Patient and public involvement

Annual report
April 2014 – March 2015
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Acknowledgements

We would like to thank all of the individuals and organisations who have taken part in our consultation and engagement activities during 2014 – 2015 and shared their experiences of using local services. Your contributions have helped to inform our commissioning decisions, ensuring your local NHS continues to provide quality and responsive services.

This report gives us the opportunity to tell you what consultation and engagement activities have happened over the last year, what you told us in those activities and what we have done with the comments you made.

Links to further online information about NHS Wakefield Clinical Commissioning Group (CCG) and our engagement activities have also been included in this report.
Foreword

I would like to welcome you to our 2014-2015 Patient and Public Engagement Report for NHS Wakefield Clinical Commissioning Group (CCG).

Since 2009, NHS organisations have had a duty to tell the public about those engagement and consultation activities which have helped shape the services bought, or commissioned, on behalf of local people.

We aim to do more than limit our report to the work that falls within that duty, we feel that this is an opportunity to let you know about the wider range of work in which the public has had a chance to be involved. 2014-15 has been a very busy year for all our staff and I would like to pay tribute to them all for their tireless enthusiasm and dedication.

The report shows just how much has been done in our second year as an authorised Clinical Commissioning Group and the valuable feedback we received. We want to continuously improve and develop the ways in which we engage and you can see the new things we have done and how your feedback helped to shape local services – from the way we provide information, right through to shaping our commissioning priorities and service reviews.

Following a successful implementation, we have continued with the process of using patient feedback to support commissioning decisions in respect of the current commissioning priorities through the compilation of quarterly patient experience reports. The CCG recognises that no single source of information provides the full picture of what the experience of services is locally and the reports draw on information from local and national surveys, engagement and consultation, PALS, complaints, Healthwatch information, Patient Safety Walkabouts and information from member practices gathered by the Network Development Unit. The reports have been used to support the work of the transformation programmes and our staff as well as being fed through our Quality Intelligence Group. But we also know that we need to have up to date feedback on what the public feels about local services and to make sure that we do this not only on service level but also as part of our strategic direction, we will go out again to talk to people about what our priorities should be going forward.
We have continued our work throughout the year to maintain the number of patient groups and to set these up where they may have folded. This again showed that only ongoing support to these groups will result in all practices having a patient group. Our plan to provide a structured programme of training came to life aimed at increasing the confidence and capability of individual PRGs to engage constructively both with the CCG and the emergent Clinical Networks. The development of Clinical Networks, their priorities and engagement plans has also provided a steer in the engagement of registered patients and this will continue into next year added to by the Friends and Family Test. We will continue this in the following year to make sure that we support patient groups in voicing patients' priorities and developing them to be more involved in fighting for patients' interests in the NHS.

If you would like to get involved in the work of the CCG, please see the ‘How to get involved’ section on Page 9 for more information or contact us on the details on final page of the report.

We would like to thank everyone who has contributed during the year with their views, thoughts and time, and look forward to another busy year.

Stephen Hardy
Lay Member, Patient and Public Involvement
Introduction

About us

NHS Wakefield Clinical Commissioning Group (CCG) was formally established April 2013 and has the responsibility for making sure that the approximately 354,000 people in and around Wakefield have access to the health services they need.

In 2006, patient involvement was strengthened by the NHS Act. Sections 242 and 244 of the Act place a duty on NHS organisations to involve and consult local people and stakeholders in the planning and development of services.

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHScommissioners function. These amendments include two complementary duties for Clinical Commissioning Groups (CCGs) with respect to patient and public participation and also a duty to promote the NHS Constitution which was refreshed in 2013.

This report provides an overview of the consultation and engagement activities that have taken place over the past year (from 1 April 2014 until 31 March 2015) and includes a summary of what people told us, what the outcome was and where you can find further information. It also includes details of some of the consultation and engagement activities that are planned for 2015/16.

Our approach

Our vision is “to commission quality services that will improve local patients’ experiences of care and improve their health. To do this, we want to involve and listen to patients, practices, partners and staff when altering or changing our services.”

The views of patients, carers and the public matter to NHS Wakefield CCG. We want to involve them, as well as doctors, nurses, other healthcare professionals and managers in the decisions we make. By working with patients, carers, patient organisations and the public, we are able to develop services which meet the health needs of our community.

“We must put citizen and patient voices absolutely at the heart of every decision we take in purchasing, commissioning and providing services.”

Transforming Participation in Health, 2013
The NHS Five Year Forward View published in October 2014, also sets out how the health service needs to change, arguing for a new relationship with patients and communities (NHS England, Five Year Forward View, 2014).

We have a ‘Communications, engagement, equality, diversity and human rights strategy’ which sets out our plans until 2018. Our strategy enables us to meet our responsibilities under the Health and Social Care Act 2012 as well as reflecting the direction set in the NHS Five Year Forward View:

- putting patients at the heart of everything we do
- focusing on improving those things that really matter to our patients
- empowering and liberating clinicians to innovate, with the freedom to focus on improving healthcare services and,
- the recommendations of the Francis Report

The strategy shows that we are committed to ensuring that we actively engage with patients, the public and other key stakeholders to ensure that the commissioning, design, development, delivery and monitoring of healthcare in Wakefield meets the needs of our population. By listening to patients, and learning from their experience of health care we can understand what really matters to people.

We want to make sure we hear from all the people and communities in Wakefield - everyone’s opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds so we ensure we design our engagement processes with this in mind. We also use equality monitoring to assess the representativeness of the views we have gathered and where there are gaps or we identify trends in opinion these will be looked into and plans made to address them. Activity is also designed to ensure all the nine Protected Characteristic Groups are effectively represented, in line with equality and diversity legislation, and that it reflects the demographics of local communities.

The nine Protected Characteristics Groups are:

1. Age
2. Disability
3. Sexual Orientation
4. Religion and Belief
5. Race
6. Pregnancy and Maternity
7. Marriage and Civil Partnership
8. Sex (gender)
9. Transgender

This annual report is our opportunity to present the work undertaken, catalogue our activities and present any changes as a result of this work.

The Patient and Public Engagement Annual Report
When there are decisions to be made which affect how local NHS services are commissioned, we make sure we talk to those patients who will be most affected and for those larger pieces of work we make sure the general public are made aware of any proposals so they too have the chance to have their say. We carry out one off pieces of work as well as involving patients and the public on an ongoing basis through the partnership arrangements we have in place with local patients and communities.

The report includes all consultations that have been undertaken and completed during 2014/15, including any that started before 1 April 2014 or that started during the period of this report, but are not yet completed. It also includes details of our work planned for 2015/16.

There are other ways for people to get involved in local health services and to share their views. Some of these are noted in the next section.

Patient and Public Engagement: How to Get Involved
We are working hard to include people in the shaping of local health services. We want to do this because it helps us to make sure we are improving our services in ways that meet your needs.

It is really important for us to hear people’s comments, ideas and suggestions about ways in which we can make services better.

If people would like to get involved in the development of new and existing services and share their experience, then they can join our engagement database. We contact people on this database when an opportunity arises for them to get involved. This can range from being part of a discussion group, completing a questionnaire, joining a service user group or telling us what they think about some of the documents we produce.
There are other ways for people to get involved in local health services and sharing their views, like:

**Local Patient Reference Groups (PRGs)** - the building blocks for engagement at GP practice level. Each GP practice has set up a group of patients who are interested in engaging with their work.

**Patient Participation Group (PPG) Network** - acts as the link between local PRGs and the CCG (see page 17).

**Healthwatch Wakefield** - an independent organisation started in April 2013. Its role is to represent the views of local people. In Wakefield, the organisation responsible for overseeing the setting up and running of Healthwatch is NOVA. More information can be found on their website at [https://www.nova-wd.org.uk](https://www.nova-wd.org.uk). Information on Healthwatch can be found at [http://www.healthwatchwakefield.co.uk/](http://www.healthwatchwakefield.co.uk/)

**Public Involvement and Patient Experience Committee (PIPEC)** – our assurance group with members of the public and representatives of local third sector organisations, who make sure we meet our statutory duty to engage (see page 13).

Maintaining our **relationship matrix** of community and voluntary groups; developed to ensure that we engage with groups representing the nine protected equality characteristics (see page 21).

**Our Street – virtual engagement** - Our Street is a virtual web based engagement tool designed to help service users and the general public understand how they will access services in the future, and indeed what to expect. It followed from the Meeting the Challenge consultations and was agreed in September 2013. You can see more on this work and how it has been used on page 29.

**NHS Wakefield CCG website** – the website provides information about our work online. It includes a section called ‘Have your say’. We use the website to inform readers of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. This website is updated regularly so we can report on the outcomes of all consultations and what we have done as a result of our activity. Our website is at: [http://www.wakefieldccg.nhs.uk/](http://www.wakefieldccg.nhs.uk/)

**Twitter** – We post regularly on Twitter @NHSWakefieldCCG with the latest information about the CCG and links to related content. Readers can also interact with comments, information, questions and add their own content links.
CCG engagement events - wider engagement events with local people on health care related topics. At Wakefield CCG we recognise that engagement with patients and the public is not a one off activity, but an ongoing dialogue. Patient feedback is integral to developing quality services which meet the needs of the population we serve. By developing different ways in which people living in the District can get involved in shaping the services, we aim to maximise the opportunities for public participation.

Patient advice and liaison service (PALS) - PALS helps the NHS to improve services by listening to what matters to patients and their families and making changes when appropriate. PALS provide the following functions to the population of Wakefield:

- Providing the public with information about the NHS and helping with any other health-related enquiry
- Helping resolve concerns or problems for those using the NHS
- Providing information about the NHS complaints procedure and how to obtain independent help if the person decides they want to make a complaint
- Providing information and help, for example, support groups outside the NHS
- Improving the NHS by listening to concerns, suggestions and experiences ensuring that people who design and manage services are aware of the issues raised
- Providing an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.

Governing body meetings - The CCG holds regular governing body meetings and an annual general meeting (AGM). These are open to members of the public and allow people to find out more about what the CCG does and ask questions.

Papers are made available online prior to meetings and public feedback is considered in the development of future polices and wider services in the CCG.

Details of dates, venues and papers for Governing Body meetings can be found here: [http://www.wakefieldccg.nhs.uk/about-us/governing-body-meetings/](http://www.wakefieldccg.nhs.uk/about-us/governing-body-meetings/)
**Patient Opinion and NHS Choices** - Patient Opinion is a feedback platform for the public so they can share their story or experience of healthcare services. Anyone can post an opinion on the website. NHS Choices also provides a similar facility. NHS Wakefield CCG search these facilities by provider to pick up what patients are saying about NHS services.

**National and local surveys** - National and local surveys take place throughout the year from various providers and local GP practices. Patients are encouraged to contribute to these surveys. The public can use surveys to have their say on current services and NHS Wakefield CCG is able to use such surveys to understand the patient’s view of the service. In addition surveys can be used collectively to inform commissioning decisions and contract monitoring.

**Friends and family test (FFT)** – This test has been rolled out to GP practices in December 2014, building on what was done in hospitals and expanding the national programme. It aims to gather as real time patient feedback as possible with every patient being given the opportunity to give feedback. NHS England publish information on a regular basis.

**Service re-design activities** - Throughout the year we actively promote any activities for people to become involved. In addition, we ask if people would like to have their name stored on a ‘people bank’ so we can contact individuals directly about healthcare services.

Engagement as part of the development of our commissioning intentions will feed into the overall themes arising locally and support our decision making in respect of future actions. We will continuously cross reference the themes which arise from patient and public engagement to update and reflect on the intelligence we have to date.

