Patient and public involvement

Annual report
April 2015 – March 2016
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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 2015 – 2016 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 2015-2016 Patient and Public Engagement Report for NHS Wakefield Clinical Commissioning Group (CCG). The report shows just how much has been achieved during the year and there is much that we can be proud of:

- You have told us that we needed to look at how access to primary care services could be improved and our work on this was extensive with your feedback being directly used to help us shape the models and our new local GP contract.
- The work within networks of GPs has also been invaluable and we have made sure that the good things are taken forward, for example making practices young people friendly and accessible to those with sensory impairment as well as practices improving access for patients with Dementia.
- We are continuing our work around improving patient experience and here you can see the formal channels as well as the way we have responded to the concerns raised by our public assurance group and patients. We fully aim to do this next year to make sure that we listen to and act on the feedback you give us.
- A lot has happened within our local Vanguards, both in engagement and the steps we have already taken to help improve things for residents. It is great to see new ways of working and how these help patients. We will continue this next year as more and more exciting work is planned locally to improve the way in which services are delivered to our communities.
- 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. 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 NHS commissioners 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 2015 until 31 March 2016) 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 2016/17.

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

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](https://www.ee.gov.uk/2015/03/03/protected-characteristics-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 2015/16, including any that started before 1 April 2015 or that started during the period of this report, but are not yet completed. It also includes details of our work planned for 2016/17.

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. GP practices have set up a group of patients who are interested in engaging with their work. If you would like to be part of a group like this, ask at your practice.

**Patient Participation Group (PPG) Network** – organised by the CCG, it acts as the link between local PRGs and the commissioning group (see page 14).

**Healthwatch Wakefield** - Healthwatch Wakefield became an independent Company Registered in England on 1st April 2016. Originally the Wakefield District Wellbeing Consortium was the organisation contracted by Wakefield Council to deliver Healthwatch Wakefield from 1st April 2013. Lead partners were Wakefield District Citizens Advice Bureau, Young Lives Consortium, and the Health Together unit at Leeds Metropolitan University. The Consortium is now known as NOVA Wakefield District Ltd who delivered the contract until 31 March 2016. For more information about NOVA you can visit their website at [www.nova-wd.org.uk](http://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 11).

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 19).

**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 NHS 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. We also invite patients to share their stories.

Papers are made available online prior to meetings and public feedback is considered in the development of future policies 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 was 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.
Public Involvement and Patient Experience Committee (PIPEC)

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
- Deaf and hard of hearing community
- Community group working with asylum seekers
- the CCG Governing Body via the Lay Representative with patient and public involvement role
- Healthwatch
- Patient Participation Group Network
- CCG Officers

What information did we give?
There were many topics discussed at PIPEC meetings this year. This section shows these and what information had been shared with the group. All PIPEC notes, detailing the discussions held, are submitted to Integrated Governance Committee, minutes of which then form part of the Governing Body papers available here.

March 2015
We were ending one busy year and starting another. This time, the focus was on primary care and the developments around co-commissioning with our Clinical Chair, Dr Phil Earnshaw, coming to talk to the group. We covered the Prime Minister's Challenge Fund, Vanguards/New models of care and 7 days a week GP cover.

A brief talk was given about a pilot scheme called Making safeguarding personal running locally, which changes the way in which safeguarding works. The work of our clinical networks was also covered, mainly looking at their plans for engagement. The group looked at the work done last year and helped us shape plans for the next one.
June 2015
The group had previously heard about the engagement work around mental health services and this month, we covered the outcomes of engagement and how feedback from people had shaped the work of the programme.

One of the concerns that the group raised was the public uptake of cancer screening and we had NHS England come and give us information on the three main areas of cancer screening in the Wakefield area - breast, bowel and cervical, including how the area performs in this respect.

As the CCG were preparing for various engagement, the group considered the co-commissioning and integration agenda as well as primary and community care access, asking views from the group on the best approaches.

September 2015
The group looked at the work of the Future in Mind Programme a national programme to improve children and young people’s mental health issues. Members were updated on the engagement which has been done around access to primary care. The group had raised stroke as an area of concern and a topic of focus for this meeting. The group raised questions and concerns which were then fed into the Stroke Summit organised by the CCG on this service.

November 2015
This was an additional meeting organised to look at the feedback of engagement around improving access to primary care. The key findings were shared with the group and proposed actions looked at. PIPEC were asked to comment on the CCG’s proposals and help shape these. You can see more about this work on page 29.

December 2015
The group received feedback following on from the Stroke Summit and a presentation by the acute trust around stroke services and patient experience of these.

The Equality Delivery System 2 was also considered in detail with information and evidence shared with the group in support of the process. Documents and summaries of evidence for each of the aspects together with the outline of the engagement events were shared. Again, you can see more detail around this work on page 62.
March 2016
Members were informed about new pro-active ways of working in care homes being tried to improve co-ordination and integration to give residents a better quality of life and reduce hospital admissions. We also shared all upcoming engagement initiatives including an overview of urgent and emergency healthcare in Wakefield and vision for the way forward.

To help with the development of service user information around safeguarding, the group commented on the documents produced by the Local Authority which were reflected before publication.

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 with plans, actions and feedback being presented to the group as well as overseeing the development of actions taken as a result of previous engagement, for example the Improving Access to Primary Care.

The group has received all of our patient experience reports together with updates on the issues and how these were challenged with providers. They have 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. This included access to services, for example, the needs of the deaf and hard of hearing community in accessing various services, access to services for asylum seekers and refugees and reflecting the needs of the transgender community in care home setting.

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.

Any issues around services are dealt with through the quality of services route and considered as part of themes emerging locally. The group has often raised topics which have been followed up to see what the CCG or other organisations are doing. In respect of access to services, this has been reflected in the work of our Clinical Networks and, going forward, included in the incentive scheme for general practices. The feedback also showed the need to raise awareness among staff in GP practices and care homes in respect of the needs of some of our communities.

The group have helped to assure our processes, for example during the work on improving access to primary care services. Their willingness to look at what we were doing and how, as well as considering the feedback received and the planned actions as a result of this, is much appreciated.

### Patient Participation Group Network (PPGN)

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 ongoing work 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.

- 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. The group were very keen to hear and monitor what actions were taken by the trust to improve this.

- Co-commissioning and GP contract update from the CCG’s Director of Strategy and Organisational Design
- Friends and Family Test in GP practices
- Primary and community care access – planning for engagement
- Improving access to primary care – engagement
- Open feedback on local services
- Planning for future engagement at practice and district level, including GP, primary and secondary care services.

**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 continued. 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 Clinical Networks.

Funding was secured for this during 2014/2015 and the final two sessions were delivered in this year. The content of the sessions was co-created with 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.”

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.
June 2015
- Co-commissioning and GP contract update – an update of co-commissioning and GP contracts was given to the group and the main points discussed were NHS England 5 year forward view, transfer from NHS England, what is co-commissioning? Funding for GP practices, how does it fit with the CCG’s five year strategy and summary and new models of care
- Friends and Family Test - The background to this was given and the current activity by practice shared. The data and how this was collected was discussed, noting that a longer period would provide more information and increase the ability to draw conclusions
- Sharing the learning section for open discussion

September 2015
- Access to primary care – engagement
- Sharing the learning section for open discussion

December 2015
- Information from the Clinical Commissioning Group
- Sharing the learning section for open discussion

March 2016
- Update from the CCG on engagement opportunities
  Transforming urgent and emergency healthcare in Wakefield - an overview of urgent and emergency healthcare in Wakefield. Members were given a copy of the presentation and invited to ask questions. The points covered included definitions of emergency, urgent and routine care, urgent care – the case for change and aspirations
- Sharing the learning section for open discussion

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

The Relationship Matrix provides a detailed breakdown of the relationships the Engagement Team has developed in the local area. The Relationship Matrix is not a mailing list but the detailing and tracking of those key relationships which support the day to day business of the engagement team. A relationship is defined as a two way conduit, built on mutual understanding and trust which has evolved over time.

