

**Submitted Questions by Members of the Public
for the Governing Body meeting on 10 November 2021**

Name Date & Time	Submitted Questions	CCG Summary Response
Gill George	<p>1. End of Life Care / Palliative Care</p> <p>Anecdotal evidence suggests variable standards of symptom management in end of life care, including variable practice by GPs (necessarily ‘key players’ in domiciliary care and community hospital care, and to their own patients and through Shropdoc).</p> <p>Do GPs in Shropshire follow standard guidelines around prescription for symptom management, or is this considered by commissioners to be solely a matter for individual clinical judgement? If guidelines are followed, are these the West Midlands Palliative Care Guidelines or the set of ‘Symptom Control’ guidance sheets agreed by the two predecessor CCGs and Severn Hospice?</p> <p>Does any systematic audit take place of GP practice around prescription for symptom management?</p> <p>Has the CCG considered encouragement to GPs to adhere to standard guidance, to reduce the variability of end of life symptom management?</p> <p>I am aware of course that the current End of Life System Review will solve every conceivable problem with every aspect of end of life care and I don’t need to be told this. My interest is in what happens <u>now</u>, and what standards of prescription for symptom management have applied since April 2020/21.</p>	<p>STW have standard guidelines for the management of the most common end of life care symptoms, these guidelines are reviewed and updated as necessary by the CCG Medicines Management Senior Pharmaceutical Advisor and information and guidance updates are provided to GP Practices.</p> <p>The Symptom Control sheets, which form part of this guidance, are based on the original symptom control sheets agreed by the two previous CCGs and the Severn Hospice. They have been updated in line with further advice from the Severn Hospice and the nationally recognised guidance on the Palliative Care Adult Network Guidelines Plus website https://book.pallcare.info/. These are available on the CCG and Severn Hospice websites, alongside a number of other resources related to the care of a person at the end of life.</p> <p>Clinical judgement will be expected in every aspect of end of life care as it is recognised that standard guidelines will not always be</p>

Name Date & Time	Submitted Questions	CCG Summary Response
		<p>appropriate. GPs have access to a 24/7 Specialist Palliative Care advice and guidance.</p> <p>GP prescribing data is made available to the CCG and is routinely analysed and any anomalies investigated. There is no systematic audit of the prescribing of drugs for the management of symptoms at the end of life, however, Just in Case (JIC) Medication packs containing the most common drugs used to manage symptoms at the end of life can be prescribed in anticipation of these symptoms occurring, in order to enable administration without unnecessary delays. The prescriptions and documentation used for the provision of JIC packs are embedded into the GP clinical system.</p> <p>The CCG has no evidence that GPs are routinely or regularly prescribing outside of the guidelines mentioned, however, if the questioner has evidence to the contrary the CCG would be happy to investigate this further.</p> <p><i>Dr Julie Davies, Director of Performance</i></p>

Gill George	<p>2. Community Hospitals</p> <p>What is the current system vision and/or CCG vision for community hospitals and for ensuring equitable access to care for Shropshire's rural communities?</p>	<p>The system is planning a county wide review of all its community beds in 22/23 by the ICS and the Community Trust. It will look at the need geographically as well as current provision to ensure we have the type and volume of capacity our local populations need.</p> <p>Equity of access is also important for other services delivered at community hospitals and they will also form part of the wider 'Local Care' programme led by the Community Trust with full wider system support over the coming period. This will incorporate our emerging place based strategies which look to match capacity to population need to reduce our wider health inequalities. This will also need to take into account our responsibility to ensure safe, high quality, sustainable service delivery. The local communities will be involved both in the reviews and in the proposed future provision to ensure we obtain the best outcomes for our population.</p> <p><i>Dr Julie Davies, Director of Performance</i></p>
-------------	---	--

Gill George	<p>3. Public Involvement</p> <p>Also, are all Governing Body members clear about the CCG's duties with regard to public involvement (Section 14Z2 of the NHS Act 2006, as amended).</p>	<p>Yes the Governing Body is clear about its statutory duty to involve. At the May 2021 meeting the Governing Body received a briefing report on the new Assuring Involvement Committee (AIC) that has been created to assist the Governing Body to ensure that it is meeting this duty. At the same meeting the CCG Governing Body adopted its Communications and Engagement Strategy, which outlines how the CCG will meet its duty in more detail. The AIC Chair reports to the Governing Body after each AIC meeting.</p> <p><i>Miss Alison Smith, Director of Corporate Affairs</i></p>
-------------	--	--