**Working Voices** - **Working Voices**, is a pilot project which uses a Community Asset Based approach in the workplace. The project has been part of a wider ‘Field Force’ programme funded by NHS England and ran until the end of March 2015. We will continue to use the learning of this and to build relationships with local employers.
Public Involvement and Patient Experience Committee (PIPEC) 2014 - 2015

The PIPEC meets on a quarterly basis. Members are drawn from across Wakefield to provide representation of patient views and opinions and to inform commissioning arrangements, business planning and to identify possible improvements. PIPEC provides a single recognised structure to oversee the delivery of patient involvement and patient experience activity and ensure impact and change is demonstrable both internally and externally.

Who did we consult?

Currently membership includes representatives from:

- the public with links to various support groups including long term conditions, disabilities, and cancer
- local college
- Lesbian Gay Bi-sexual and Transgender community
- the CCG Governing Body via the Lay Representative with patient and public involvement role
- Healthwatch
- Patient Participation Group Network
- CCG Officers
- Engagement Officers

What information did we give?

The following topics were discussed at successive PIPEC meetings and the relevant papers were sent out:

March 2014

- Using patient feedback – update on the progress made in respect of gathering, triangulating and using feedback from the public to inform commissioning decisions. Also group discussion on the CCG’s aim to capture this as an overall initiative under the term of Putting Patients First
- Women and Children Transformation Programme
- King Street Walk-in Centre update on engagement process and the feedback received
Papers:
- *What matters to you?* – commissioning priorities engagement report following an extensive engagement initiative to inform the commissioning priorities of the CCG and support the development of the five year strategic plan.
- Patient Experience report on Care Closer to Home
- Minutes from the Patient Participation Group Network meeting held on 11 December 2013

**June 2014**
- Care Closer to Home – update on the work carried out as part of this programme
- Clinical Networks – overview of the structure and work of the seven Clinical Networks in Wakefield District and the groupings that GP practices belong to.
- What actions were taken as a result of the feedback received during the *What matters to you?* engagement work.
- Update on the development of the CCG’s strategic plan.

Papers:
- Patient Experience report on mental health services.

**September 2014**
- Introduction to co-commissioning and the approach that NHS Wakefield CCG would be taking.
- Patient experience update
- Mid Yorkshire Hospitals NHS Trust – update on the developments and work around improving the outpatients system.

Papers:
- Better Care Fund information
- Patient Experience report on Maternity Services

**November 2014**
- Highlights of last year, current work and plans going forward
- Patient experience and how this is being used to inform the CCG’s decisions
- Psychiatric Liaison Service in Wakefield District
- Mental health services – share your views in shaping local services

**December 2014**
- Overview of service reviews taking place and planned
- Public Sector Equality Duty
• Update on engagement activities
• Planning for the coming year

Papers:
• Draft Public Sector Equality Duty report for comments
• Patient Experience Report on Children and Young People
• Policy for Adult Personal Health Budget
• Mental health survey
• Service reviews – completed engagement reports

March 2015
• Update on primary care developments and co-commissioning including Prime Minister’s Challenge Fund and Vanguard projects (new models of working)
• Making safeguarding personal – developing service user information
• Clinical Networks – Network development and engagement plans

Papers:
• Patient Experience report on Primary Care
• Musculokeletal service engagement report
• Anticoagulant services engagement report
• NHS England’s consultation on investing in specialised services
• Final version of the Public Sector Equality Duty report

What did they tell us?

PIPEC members provided ongoing feedback through the course of successive meetings, adding to the debate as required for feedback to the CCG. The group also provided opinions and comments on documents, policies and work away from meetings, ensuring that decisions are not restricted purely to discussions ‘around the table’. This was particularly beneficial this year to provide assurance for engagement supporting the various service reviews taking place with plans, actions and feedback being presented to the group as well as overseeing the actions taken as a result of previous engagement, for example the What matters to you? work.

The group has received all of our patient experience reports together with updates on the issues and how these were challenged with providers, and also monitored progress made by our main provider in respect of the key issue raised by the public – outpatient appointments.
The introduction of co-commissioning has seen the group take an active role in developments locally, both as part of this initiative but also in relation to work done under the Prime Minister’s Challenge Fund and Vanguard projects. To support this work, any future engagement findings will be presented to the group for scrutiny of feedback before our plans in this area and finalised.

The group has provided general feedback on local services which was used to feed in as part of the commissioning work and also to help shape the agendas and work of the group.

What did we do?

The Committee is chaired by Stephen Hardy, the CCG Lay Member with responsibility for Patient and Public Involvement. Minutes of the Committee were submitted to the CCG and this completes the reporting mechanism between the Governing Body of the CCG and the public representatives.

PIPEC members provide feedback on any papers and information presented at meetings on an ongoing basis. Feedback is reported in the minutes, which are subsequently reported to the CCG Integrated Governance Committee.

We value the input the group has made to our engagement and consultation activities, the plans and work they have commented on, views they have shared and the ongoing support and dedication in providing assurance on what we do.
Patient Participation Group Network (PPGN) 2014 - 2015

Wakefield CCG is a member organisation of 40 GP practices from across the District. This also includes an administrative body made up of support staff and a board of clinical leaders. Together we are working to make sure that the health and care services meet the needs of local people and give them healthier, longer lives.

The Patient Participation Group Network (PPG Network) is a valuable body which has been set up to provide support to local Patient Reference Groups (PRGs) within GP practices to enable engagement at practice level. It provides opportunities to work with the CCG as well as sharing areas of good practice among individual PRGs. The network draws on the collective views of practice representatives and via these, the wider practice population.

Who did we consult?

Membership of the PPG Network is drawn from individual GP practices, PRG representatives and Engagement Officers. The Network meets quarterly, but members are also informed of engagement opportunities on an ongoing basis. The membership continued to change during the year and increase with new PRGs being represented. This has been achieved through one to one support offered to the groups and additional training specifically set up for the members of local patient groups.

What information did we give?

PPG Network members share information and updates on initiatives aimed at enhancing patient experience. Engagement at practice level is enabled through this mechanism and consequently the views of the local population are fed through to the CCG.

A number of groups have now set up newsletters which cascade valuable information between patients. Many individual practice level groups have undertaken surveys on patients’ experiences within practices and the results of these have influenced their practices’ individual work plans for the year. This demonstrates that there is work ongoing at practice level which has been driven by the patients not by the GPs.

‘Sharing of good practice’ remained a constant agenda item during the year and offered the Network the opportunity to share ideas for their groups and their work
plans. It also provided an opportunity for individual PRG members to raise concerns and have these addressed. These included practice specific questions as well as CCG wide, for example the move towards co-commissioning and the impact this may have on the work of individual practices.

The following topics were discussed at successive Patient Participation Group Network meetings. It should be noted that the core part of the meetings is a session where members share their experiences, work ideas, ask questions and contribute to the overall update on what is happening at GP practice level. These were at times scheduled to be the main agenda item.

**March 2014**
- King Street Walk in Centre - update on the engagement process, the feedback received by public and how this has informed the CCG’s decision making
- Outpatient appointments at Mid Yorkshire Hospital Trust – an update from the hospital trust following the group’s concerns over the management of outpatient appointments and PRG feedback on the public encountering problems
- Dementia Friends Champions – sharing of information and contact details on this initiative

**June 2014**
- Development of the CCG’s strategic plan
- Clinical Networks in Wakefield and District
- Older People’s Forum in Wakefield
- Sharing the learning section for open discussion

**September 2014**
- Primary Care Friends and Family Test – information and presentation by NHS England on the development and introduction of the FFT test in primary care and feedback by the group
- Patient Transport Services – introduction to the planned engagement; discussion and feedback on the approach to be taken by the CCG

**December 2014**
- Mental health services – engagement work update

**March 2015**
- Outpatients appointment system at Mid Yorkshire Hospitals NHS Trust – feedback from patients to the Hospital Trust and information sharing on the work being done to improve the system
What did they tell us?

Network members provided ongoing feedback through the course of successive meetings, adding to the debate as required for feedback to the CCG. Members continued to receive, consider and provide feedback on communication and engagement plans, documents and reports which has helped to shape our approaches. They also provided general feedback on local services which were used to feed in as part of the commissioning work and also to help shape the agendas and work of the group.

Members also attended events and took part in various engagement work, for example, local and national surveys and the development of the CCG’s strategic plan, service reviews and patient experience work of the organisation. They have also been involved in the Friends and Family Test development and rolling this out within their practices. The feedback received via their local work has also resulted in the group keeping a close eye on the improvement efforts of our main acute trust provider in respect of outpatient appointments.

What did we do?

There is a commitment to growing the membership of the PPG Network and the support we have given has been both to the network as well as individual groups. We have worked with practices on a one to one basis to help them establish and grow their groups. The development of Clinical Networks, their priorities and engagement plans has also provided a steer in the engagement of registered patients and this will continue into next year added to by the Friends and Family Test.

The PPG Network is an established group and meetings are built into the regular business cycle of the CCG. There is commitment from the CCG to this meeting and to utilising the feedback from members of the Network to inform practice level working as well as wider commissioning work. We feel that the sharing of ideas, examples and information between groups will help individual PRGs to develop and strive and this has always been a key aspect of network meetings.

We have continued our work throughout the year to maintain the number of patient groups and to set these up where they may have folded. This again showed that only an ongoing support to these groups will result in all practices having a patient group. Our plan to provide a structured programme of training came to life. The provision of facilitated training for Wakefield PRGs was agreed as a means of
increasing the confidence and capability of individual PRGs to engage constructively both with the CCG and the emergent Clinical Networks.

We considered feedback from work with individual groups at our Board Development session in November last year where we discussed various ways to strengthen their role as individual groups, but also as an engagement mechanism across the District and a vehicle for the public to feed in views about local services and more specifically the quality of these. Our commitment to this was reflected in an agreement to provide a training programme for lay representatives.

Funding was secured for this during 2014/2015 and the first session was delivered in July, having been significantly oversubscribed. Due to the level of demand, four separate sessions were organised. The content of the first session was co-created with the participants. Further sessions built on this and the topics important to participants were always included in each of the sessions.

The initiative was warmly welcomed by the groups with comments including:

“I really did not know what to expect today. I hope I will be informed of any other opportunities – have taken a lot to think about, thank you!”

“All of it [was useful]. The sharing of information across different practices was excellent and very useful.”

“ALL the day [was useful] as it encouraged discussion in a friendly way and I felt that I learnt a lot of useful information.”

We value the input the group has made to our engagement and consultation activities, the plans and work they have commented on, views they have shared and the ongoing support and dedication in providing feedback on what we do and sharing feedback from their work in local practices. Their input has ranged from comments on engagement proposals, shaping the strategic plan and also engagement approach within our member practices and Clinical Networks.
Relationship Matrix

How has the Relationship Matrix been created?

The Relationship Matrix was created as a result of extensive mapping and networking. Using the nine protected characteristics, outlined in the Equality Act 2010, a baseline account was taken of the primary characteristics for all organisations where relationships are developed. The nine protected characteristics are:

1. Age
2. Disability
3. Sexual Orientation
4. Religion and Belief
5. Race
6. Pregnancy and Maternity
7. Marriage and Civil Partnership
8. Sex (gender)
9. Transgender

Who can use the Relationship Matrix?

The Relationship Matrix is used as a tool by the Communications and Engagement Team to assist customers and colleagues in reaching the organisations who engage with patients, carers and the public on an ongoing basis.

