**BSW Partnership Board 28 May 2021 – Questions from the public**

**Q: Is there going to be enough money to cover post-pandemic increases in newly diagnosed patients who need Specialised Service care, and how has the BSW Partnership ensured there is sufficient pass-through funding for the current year?**

A: Specialised Services commissioning budgets are not held by the BSW Partnership or the CCG, because specialised services are commissioned by NHS England. The NHS nationally has put in place an elective incentive scheme to fund additional activity undertaken above the threshold of 2019/20 activity levels.

A collaborative approach was adopted for producing the BSW system plan which involved representatives from CCG, Providers and NHS Specialist Commissioning.  Plans have been drawn up to ensure that assumptions between and across organisations are consistent.

**Q Is *NHSE/I - Specialised Commissioning* a BSW Partner?**

A: NHSE and the CCG have different commissioning responsibilities, and work collaboratively together. NHSE Specialised Commissioning is not a formal partner of the BSW Partnership, but representatives attend many system meetings with other system partners.

**Q Has the BSW Partnership taken up the offer by NHSE/I Specialised Commissioning to work together to improve the patient pathways by better integrating them with ICS-Commissioned services?**

A: Planning guidance for 2019/20 refers to NHSE’s intention to move to place-based planning for specialised commissioning. We have commenced discussions with neighbouring Integrated Care Systems on how to best manage future ICS responsibilities for specialised commissioning. Some services will continue to be best commissioned on a national basis, but where they are commissioned at a cross-ICS level, this will promote better working across pathways from a commissioning perspective.

**Q:** **Do you have a vision of how long it will take to develop, implement and see results from work to encourage healthy lifestyle changes in you Prevention Strategy?**

A: Some programmes to help people live healthier lives are already being delivered, for example, the national diabetes prevention programme and support to stop smoking. Others including weight management services will be developed during the year.

**Q:** **Are there any proposals to help GP surgeries share messages about self help and lifestyle improvements?**

A: The BSW Partnership is involved in a number of health promotion campaigns aimed at encouraging people to look after their health, and supports these initiatives through communications campaigns through multiple channels including social media, press and targeted advertising.

**Q: What are the proposals to improve communication with the public to encourage people to become involved in their own care?**

A: We run targeted campaigns, for example to promote ways people can manage their own mental health as part of self-care week. For some services we are rolling out training for our workforce so that they can have inclusive conversations with patients and carers. It is our ambition for BSW that our local communities drive the health and care engagement agenda.

**Q: The UK average Doctor-population ratio is 28.3 per 10,000. How many trained doctors work in BSW? How many are Locums, how many are permanently employed? What is the current Doctor-population ratio? Where are the lowest ratios within the area per population?**

A: Detailed information is held in NHSE’s medical performers list and is not readily available to us. From a workforce data set available to us, we can extrapolate that in BSW, the total general practice workforce FTE is 2424.21. This is a ratio of 2.39 per 1000 patient. This includes 593 GPs, 333.38 Nurses, and 303.34 Direct Patient Care. 1194.49 are counted as ‘Admin’.

**Q: Who can families ring when a terminally ill person requires pain relief during the night?**

A: This would usually be provided by the relevant health care provider responsible for the person’s care.

**Q: Who has overall responsibility for integrating and coordinating palliative care at home?**

A: Each service involved has a responsibility to work collaboratively in co-ordination and delivery of the person’s care at home.

**Q: Following a death at home, who is responsible for advising relatives on practicalities related to certifying death?**

A: There isn’t a specific role which holds this responsibility. In general, if a person dies at home, the healthcare team or GP surgery that has been caring for the person, would be the first point of contact in providing this advice.

**Q: Why is there difficulty obtaining morphine? There is often a shortage, and relatives have to visit multiple pharmacies, at a time when relatives are most overwhelmed.**

A: We are not aware that there are ongoing issues with the availability Morphine. We commission various local pharmacies to hold stock. It cannot be guaranteed that there will be stock available at the pharmacy because it will depend on what has been dispensed previously within that day.

**Q:** **Does the Board**

* **agree that full transparency regarding finances, procedures and performance relating to all publicly funded work undertaken by private companies for the NHS or social care services should be a condition of contract, with documents published for public view?**
	+ **agree that all members of the BSW Partnership Board must commit to full transparency in relation to all their activities related to publicly funded health and social care services?**

A: The NHS Contract terms and conditions with regards to transparency, performance and procedures are the same for all providers, regardless of whether NHS or private.

Under the Freedom of Information Act, public authorities are not required to disclose information where it may cause harm to a business, is commercially sensitive, or could be advantageous to a business’ rivals or competitors.

The Board and its members are fully committed to transparency and are now holding meetings in public where performance reports are regularly considered.

The CCG makes a monthly disclosure of all payments of more than £25k on its website and also responds to Freedom of Information requests.