meeting in public did not give a straight answer.
- GMB Biggest tender in NHS history. concerned that this has been rushed through. Integrated services – why procurement? What if the bidder changes?, NHS organisations were bidding for services, we had talks with NHS before this costly procurement exercise. Why did current providers not get through?
- I am a patient with complex needs, I am distressed, stop using Virgin, the harm free service already running has not had a look in, other organisations have no idea what is going on
- 25 years of Peterborough hospital at home 24/7 care, it is not same here as manpower is missing.
- Ideologically, if providers do not perform, will you pay less to the provider, absurd increase in amount of money as service drops, improve services!
- Unite, listen to the people's views, presentation to offer us the choice of which bidder is missing the point, we do not want it outsourced in the first place.
- Why procurement, I think it must be kept in public hands?
- Health Care workers have no incentives, only flowery words. CCG bold and brave and heroic but what happens when the Governing don't want this next time?
- Would the Older People's Procurement continue if the CCG loose GPs?
- As an ex pat returning to Cambridge, I am appalled by this, having lived in USA, private medical care in the USA is based on incentivisation to buy services. The health care here is not perfect but is the envy of many countries and patients come from all EU countries to have treatment here. Improve systems from the roots; the idea of privatisation is troubling.
- Your labours are aspirational. Do you have the integration to make this work? Link with social care broken/severed. Solution describes 2012 act which is long gone and completed. 2015 is when the world changes again, rebuild links, are there any break clauses, awards in the contract? Up and running and in 3 months the system might not work, the government in power might ask questions why it is a 5 year contract.
- I am a Cambridge resident and carer for 18 years for my husband who has Alzheimer's, I have battled with all services, proposals to use voluntary organisation and workers, you need to support them and help them to do their job

- I live in Cambridge and we need to tell our stories and need to be heard.
- Commissioning of community nurses out in the community has been stopped?
- GMB staff representative at Addenbrookes. Consultation, the CCG ideology is governing how the process is to be done differently
- Unite, why haven't you sent a letter to every house
- Consult on services that have been closed, did not know about Lifeworks by CPFT only County Council.
- The vision is that it is free on point of delivery, the NHS is mine, I work in the public sector, should not be sold off to others for profit
- Are you going to do this by slashing pay of workers, organisations dumb down services? NHS organisations do this as well!
- I have 2 siblings with long term conditions, I have concerns on how cut down their care will be. Needs to be an understanding between treatment and services based on treatability of conditions.
- Unite Come to Christ's Piece at 12.00noon for a march through the Tow
- Some workers are paid below average pay
- Object to the way the meetings are run, CCG organise meetings in the community but give the same presentations
- I help Mother to care for Father, I was only aware of the meeting a few days ago. We often travel to hospital in Cambridge and Huntingdon and we have not seen anything about the consultation or the meetings, even at our local surgery, I have talked to other carers not one aware, more public documents need to be available?
- I have read the document, seems logical and good. I am surprised as there are barriers, it is ambiguous as it is still dependent on voluntary carers – Alzheimer Society has different cover across the country, Cambs is good, Hunts and St Neots not adequate.
- Budget? Inadequate information. Cost of IT systems, 4 million people have no access to IT, many people don't know how to open IT, GPs fill records out for their patients, voluntary sector willing to help, CAB enormous cuts in benefits, look 10 or 20 years ahead. Relying on voluntary services, prospects not good, cuts projected for next year many will lose their jobs.
- Monitoring exceptions, plan stages and steps in monitoring, how are you going to monitor? The CCG is in a unique position as have knowledge of the area.
- If for 4 years the provider was ineffective what would happen, how could you stop them, how would plans to improve be implemented? You get what you pay for, services are not adequate and disjointed and how would you deal with this, will need to quickly call into account and needs to be spot on.
- Older People want to die at home? They always say yes until they hit the wall and then it's different.
- Out of hours services gets worse, document sharing things don't work, really need to get over to people the improvement in care, one person in control of an individual's care, see the same GP every time
- Virgin care have taken over GP practises, keep same no of doctors and nurses. Mother and Father did not want to split the family, family don't want to split. Mother is to make decisions, should always be consulted about decisions made.
- Care UK, 2 years ago a panorama programme about the treatment of older peoples and agency workers providing care, I have more concerns as others have been involved.
- I have lived in Cambridge for 27 years, and I agree with the change, joined up care is critical to have health services that are the envy of many nations, can we not fix what we have, money is sparse, selling off the NHS and paying for services is not the answer. How will monitoring work? Failing elderly patients.

Need the system to be made better? Experts paid, are more additional costs! Low paid workers; low morale adds up, improve the service we have!

- Cambridge resident and NHS worker. Consultation is good, patient involvement in own care is important, the gap is inviting the end user in the design of services, issues re continual monitoring of services, this is the mechanism for co-design and co-development.
- Consultation response in July, decision on preferred bidder in September, start service in January. Selection process, evaluation process, these are short timescales?
- The timetable is fixed so mobilisation or preparing service and TUPE all happen at the same time?
- I work in education, and have seen more transfer of money towards suits! I would like to see my GP at their surgery and not see them attend meetings. I am angry about the way money is being spent. NHS is good and I don't want it to be sold off!
- I have lived in Cambridge for 20 years and am a carer for my Mother, who had a named coordinator for her care. We have a good service and now we intend selling it off, it is not right. This is a tick box exercise, meaningless.
- I rang to find out about question 4, and was advised to tick all the answer if I thought that they were all important. How will this be interpreted if everyone ticks that they are all important?
- District nurses not allowed to take blood samples
- Referrals are questioned and sent back, more admin duties
- Comments on questionnaire are important.
- Decision go through this process, if you then get a 'NO' would the decision be overturned