This is done by working directly with an ‘Enabler’ who has links into, or who works for, the group or organisation. This is the Primary Relationship. The Enabler ensures that any correspondence is shared with their members, volunteers and client group.

On completion, the matrix was reviewed to ensure that our engagement processes included relationship with groups representing the nine protected characteristics. As a result of this gap analysis, we have built stronger links with MESMAC (Men who
have Sex with Men) and the Wakefield Deaf Society. We have also now included organisations representing the Eastern European Community, refugees and asylum seekers. We successfully achieved this during the year, not only in gaining a relationship matrix representation, but also incorporating this into membership of PIPEC, our engagement and patient experience assurance group (see page 13).

**What did we do?**

We have regularly used the contacts within the Matrix to share information about events, consultation and engagement opportunities and general engagement information published by us or other NHS partners. This has included local initiatives noted within this report as well as national consultations and opportunities to get involved, for example in procurement processes.

In terms of involvement of the public in procurement decisions we make, we have advertised these via the Matrix and have gained interest for service areas such as bereavement advice and support service and gastroenterology. This has helped us make sure that the public are involved in this aspect of decision making in respect of the local services and who provides them on our behalf.

We will continue to share information, including opportunities to be part of procurement processes, during the next year.

**Working Voices 2014 -2015**

NHS Wakefield CCG was selected to be part of the Working Voices initiative led by the West and South Yorkshire and Bassetlaw Commissioning Support Unit (now Yorkshire and Humber Commissioning Support since October 2014). Working Voices uses a Community Asset Based approach in the workplace. The project is part of a wider ‘Field Force’ programme funded by NHS England. The Working Voices programme was set up to support CCGs and area teams around Patient and Public Participation.

**What was the purpose of the project?**

Traditionally engagement has attracted retired people, those in long term unemployment and those frequently accessing services. This is because the majority of engagement activities take place between working hours 9am to 5pm.
Efforts have been made previously to open up engagement outside of working hours with limited success, so Working Voices takes the opportunity to bring participation into the workforce rather than expecting working people to come to the NHS. The Working Voices model is based on a community asset-based approach which has worked successfully in engaging with communities and harder to reach groups through partnership with the voluntary and community sector.

As well as giving CCGs increased participation and richer data to inform the commissioning cycle, the Working Voices project aimed to give employees a voice in designing services to suit their needs, as well as access to health information and advice. This in turn would lead to a healthier, happier, more empowered workforce also bringing benefits to employers.

**Who was involved?**

A steering group was set up and Wakefield CCG produced a draft action plan and terms of reference. The steering group identified five local employers and agreed an approach to contacting the employers using steering group members. Wakefield CCG also used an existing contact from the Local Authority to support the work and a number of leads were identified to support positive working relationships with employers. The initial employers engaged with were:

- Next warehouse
- Haribo
- Wakefield Council
- Manchester Superstore
- St George’s Community Centre

During the summer of 2014, Wakefield CCG made contact with the employers originally identified. Following these contacts, the employers secured were:

- Next Warehouse - four warehouse distribution centres
- Wakefield Council – directly working with five depots
- St Georges Centre - small voluntary and community sector
- Haribo - local employer manufacturing sweets in Pontefract and Normanton

**What did we engage about?**

The project team and steering group members worked closely with the employers for Wakefield Council and engaged on mental health services and provided information
on urgent care. Notice boards promoting Working Voices were placed in depot staff rooms and staff briefings were used to engage staff.

This resulted in feedback being received by 45 male employees - a group who generally would not engage with the NHS. The feedback and outcomes for this engagement are detailed in the Mental Health engagement (on page 52) section of this report.

Where can you get more information about this work?

You can find more information about the Working Voices project by contacting: communications.yhcsu@nhs.net. Or you can find information at: http://www.wakefieldccg.nhs.uk/have-your-say/working-voices/
**Putting Patients First**

*Putting Patients First* is our initiative to deliver our vision to ensure that quality and patient experience are at the heart of the CCG.

A key driver for this work was the publication of the Francis report, which challenged CCGs to better engage patients in order to drive quality of services. We were shortlisted for an NHS England Excellence in Participation to Achieve Insight and Feedback: Commissioner Award at the NHS England Excellence in Participation Awards in 2014.

We now have a more systematic approach to engagement and quality, better sharing of lessons learnt and a robust approach to identifying themes arising from patient feedback.

We gather insight from local people from many sources: surveys, direct feedback, consultation, social media, personal comments and statements, letters, and feedback from our member practices and partners alongside the standard channels of PALS and complaints. The uniqueness of our work is in how we join up this feedback and use it to take collective action around future commissioning decisions.

*Putting Patients First* helps us understand and use the experience of a wide variety of patients reflecting the diversity of our local population to influence every stage of the commissioning cycle through:

- Quarterly patient experience reports to inform service transformation;
- Comprehensive engagement to inform strategic planning and service reviews;
- Quality Intelligence Group to inform the monitoring of current providers; and
- Public Involvement and Patient Experience Committee (PIPEC) and Patient Participation Group (PPG) Network involvement to hold us to account as commissioners.

The initiative has been achieved through a partnership approach with users of our services and stakeholders. There is a focus on using patient experience feedback and insight to inform our strategic priorities with local people feeling part of shaping our commissioning decisions and a clear process for feeding back to them.
We feel confident in being able to use insight to design and commission services to ensure a positive patient experience for now and the future. PIPEC and PPG Network have helped shape engagement approaches, given feedback on services, inputted in programme work and provided assurance – whilst growing in membership and strength.

Our internal processes underpin all of this with the Quality Intelligence Group pulling all this feedback together, identifying any themes around services, agreeing actions and following these to realise change.

*Putting Patients First* reflects how the CCG *lives* the NHS values by using feedback as insight to make improvements in the delivery of compassionate care. Our approach ensures that everyone counts, by not basing our decisions on the views of one group or a few individuals.

We make sure that those who are often not represented have a way of sharing their views either directly or via their representatives. The initiative encourages and welcomes feedback from everyone to improve the quality of commissioned services.

We would like to recognise the involvement and contribution of our PIPEC and PPG Network members for their contribution in this initiative.

**Where can you get more information about this work?**

We are proud to say that the work has been recognised nationally, being shortlisted in NHS England’s Excellence in Participation 2014 Awards. A short video summarising this work can be found at [http://vimeo.com/87883772](http://vimeo.com/87883772)
## Patient Experience 2014 – 2015

### Patient Safety Walkabouts
Wakefield and North Kirklees CCGs conduct a Patient Safety Walkabout on a monthly basis. These are completed at various settings across the services provided by the Mid Yorkshire Hospitals NHS Trust.

Patient Safety Walkabout information is included in our patient experience reports as well as the work of the Quality Intelligence Group and includes staff perceptions of patient experience following observation and conversations with MYHT staff and patients on the units visited. Healthwatch members also join in these visits.

### 15 Steps Challenge
In October 2014 CCG staff joined the South West Yorkshire Partnership Foundation Trust’s (SWYPFT) 15 steps challenge. The project was to assess how welcoming, safe, caring and involving and well organised and calm the inpatient environments were. For Wakefield this is Fieldhead Hospital.

### Quality Intelligence Group
We set up this group to monitor feedback from across the organisation and our teams as well as bring information from our partners, such as the local authority, public health and Healthwatch Wakefield. This helps us to gather key themes that are coming up and jointly across the membership of the group agree the actions to be taken.

### Who did we engage / consult?
Both the Patient Safety Walkabouts and the Quality Intelligence Group are part of the *Putting patients first* initiative described on page 25.

Our walkabouts at local hospitals have been running since December 2012, and from September 2013 the visit team was widened to include Healthwatch Wakefield or Healthwatch Kirklees (dependent on the site being visited). The walkabout team talk to patients, as well as the staff, about their experiences during their stay in hospital.

The 15 steps challenge took place in October 2014. Challenge teams included a mix of service users, carers, people from their members’ council, Healthwatch, CCG colleagues and staff, clinical and non-clinical. In the week commencing 20th October 2014, the teams began unannounced visits over 4 days.
Our Quality Intelligence Group was established in August 2013 in response to the Francis report. Since it started membership of this group has included Healthwatch and the Local Authority. Members provide feedback and soft ‘intelligence’ from local people about the services we purchase (such as hospital, ambulance, community and mental health services), or that we have a duty of quality for (such as GP practices). We theme feedback gained through various sources, including our engagement work, PALS enquiries, Patient Opinion posts and learning from complaints.

**What did we learn?**

During 2014/15 the walkabout teams identified numerous examples of good practice, including:

- **Patient experience:** The vast majority of patients praised the care received, they recognise that staff are very busy but still feel well cared for.
- **Cleanliness:** The cleanliness of the wards visited was generally excellent.
- **Patient Safety:** Walkabouts have witnessed a number of measures designed to improve patient safety, such as the utilisation of Safety Guardians to prevent some patients from falling and other falls prevention measures.

However, the teams also identified some areas for improvements, including nurse staffing levels and patient discharge.

In the 15 Steps Challenge (for inpatient areas in Wakefield) we found that overall staff were friendly and welcoming, there was information and leaflets available for both service users and carers, the wards felt relaxed, and there was good interaction between staff and service users. Service user artwork displayed and boards to allow feedback on service user feelings.

Some minor areas for improvement were identified including maintenance and signage.

The main themes from the Quality Intelligence Group feedback during 2014/15 were:

- **Patient experience:** many people had a good experience of care in different settings
- **Access to services:** waits for outpatient appointments and procedures at the local hospitals
- **Autism spectrum disorder / Attention deficit hyperactivity disorder:** assessment delays
Hospital discharge: Quality and timeliness of hospital discharge

What did we do?

As a result of the walkabouts and feedback we get at the Quality Intelligence Group we agree actions to be taken which will improve quality and experience of care.

Examples of the actions taken range from visiting hospital wards which patients have raised concerns about on Patient Safety Walkabouts, using contractual levers with our local providers to reduce the number of cancelled and rescheduled outpatient appointments and sharing intelligence within the CCG to inform commissioning decisions, such as the development of CQUIN indicators and the organisation of services.

The outcomes from the 15 steps challenge was reported to the SWYPFT Quality Board (a regular meeting between the Trust and the CCGs who commission services from them). The Trust is planning to repeat the challenge process in 2015 and this will include asking ward areas about the action they took as a result of the original challenge visit.

Where can you get more information about this work?

The Patient Safety Walkabouts feature as a case study in the NHS Commissioning Assembly document Commissioning for Quality: Views from Commissioners which was published in July 2014. One of the key features in this document is the importance of commissioners ‘Walk the service – look and see’ and a short video describing our patient safety walkabouts can be found at www.youtube.com/watch?v=j57hpnFnRFU

Our Street Your Street October 2014

Our Street Your Street was a large public event, where clinicians from our GP networks met with patients, voluntary sector representatives and local communities. Over 100 people looked at priorities for their areas and made suggestions on how to make the plans happen.

What did we engage about?

The objective of the event was to bring the public and professionals to:
• raise awareness of plans for local healthcare and our priorities
• raise awareness of how the NHS fits into the local picture
• celebrate existing successes
• contribute to the CCG’s engagement agenda and to the work of the networks by providing a forum for networks to talk to the public and other stakeholders about local plans.

How did we engage?