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 built stronger links with MESMAC (Men who have Sex with Men) and the Wakefield & District Society for Deaf People. 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 public assurance group (see page 11).

**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 our events.

We will continue to share information, including opportunities to get involved.
Events

Apart from written information and regular meetings, we also organise events on various topics for people to get involved in. The two key events this year were around our equality and diversity and planning for next year. Getting people’s feedback on our future work is key and helps us plan ahead.

Equality and Delivery System 2

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.

One of the features of the EDS2 is that it relies on organisations working with local interests to assess organisational performance. This engagement aimed to strengthen existing relationships and build new ones, ensuring that patients and the public had a voice in prioritising the objectives for the organisation.

What did we engage about?

A public event was organised to provide a forum to discuss information from the CCG and gain views and feedback on how the organisation seems to be meeting the EDS2 objectives based on the discussions. To ensure effective engagement with local interests, the Equality team worked closely with the Engagement team to:

- recruit representative communities and local people to attend the local events
- visited community groups and gave out flyers and questionnaires
- attended events to raise awareness of the EDS and the upcoming events
- used communication channels to help raise public awareness of the events and also to promote this among staff

25 people attended the event held in December 2015. An additional 12 members of staff and 2 translators (BSL) supported the event which included input from the Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership Foundation Trust. This was done as part of wider co-operation aiming for commissioners (CCGs) and providers (hospital trusts) across Wakefield, Kirklees and Calderdale working together to reduce health inequalities and work together to improve equality.
What did we do with the feedback?
The national Equality Delivery System (EDS2) was implemented 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 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 here.

Patient Participation Awareness Week
To show our appreciation of the work that our patient groups do, we organised an event for all members as well as practice staff who support PPG groups. This was scheduled to tie in with the National Association for Patient Participation’s (NAPP’s) Awareness Week in June 2015. Lot of good ideas, examples of work and advice was shared among the group and it was great to see how groups are working together to help each other – to ultimately achieve the same goal of engaging with local people.
Commissioning Maze

An essential part of the CCG’s business is engaging with people about our priorities and strategic plans. This year, we decided to do something different to the questionnaires, workshops and market stalls we have undertaken previously and a series of events were organised.

In June 2015 the CCG’s Executive Team and Clinical Cabinet agreed to develop an engagement tool called **The Commissioning Maze** created by the Vale of York CCG and Healthwatch North Yorkshire in partnership with Integral Design Ltd. This was then used as a mechanism to engage with the public and stakeholders about difficult decisions and inform our commissioning priorities for 2016/17.

**What did we engage about?**

We took to the road with it, engaging with the public to show the intricacies facing NHS commissioners and specifically some of the health issues faced by Wakefield CCG. These events were held at Unity Works in central Wakefield, Kinsley and Fitzwilliam Community Centre and Pontefract Town Hall.

- 17th November 2015 – Unity Works, Wakefield
- 26th November 2015 – Kinsley & Fitzwilliam Community Centre
- 3rd December 2015 – Pontefract Town Hall
- 3rd February 2016 – Practice Reference Group Network members
- 23rd March 2016 – Ashgrove Surgery PRG
- 24th March 2016 – Newmillerdam community group

The events provided a unique opportunity for healthcare professionals, local patients and members of the public alike to take a walk in each other’s shoes, so to speak, and develop a greater awareness of each other’s roles within the commissioning process, and the effects of the decisions that are made.

This type of event helped us to understand more about each other in terms of health, and to work together to tailor a healthcare service best suited for local people’s needs. To build on the three public events and to have a wider reach, we took the game into the community and held three further events with Ashgrove PRG, Newmillerdam Community and Conservation Association members and a specific session held for members of our PPG Network.
**What did we do with the feedback?**

The scenarios were designed to be relevant and as real life as possible to the work of the CCG. This included some of the decisions that we need to make on a daily basis but also included questions we wanted the public’s opinion on – from allocating budgets for projects to medicines. Scenarios were drawn in random as part of group discussions.

We gathered all the feedback and used it to support the development of our plan going forward. This will reflect the feedback we received from this as well as information we have from other engagement work in the planning for next year. We will also continue to offer this ‘game’ to community groups going forward as those taking part – staff or the public alike – have said how useful it is to learn how the various parts of the NHS work.

**Where can you find more information on this work?**

We have included the topics discussed and the feedback we received from across the various events in a report and you can find this on our website at: https://www.wakefieldccg.nhs.uk/engagement-and-consultation-reports/
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 have a 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

Quality Intelligence Group

Our Quality Intelligence Group was established in August 2013 in response to the Francis report. Since it started membership of this group has included representatives from across the CCG as well as 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.

How did we engage / consult?
The Quality Intelligence Group is a monthly meeting which aims to captures positive and negative experiences of health care from a range of sources including: Healthwatch, Patient Advice and Liaison Service, Wakefield Council, CCG engagement activities, complaints sent to the CCG and primary care.

Representatives from different organisations and departments within the CCG share examples of good practice and areas for improvement. Although patients do not attend the meeting, the majority of the information gathered is based on what patients are telling us.

Who did we engage / consult with?
The information captured is based on a range of sources including, patient safety walkabout feedback from patients and staff, patient surveys, patient complaints, online patient reviews and staff feedback.

What was the feedback?
Key themes identified included:
- Praise for the quality of care received at MYHT including the Emergency and Maternity Departments
- Positive feedback was received about many of the GP practices in the Wakefield District
- Areas for improvement included: patient flow at Mid Yorkshire Hospitals Trust, access to GP appointments and hospital discharge arrangements.

What have we done with the feedback?
Action plans are in place for the above areas. The impact of these actions on patient safety and experience continues to be closely monitored. Bringing together colleagues
and their information helps us to gather key themes that are coming up and jointly across the members of the group agree the actions to be taken.

**Where can you find more information about the project?**
Key themes from all Quality Intelligence Group meetings are included in the Integrated Quality and Performance Report, which is included in the Wakefield CCG Governing Body meeting papers. Governing Body papers are published on the CCG website. [https://www.wakefieldccg.nhs.uk/](https://www.wakefieldccg.nhs.uk/)

**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.

**What did we engage / consult on?**
Walkabouts involve a small team of clinical and non-clinical staff walking onto ward areas to note their first impressions and talk to patients and staff to identify areas of good practice and areas for improvement. Patients share their views on topics including whether they feel staff are caring, the quality of food and level of involvement with their care plan and discharge plan.

**Who did we engage / consult with?**
We talk to patients, visitors and staff on the wards which we visit. We record their comments and note observations about things such as cleanliness.

**What have people told us?**
Some key themes which emerged from the walkabouts included:

- Patients described the MYHT staff as excellent and often doing their best in challenging circumstances.
- Staff and patients appreciated the extended hospital visiting hours introduced in March 2016.
- Lots of patients praised the quality of medical care received.
- Areas for improvement identified included staffing levels, documentation and patient flow.
What did we do as a result of the feedback?

- Feedback from every walkabout is given to staff on the wards visited and senior management within MYHT.
- MYHT has action plans in place for the areas of improvement identified above. The impact of these actions on patient safety and experience continues to be closely monitored.
- The walkabout reports are discussed formally with senior colleagues at MYHT each month.

Where can you find more information about the project?

