

NHS Doncaster Clinical Commissioning Group (CCG)

Patient and Public Engagement Annual Statement of Involvement April 2015 – March 2016



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Introduction

NHS Doncaster Clinical Commissioning Group (CCG) is responsible for making sure that the, approximately, 300,000 people living in the borough have access to relevant health care. We achieve this by utilizing a £400+ million budget to organise, pay for and monitor the performance and quality of services in town.

We recognise that our decisions, policies, and services have a major impact on the lives and wellbeing of local people, and in response to this, we try to actively engage with all sectors of the community to ensure that everyone has an equal chance to have their say in the commissioning process.

The purpose of this report is to outline what work the CCG has undertaken over 2015/16 to engage local people, to gather feedback, which will help us develop health services in the future.

Why do we consult with patients, carers and the public?

We are committed to making evidence-based decisions that take into account the views and experiences of all those affected by them.

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. It also included a duty to report on this activity in an annual 'statement of involvement (section 24A of the NHS Act 2006). The report should cover:

- Who we consulted
- What information we gave them
- What questions we asked
- What people told us
- What we did with the information they gave us.

Over the period from 1 April 2015 to 31 March 2016 we gathered direct feedback from 4,451 local people¹, heard eight patient stories at our monthly Governing Body meeting, attended approximately 40 public events, 45 community group meetings and launched 40 surveys.

¹This represents the total number of completed surveys, either digitally or physically – some individuals may have responded to more than one survey.

Our approach to consultation and engagement

During the year our Communications, Engagement, Experience and Equality Team has worked alongside both commissioners and service providers in order to ensure that we are actively talking to and listening to members of our local community, guided by our five key local priorities:

- Cancer
- Children's services
- Continuing healthcare
- Dementia
- Mental health
- Unplanned care and long-term conditions.

It is really important for us to hear people's comments, experiences, ideas and suggestions about ways in which we can make services better. In response to this, this year we actively engaged the public in the commissioning process, asking them their views on local services such as the out-of-hours GP service and long-term residential care.

In 2015/16 we also placed particular emphasis on scoping local people's perceptions on certain health issues such as:

- Cancers
- Dementia
- Prescribing
- Urgent care services
- End of Life Care

We have achieved this engagement using the following methods:

- **Engagement and Experience Committee:** Our assurance group, which includes representatives of our senior management including our Chair, our dedicated GP lead for Patient Engagement and our CCG Lay Member for Patient Engagement and also local third sector organisations including Doncaster CVS and Heathwatch Doncaster. This committee oversees our communications and engagement activity, providing assurance to our Governing Body that we meet our statutory duty to engage.

- **Patient Stories:** A long-standing agenda item at our public Governing Body Meetings held each month. Local patients are invited to share their story and experience of local healthcare services in order for CCG leads to hear directly how services are working for local people. In 2015/16 the Governing Body heard nine stories:

- Guillain-Barre Syndrome
- Care available for Carers
- Issues around health facing deaf community

- Breast cancer
 - Dementia
 - Prescribing
 - Social prescribing
 - End of life care and new Woodfield 24 service
 - Kidney treatment and mental health services.
- **Local Practice Patient Participation Groups (PPGs):** These are the building blocks for engagement at practice level. Over 30 of Doncaster's GP practices have an active PPG and work is being done to make sure that all practices have a group in either virtual or physical form.
 - **Doncaster PPG Network:** Established in early 2014, the network meets quarterly and acts as the link between local PPGs and the CCG. The group shares best practice from their own PPGs and also takes part in discussion regarding the CCG strategic priority theme areas e.g. dementia, cancer etc. The network met quarterly during this period.
 - **Healthwatch Doncaster:** An independent organisation that came into being from April 2013. Its role is to represent the views of local people in relation to health and social care. In Doncaster, the organisation responsible for overseeing the setting up and running of Healthwatch is the Carers Federation. Further information regarding your local Healthwatch can be found at www.healthwatchdoncaster.org.uk.
 - **Local providers (DBH and RDaSH):** The two main providers for secondary care in Doncaster, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust. The CCG works closely with both to ensure the best quality care in the town and get patient experience information for both organisations.
 - **Patient Opinion:** Members of the public are invited to record their experiences (good or bad) online via NHS Choices. Providers of the service are able to respond and as commissioners, the CCG records the experience so that themes and trends can be identified. This year engagement work expanded significantly by using our 'Talking Points' brand, which utilizes Survey Monkey. This year the CCG's patient opinion included:
 - 40 x surveys
 - Attending approx. 40 x public events
 - Attending approx. 45 community groups.
 - **Patient Experience and complaints monitoring:** Providers engage with patients about their experience through the Friends and Family Test and patient surveys for CQUIN (Commissioning for Quality and Innovation) indicators, which feeds into the CCG's Quality & Safety Committee. The CCG also records direct patient experience from various sources including complaints, MP letters, surveys, patient stories, Patient Opinion and NHS Choices and enquiries emails. This data

is used to identify themes and trends, which feed into the commissioning cycle and the Engagement & Experience Committee. In 2014/15 the CCG received:

- 56 complaints
- 17 MP letters
- 266 Freedom of information requests.