Following the ‘Meeting the Challenge’ (MtC) consultation, a comprehensive communications and engagement strategy and delivery plan for the implementation of the Meeting the Challenge Transformation Programme had been agreed. This included "Our Street" an innovative tool to help communicate changes to the public using animation and patient stories. A dedicated website [www.thisisourstreet.com](http://www.thisisourstreet.com) hosts the animations and storyline. “Our Street” animations include: Bill Walker (Social Prescribing), Terry Ramsden (Urgent/ambulatory care), Doris Clark (Care Closer to Home) and Susan Ramsden (Mental Health) which can all be found there.

In quarter three of last year, we went out to communities to update them on both the Meeting the Challenge and more on this can be found on page 32.

In order to reflect what patients and the public have told us so far as part of previous engagement as well as progress with our strategic plan, we used the concept of Our
Street to look deeper at what this meant to public in their communities. The event looked further into what health services look like on people’s streets. This linked and supported the work of our seven Clinical Networks in shaping their health priorities and engagement plans. The event used traditional ways of seeking views as well as technology.

The event was open to the public, voluntary and community groups, patient groups, key stakeholders. We invited all those involved in our work via our People Bank, Patient Reference Groups and contacts within our Relationship Matrix to take part on the day. Over 100 people attended on the day with some constructive discussions taking place.

Objectives for each of the seven Clinical Networks were shared and the questions asked included:

- Do the objectives feel right/make sense to them?
- What should we take into account in working towards these objectives?
- How can we involve more people from the community in contributing to future discussions about local services?
What did people tell us?

Feedback was wide-ranging and touched on:

- the needs of patients with sensory impairments
- care for dementia patients and people with low level mental health conditions
- how to reach our black and ethnic minority (BAME) communities
- how we could tackle lifestyle issues
- how we could ensure that we hear the voice of young people

A common theme was the need to make access easier - by making it easier to see different health professionals rather than just a GP, by considering different technologies and, in some cases, by changing opening hours.

What did we do?

People attending the event were divided into groups according to the location of their GP practice they were registered with or based on their postcode. Discussions were held in this format with the input of Clinical Networks to be able to have more detailed discussions about what health care is like where people live.

The groups were asked for feedback on each of the questions as well to identify the one most important thing for each Network to take account of in meeting their local objectives.

The feedback received was incorporated within the work of our Clinical Networks, informing the development of their objectives but also the engagement approach they should take when delivering these. The overall feedback was also used to inform the development of our strategic plan.

Where can you get more information about this work?

Meeting the Challenge - update  

Public consultation on proposals to change hospital and community services across North Kirklees and Wakefield District took place in spring 2013. Following this formal consultation NHS Wakefield CCG went back out to community groups to provide an update.

What did we engage about?

Following formal consultation in 2013 NHS Wakefield CCG went back out to community groups to update them on developments against the Clinical Services Strategy.

How did we engage?

We engaged with members of community groups that were meeting during the engagement period. Five meetings were attended, briefings given and feedback taken. When appropriate the “Susan” animation from Our Street was shown to evidence how we were communicating with the public.

What did people tell us?

This engagement activity was to inform people about changes. There was little feedback after the briefings.

What did we do?

The Meeting the Challenge Programme is ongoing.

Where can you get more information about this work?

You can find more information about this project at:  
http://www.wakefieldccg.nhs.uk/have-your-say/meeting-the-challenge/
Engagement in our Clinical Networks 2014 – 2015

During the year, we progressed with our Clinical Network Development Framework, supporting local practices working in the seven networks. Each of the Networks considered current information on their population area, health needs and trends and identified two priorities for each one which formed part of their plans. We built the need for engagement into the plans and ensured lay representation as these were developed.

To further discuss the priorities chosen and approach to engagement to be taken during the year, looking at who and how should be engaged, each Network presented these to the public at the Out Street, Your Street event in October 2015. Feedback was again used to inform individual plans.

The map shows the distribution of the clinical networks across the Wakefield District, and the following table details the priorities that each Network has set as part of the Network Development Framework based on clinical, commissioning and public health information and discussions at our public event in October. The Framework was put in place to help the CCG to:

- Fulfil the requirement in ‘Everyone Counts’
- Maintain improved patient access to primary care services
- Enhance patient engagement and support self-care
- Support the implementation of integrated care
- Assist the 7 networks to identify and meet the health needs of their local population in partnership with other stakeholders
Apart from each Network preparing engagement plans to support their work around the chosen priorities, the Networks also considered how they would listen to the views of their patients and the public generally. For this, links were made with existing patient groups and stakeholders to support their engagement.

The work of all our Clinical Networks has been linked to the CCG’s Equality Objective 3: Enhancing member practice engagement, as the priority areas are linked to addressing health inequalities, or improving access for protected equality groups. Network 5’s priorities also contribute to the CCG’s Equality Objectives 1 and 2.

The next step was to make sure that all that information was reflected in the communication and engagement plans of each Network and these were completed by the end of December 2014. The plans included the following:

<table>
<thead>
<tr>
<th>All networks</th>
<th>Maternal smoking or uptake of cancer screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 1</td>
<td>Health and social needs of people with low level mental health</td>
</tr>
<tr>
<td>Network 2</td>
<td>To improve the care and support for people with Dementia and their families and carers by ensuring all staff are Dementia Friendly trained and the practices are Dementia Friendly environments</td>
</tr>
<tr>
<td>Network 3</td>
<td>Improved access to primary care services for patients with sensory impairment</td>
</tr>
<tr>
<td>Network 4</td>
<td>Early intervention for ‘Families in Need’ – identifying and supporting people/families with child safeguarding</td>
</tr>
<tr>
<td>Network 5</td>
<td>Improving the health of black and ethnic minority populations, including people from Eastern Europe</td>
</tr>
<tr>
<td>Network 6</td>
<td>Developing care navigation to encourage self-help and support for people with dementia, obesity, social isolation and alcohol problems</td>
</tr>
<tr>
<td>Network 7</td>
<td>Addressing unhealthy risk-taking behaviour among younger people</td>
</tr>
</tbody>
</table>

Network 1
- Patient experience survey developed to establish low level mental health issues within the Castleford and Airedale district, which was agreed with all patient groups’ representatives in Network 1.
- Patient engagement undertaken to develop local resources.
PRGs would be updated quarterly on progress against network priorities and other network specific projects and feedback presented at network meetings on a quarterly basis. This objective is common for all of the Networks.

**Network 2**
- The Network's plans were shared with a local member of the Dementia Forum, with feedback incorporated into the final plans.
- Representatives from PRGs would undertake a walk about with members of the Alzheimer's Society in GP surgeries to identify any areas that would ensure the environment was 'Dementia friendly', using the Kings Fund Audit tool.
- College Lane Surgery to organise a Dementia Awareness session for the local community, with PRGs in attendance. Other practices within the network to deliver the same via their PRGs if the session is evaluated as being successful.

**Network 3**
- Members of Wakefield District Sight Aid and The Deaf Society would undertake a walk-about in GP surgeries to identify any access issues for sensory impaired patients with the aim of making practices easier to access.
- Survey distributed to sensory impaired patients to identify any access issues and to ask for suggestions of changes that GP surgeries could make to become more accessible.

**Network 4**
- Consider developing a network patient group with representation from all the practices to discuss, inform and update on current projects/network priorities on a quarterly basis and to also ensure patient engagement.
- Working in partnership with the Third sector to provide accessible local services. Fostering working relationships and promoting a listening environment to meet local needs.

**Network 5**
- Develop a link with the Eastern European Community Centre to secure their support in delivering an awareness event for this community. This would introduce the NHS structure and the role of main providers of care, e.g. GP/Pharmacy/Hospital and create an opportunity to gain feedback on the differences between health service provision in the UK and their countries of origin to inform the work of the Network. Seek feedback around their perception of GP practices, perceived barriers to accessing the services and help identify potential enablers to accessing services.
This event would also be used as an opportunity to seek the views on cancer screening and potential reasons for not attending these appointments.

**Network 6**

- Continue with the communications and engagement strategy developed for this Network with their Patient Panel, inclusive of patient representation at Network meetings and maintaining the Patient Panel with representatives from each of the six practices. This Panel would also act as an advisor to the Network on the Prime Minister’s Challenge Fund.
- The Network gather updates on service developments such as the Extended Hours, Digital Innovations, Physio Service, the Health Pod, Pharmacy First and Practice Champions and share this information and learning for the Panel members to take back to their individual PRGs.
- Provide feedback on patients’ and carers’ needs and concerns as they arise.
- Patient representative attending monthly Network meetings.

**Network 7**

- Network wide survey to seek the views of young people (13 – 19 years) about services in their GP practices, looking at access to GP practices and what could make this easier.
- Work with the Youth Association to achieve ‘Young People Accreditation’ in all Network 7 GP practices.
- Consider the development of a network patient group with representation from all the practices to discuss, inform and update on current projects/network priorities on a quarterly basis and to also ensure patient engagement.
Service Reviews

As part of our ongoing work to improve the local health services in Wakefield District, we carried out a series of service reviews. Some of these took place as current contracts were coming to an end and we needed up to date feedback on what the public using these thought about them.

The following service reviews included the views of patients, which have been useful in helping us to shape the services going forward. Altogether, we looked at 23 services. These were a mixture of in-depth and rapid reviews.

Anticoagulant Services 21 November 2014 – 9 January 2015

Anticoagulant Services are for people who are prescribed medicine that stops their blood from clotting quickly. These drugs are called warfarin, nicoumalone, acenocoumarol (Sinthrome) or phenindione. This medicine is important because blood clots can cause damage in the lungs and can block the flow of blood to the brain, causing a stroke.

What did we engage about?

An engagement was carried out to seek the views of those who have had regular blood tests as part of their anticoagulant care. The information arising from the engagement work has formed part of the overall service review.

How did we engage?

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to anti-coagulant services via the Patient Advice and Liaison Service (PALS), Patient Opinion and complaints.

In addition to data from PALS and Complaints, data from previous engagement exercises and patient experience reports was also analysed for any issues relating to anti-coagulant services. This included service specific engagement work from neighbouring areas.

To ensure everyone had an opportunity to be involved, the engagement team developed a survey. The survey was circulated via the engagement team’s existing
communication mechanisms and distributed via the main provider to patients accessing their service during the engagement period. 82 completed surveys were received during the period.

**What did people tell us?**

The main themes arising from this engagement were:

- The majority of respondents were happy with the service they received and didn’t feel any changes needed to be made.

- Patients positively commented on the changed process in appointments with many noting that accessing appointments is much easier and takes up less time in comparison to the previous system.

- Positive comments have been made in respect of the helpfulness of staff and the service received.

- Improvement in the provision of appointments, for example early or late times, would be beneficial for those in employment and provide more flexibility to cater for their needs. However, discussion and agreement about the next appointment date and time would generally be beneficial to those accessing the services.

- Accessing the service via telephone has been seen as difficult and an area of suggested improvement.

- During the engagement, patients have made suggestions on further improvements of the service which are reflected in this report and would contribute to ongoing improvement. This included new ways of receiving results, need for more information, accessing support with queries etc.

**What did we do?**

The feedback gathered was used to support discussions around this service area, adding an insight on patient experience of the current model. The CCG has continued to consider how further service improvements may be made based on the information available and this will continue into the next financial year.
Where can you get more information about this work?

You can view more information about the engagement, the people involved and documents used here: http://www.wakefieldccg.nhs.uk/engagement-and-consultation-reports/

Gastroenterology

Gastroenterology is a medical specialty which focuses on the digestive system and includes the study, diagnosis and treatment of diseases affecting the gastrointestinal tract. These may affect the oesophagus, stomach, small and large intestine, rectum, liver, gallbladder or pancreas.