Summaries of all Patient Safety Walkabouts are included in the Integrated Quality and Performance Report, which is included in the Wakefield CCG Governing Body meeting papers. Governing Body papers are published on the CCG website.

https://www.wakefieldccg.nhs.uk

Improving Access to Primary Care 10 August – 24 September 2015

Engagement took place across Wakefield District to raise awareness of potential changes to primary care services, help us better understand how primary care services are used, especially in relation to urgent care, explore with people how accessible the services are and could be. We wanted to also gather feedback on proposed changes to local primary care services.

Who did we engage?

Over several months, extensive engagement took place with GPs, Wakefield CCG staff and other clinicians to develop a model for extended access to primary care. Alongside this, we engaged widely with the public to test out elements of the model and to gauge people’s expectations and aspirations for primary care. Feedback from the public engagement was collated and analysed by an independent organisation.

The engagement was very widely publicised, and was supported by intensive activity to reach a wide section of the local population. In total 1,237 people took part in the survey, either in hard copy, tablets or online, providing a robust sample size. In addition, we engaged with 469 people face-to-face at events in the district. Healthwatch were an active partner in the engagement, and they were particularly focused on engaging with ‘seldom heard’ groups. As well as presenting the findings to PIPEC, our public assurance committee, this was also shared with the Overview and Scrutiny Committee.
**What did people tell us?**

- The majority of people (7/10), when making a GP appointment, want one within 48 hours
- Appointment times outside of working hours would be popular
- There is a view that seeing a GP within four hours for an urgent problem is more important than seeing a GP within 48 hours for a routine problem
- People don’t always need to see a doctor first if there is another healthcare professional who it is appropriate to see
- Phone consultations are a popular alternative to seeing a doctor
- People would use online booking of appointments
- People would use a helpline run by nurses for an urgent healthcare need (i.e. clinical triage)
- Usage of the walk in centre on King Street is relatively low amongst respondents to this survey - but feedback indicates that patients require same day access to primary care
- Putting primary care doctors and nurses in A&E is a popular idea, but some people have reservations
- If a facility for patients to call care teams directly (Connecting Care hubs) is set-up, it should have a simple, easy to remember number and be open seven days a week
- People want to include nurses and mental health staff in the care teams
- There is a difference in attitudes and needs based on age and on disability

**What did we do as a result?**

The feedback was used to help shape our way forward in this area of work. We used this to develop a response for each of the areas above and consulted our public assurance group for comments and suggestions.

- We recognised that many people were concerned with the current arrangements for getting an appointment at their GP practice. Under our new role as co-commissioners, we negotiated a new GP contract which will sit on top of the national contract for GP services. This will include a requirement for a 48 hours response to routine appointments.
- We consulted with practices and with NHS England about varying the contractual requirements for routine (i.e. non-urgent) care in extended hours. We were also supporting networks of GPs to provide a combined approach across their areas which would enable them to offer extended hours together.
- The new contract will include a new access target for ‘urgent’ (i.e same day) problems. This will stipulate a triage consultation with a suitable clinician within four
hours of contacting the practice. Where appropriate this would lead to a face to face consultation within four hours.

- Some practices were already working with physiotherapists, advanced nurse practitioners and pharmacists to pilot new ways of working. This had been rolled out in West Wakefield as part of their successful ‘vanguard’ bid, from which positive impacts will be spread across the district.
- New clinical pharmacy and advanced paramedics are being trained jointly with some practices and Health Education England.
- We have continued to encourage and support the involvement of a wider range of health professionals.
- We have been working with practices to roll out a triage model across the district which is based on a successful local pilot. We also built clinical triage into our local model for extended urgent care access in general practice. Clinical triage will not detract from the ability to see a GP: the model is based on using nurses who would be able to book patient appointments directly with their own practice if required.
- A new national contract with general practice includes a requirement to provide online booking of appointments - and to communicate that this is available. This is an extension of patient choice - not a replacement for phone or face to face booking.
- We have supported practices in developing an access policy which will describe to patients how they can access services. Our assurance group helped us to finalise this.
- We intend to commission an integrated emergency service, based in the hospital, which will see primary care clinicians working alongside specialist staff to provide a ‘turn up and wait’ service. The contract for the King St walk in centre will be extended while the new model is put in place and embedded.
- Survey responses showed that some people were concerned that adding primary care into A&E will add to the workload in A&E with consequent overcrowding. We will mitigate this by developing the model, with MYHT, of an integrated emergency department team with the appropriate skill mix to meet the needs of the people who attend, as well as clinical triage in practices, and a 4 hour target for urgent appointments. This will reduce the need for people to ‘turn up and wait’ in A&E.
- We are leading the commissioning of integrated services across the district (Connecting Care). This includes the establishment of three ‘hubs’ where teams of health, social and voluntary care staff pool their efforts to provide joined up care to individual patients. Access to the hubs is currently for professional referrers, but access arrangements are under review. District nurses are already part of the Connecting Care hubs, and mental health workers have now joined the teams.
- The proposed model of extended access is not intended to strip services out of core hours, but to provide additional access, built on the good foundation that already
exists. We will protect what is good about existing services, including the provision of care in core hours based on the specific needs of the patient.

- If every practice was required to provide extended access, this would not be sustainable. However, the model of practices working together to provide extended access, and more direct access to other health professionals, will help to ensure that general practice remains resilient and effective across the district - both in core hours and in extended hours.

**Where can people find more information?**
Feedback on what we heard can be found in the report [here](#).

### Commissioners Working Together January – April 2016

Commissioners Working Together is a collaborative of eight clinical commissioning groups and NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire, including Wakefield CCG.

Planning and commissioning on a wider footprint is becoming increasingly urgent as more and more people use NHS services, live longer and technology and how care is delivered improves. For some services, there won’t be enough trained and experienced staff in the future and costs are exceeding funding in the future.

**What did we engage about?**
As part of this partnership work, we engaged with the public about two service areas:
- Children’s surgery and anaesthetics
- Acute stroke

We shared the information and opportunities for people to get involved in this work through our Relationship Matrix, reaching approximately 7,000 people via organisations and groups.

**What happened with the feedback?**
All public and patient feedback was used to inform the development of the options appraisal which was submitted to NHS England for assurance. The next step would be consultation and this is planned for Autumn 2016.

**Where can people find more information?**
The pre-consultation report can be found [here](#) and more information about the programme [here](#).
Care Planning – long term conditions  4 January – 12 February 2016

This project was about care planning and the confidence people have in managing their long term conditions. It was done as part of the Network Development Framework (NDF), a way of working within GP practices.

The aims of the project were to support people living with a long term condition to gain the knowledge and skills to self-manage and know when to contact a health care professional when their condition worsens.

Who did we engage / consult with and what did we ask?
People with a long term condition who have had a care planning consultation and developed a care plan. We asked about their involvement in their health decisions in their care, information received, support from their health care professional and confidence in managing their health.

How did we engage / consult?
A Long Term Conditions Patient Survey was distributed to 30 randomly chosen long term condition patients from all 40 GP practices across Wakefield District.

What was the feedback from the engagement / consultation activity?
Overall the patient survey demonstrated that the majority of patients felt that they were involved in managing their long term condition (LTC) and were involved in decisions about treatment and care. It showed they were provided with good support and information and they felt generally very confident managing their own health. It is promising and rewarding that the majority of patients are highly satisfied with their care and feel confident to manage their LTC.

The patient survey supported the overall belief that the completion of the care plan is good and the patients report that they are motivated and more confident in managing their condition but these findings are not always reflected from the peer review. The majority of patients surveyed thought that their care is better than it was three years ago which may be because patients are involved a lot more in their care and have goals set to work on through the year. Patients know who to go to for advice and support and find they have sufficient knowledge and understanding to self-care with good results.

What decision has been taken as a result of the feedback?
The decision is that care planning for people with long term conditions will be continued within the Wakefield Premium Practice Contract.
Even though the NDF has now come to an end, the care planning will continue in the Wakefield Practice Premium Contract – a new local contract for GP practices.