- **Social Media:** Widely used to engage with members of the public on a wide range of health issues. Main platforms currently are Twitter with almost 10,000 followers and Facebook with almost 4,000 likes. Updated several times a day to reflect news stories and incoming health themes in the town.

- **Doncaster Community and Voluntary Services (CVS):** Provide a vital link into our communities and hard to reach groups. All CCG engagement activities are promoted through CVS's extensive network via their E-newsletter and CVS engage with communities on specific health-related projects such as Dementia Friend Training, Choose Well and surveys.

- **'Talking Points' engagement brand:** Launched in April 2015, the 'Talking Points' brand is used for the majority of the CCG's commissioning-lead engagements.

- **Working Together:** A commissioner-lead engagement programme worked in partnership with eight CCGs in the South Yorkshire and North Derbyshire area. Engagement specifically on children's surgery and stroke services in 15/16. Further work to continue next year.

- **Staff engagement:** In 2015/16 a staff newsletter, 'The Reporter', was published on a quarterly basis. The CCG also took part in the NHS Staff Survey with a 70% return rate. During this period a staff-only intranet was also launched.

The CCG continues to build upon the existing structures, partnerships and relationships fostered across Doncaster and uses tried and tested methods in relation to engagement as well as looking towards new and more innovative ways in which to engage with different sectors of the local community as we are aware that a one size fits all approach does not work.

Major consultations and campaigns

Cancer

In 2013, the CCG ran a successful prostate cancer awareness campaign in partnership Doncaster Rovers. This led the CCG to continuing the partnership work into 2014/15 with three separate cancer campaigns, focusing on the three 'problem' cancers in the borough: lung, bowel and, a refreshed campaign for, prostate.

This work was continued in 2015/16 with a similar themed campaign, this time based around breast cancer.

Be Breast Aware: This campaign, fronted by local GP Dr Pat Barbour, was focused on breast cancer.

"Be breast aware. Pass it on."

The awareness campaign was created in partnership with Doncaster Belles Football Club, following the England Women's Football Team's performance in the world cup. Three players were featured on promotional materials and Councillor Pat Knight also appeared.

The campaign, which was captured within a poster, and business card, was distributed via the CCG's digital platforms and also developed into a press release for local media. An engagement survey was sent out a few weeks after launch to gauge public reaction it found:

- 92% had seen the campaign.
- 85% said they did know the signs and symptoms of the disease before the campaign.
- 100% found the campaign to be a useful reminder.

Prescribing

Following successful campaigns run throughout 2015/16 and previous years, the CCG worked again with Doncaster Rovers to create a waste medicines campaign.

Show the red card to medicines waste in Doncaster: This campaign, fronted by football player Andy Butler and pharmacists Paul Chatteron and Bal Purewal, was focused on reducing medicines waste.

This campaign was also informed by a piece of engagement asking local people how they disposed of prescribed medicines and if they felt they had prescriptions they no longer needed or used. The results found:

- 29% of those polled had prescription medicines they no longer needed.
- 16% would feel awkward telling their GP they no longer needed meds.

- A number of those asked revealed they flushed the medicine down the toilet, gave it to friends and relatives and in some cases sold the unwanted medicines.

Like the aforementioned campaign, this was also distributed via the CCG's digital platforms and also developed into a press release for local publications. Engagement work will follow in 2016/17 to judge impact.

Winter health

In 2015/16 the CCG placed particular emphasis on seasonal health campaigns starting with winter and, specifically, the period leading up to Christmas.

The CCG published 17 'Winter Health' tagged articles and blogs detailing issues such as staying warm, staving off seasonal illnesses and where to get help if needed. A particular emphasis was placed on Choose Well messages with a number of press releases put out to direct people to be proactive with their health during the period.

Promotional materials:

- Updated Choose Well app (iPhone).
- Updated Choose Well leaflets.
- Same Day Health Centre business cards.
- Facebook advertisements.

This work was also extended to GPs and wider health-care staff, with a winter health information pack created with essential contacts and information within and distributed before the holiday period.

To compliment this work, an engagement survey was created under the 'Talking Points' brand to ask people where they went, and which services they thought of, when they needed medical help. The results of this were used for an Easter health campaign a few months later.

Easter health

The CCG replicated the winter health campaign to cover the Easter break. Following a similar format to the activities in November/December, a number of releases were devised and an 'Easter Information Pack' developed and sent to all GPs and extended health care staff in the borough.

Alongside this, the CCG created the following promotional materials:

- Choose Well app ported to Android
- Choose Well leaflets
- Bus advertisements for Doncaster Same Day Health Centre
- Facebook advertisements

These activities were largely successful and we saw a relatively comfortable period for urgent care in Doncaster over the Easter period.

Engagement and Surveys

Talking Points

In 2015/16, the CCG launched the Talking Points engagement brand. This scheme brought all commissioning-related surveys under one umbrella theme to help promote and publicise within the CCG's communications channels.