Diagnostic services are an essential part of the Gastroenterology pathway assisting clinicians to make an informed diagnosis to ensure patients receive the appropriate treatment without delay. Access to high quality cost effective diagnostic services is therefore key to improving outcomes and experience for our patients, both from an elective and non-elective perspective.

What did we engage about?

Based on current information, there was a need to review the service in terms of the pathway. The service model needed to be sustainable and appropriate for future, in line with changing health needs and increasing demand. The wider service review included the views of patients and the public in respect of these services to reflect their views and experiences and support the development of the service.

How did we engage?

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to Gastroenterology services via the Patient Advice and Liaison Service (PALS) and complaints.

In addition to data from PALS, Patient Opinion and Complaints, data from previous engagement exercises and patient experience reports were also analysed for any issues relating to Gastroenterology services.

As part of the plan, a discussion group was held with patients to gather more qualitative information on their experience of the service. Notes were taken of the discussion group and included in the overall analysis.
In addition to the event and to ensure everyone had an opportunity to be involved, the engagement team developed a survey. The survey was circulated via the engagement team’s existing communication mechanisms.

*What did people tell us?*

The key themes from the discussion were:

<table>
<thead>
<tr>
<th>Clinical care, when accessed, was seen as good.</th>
</tr>
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<tbody>
<tr>
<td>There was a mixture of positive and negative experiences around the appointment process – for example a carer reported that a patient has been waiting since April 2014 for a consultant gastroenterologist appointment and one that was given in Leeds General Infirmary had been cancelled, with the patient being referred back to their GP. One patient also noted they had not been given a choice of where they would like to access their treatment with another noting a previous experience of being assigned onto the incorrect list for a different procedure.</td>
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<tr>
<td>However, two patients also noted that the appointment system was good and that they were given a choice by the GP, with one being offered Pinderfields Hospital but choosing Dewsbury based on information on waiting times.</td>
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<tr>
<td>A patient noted difficulties in accessing their GP to be able to discuss their condition. The need to wait for a GP appointment, attend GP appointment then a hospital referral all adds to the time for the patient and their family.</td>
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<tr>
<td>It was noted that information on the lack of consultant cover in the area should be made known to patients under Choose and Book process.</td>
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<tr>
<td>Information on self-care would be appreciated as patients often do not know what the best diet is for them and may eat or exclude something they should not.</td>
</tr>
<tr>
<td>A patient noted the continuous improvement in the Dewsbury District Hospital waiting room/after care room which has changed over the years, making it a more comfortable environment.</td>
</tr>
<tr>
<td>One participant noted that in their capacity as a member of a local community group, their members do like and would travel to Dewsbury District Hospital if there was transport provided.</td>
</tr>
<tr>
<td>The question of GPs knowing about all services available locally to refer patients, e.g. the direct access endoscopy, was raised. It was also noted that patients do not always know what they need and what to ask for and as such rely on the GP to direct them.</td>
</tr>
</tbody>
</table>
The key areas arising from the survey were:

**Positives:**

- Being fast-tracked due to familial history of cancer and having Macmillan support.
- Endoscopy at Northgate surgery being quick and patient being given good information.
- Clinic services in Leeds and Wakefield.
- Procedure being prompt and a welcome cup of tea and a biscuit afterwards.
- Sensitivity of approach shown by a specialist counsellor.
- Being seen close to home.
- Caring attitude of staff (hospital), being treated with dignity and respect, being provided with clear understandable information and all questions answered.
- Being able to access some of the services through Choose and Book

**Areas for improvement:**

The main area for improvement was waiting time for appointments, whether these are first appointments of follow ups. It was suggested this could be achieved through a more efficient administrative system.

Additional comments also included:

- Seeing a Macmillan nurse at first appointment was unnerving for a patient and reinforced the diagnosis of cancer.
- Need for improved co-ordination between hospitals.
- Northgate practice not being on Choose and Book.
- Recalls for those with a family history of cancer.
- Improve staffing levels to reduce waiting times.
- Better explanation around the procedure.
- Full information on Choose and Book to support choice

**What did we do?**

A lay representative was recruited via the engagement team to be part of the evaluation panel during the procurement process. Since then, the CCG has commissioned a non-urgent gastroenterology service. Four providers are now available through the choice menu to provide services based in the community in
different locations. The services include direct access endoscopy and out-patient appointments with consultants.

Patient pathways have also been transformed to ensure patients get the most appropriate care and diagnostic testing at the right part of the pathway and only receive invasive testing when diet, lifestyle and medication has been addressed prior to testing. A clinical network has been formed where all providers and commissioners work together to continue the further development and transformation of gastroenterology services.

Where can you get more information about this work?


Musculoskeletal services (MSK) 9 October – 26 November 2014

As part of a programme of service reviews, engagement took place around the experience of local people using musculoskeletal services (MSK). Based on current information, we knew that there was a need to review the service in terms of the pathway, but also to look at opportunities for care to be delivered closer to home and in a way that supports prevention and independence. The service model needed to be sustainable and appropriate for future, in line with changing health needs and increasing demand.

The engagement considered the following service areas and aimed to support the development of the service:
• Orthopaedics
• Rheumatology
• Physiotherapy
• MSK Pain Management
• Podiatry services
• Chiropractor

What did we engage about?

The purpose of the engagement was to build on the data that had already been collated, by gaining the views of the public, key stakeholders, providers and voluntary...
and community sector organisations on their views of MSK services and their suggestions on how these services could be improved.

**How did we engage?**

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to MSK services via the Patient Advice and Liaison Service (PALS), Patient Opinion and complaints.

In addition to data from PALS and Complaints, data from previous engagement exercises and patient experience reports were also analysed for any issues relating to MSK.

To ensure everyone had an opportunity to be involved, the engagement team developed a survey. The survey was circulated via the engagement team’s existing communication mechanisms and distributed by providers to patients accessing their service during the engagement period. This included the following:

- All contacts on the Relationship Matrix
- All contacts on People Bank, Public Involvement and Patient Experience Committee (PIPEC) and Patient Participation Group Network
- National Asylum Support Service charity – distribution to their members living in Wakefield District
- Gym class instructors at a local practice
- NOVUS email distribution (200)
- White Rose Surgery – handing out to patients
- Pat Bratt – distributing to patients
- Kiosk at White Rose House (CCG headquarters) for staff views
- Communication channels including staff newsletter
- PIPEC meeting
- Disability Partnership meetings

In addition to this, a series of clinic sessions were attended by the engagement team to further increase the opportunities to promote this engagement work and to support patients currently accessing service to complete surveys. These were held across the various providers currently delivering the service across the district. 255 completed surveys were received during the period.
What did people tell us?

255 surveys were completed with the majority being carried out at clinics with the assistance of the engagement team.

The main themes from this engagement work are listed below.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>The service was perceived by many as good or excellent, and for some all aspects of the service they have received worked well.</td>
<td></td>
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<tr>
<td>Being able to access physiotherapy in the community was noted positively by patients primarily for convenience of location to work and home, continuity of staff and quality of care.</td>
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<tr>
<td>Patients appreciated when appointment systems were quick, flexible, easy to use and ran on time. However this varied dependent on location and service provider.</td>
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</tr>
<tr>
<td>Some patients felt the booking and referral process worked well whilst others felt the waiting time from referral to appointment was too long with particular reference to hospital services.</td>
<td></td>
</tr>
<tr>
<td>Patients appreciated when staff explained the treatment and/or condition fully, being listened to, and being treated as an individual not ‘just a patient’ and being involved in their own recovery/care.</td>
<td></td>
</tr>
<tr>
<td>Effective pain management / improved mobility, and maintaining/increasing independence were seen as positive benefits of the treatment they had received.</td>
<td></td>
</tr>
<tr>
<td>Patients felt that appointments could be improved by providing quicker lead up time to appointments, increasing the length of appointment times once receiving treatment, providing appointments closer to home, having wider opening hours and being able to access appointments online.</td>
<td></td>
</tr>
<tr>
<td>Ensuring patients experience joined up care was seen as important by patients e.g. treatment notes, care plans, diagnosis etc not always shared between different services.</td>
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</tbody>
</table>

What did we do?

The information gathered from the patient engagement exercise was fundamental to shaping the future re-design and transformation of MSK services in the Wakefield District. Following on from the feedback received as part of the service review, work has been planned to develop and strengthened the local services. As a result, the CCG has a planned approach to further improve the services for our patients going forward and this will be built upon in the coming months and years. This includes:
• Developing and **strengthening the community MSK** services currently available, ensuring that the procurement model supports longer term strategic plans for the service (from April 2016).

• Developing and publishing the relevant **MSK clinical pathways**. This will support integration, reduce duplication and streamline the patient journey. The pathways will also support consistency of service provision.

• Reviewing the **pain management services** as part of the overall MSK service improvements, in particular to ensure there is an effective back pain service.

• Developing **provider relationships** to support collaboration, education and integration.

• Longer term development of a **procurement model** that supports transformation of the **entire acute/community MSK** service (from April 2018).

*Where can you get more information about this work?*


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**Ophthalmology**  
27 August 17 October 2014

Also part of a programme of service reviews, engagement took place around the experience of local people using local Ophthalmology services. Patients using the current services were asked for their views to support the development of the service.

*What did we engage about?*

The need to develop community based ophthalmology services were in line with the strategic direction for Wakefield CCG and would provide redesigned services in accordance with the latest clinical guidelines. They would help to reduce waiting times that patients were experiencing for Ophthalmology services. It should be noted that the engagement work did not cover any routine eye care provided at the Mid Yorkshire Hospital Trust, but covered the following:

* The treatment provided by an organisation called ‘The Practice’, delivered from the Ash Grove; the Grange and Lupset General Practices;
* The provision of low vision aids from Rayners Opticians in Wakefield; and,
* The provision of specialist contact lens from Pollards Opticians in Wakefield
How did we engage?

The purpose of the engagement was to build on the data that had already been collated, by gaining the views of the public on their views of Ophthalmology services and their suggestions on how these services could be improved.

In addition to this, information from previous engagement exercises relevant to the ophthalmology services review was gathered.

As part of the communications and engagement plan, the engagement team developed a survey which was circulated via the engagement team’s existing communication mechanisms and the team was present at all three areas of the service covered within this review to distribute the survey to the public and assist in completion when required.

In addition to the survey, a discussion group was organised for current service users and an invitation to this circulated via the surveys. Unfortunately, due to low response, this could not go ahead. Sessions in clinics were also organised and patients using the services asked to complete the survey.

What did people tell us?

59 surveys were completed with the majority being carried out at clinics with the assistance of the engagement team.

The main themes from this engagement work are listed below.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The majority of respondents rated the service as positive and very positive.</td>
<td></td>
</tr>
<tr>
<td>For some the ease of making an appointment and being able to rearrange it were noted as aspects enabling them to more easily access the service. Reminder text messages were also appreciated as something that works well.</td>
<td></td>
</tr>
<tr>
<td>Comments made about staff were positive in respect of their attitude and communication.</td>
<td></td>
</tr>
<tr>
<td>Waiting times for appointments in a hospital setting need to be reduced.</td>
<td></td>
</tr>
<tr>
<td>Some patients experienced difficulties in travelling to appointments due to: location of service, cost of travel, difficulty in using public transport, difficulty in accessing the patient transport service and having to rely on family members to transport them.</td>
<td></td>
</tr>
<tr>
<td>Appointment letters and information to be clear and readable for service users both in respect of appointment days and times, but also in format. This includes pre-appointment survey and maps/directions.</td>
<td></td>
</tr>
</tbody>
</table>
The referral system needs improving in clarity and speed and there needs to be more joined up working between services to ensure continuity of service for patients. Hospital to improve information for patients to be able to know what their condition is and how to manage it.