**Medicines Optimisation – increasing awareness in the community**

Medicines optimisation looks at patients’ experiences, evidence based choice of medicines and make sure that medicines use is as safe as possible. Many patients don’t realise that this work is done in the background, so to promote the work of the team, we took to the road.

**What did we do?**
We went to several places during the year, including local PRG meetings, held a stall at the district Patient Participation Group Network market place and local practices. We also attended community events, for example open days at local practices organised by groups of patients and a community resource centre open day.

Medicines is an important aspect that we wanted the public to have a say on, so this was also included in the CCG’s wider work around commissioning priorities when we held several Commissioning Maze events (page 23).

To get feedback from patients who are in one of our hospitals, the team also take part in the Patient Safety Walkabouts (page 28).

**What did we engage / consult on?**
The aim of the public engagement work by the Medicines Optimisation Team (MOT) is to introduce the work done by the team as part of the CCG. Many patients are affected by our work but are unaware of the impact the team has on the prescribing patterns in Wakefield.

We asked people about:
1. Pharmacy ordering schemes
2. Cost efficiency initiatives
3. Communication methods

**What information did we give?**
Events were used to introduce and reinforce health campaigns and initiatives taking place within the Wakefield health economy that involve medications.
1. Information about branded and generic medications
2. Self-care
3. Compliance and Concordance
4. Community pharmacy services
5. Waste/unused medications

**How did we engage / consult?**
Engagement took place using a variety of methods often used in combination:
- Display board with key messages
- A brief introductory, informal, presentation
- Question and answer session.
- Facilitation
- Professional scrutiny

**Who did we engage / consult with?**
We talked to patients and the public during the various patient group meetings, market place events, open days within our local GP practices, the CCG’s public events and patients and their carers currently in hospitals.

**What was the feedback from the engagement / consultation activity?**
The feedback has been very positive. We found at all public events that members of the public are not aware of the MOT team before our interactions but that after meeting with the team people noted a better understanding of the work being done in conjunction with GP practices in Wakefield.

PPG members value the chance to comment on proposed work and also the chance to provide feedback on how work streams are affecting patients.

Participants in events are pleased that NHS Wakefield CCG are proactive in promoting safe and effective medicines and report that they understand the need for cost efficiencies.

**What decision has been taken?**
We have included all feedback in our work, be it planning or campaigns and will carry on talking to patients at events and group meetings. We will use this opportunity to promote key messages about safe, effective and cost efficient prescribing in NHS Wakefield CCG and the wider health economy of Wakefield.

**Where can people find more information about the project?**
The medicines aspect of the commissioning maze game can be found within this report (page 23). We will continue to publicise opportunities for patients and the public to get involved through the CCG’s channels including social media and our website: [https://www.wakefieldccg.nhs.uk/have-your-say/](https://www.wakefieldccg.nhs.uk/have-your-say/)
A personal health budget (PHB) is an amount of money that is spent to meet the healthcare and wellbeing needs of patients, generally those with a long term illness or disability. It is supported by a care plan which sets out what the health needs/outcomes are, the amount of money in the budget and how this is going to be used.

NHS Wakefield CCG embarked on engagement with the public over six weeks from 11 February to 25 March 2016. The purpose of the engagement was to gain the views of the public on personal health budgets and their suggestions on their use.

What did we engage about?
NHS Wakefield CCG wanted to find out how local people feel extending PHB in the district could help and support them to better meet their health outcomes. Feedback was asked for to support the development of a local offer.

The key engagement tool was a survey which was available to patients and the public in both online and hard copy versions. To ensure as high participation as possible, the survey was distributed via the following channels:

- People Bank – individuals interested in being involved in the work of the CCG
- Relationship Matrix – network of voluntary and community sector organisations, with whom we have built relationships, for information and to cascade to their service users. The matrix has links with 70 groups across the district and across the nine protected characteristics. It has a reach audience of over 7000 people.
- Patient Participation Group Network – group of patient members representing patient participation groups within GP practices across the District. This meeting was also attended and discussion took place on one to one basis with members of the group.
- Public Involvement and Patient Experience Committee (PIPEC), the CCG’s public assurance group, who have previously received a presentation about PHBs. Individual comments on this work and topic are being addressed.
- CCG website and social media
- Distribution via the Continuing Healthcare Team when visiting patients and their families
What was the feedback from the engagement / consultation activity?
Feedback was varied and in essence told us that PHB provision was variable. It also confirmed that there was an appetite to gain a further understanding of current provision.

What decision has been taken?
Patient and public engagement was a priority to inform the decision making in respect of the expansion of PHB provision locally and to support continued engagement going forward.

The Personal Health Budget steering group has been set up which meets on a monthly basis and looks at all the detail, including patient views.

After the engagement, a local personal health budget offer was put in place.

Where can people find more information about the project?
You can find the results of the survey in the overall report on our website: https://www.wakefieldccg.nhs.uk/engagement-and-consultation-reports/

Future in Mind – Voice of children and young people

What did we engage / consult on?
Healthwatch Wakefield were asked to create an ongoing relationship with children and young people and a process for feeding their views into service design and review, working with the local voluntary and community sector (VCS) to build on existing arrangements and lead this work.

We wanted to make sure that services are designed to meet the needs of children and young people, and that engagement is improved and DNA (did not attend) numbers are reduced.

- What causes our children and young people to feel stress / struggle with their mental health?
- What do they do when they feel they need help, who do they go to?
- For those who have sought help, was it what they needed?
- For those who would like help, what help would they like and where would they like it provided?

On the survey form we provided information about services, helplines etc that are available to support children and young people with their mental health.
Who did we engage / consult with?
Children and young people aged 8 – 25 (older young people with learning disabilities) – 877 children and young people were involved in this work.

What did they tell us?
There are some interesting findings in this survey, not least that more than half of the 877 children and young people surveyed told us that they have had to try and find advice or support for issues that were affecting their mental health. They told us that they firstly go to their friends and/or parents for help, which gives us a reason to make sure that accurate and relevant information and advice is easily available to everyone.

They told us that the main stressful things they experienced are falling out with friends, school/college work being too hard and having problems within the family. They value most having someone to talk to if they’re struggling, or being able to talk to other people who have experienced the same issues.

Although a very high number of children and young people have sought help, happily 78% tell us that the advice they were given was good and 71% said it was what they needed.

The questions asked in this survey were fairly general. They did not focus on any particular challenging issues or target children and young people who are receiving support within mental health services. We know that this survey is the tip of the iceberg far as gathering experiences of children and young people is concerned. The Wakefield 2015 Future in Mind report shows that in 2014/15 our CAMHS service locally received 2,514 referrals, of which 398 (16%) were accepted into service. 358 referrals for self-harm / crisis interventions were made, with 148 accepted into service and 15 children and young people actually on active caseload at 31st March 2015.

The Wakefield Children’s Joint Strategic Needs Assessment in 2015 found that Wakefield has significantly higher rates of hospital admissions for intentional self-harm in those aged 10-24. Almost a third of pupils answered questions in the Children and Young People’s Survey (2015) indicating that they have low to medium low emotional wellbeing. Half of children in care (LAC) have a score from the strength and difficulties questionnaire (SDQ) that is borderline or cause for concern.

We also know from local work with children and young people at Young Healthwatch that there are things that can be done much better in relation to supporting them at times of need.
What decision has been taken based on the feedback?
A network of Community Navigators based in the voluntary and community sector (VCS) are being appointed through a VCS framework of funding to support the development of pathways and access to services for children and young people, particularly those who might be categorised as more vulnerable/ in need of support.

Where can people find more information about your project?
You can find more information on the Healthwatch Wakefield site at www.healthwatchwakefield.org.uk

In July 2016 Healthwatch Wakefield held a public event showcasing the findings and this was attended by 70 people. The reports are being circulated as widely as possible around relevant stakeholders.