What did we do?

The feedback from engagement was used to support commissioning decisions on the provision of care, informing the procurement process of low vision aids and specialist contact lenses to gain more providers in the Wakefield District. It also supported the decision to have more specialist doctors working in locations across the Wakefield District to provide cataract surgery and overall ophthalmic care.

Where can you get more information about this work?

Patient Transport Service 1 December 2014 - 16 February 2015

Yorkshire Ambulance Service (YAS) were providing the Patient Transport service based on a joint contract of the 10 CCGs across West Yorkshire. The current contract was going to end in April 2015 and the CCGs were considering whether to issue a tender waiver or go to procurement. The service consisted of pre-booked transport for outpatient appointments, transport for renal patients having dialysis in 8 CCG areas (not Bradford District CCG & Bradford City CCG). Wakefield and North Kirklees were also contracting a same day services for discharged patients. The engagement took place to support this work and to provide the views of those using the current patient transport services.

What did we engage about?

Four commissioners out of the 10 CCGs: Calderdale, Greater Huddersfield, North Kirklees and Wakefield, engaged with patients and staff to gain insight into their experience of the current service. A timeline and action plan for delivery was agreed and a survey developed asking for views on the current service and the requirements for a future service. The information gathered would inform their future decision making. A range of engagement activities took place targeting six key target groups:
- patient / carers with direct experience of the service
- referrers to the service
- voluntary and community groups with interest
- key partners and stakeholders
- local people
- staff who organise patient transport on behalf of patients

**How did we engage?**

There had not been any previous engagement work carried out on patient transport, so each of the four CCGs carried out a survey. There were two surveys delivered in each area:

Survey 1: for public, patients, carers and service users
Survey 2: for staff that organise transport services

Public, patients, carers and service users were surveyed using various methods and approaches, these were:
- Patient surveys in hospital settings such as discharge lounges, outpatient departments, patient transport waiting areas and renal dialysis units
- Renal patient groups: West Riding Kidney Patient Association
- Patient Reference Groups and forums
- Carers – using networks and forums
- The wider public using local networks and the voluntary sector

The views of staff who may manage bookings or referrals on behalf of patients were also surveyed, these people are:
- Care homes
- All GP practices in Wakefield
- Commissioners
- Hospital staff in Pontefract and Dewsbury renal dialysis units
- Hospital staff in outpatients and discharge lounges at the Mid Yorkshire Hospital Trust

The engagement was aimed at both users of the service and referrers to the service and was delivered from 1 December 2014 - 16 February 2015. The timescales were extended to allow for the festive period.
What did people tell us?

Overall, 395 patient surveys and 67 staff surveys were completed. In addition to the survey, a focus group was held with West Yorkshire Kidney Patients Association.

The main themes from this engagement work are listed below.

Patients

Positives:
- Staff / drivers are valued and do a great job
- Grateful for service
- Drivers having autonomy and are making good decisions not dictated to by central HQ – e.g. Order of patients, journey route etc.
- Service is accessible
- Drivers ringing ahead to give change of time or alert patients of impending arrival very much appreciated

Areas for improvement:
- Timing of journeys – particularly for outpatients and renal
- Not knowing when vehicle is going to turn up to collect them for appointment
- Lack of info on when or how they get transport – GP and Hospital issue
- Wrong type vehicles being ordered – GP and Hospital issues
- Eligibility criteria – GP and Hospital issue

Staff

Positive:
- Good service which works well.
- Staff are helpful, polite and professional which was noted both in terms of the call handlers as well as ambulance crew.
- The online booking process is convenient, quick and easy.

Areas for improvement:
- At the moment, staff report difficulty reaching the service on the phone.
- There is an increased difficulty to arrange transport in the afternoons.
- Staff attitude was noted as an area for improvement, but negative comments were less common than positive ones.
- Clarity around eligibility criteria both for staff and patients would be useful and should be consistent regardless of who arranges the transport.
Timings of journeys was seen as an area for improvement, especially for those in care homes, who experience residents having to wait long periods of time for transport. However, timeliness was noted generally with patients having to be collected too early or arriving late for their appointments. This was seen as having a negative effect both on patients as well as staff managing appointments. Better management of journeys was suggested in this respect.

What did we do?

This engagement process provided a snapshot of the views from patients and staff on their experience of using and arranging patient transport via the Patient Transport Services provided by the Yorkshire Ambulance Service.

This report was presented to the Public Involvement and Patient Experience Committee and used to support the commissioning work of the CCG as we became the lead commissioner for the service provided by YAS for 2015/2016.

Patient feedback has also been used to inform one of Wakefield CCG’s patient experience reports – Urgent Care 2014/2015, which can be found at the http://www.wakefieldccg.nhs.uk/patient-experience/

The contract offer has been extended through 2015-16 with the current provider. There have been some amendments and stretches added to the key performance indicators to drive improvements in quality. In addition to this, one of the CQUINS [payment framework enables commissioners to reward excellence, by linking a proportion of providers’ income to the achievement of local quality improvement goals] has been reviewing the mobility status of complex patients and how transport services could assist with the booking of these patients to ensure they get the correct service response.

The extension of the contract has given commissioners the ability to review the service. This will take place during 2015/2016 and the outcome of this along with the engagement outcomes will then be used to determine commissioning decisions of how to take forward the PTS service in the future.

Where can you get more information about this work?

Rapid Reviews 2014 - 2015

There were 11 reviews which were done by using existing information and pulling together feedback and knowledge from across the organisation. The questions that the reviews aim to address were:

- Is there a local need for the service?
- Is the service currently delivered to an acceptable quality standard?
- Are there inequalities in provision of this service?
- Is the service value for money?
- Should this service continue to be commissioned?

The services considered as part of this work were:

- Vasectomy
- Prostatic Clinic
- Adult Audiology
- Disease-modifying Anti-rheumatic Drugs
- Direct access non-obstetric ultrasound
- Direct access MRI
- Minor Hand Surgery
- Ring Pessary
- IUS Mirena for menorrhagia

What did we do?

A representative of the Quality Team was present on each review team, and they reviewed existing sources such as the Care Quality Commission (CQC) reports and softer intelligence such as issues raised at Quality Intelligence Group meetings and via Patient Groups, Patient Advice and Liaison Service, Patient Opinion postings and engagement feedback. A Quality Impact Assessment (QIA) was produced as part of the procurement process, for each of the rapid reviews that led to a re-procurement during the duration of the project.
Mental Health Engagement  
October – December 2014

NHS Wakefield Clinical Commissioning Group (CCG) is currently reviewing the provision of mental health services across the district. Poor mental health has been identified as the largest cause of disability in the UK and is closely connected with other problems, including poor physical health, problems in other areas like relationships, education and work prospects (Department of Health, 2014). As a consequence, improving mental wellbeing has been identified as a priority area for Wakefield (Wakefield Clinical Commissioning Group, 2013; Public Health England, 2014).

What did we engage about?

We engaged members of the public on a proposal that, anyone experiencing anxiety, depression or stress (low level mental health issues) could be referred to a “Talking Shop” or simply drop in to get basic help and support from staff who understand mental health and could listen, provide basic advice and information about other support services like housing and debt advice. “Talking Shops” would also offer support for families, carers and even friends of people who have mental health problems by phone or drop in.

NHS Wakefield CCG has undertaken a further engagement process with the public which aims to:

- Identify a need across the district for the proposed new service.
- Establish the usage of the proposed new service by service users / carers / the public if it was available.
- Identify what would attract service users / carers / the public to using the proposed new service as an alternative to existing services such as GP appointments.

How did we engage?

Early in 2014 engagement with stakeholders and members of the public took place to assess where people would go for support around mental health and wellbeing issues if they needed help. All key stakeholders, voluntary and community sector organisations and service providers were engaged to assess their views on current services. As a result of this feedback, the “Talking Shop” proposal was developed.
This engagement followed on from the pre-engagement that took place early in 2014. A questionnaire was developed and this was available online and was sent out to members of our People Bank and Relationship Matrix. Various groups were visited during the consultation and received briefings in person from the Mental Health Lead.

If people accessed the questionnaire online there was further information on the website. If, as in most cases, people were seen face to face, then the Mental Health lead gave a full explanation, answered questions and notes were taken.

237 responses to the questionnaire were received and analysed. Over 100 people gave their views at community meetings and over 500 people heard about the proposals in community meetings.

**Who did we engage?**

Stakeholders, professionals, members of the public, patients and carers were asked for their views as part of this engagement.

**What was the feedback from engagement activity?**

People told us:

- The majority of people would use the service if it was available - 86% (95% of those with disabilities, 100% from BAME respondents)
- The favoured model was a city centre provision with peripatetic service in either community settings or as a mobile service. (City centre postcodes, carers and BAME respondents all preferred city centre model but response numbers were low). If a mobile service were to be commissioned, people would like to see it in their locality once a week.
- A service providing in hours and some weekend cover was preferred (63% for these two), extended hours to 8.00 pm slightly preferred (1%)
- The majority of respondents (42%) preferred a drop in service with pre-booked appointments (26%) and talking on the phone (17%) being next highest (BAME and LGB respondents preferred web chat). This has showed a need to be flexible.
- People wanted to see a wide variety of services/support available at the Talking Shop including, information, education, one to one support, counselling, assessment and treatment, signposting to other services – NHS and Non-NHS services. To provide help for children, adolescents and adults. Help for carers and friends was also raised.
Although many people did not have concerns that would prevent them using the service, issues such as professionalism, confidentiality (especially around mobile facility) accessibility and stigma were all mentioned.

What decision has been taken and how has the feedback influenced any decision?

No decision has been taken as yet but the concept of a Talking Shop is being considered as part of the wider Improving Access to Psychological therapies re-procurement.

The mental health transformation programme is a 5 year programme and you can find more information about our work in this area here: http://www.wakefieldccg.nhs.uk/wp-content/uploads/2014/07/Wakefield-Mental-Health-Report-Final.pdf

Autism Spectrum Disorder/ Attention Deficit Hyperactivity Disorder June 2014 – March 2015 and ongoing

Wakefield Clinical Commissioning Group is leading on a transformation programme for ASD/ADHD with key partners across the district. This includes but is not limited to health providers, the local authority, service providers, third sector businesses and - most importantly - children, young people and adults/families engaging with autism and ADHD services. The programme commenced in September 2013 and since then, we have engaged with parents, families, young people, children, professionals and third sector organisations to understand the strengths, gaps and difficulties of the current pathway. The engagement work helped us to map the new pathway and gather views at set milestones.

Who did we consult?

Recognising that some families wanted to be able to give their feedback through other mechanisms, we set up four drop in days whereby anyone could come along find out what each of the four design teams have been working on. These have given people the chance to feedback on the pathways and created further opportunities for the pathways to be changed in response to feedback from those experiencing the conditions and the services.
• We held an evening event for parents to bring their children to a specifically designated session at a soft play centre. This gave the opportunity for us to speak to parents about what services they were currently using to support them and their child through their journey of gaining a diagnosis or the advice and support they needed when they had received a diagnosis. The parents and children had a really good night as some of the parents commented that it was nice to be able to let their children play and have fun.

• We worked with KIDS and the Young Lives Consortium, an umbrella 3rd sector organisation. This helped us to engage with other voluntary and community groups supporting families and children with ASD/ADHD. This included semi structured interviews with 38 families, focus groups with 32 parents/carers, children and young people. This initiative ensured that working and non-working families, single parent families, BAME families and families with more than one child with additional needs from across the district were approached to take part.

• We held an ASD/ADHD basic awareness training session for parents and professionals

• We held 2 days to consult with Professionals and parents on how the pathway redesign was going through the design groups. The days gave the design groups chance to reflect on the work that had been carried out and to identify the next steps of the project.

We engaged with:

• Families, parents and young people
• Carers
• Third Sector organisations
• Local Authority
• Mid Yorkshire NHS Trust
• South West Yorkshire Partnership Foundation NHS Trust
• Education
• GPs

These are just a few of the services who were involved in our engagement process.

**What did they tell us?**

Parents told us that the development of the new pathway should help to speed up diagnosis and that the training programmes, support and information were also key to the pathway being a success. The feedback has been constant all the way through
the engagement process and parents are still identifying what was mentioned last year which was:

- Waiting times were too long
- There was a lack of joined up working
- There was little support and/or training for families
- There was a lack of understanding in education about the conditions to meet the needs of these children

**What did we learn?**

The feedback from the events has been invaluable when designing the pathways for the ASD and ADHD.

The awareness raising event we held was very successful and the sessions were embraced by all who attended raising a lot of interesting conversation and feedback at the event. The event has shown the need for further work around pre and post diagnosis support and this will be looked at through the programme of work

**Where can you get more information about this work?**


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**Maternity Services Liaison Committee (MSLC) 2014 – 2015**

The MSLC is held so service users can give their views on services and influence the commissioning process. The Committee has continued their quarterly meetings.

**Who did we consult?**

We engaged with service users about their experiences of maternity services and consult with them around future service design.

The quarterly meetings are attended by:

- Services users
- Midwives
• Obstetrician
• Local Authority Officers
• Commissioners
• Voluntary organisations and other services

**What did we discuss?**

The MSLC agenda has been used to discuss a number of topics relevant to Maternity services e.g. use of certain equipment during labour, cord clamping.

The group then invite the relevant professionals to come and speak to the group or to write a response on the topic, which then is discussed in the meeting.

**What did they tell us?**

Service user feedback is being used to identify where women are experiencing difficulties within the services.

The MSLC is an on-going engagement group which enables patients/service users to have the chance to share their views of the maternity services that are being delivered in Wakefield.

**Where can you get more information?**

You can find out more about the work of the MSLC at [www.pitterpatterchatter.org/MSLC](http://www.pitterpatterchatter.org/MSLC)
Patient Representative – urgent care 2014 – 2015

The Mid Yorkshire Systems Resilience Group (SRG) is a newly established whole system group of partners working to improve the provision of urgent and elective care services.

Who did we consult?

The SRG has identified the need to work collaboratively together and to improve the financial and contracting arrangements between them in order to deliver the desired improvements in urgent and elective care across the Mid Yorkshire footprint.

The meetings are attended by all partners working across the Mid Yorkshire health and social care economy. The membership includes representation from;

- NHS Wakefield CCG
- NHS North Kirklees CCG
- Mid Yorkshire Hospitals NHS Trust
- Yorkshire Ambulance Service
- NHS 111
- Local Care Direct
- South West Yorkshire Partnership Foundation Trust
- Wakefield Council
- Kirklees Council
- LOCALA
- Community Pharmacy West Yorkshire
- NHS England
- Patient Representatives
- Independent/voluntary Sector

What did we discuss?

The SRG agenda has been used to discuss a number of topics relevant to Urgent Care and Elective services. The patient representative on the SRG is an active and engaged member of the group who is involved in discussions around the challenges facing urgent and elective care and ensures that patient opinion and patient experience is at the forefront of SRG strategy. It was agreed that the patient representative presented a quarterly report to the SRG on patient experience and involvement. At the meeting on 2 July the first patient public patient involvement report for urgent care that had been commissioned from the Commissioning Support Unit by Wakefield CCG. The patient representative had noted significant
percentages of negative comments regarding information, communication, education, physical comfort and access to care. The representative commented that the statistics were not broken down into hospital specific sites and suggested it would more useful and helpful for future reports to show results against each site. Discussion took place on the concerns raised about the negative comments in the report.

**Connecting Care June 2014 and Autumn 2014**

Organisations in the Wakefield District that play a part in people’s health and wellbeing have agreed to work together to change the way we support people to improve their quality of life. We call this ‘integrated care’. As ‘pioneers’ of this sort of care, an ambitious programme led by NHS Wakefield Clinical Commissioning Group and Wakefield Council, along with other NHS providers and voluntary organisations, is underway to transform the care available closer to home called ‘Connecting Care’. As part of this process we needed a logo and title for the programme.

**What did we engage about?**

The logo and title for Wakefield’s Integration Programme. Later in the year briefings were given to various community groups to update on progress of what had been known as Care Closer to Home.

**How did we engage?**

Engagement about the logo and title took place via email to the mailing list of the previous Older People’s Forum and the same for Wakefield College. Presentations also took place in Pastoral sessions at the college. Meetings in the community were attended and a verbal briefing given. An animation from Our Street was shown where appropriate.

We engaged with the Older People’s Forum, Wakefield College Students, and Community Groups meetings in Autumn 2014.

**What did people tell us?**

There were a couple of favoured logos and titles from the options. During briefings people told us they wanted care to be closer to home and gave examples of where it could work better.
What did we do?

This logo and title were chosen to support the work of the Connecting Care programme.

Where can you get more information about this work?

The Connecting Care programme is on-going and has been recognised as a pioneer and Vanguard status has been awarded to the Programme to work with care homes. You can find more information about our work in this area here: https://connectingcarewakefield.org/

Connecting Care – May 2014 – March 2016

Measuring the patient experience

As part of transforming the care available closer to home under the ‘Connecting Care’ programme, Connecting Care Hubs were set up to provide a joined up service for people who are most at risk of becoming ill. To understand the impact of these changes, Healthwatch Wakefield are working with their volunteers to engage with people experiencing these changes to find out what they think about the care and support they are receiving.

What did we engage about?

The new integrated approach involves groups of GP practices working as a network with a team of community nurses, social care staff, therapists and voluntary organisations to organise services around the needs of the people registered with their practices. These teams are known as Connecting Care Hubs. These hub teams provide a joined up service for people who are most at risk of becoming ill such as those with long term conditions, complex health needs but also people who have been in hospital following an emergency or operation. In addition to the hubs, wider changes are also taking place to help people live longer, healthier lives at home such as:
Numerous and often slow-response referral routes into health, social and voluntary services are being replaced with one telephone number.

- Shared records between health and social care organisations.
- Pro-active and preventative care for residents of care homes.
- More early/late weekday and weekend appointments with GPs.
- Rehabilitation when people aren’t quite ready for home after hospital.
- More help for people to help themselves in their communities.

As part of the evaluation to understand if these changes are working Healthwatch Wakefield are working with their volunteers to engage with people experiencing these changes to find out what they think about the care and support they are receiving.

**How did we engage?**

Specially trained Healthwatch volunteers are interviewing people face to face in their own homes using structured interview questions which ask about their experience of health and social care services they receive in their home. The aim is for 1000 people to be interviewed over 2 years. The project was piloted on 20 people and just over 100 have been completed so far.

**What did people tell us?**

The results of the interviews with patients were themed around:

1. Overall experience of health and care services within Connecting Care
   - The results for this theme indicated that the majority of people received nursing care in their own home followed by physiotherapy and occupational therapies. More than 80% stated that Connecting Care services had helped them to stay in their own home and stay independent.

2. Co-ordination of care and services
   - Most people felt that, if they were receiving care from a number of different people, they mostly or always worked well together; 3 people said that didn’t happen at all, some saying that they or their family had to co-ordinate everything.
   - Most people did not know whether they had a named health or care professional, however a few people said they definitely did have one. Examples given were GP, occupational therapist, district nurse, mental health worker. Some gave people’s names but weren’t sure what their role was.
3. Safety and wellbeing

The majority of people said that they felt safe living at home, only three were not sure.

- 60% (36 people) said they understood their medication and its side effects; 13% (8 people) said they definitely did not understand it, and 10% (6 people) said they weren’t sure. This could mean that nearly a quarter of people interviewed might be at some risk from not understanding their medication.

- Just over 50% or 30 people said they had enough social contact, but 21 people said that they did not have as much social contact as they would like. The responses to the questions about how people felt they were coping and whether they felt better were mixed. Most people said they felt about the same as they did about a month ago.

4. Carers, friends and family

The majority of people said that they felt that friends and family had been as involved as they wanted them to be in decisions about their care and support. However, 41% or 24 people did not feel that their friends and family had had as much support from health and social services as they needed. Some of the interviewees were being supported by elderly partners or siblings who were struggling themselves with their health.

What did we do?

Some interim recommendations have been made to support the development of integrated team working. The interim report recommends that consideration may perhaps need to be given to how the Connecting Care teams connect people with services beyond their direct remit as patients are identifying needs including benefits support, help to get out and about, and access to aids.

Where can you get more information about this work?

You can find more information about our work in this area here:
http://www.healthwatchwakefield.co.uk/connecting-care
https://connectingcarewakefield.org/
The Equality delivery system (EDS) has been designed by the Department of Health to help NHS organisations measure their equality performance, and understand how driving equality improvements can strengthen the accountability of services to patients and the public.

Last year, it was used to support NHS Wakefield Clinical Commissioning Group (CCG) to identify local needs and priorities, particularly any unmet needs of populations, and allow them to assist in the commissioning of services to deliver better health outcomes. It also helped to demonstrate compliance with the Equality Act 2010. At the heart of the EDS is a set of eighteen outcomes grouped into four goals:

1. Better health outcomes for all  
2. Improved patient access and experience  
3. Empowered, engaged and well-supported staff  
4. Inclusive leadership at all levels

**How did we engage?**

Following on from the engagement work carried out last year, our Integrated Governance Committee ratified our four Equality Objectives in March 2014:

- **Equality Objective 1**: Increasing screening rates, tackle cervical and prostrate inequality  
- **Equality Objective 2**: Ensure access to local health provision for EU communities, and improve the experience and confidence of the transgender community  
- **Equality Objective 3**: Enhancing member practice engagement (clinical network to be agreed)  
- **Equality Objective 4**: Improving data quality and intelligence gathering and analysis, that informs evidence based commissioning and service improvement. Year one focus – mental health

It was agreed with the committee to undertake a detailed intelligence gathering exercise, particularly in relation to Equality Objective 1, so that delivery/implementation is evidence based.
During the period of April 2014 to March 2015 Wakefield CCG have continued to invest energy, enthusiasm and commitment into making sure equality was a decisive factor in delivering evidence based commissioning and service improvement, excellent patient care and creating a positive workplace environment that is considerate of our workforce. This has been achieved through the implementation of various initiatives, and projects including:

- Continuing progress on our equality objectives
- Welcoming a Tran’s community member onto the Public Involvement and Patient Experience Committee (PIPEC)
- Implementing Connecting Care hubs for Integrated Community Services
- The launch event of our Strategic Plan - Our Street Your Street Event - 16th October 2014
- Improving respect, dignity and access for patients with Sensory Impairment in Primary Care
- Monitoring and analysis development
- Equality and Diversity Training
- Equality Impact Assessment review on a range of key Human Resources policies

What did they tell us?

As a matter of ensuring robust governance and effective decision making, it is worthy of note that any research and work that the CCG undertakes or commissions is always assessed by equality characteristic. This ensures that a fair representation of the population is always reflected in the decision making process, and services are designed to meet everyone’s needs.