What is the Wakefield Care Homes Vanguard? And why are we doing it?
Wakefield District has been chosen to be a national ‘Vanguard’ site to test new ways of supporting care homes and assisted living schemes. This is a huge opportunity to lead the way in ensuring people in care homes are supported to maintain good health and wellbeing and that they only go into hospital when they really need to. We are working together to tackle loneliness and fragmented care by joining up services for older people in supported housing and care homes.

How are we doing it?

- Working with care homes, nursing homes and assisted living schemes as well as WDH (Wakefield District Housing).
- Currently involving 15 care homes and two assisted living schemes.
- Involving individual residents and their families and carers.
### Working with GPs
We have a contract with GP practices so that they can support their patients who are in our care homes.

### Care Homes Support Team
Nurses, physio, occupational therapist, speech and language therapist, dietician and healthcare support worker are working in a single team to provide pro-active support to staff and residents in our care homes.

### Listening to residents
We try to ‘see the person first’ and find out from them what will give them better quality of life. We also give people the space to tell their stories and confidence to communicate.

### Working with our communities
We want to blur the boundaries between care homes and their local communities. We are working with volunteers and community centres to include people from care homes in more activities and help them to take part in the things they enjoy.

### Training
We providing extra training and education to support the staff who work in care homes and assisted living homes.

### Making sure professionals have the information they need
We are making sure that staff who are caring for people in care homes have access to secure, shared information to help them provide joined up and focused health care.

### Carers and families
We are working closely with the families of people who live in our care homes: including talks around healthy aging for residents, carers and families.

### Evaluation
We are working with residents and staff to find out which parts of this approach work best, and what we might need to change.

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### Care Homes Vanguard – Consulting with the General Public

**When did the engagement / consultation take place?**
This work has been ongoing and we have been going out and about to residents’ and relatives’ meetings, developed information leaflets, newsletter as well as giving talks at, for example, Healthy Ageing and the CCG’s Equality and Diversity public event. We have also asked our public assurance group, PIPEC, for their views and thoughts when providing them with an update on this work. They have helped us to look at other areas of our work, for example training for staff to make sure that the needs of various communities are recognised and appreciated.
**What did we engage / consult on?**

We attended various events with the objective of engaging with members of the public regarding the care homes vanguard project. Discussed the model and what the project can offer to support care homes – residents / families / carers and staff.

We wanted to raise awareness of the vanguard, answer any questions that people have and clarify the aims and features of the project. We also wanted to publicise the ways that members of the public can get involved (e.g. volunteering).

The Healthy Ageing talks have been more focussed – a Community Geriatrician has been working with the vanguard homes and has introduced this work in the context of the vanguard – but the talks have been a guide to healthy ageing and an opportunity to discuss the things that affect people as they age. These were open to members of the public.

**How did we engage / consult?**

We have done presentations about the vanguard and work completed so far as well as plans for future work. We also shared information through discussions.

- Videos – Margaret’s Story / various vanguard videos / Connecting Care training videos
- Leaflets – Care Homes Vanguard booklet / Care Homes Vanguard leaflet / Care Homes Support Team leaflet
- Newsletters – shared on a monthly basis (three months) and distributed within the homes. Also available at events
- Posters – Care Homes Vanguard poster on display at events
- Case Studies – Portrait of a Life case studies and photos on display at events
- Information from the website also available in hard copy at events

**Who did we engage / consult with?**

- Members of the public and professionals and volunteers who attended the Sloppy Slippers event.
- PIPEC members / PPG members
- Residents, family, friends and carers within the homes.
- Staff within the homes.

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

Feedback from engagement has generally been positive – when people have discussed the work of the vanguard they have had some complimentary things to say. At some of the events the public also shared their experiences of care in their care homes.
We looked at holistic assessments and community anchors elements as well as other ways to support the care homes.

**What decision has been taken?**
We have created the Care Homes Vanguard Leaflet and Care Homes Support Team Leaflet in response to engagement events. These are quick guides that give an accessible explanation of what the vanguard is and why we are doing it.

Events have also led to further consultation with individuals, which has raised awareness and informed the work of the vanguard – eg links with MESMAC and the Trans Community and Wakefield Society for Deaf and Hard of Hearing People. Their feedback has been incorporated into plans for future work of the Care Homes Support Team and their messages have been shared with care homes by the team.

**Where can people find more information about the project?**
More information about this work is on the Connecting Care Website: http://connectingcarewakefield.org/what-is-connecting-care/

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**Care Homes Vanguard – Residents in Care Homes and Tenants in Extra Care**

**How did we engage?**
We talked to the public across various days and in different ways including:
- Healthwatch surveys as part of the Care Homes Vanguard
- Age UK Wakefield District engagement – LEAF7, Pull Up A Chair, Dementia Care Mapping
- South West Yorkshire Partnership Foundation Trust engagement – Portrait of a Life

**What did we engage / consult on?**
This is the holistic assessments element of the Care Homes Vanguard Model. Residents and tenants have been asked about what is important to them, what they value and what will enhance their experiences.

**How did we engage / consult?**
The holistic assessment is carried out using a range of ‘listening tools’ from AGE UK Wakefield District and South West Yorkshire Partnerships Foundation Trust including:
LEAF-7
Designed to be used by support workers working with vulnerable people, typically in later life. It is simple to use, systematic and measures the things that people have reason to value.

Pull up a chair
Based on the ‘Pull up a chair’ campaign, the concept aims to gain insight and evidence on the experience of residents through, for example, video diaries.

Dementia Care Mapping
Dementia Care Mapping prepares staff to take the perspective of the person with dementia in assessing the quality of the care they provide. It empowers staff teams to engage in evidence-based critical reflection in order to improve the quality of care for people living with dementia.

Portrait of a life
‘Portrait of a life’ uses training for care home staff and carers to use life story work to support well-being and resilience of people with dementia.

Who did we engage / consult with?
Engaged with residents and tenants in two care settings. This will be continued into next year.

What was the feedback from the engagement / consultation activity?
People have been asked about their life histories and what is important to them. They have also been asked for information regarding what will improve their experience of living in the care settings.

People have told us about what they enjoy, and what person centred activities they would like to participate in.

What happened as a result of the feedback?
We have pulled together the information that residents and tenants provided and this has influenced the response from volunteers based at community anchor sites.
Case Study

The holistic assessments process highlighted that one lady has felt socially isolated and would benefit from a volunteer befriender. The holistic assessments also showed that she is a music lover and so a volunteer who she could sing with and develop a relationship based on shared hobbies got involved.

It was also identified that this lady loves dogs, so our volunteer visits twice a week, takes her neighbour and neighbour’s dogs and they all spend some time together, singing. This has had a massive impact on all involved and has significantly improved the mental health, wellbeing and quality of life for this lady.

For further info see the blog ‘There’s Something About Mary’ at the link below.

People have also told us that they want to take part in more boccia bowling sessions, want to hear piano music at the coffee mornings, have board games nights and see shows produced by the youth holiday club – these things have all been responded to and organised by the local community anchor.

The holistic assessments process has also highlighted that gardening would really benefit one resident of one of our homes – one of this things that he misses is doing his garden and he wanted to get out again. The local community anchor has a garden with no one to maintain it so volunteers have arranged for this man to restore the community garden now that the weather has improved. This will impact on his mental and physical health and his wellbeing and quality of life.

Carers Wakefield have also been involved in this element of the work and feedback from families and carers has informed future input. Carers Wakefield have developed posters and leaflets to promote their involvement and how they can support. And are trying to get involved to support at earlier stages of admission to care homes.

Where can people find more information about the project?