To ensure that all of Wakefield CCG staff operate in a working environment within which they can excel, develop and do not experience discrimination, harassment and victimisation the CCG has equality assessed and put in place a broad range of HR policies to ensure that the organisation meets its equality duty and staff flourish in achieving their potential without the fear of discrimination.

What did we do?

Equality impact assessments have been used to screen all relevant policies and we have continued to monitor the impact of the implementation of our workforce policies on all our staff, including their usage. This will ensure that we proactively identify and address any potential inequalities against equality characteristics.
Action plans supporting the delivery of our objectives have also been produced, taking into consideration new information and current and emerging work of the CCG. Some of these are described on pages 34 – 38.

We will use the national Equality Delivery System (EDS) as a performance framework to understand better our current position in discharging our statutory duties as enshrined within the Equalities Act 2010. This will be used as a guidance tool when assessing each HR policy and in planning the delivery of our specific (statutory) responsibilities when planning the delivery structure related to our agreed Equality Objective till 2017.

Where can you find more information about this work?

A copy of our Public Sector Equality Duty can be found at http://www.wakefieldccg.nhs.uk/public-sector-equality-duty/

Public Health

The role of Public Health colleagues is to protect and improve local people’s health and wellbeing, and reduce health inequalities in Wakefield. An important part of this work is to engage with our local communities to understand what affects their health and how they can help them to lead healthier happier lives.

What did we engage about?

Throughout 2014 – 2015 they have engaged with service users and local communities on a variety of projects this has included engaging on:

- Barriers to physical activity
- Promoting healthier lifestyles
- What Makes Castleford Healthy?

How did we engage?

Barriers to physical activity: They asked people to tell us what stops them from being active, what would help them to be more active and what benefits do they perceive from being active. NOVA and the Health Improvement team collected a small sample of responses through semi structured interviews and an online survey was also made available. A total of 1100 people were engaged with.
Promoting healthier lifestyles: Events were held all over the District to engage with residents about promoting healthier lifestyles and identifying where further services/support may be required. They engaged with approximately 6,700 people at face to face public events. These events included:

- Stop the Clock
- 28 Day Challenge Launch
- Airedale Library WOW Families
- Airedale WOW Family Fun Day
- Armed Forces Day
- Bike Fest - Normanton
- Class Action
- Health Promotion Event
- Grand Depart - Le Tour de Wakefield
- Liquorice Festival
- Lupset WOW
- Mini World Cup
- National Play Day
- Health Fair - Havercroft Academy
- Health & Wellbeing
- YPO Staff Event
- Seaside in the City
- South Kirkby Fun Day
- Yorkshire Day
- Dry January
- Rhubarb Festival

What Makes Castleford Healthy? This project was developed to identify the community assets around health and wellbeing in Castleford. They engaged with 40 people in Castleford asking them what makes Castleford a healthy place to live, what helps people cope in times of stress and what do people value.

What did people tell us?

Barriers to physical activity: Some of the themes from the research included:

- That people’s level of awareness about the recommended level of physical activity was high
- Barriers to physical activity included fitting it in around work, having time to do it, illness/disability, money, caring responsibilities, lack of access to facilities and lack of motivation/laziness
• They could help people be more active by increasing access through more local facilities that were easily accessible around their working hours. Also by subsidising physical activities e.g. reducing cost. Improving health and enabling people to engage in activity tailored to their health issues or ability or age was also considered important.

• That the benefit of physical activity is that it helps people feel healthier, improves their mental health, keeps them fit and strong, helps them lose weight, and makes them feel good/better.

**Promoting healthier lifestyles:** They provided information about healthier lifestyles and listened to what people had to say about their experiences.

**What Makes Castleford Healthy?** People told us what they felt makes Castleford a healthy place to live, what helps them cope in times of stress and what they value.

**What did we do?**

**Barriers to physical activity:** A report has been produced that will be presented to the Health & Wellbeing Board (as they requested the research to be conducted). The information will inform our physical activity strategy going forward.

**Promoting healthier lifestyles:** Evaluation reports were produced and information informed future campaigns and services/support given. Longer term this information will be used to further target information and support provided to residents.

**What Makes Castleford Healthy?** The feedback was put into a report that will be used as part of area planning and will be shared with the CCG network for the area and used to inform an asset mapping approach District wide.

**Where can you get more information about this work?**

You can find more information about the Barriers to Physical Activity at: [http://www.wakefieldjsna.co.uk/promotion-prevention/physical-activity/](http://www.wakefieldjsna.co.uk/promotion-prevention/physical-activity/)

You can find more information about these projects at: [http://www.wakefield.gov.uk/residents/health-care-and-advice/public-health](http://www.wakefield.gov.uk/residents/health-care-and-advice/public-health)
Engagement Activity Planned for 2015 - 2016

A range of engagement activities are planned for 2015/16. These include:

**Patient Experience**

We will continue the *Putting Patients First* initiative and activity within the individual aspects to support our commissioning decisions. Equally, our Quality Intelligence Group will continue to oversee the feedback that is coming into the CCG and establish actions in respect of any areas where staff and patient feedback indicates a concern.

**Quality of Service**

We will continue to include patient and carer experience information when assessing the quality of services. Providers are expected to have mechanisms for gaining patient experience as part of their contract. This information is shared at quality meetings. This includes NHS England’s Friends and Family Test which has been rolled out to GPs, mental health services and ambulance services during 2014/15.

**Engagement and Communication**

We will continue to develop the ways in which we engage and communicate with local people and organisations, be it through technology and developing new relationships.

**Engagement in commissioning decisions** – we will continue to support and maintain our assurance group and ensure that we include the public in procurement work whenever possible. Engagement will continue to be an integral part of the decision making process and below are just few examples of planned work areas.

To further support our patient reference groups across the district, we will complete our programme of training sessions as well as continue to provide support on one to one basis to our groups and practices.

As part of this work, to thank our volunteers for their continued efforts and to celebrate the achievements our groups have seen during the year, we will organise a one off event to highlight the great work happening in our district, create opportunity to network and share and most importantly, for us to be able to say thank you to all
those who are involved. It is only with their dedication that the groups thrive and achieve.

- **Strategic plan** – last year, we built on the extensive commissioning priorities engagement which shaped the five year strategic plan. But, the planning for our strategic direction cannot stop there and we will be going out and about again next year, looking at new ways to engage with the public about what our priorities should be.

As we progress our **Clinical Network Development Framework**, supporting local practices working in the seven networks, we will continue to progress the engagement to support the delivery of each of the plans. This will not be done in isolation, but will take into consideration the work of patient groups in our area.

**Engagement for integrated care** – we will continue to engage around developing integrated care inclusive of the work associated with our care homes Vanguard, the connecting care initiatives noted in this report and upcoming developments in primary care to make sure that our plans reflect the views of our communities. We want our services to be robust, make better use of resources, including GPs' time, and be simpler for the public to navigate through.

**Equality Delivery System (EDS)**

The Equality Delivery System (EDS) has been designed to help NHS organisations measure their quality performance, and to understand how driving equality improvement can actually strengthen the CCG accountability of services to patients and the public.

To take this forward, we will embed the EDS principles into the wider work of the CCG, making sure that we reflect this within the work of our Clinical Networks as well as the organisation as a whole.

As part of the assessment process, we will gather information to support the grading of our progress and involve our Public Involvement and Patient Experience Committee (PIPEC) in this process to give us an independent view of how we are doing.
Community Anchors

There are a number of strong or mature community organisations in place within the district which provide valuable assets through the provision of a very wide range of services and activities for people living in our neighbourhoods. These local organisations may be regarded as ‘community anchors’.

Networks and interrelationships exist between community organisations with the district but these are currently neither strong nor consistent. It is important that such organisations (and their early networks) have sustainability and can operate within a locally fit for purpose financial and policy environment which will enable them to thrive and develop.

There is a local community anchors project funded primarily by Public Health just launched that will interface with (additional funding from) the two local vanguard programmes. The aim is to invest in strengthening our communities and the organisations and people within them to better provide or maintain their own care, closer to home and away from hospital.

Fully developed, local anchors will provide an excellent vehicle for public agencies to work in partnership with the community. They can also be expected to play a key role in facilitating a local network of service users and residents, and a working tripartite partnership of the third, public and private sectors. In addition to providing that local network, they could also eventually provide an over-arching district-wide network with which the public sector could collaborate, share, learn and commission.

Other engagement activity in 2015 - 2016

- **Urgent Care** – As part of on-going work lay representatives will be working with the Strategic Resilience Group to improve the provision of urgent and elective care services with particular reference to patient experience.

Following on from previous engagement, we will continue to gather feedback in respect of our urgent care services in line with our work following the Meeting the Challenge consultation as well as the developments in primary care.

- **Service reviews** – as part of our ongoing review of services, we will continue to engage the public and stakeholders to seek their views and experiences in respect of local health services to inform our commissioning decisions. This will include services such as:
o Diabetes – following on from the service review in 2009, we want to look further at the views and current experiences of patients and their carers in respect of using the diabetes services in our district. The aim will be to have an up to date feedback on what is working well and what could be improved in respect of this service.

o Anticoagulation - to this end discussions have taken place between GPs and hospital doctors to consider what changes can be made to improve the service. These discussions will continue into the next year with the aim of reaching an agreement between GPs and hospital doctors, on what changes can be made, and by when.

o Musculoskeletal conditions – we will continue to engage as we move through the plans for this service area, taking into consideration public views.

- **Mental health** – we will continue to engage the public around the provision of mental health services locally to make sure that we provide services that meet the needs of our communities.

- **Working Voices** - Working Voices, is a pilot project which uses a Community Asset Based approach in the workplace. The project has been part of a wider ‘Field Force’ programme funded by NHS England and ran until the end of March 2015. We will review this work and plan for future activities to continue the relationships built during the time of the pilot.
Appendix 1 – Legal duties in relation to patient and public engagement

Section 14P - Duty to promote NHS Constitution
(1) Each clinical commissioning group must, in the exercise of its functions—
(a) Act with a view to securing that health services are provided in a way which promotes the NHS Constitution

Section 14U - Duty to promote involvement of each patient
(1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—
(a) The prevention or diagnosis of illness in the patients, or
(b) Their care or treatment.

Section 14Z2 - Public involvement and consultation by clinical commissioning groups
(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
(a) In the planning of the commissioning arrangements by the group,
(b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
(c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

NHS Constitution (Refreshed March 2013)
The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS
services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

A copy of the refreshed NHS Constitution and supporting handbook can be accessed via the following link:


Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient’s Rights Section.

**Principle Four**
The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

**Patient Rights - Involvement in your healthcare and in the NHS:**
You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- To work in partnership with you, your family, carers and representatives (pledge);
- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).
Get in Touch | Contact Us

If you would like to be involved in the future work of NHS Wakefield Clinical Commissioning Group or would like to share your views on local health services, please contact us in any of the following ways:

**Go online:**  www.wakefieldccg.nhs.uk

**Call us on:**  01924 213050

**Twitter:**  @nhswakefieldccg

**Facebook:**  NHS Wakefield CCG

**Write to us at:**

**NHS Wakefield Clinical Commissioning Group**
White Rose House
West Parade
Wakefield
West Yorkshire
WF1 1LT

If you need this report in another format, for example, large print, audio tape or in another language, please call our Communications Team on 01924 213050.

Jeśli potrzebują Państwo ten raport w innym formacie, na przykład, duży druk, taśmy audio lub w innym języku, prosimy o kontakt z naszym Zespołem Komunikacji pod numerem tel. 01924 213050.