This project is ongoing and we will be working with more care homes next year. You can find more information and useful documents at Connecting Care website: http://connectingcarewakefield.org/what-is-connecting-care/
Connecting Care Evaluation

This has been an ongoing project which we reported on last year. The engagement with patients and service users was ongoing over a 2.5 year period. Interviews with carers took place between July 2015 and April 2016.

**What was the engagement about and how did we do it?**

1. **Patients / service user experiences of Connecting Care – 500 patients**
   
   The question that service users were asked was:
   
   “What is the impact of Connecting Care on the quality and experience of services, in the opinion of people receiving the services?”
   
   People who had received a Connecting Care service and who agreed to participate in the evaluation were visited by Healthwatch Wakefield staff and volunteers to go through a survey based on National Voices I statements to gather their experience of the service, how well Connecting Care staff are integrated to deliver their care and its impact on their health and wellbeing.
   
   Where relevant, information was provided about other Connecting Care services that interviewers thought may be helpful for the individuals, backed up by referral back into the Connecting Care system if appropriate.

2. **Carers’ experiences of Connecting Care – 53 carers**
   
   The carers’ element of the evaluation came later and was designed to find out what the impact of Connecting Care was on the experience of people caring for people receiving these services.
   
   This was a qualitative, semi-structured interview process done by an independent company and Healthwatch Wakefield. It was designed to get carers talking about their experiences of being a carer and how Connecting Care had helped with this, or not.
   
   Again, information was given about other services if carers weren’t aware of these.

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

In terms of **patients / service users**, the below shows what they have told us.

*Over time, what people say about how Connecting Care has helped them:*
Also, over time the key integration questions have shown an increased positive response:

Many people have commented on how considerate these services have been towards them, for example occupational therapy and physiotherapy doing joint visits which has been much more convenient for the patient. People who have written care plans in
place also seemed to find the services worked well together, probably because of the written hand over and instructions.

We are finding that there is more evidence of people being given information, and, even when people do not recall details, they have a folder of papers to refer back to. People will often explain after answering the question, for example “I don’t want carers in, we can manage for now, but I will bear them in mind when I can’t cope.” “I don’t want to attend carers’ meetings because I don’t feel able to leave him right now but when he gets a bit better I might.”

Despite some people not having a named person to co-ordinate their care, we found when asked during the interview it causes people to think and some have commented that even if they don’t officially have a named person they would probably ring a particular person because they liked him/her.

A key theme from this work and the interviews with carers was that people find navigating the health and care system bewildering. Even if information is given, it often takes some support for people to be able to access the care that they need.

**Carers described mixed experiences of being a carer…**

Services and support that help carers care for longer:
Carers’ lives were made easier when services were well co-ordinated and the person they were caring for was well supported. As several carers said “what helps him, helps me.”

Sometimes quite small interventions had made a big difference to carers. One lady told us “Carers Wakefield got a stool that my Mum could sit on in the shower and that made all the difference to us” A number of carers told us that aids and adaptations had been made quickly available to them and that this had really helped them.

For others it was services such as daily visits from paid carers which were helping them to cope for longer by taking over some of the burden of domestic and personal care.

A couple of carers mentioned the Community Matron as having really helped them.

A few carers had access to regular respite care, which they said really helped them, although only if the quality of that care was good. Carers reported very variable experience of residential respite care, which they had used, from what they considered the truly excellent to the truly appalling. Sending a loved one to a residential placement for respite which was of poor quality (in their experience) had in some cases caused
additional stress to the carer and produced the opposite outcome to that which was required. They vowed never to use such provision again.

A growing number of carers seem to be aware of and making use of the MyTime money which enables them to go away, if they would like this. Those who had accessed this were very grateful.

Another service (not within Connecting Care team but which staff often signposted to) was Care Link (a paid for response system) which many carers said had made a real difference to them in being able to continue caring. They told us it gave them peace of mind knowing they could call them, and that it was helpful if someone fell but did not need to go to the hospital.

The Connecting Care services which were most frequently mentioned by carers as helping and supporting them were Age UK and Carers Wakefield. The fact that Carers Wakefield could develop an ongoing relationship with carers was something which carers who had experienced this, particularly valued and found helpful.

In addition, one carer said that he found it helpful and reassuring to know what services are available “down the line” as his wife had a terminal illness which would only get worse. He had been told what help would be available then and how to access it.

**When things didn’t work so well:**
Carers told us of some very poor experiences of health and social care, which were unrelated to Connecting Care. Where these were raised, Healthwatch recorded these and fed them back separately (and still anonymously) to the organisations concerned to help improve the local services, and to the Quality Intelligence Group (page 27).

These included:

- poor care in hospital and poor communication between hospital and GP
- difficulties in accessing or receiving care from the Macmillan service
- difficulties with care received from the community nursing service
- poor care received from private care companies
- poor residential respite care
- poor support after someone had died including from funeral companies.

**Their suggestions to improve the experience of carers:**
We asked all the carers what other services would have been/would be helpful to them. Whilst many were not able to think of any services which they felt would have
been helpful to them a number were able to come up with some helpful suggestions which are listed below. We have used the exact words of the carers where possible.

1) More **practical support for carers** such as help with shopping or cleaning or moving furniture

2) **Support for young carers** – e.g. Glenn (35 years) would like more support for his young daughter as she is doing quite a lot of the caring for her Mum and would benefit from some support

3) Someone to **ring carers occasionally** to check they are OK

4) Better **procedures for sharing information** so that carers could access information when they needed it and didn’t need to keep repeating themselves

5) **Ensure carers are always involved** in decision making

6) A **support network** for the family of people living with a relative with **severe mental illness** to help you to understand and to cope.

7) **Regular home visits** from GPs or other services when someone is seriously and chronically ill. “...they should not wait for you to send for them....”

8) **Someone to talk to** would be really great. Someone who could listen to carers even if they could not do anything to help.

9) Health service staff should **explain things clearly** so carers can understand what was happening or might happen in the future “. Bill (65 years) said “it would be good if people could explain what will happen (to my wife) to me and what to expect. I don’t understand what is happening or why, with her care.” His wife has degeneration of the spine but he doesn’t understand what that means or what the consequences might be. She only had one physiotherapy session at home and he doesn’t know why. Another carer said “it’s not knowing things that makes it really difficult”

10) **Support from social care even if you are self-funding.** Sandra (47 years) had tried to get help from social services, but as her Dad was self-funding was told that no help was available. As she pointed out, at some point her Dad will run out of money and “the service will have to deal with him then” and she felt that support from social care before that point (e.g. giving information and signposting and getting to know her Dad) would be really useful.

11) There should be a **widely publicised single point of contact** for Connecting Care services. Patrick (53 years) said “some sort of one call number that you could phone for advice would have been really good. Someone who could give you advice and sign post you. I got the number for SPOC but they just kept telling me that Mum was not on the system (because she had not been given a social worker) and they couldn’t help me”

12) It would have been good to have a **back-up plan.** One carer said he was doing everything and coordinating everything, He had no other family or other support. If he had become ill then what would have happened?
13) It would have been good to have information regarding what aids and equipment they health or social care will provide and what we could buy ourselves especially where it was quicker to buy it.

**What decisions have been taken based on the feedback?**
The Connecting Care programme is developed based on patient and carer feedback. For example, work is ongoing to tackle social isolation for older people. Additional funding has also been secured for the VCS as highly valued by patients and carers.

The project will continue until 1,000 interviews have been done.

**Where can people find more information about the project?**
Information is available at [www.healthwatchwakefield.co.uk](http://www.healthwatchwakefield.co.uk) and [www.connectingcarewakefield.org.uk](http://www.connectingcarewakefield.org.uk)

The reports that have been written so far were internal documents to guide the development of the Connecting Care project, and are therefore not publicly available. The final summative report will be produced by Niche with Healthwatch input by December 2017.

The Carers’ report is also available on the Healthwatch website.

**Primary Care - engagement with our Clinical Networks**

**Network Development Framework (NDF)**

Since the NDF was approved in March 2014 there have been substantial changes in the national and local context within which general practice operates. The Five Year Forward View, the Prime Minister’s Challenge Fund, the PMS Equitable Funding Review and co-commissioning have all contributed to a changing landscape of primary care and general practice.

During the year, we progressed with our 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 Our Street, Your Street event in October 2014. Feedback was 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 2014. 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

Each network looked at bespoke areas of work and these were:

<table>
<thead>
<tr>
<th>Network</th>
<th>Health Improvement Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health and social needs of people with low level mental health problems linking with the CCGs Mental Health Transformation Team, the Local Authority Health and Wellbeing Team and Connecting Care</td>
</tr>
<tr>
<td>2</td>
<td>To improve the care and support for people with Dementia and their families and carers by ensuring all practices are Dementia Friendly environments.</td>
</tr>
<tr>
<td>3</td>
<td>Work in partnership with other agencies to deliver improved access to Primary Care services for patients with sensory impairment</td>
</tr>
<tr>
<td>4</td>
<td>Early intervention for families in need – to promote the physical and mental health of families and children and reducing health inequalities</td>
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</tr>
<tr>
<td>5</td>
<td>Improving the health of black and ethnic minority populations, including people from Eastern Europe, by improving access and supporting those with long term conditions</td>
</tr>
<tr>
<td>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>7</td>
<td>Practices to become young people friendly as a response to the risk-taking behaviour and associated health needs of younger people within the network</td>
</tr>
</tbody>
</table>

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.

**Network 1:**
Linking with the CCG’s mental health commissioning team, the local Authority Health and Wellbeing Team and Connecting Care, a patient survey was developed and distributed across the Castleford population, with sites including women’s centres, sure start and GP practices. The network worked towards meeting the health and social needs of people living in Castleford with low level mental health problems.

**What did people tell us?**
Over 660 survey responses were received and the results collated. Responses to the patient experience survey showed:

- Where patients from Castleford would like the service to be located - The Hut, Salvation Army, 5 Towns Resource Centre.
- Preferred opening times - 7 day opening, AM/PM.
- What services are required – one to one support, face-to-face, telephone appointments, telephone helpline, self-referral, GP referral, self-help guides and self-help websites.
What happened with the feedback?

The Network has forged strong working relationships with partner agencies, including the Local Authority and Wakefield District Housing (WDH) to develop and conduct the patient experience survey on low level mental health services required for the Castleford population.

Presenting the results of this work to the CCG’s Mental Health Transformation Team has influenced the future commissioning of Mental Health Services for Wakefield. For example, a talking shop has been included in the output service specification for IAPT services which was approved at Wakefield CCG’s Clinical Cabinet. This went to tender and a new contract was put in place.

Listening to the types of services required, Riverside Medical Practice has taken an opportunity to pilot Big White Wall. Big White Wall is an on-line mental health service providing safe, anonymous support for those struggling with common mental health issues. The service is designed to help patients get support, take control and feel better. It provides 24/7 peer and professional support (with trained counsellors online at all times), plus a range of wellbeing tools to help people self-manage, following GP referral.

The Castleford Network is also keen to engage and support KOOTH, an on-line counselling service for young people aged between 11 and 24, recently commissioned by Wakefield CCG.

Network 2:

Close working and consultation with partners, which included the Health and Wellbeing Team, Alzheimer’s Society and Age UK, to achieve Dementia Friendly status in all of the practices in Network 2. Valuable support and guidance was also gained from contact with the local member of the Wakefield Dementia Forum.

Each practice’s Patient Reference Group (PRG) have been actively involved in enabling their surgeries to become dementia friendly. The Network’s Health Improvement Plan was shared with each PRG to gain their support and comments on the content; each PRG approved the document and positively supported their practices in the initiative of becoming dementia friendly.

What happened with the feedback?

Two Dementia Champions have also undertaken the development programme delivered by the Alzheimer’s Society, to ensure Network 2 has key people to support colleagues in building a strong culture of person-centred care. The Dementia Champions are a public health nurse based at The Grange Medical Centre and a member of Dr Singh and Partners’ PRG.
All practices within the Network have successfully completed their self-assessment tool on identifying areas where improvements could be made for them to have a dementia friendly environment. This has involved engaging with the Wakefield Alzheimer’s Society to undertake a walk-around. Practices then had the opportunity to apply to a small fund to help alter areas such as signage, toilet seats and dementia friendly clocks. Practices are aware that they will be reviewed by the Alzheimer’s Society in the coming year to ensure any funds approved have been spent in accordance with what has been agreed. All practices have also joined the Wakefield Dementia Alliance (or the national Dementia Alliance), publicly announcing their commitment on transforming the lives of people with dementia and their carers. Practices have also joined the Wakefield District Council’s Safer Places for People with Dementia Scheme.

As well as ensuring buildings are dementia friendly, practices have also worked towards ensuring the carers of people with dementia are supported as early as possible upon diagnosis, by signposting to Age UK and/or Carers Wakefield, if the carer is agreeable to this. Carers have also been offered a carers health check and flu immunisation once a year to reduce the risk of crisis intervention.

Practices have been made aware of the Alzheimer’s Society’s carers’ awareness session, so they can inform cares when appropriate, and have ensured they have a supply of Age UK leaflets and resources to support patients, carers and their own staff members.

**Network 3:**
Between July and September 2015, Wakefield District Sight Aid and the Wakefield and District Society for Deaf People undertook a practice walkthrough at Network 3 GP Practices to help identify any barriers posed to sensory impaired patients.

A patient questionnaire was sent out to 334 sensory impaired patients, who had been identified on the Practice clinical systems, to ask for feedback on their experience of and any barriers to accessing primary care services. 145 responses (43% response rate) were received and collated by Practices in April 2015.

**What happened as a result?**
After the patient questionnaire, the sensory impairment awareness training session and the GP practice walkabouts; practices identified the changes implemented in their services to improve access for sensory impaired patients. The changes that have been implemented for each practice were:
• Alverthorpe – Redesigned signage and have slowed down the patient call screen so that the patient details are visible for longer
• Stanley – Changed the font style and size on correspondence for sensory impaired patients to Verdana 16, changing any notices to yellow paper with black/blue font in the recommended font style and size, have put up tactile signs for the toilets, have slowed down the patient call screen so that the patient details are visible for longer and have purchased a mobile induction loop.
• Homestead Medical Centre – Reproduced the practice leaflet with large print and no illustrations, have changed the font style and size on correspondence for sensory impaired patients to Verdana 16, changing any notices to yellow paper with black/blue font in the recommended font style and size, have slowed down the patient call screen so that the patient details are visible for longer and have purchased a mobile induction loop.
• Outwood Park Medical Centre – Changed the font style and size on correspondence for sensory impaired patients to Verdana 16, changing any notices to yellow paper with black/blue font in the recommended font style and size, looking at redesigning signage, have put up tactile signs for the toilets, have purchased signature guides and are in the process of purchasing an induction loop.
• New Southgate Surgery – Changed the font style and size on correspondence for sensory impaired patients to Verdana 16 and has purchased a mobile induction loop.

Network 4:
As part of the NDF, Network 4 agreed to setting up a network level PRG which strengthened the partnership across all the 5 practices. The purpose of this was to demonstrate the PRGs are engaging with the two health priorities identified by the Network which are:
• Families in Need
• Reducing smoking in pregnancy.

Network 4 agreed to have a Network Patient Reference Group with a representative from each Practice. This was formed in October 2015 and was waiting for the Local Clinical Network for direction. Due to the reconfiguration of the Networks, one option was to form this group as part of a federation PRG, thus the foundation of this work would not be wasted. Patients were keen to get involved and engage at a wider level on behalf of the network. The Network PRG’s Terms of Reference had been produced and agreed.

Network 4 continued to work collaboratively in partnership with Wakefield Council’s Early Help Hubs in the Pontefract and Knottingley areas, a service aimed at working with children and young people from 0-19 years and families with complex health needs.
Other third sector partnership working included working with Age UK, as well as the Inspiring Recovery – Drug and Alcohol Recovery service which supported Network 4’s health priorities, working with Families in Need and maternal smoking.

**Network 5:**
Practices have put in place robust systems to identify those patients who have failed to respond / have not attended their bowel / breast screening invitations and develop systematic processes to follow these patients up reiterating the importance of screening / understand the reasons for not responding to/attending the screening invitation.

**What happened?**
638 patients were proactively contacted following a failure to respond to either their bowel / breast cancer screening invitation.

Each Practice developed individual searches within the clinical systems to report on the numbers of patients from either a BME / Eastern European background attending for their long term conditions reviews. This information has been reported to the CCG, on a quarterly basis and has shown that 1904 patients have attended between April 2015 and March 2016. This has helped us to better understand the use of these services.

At an event, the Network organised a session on the needs and experiences of people from Eastern European countries. This awareness session, delivered by the Wakefield European Centre, was held to help raise understanding among practice staff on the perceptions and understanding of the NHS among the Eastern European community and some of the barriers they might be experiencing in accessing local services.

**Network 6:**
The Network’s Patient Panel was established, with representation from each of the 6 member practices’ Patient Reference Groups and are engaged and updated on relevant network developments. These included the Prime Minister’s Challenge Fund (PMCF) and Multi-speciality Community Provider (MCP) Vanguard. The Network Patient Panel has been driven and chaired by its membership, offering guidance on all related topics such as locations for the mobile West Wakefield Health Pods and the operational site for the extended hours service. The panel is there to act as a reference group for new developments and to help the network to develop the communication and engagement strategy for West Wakefield.

Throughout 2015/16 a patient representative from the Patient Panel has been invited and attended the monthly Network meetings.
A Communications and Engagement Strategy has been developed for West Wakefield which includes a range of patient and public engagement activities, for example;

- Patient reference groups – all 6 practices
- Patient representatives sit on both the Network Group and the PMCF programme board.
- Patients have been on the panel for recruiting a physiotherapy provider.
- Patients were involved in interviews for the pharmacy co-ordinator.
- Over 200 patients took part in a survey about the location for the new extended hours service.
- Patient representatives have participated in Dementia Friendly ‘walk rounds’ in some practices and plan to do with all practices.
- Opportunities are being set up for patients to ‘walk through’ the patient pathway for the extended hours service and provide feedback.
- Plans are in place to ‘test’ new technologies (e.g. video and email consultations and apps) with patient representatives and collect feedback.
- Opportunities to volunteer and train as Practice Health Champions are being developed for patients.
- PPG members are using their local networks to help with disseminating information about West Wakefield and the new developments.
- Facebook and Twitter sites have been set up and plans are being developed for Network 6/ West Wakefield to use social media to actively engage with the local population and provide information.
- West Wakefield website has been established, with facility for patients to register their interest and join a list to receive email updates. [www.westwakefield.org.uk](http://www.westwakefield.org.uk)
- Postcards being disseminated to promote the website opportunities to find out more.
- Working with existing community groups e.g. St George’s Lupset to access groups of patients who don’t tend to participate in traditional engagement activities.
- Plans to engage with local schools to develop apps.

Patient experience surveys to be used as part of the evaluation of the PMCF and for feedback on new services.

**Network 7:**
The network and constituent practices worked with voluntary sector organisations, Spectrum Community Interest Company to ensure positive promotion of sexual health and substance misuse; and Young Inspectors from Wakefield Youth Association to become accredited as Young People Friendly.
The practices developed and distributed a young people survey asking about their experiences when visiting their GP practice. 289 responses were received. The network commissioned Young Inspectors from the Wakefield Youth Association to support them in becoming accredited as young people friendly. This work included:

- Mystery shopping within the network GP practices.
- A survey compiled by the young inspectors and distributed to all the GP practices.
- The young inspectors visited practices and interviewed practice staff.
- A report has been compiled by the young inspectors with their finding and recommendations.

**What happened as a result?**

Based on this work all eight practices have received youth accreditation at a ceremony in March 2016 and work is being done to roll this out across all our practices.

In February 2016 the network also held an event for all clinical and non-clinical staff. The subject was around young people and speakers from several partner organisations who specialise in working with young people were invited to come along and share their knowledge and experiences. Several useful suggestions and information came out of the session and these have been shared across the network.
Equality delivery system (EDS) 2

The Equality delivery system (EDS) has been designed by the Department of Health and updated by NHS England 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 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?

The CCG in partnership with other local health providers; SWYPFT and Mid Yorks held an event with the public and other stakeholders to demonstrate their progress against their equality agenda. The CCG highlighted the work of the Home Care Vanguard and the activity of the Networks to demonstrate their activity over the ear and invited feedback to improve performance over the coming year (page 21).

The CCG highlighted it commitment to equality through its delivery of their four Equality Objectives;

- 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

During the period of April 2015 to March 2016 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 Trans community member onto the Public Involvement and Patient Experience Committee (PIPEC)
- Implementing Connecting Care hubs for Integrated Community Services
- Improving respect, dignity and access for patients with Sensory Impairment
- Monitoring and analysis development
- Equality and Diversity Training

**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.

**What did we do?**
Equality impact assessments 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.

The national Equality Delivery System (EDS2) was implemented 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 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 [here](#).
Engagement Activity Planned for 2016 - 2017

A range of engagement activities are planned for 2016/17. 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.

We will continue to support our patient reference groups, bringing them together across the district and consider how our district wide group can support the emerging federations.

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 another 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** – as in previous years, we have continued to engage around our strategic plan and the way forward. 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 build on the work done as part of the **Network Development Framework**, we will continue to support local practices be it in the delivery of their work, planning of services or building their patient reference groups. 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.

• **Urgent Care** – As part of on-going work we will consider the plans and future developments of this service, linking with colleagues across West Yorkshire where it is right.

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.

• **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. We will also consider taking our work around Dementia further.

• **Primary care** – as we are taking on more responsibilities from NHS England, we will be more involved in looking at what is happening within GP practices and will either do or support the practices to engage with patients.

• **Working Together** – building on the engagement done this year, we will work with our colleagues in South Yorkshire on developing plans and moving to consultation.

• **Engagement into the views of the Eastern European Community** – we have become part of a project initiated by the Local Authority. Its aim is to find out views of the Eastern European community, including their views on health related aspects. This has been key to the work of Network 5 and we hope to be able to successfully progress this area of work together with our partners.
• **Sustainability and Transformation plan and commissioning priorities** – We will continue our discussions around the future plans and what should be within these. This is an ongoing work and will build on what we have done already and what people have told us they would like to see in local services. This will be linked to what we need to do as part of working with other CCGs in the wider West Yorkshire area as well as colleagues from the Local Authority and providers.

• **Healthy Wakefield** – we recognise that there is a lot of detailed work that we want to talk to the public about and to make it easier, we will do an overarching project of engagement.

• **Vanguards** – we will continue with engagement in support of all our Vanguard projects, making sure that we hold our discussions across the CCG rather than just across projects, group our events and use feedback we already have in the best way possible.

• **Public Voice**– we will continue to contribute to this report which is collated by Healthwatch. These are presented to the Health and Wellbeing Board and you can see the first one done [here](#).

### 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 establish an Equality Panel to give us an independent view of how we are doing.
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.