Good death

The first Talking Points survey was related to end of life care and preceded the launch of a new, related, end of life care service.

The survey asked: 'What is a good death?'

Within this question, the CCG wanted to find out people's perception of death and what they thought would be most comfortable when facing the end of life. This engagement was also designed to challenge people's taboos around talking about death and understand whether people would prefer to die within a care setting or at home.

The results of this survey found:

- 50% of those asked wanted to die at home.
- 57% wanted to maintain a good quality of life for as long as possible.

Key themes: Respect from those involved in care, good communication, being surrounded by loved ones, being listened to and being treated with dignity.

Care homes

Our second Talking Point focused on the future vision for care homes and directly influenced the strategy group developing a new care home model.

The survey asked: 'What care would you expect to be delivered in care homes in the future?'

This survey was focused mainly on people's perception of care homes and also what they would expect from them if they had to be resident in the future.

The results of this survey found:

- 335 of those asked had experienced care homes in the past.
- 102 of those asked had good experiences against 65 who didn't.

Key themes: People scared of care homes. Want to be supported to live at home for as long as possible.

Expectation from future service: Better funding. More services. Greater independence and more personalisation. Respite offer for carers.

Waste medicines

The third Talking Point focused on prescription medicines and whether or not people had medicines at home they no longer needed or used. This piece of work was informed by the borough's high prescription costs and would later inform a public awareness campaign (detailed above).

The results of this survey found:

- 29% of those polled had prescription medicines they no longer needed.
- 16% would feel awkward telling their GP they no longer needed meds.
- A number of those asked revealed they flushed the medicine down the toilet, gave it to friends and relatives and in some cases sold the unwanted medicines.

Key themes: Lack of information about how to stop prescriptions. GPs need to review prescription medicines on a regular basis.

Antibiotics

The fourth Talking Point followed-on from a national 'Antibiotic Guardian' scheme developed by Public Health. The survey asked people's views and perceptions on the usage of antibiotics.

The results of this survey found:

- 90% of those polled had taken antibiotics.
- 91% believed they were for fighting infection.
- 25% believed they could effectively treat flus and colds.
- 13% believed they could help with sore throats.
- 30% of those polled had taken antibiotics not prescribed for them.

This engagement work would later feed into a smaller antibiotic awareness campaign run in partnership with Public Health Doncaster.

Carers

In preparation for the new Carers Act in Doncaster, the CCG worked in partnership with the local Council for the fifth Talking Point on what support should be able for carers in Doncaster. Achieving over 700 respondents, this is one of the CCG's most successful engagements.

The results of this survey found:

- 58% of respondents were carers
- 83% of those cared for over 30 hours a week

Key themes: More information for benefits and support for carers should be made available. More respite care is needed. Most had concerns with payments and funding. Most respondents called for a single-point-of-access to offer support.

The majority of respondents believed the support available to carers was poor in Doncaster and needed to improve.

These findings were taken forward and will continue to inform work in 2016/17.

Accessing NHS services

Used as another means of promoting winter health services, the sixth Talking Point centred on what health services were available in the borough and public perceptions.

The survey asked: 'What did you do the last time you were ill or injured?'

The results of this survey found:

- 40% of those who responded stayed at home and cared for themselves
- 28% went to their GP
- 12% went to A&E.
- Only 3% opted to attend the Doncaster Same Day Health Centre and the Minor Injuries Unit.

Key themes: A large portion of respondents who attended A&E did so because they could not access their GP. Many of A&E attendances were for broken bones and minor injuries. The majority believed GP access was poor and there was a lack of information about alternative services.

This engagement would inform later promotional work around Easter.

Tell us what you think

This Talking is more of a placeholder survey when the CCG is not engaging on a specific subject or between topics. All entries are sent to relevant commissioners.

General

Working Together

Working within a partnership of eight other localities, the CCG was asked to contribute to pre-engagement work on Stroke Services and Children's Surgery. The main purpose was to gather feedback and concerns if these services started to work together and, possibly, centralise in some instances.

Children's Surgery and Anaesthetic Services

- 181 respondents

- 6 events held

Key themes: Parents happy to hear of any changes. Comfortable travelling to services as there is an expectation already to go to Sheffield Children's Hospital or Leeds Hospital. Concerned about parking and capacity of service if moved.

Key themes: Stroke Services

- 75 respondents
- 3 events held

Key themes: Patients and carers happy to hear of any changes and favour a 'regional centre of excellence'. Majority feel that local stroke offer is subpar and they want to see changes made to aftercare, which they feel, is severely lacking.

Choose Well App

In 2013, the CCG released the Choose Well Doncaster app. In the lead up to winter, the app was revised and relaunched. An engagement was sent out to see if there would be interest in an Android version.

The survey found:

94% would be interested in using the app.
80% of those were Android users.

As a result an Android port of the software was developed and launched in March.

Other Activities

Translated Clear on Cancer materials

Translated materials for the national 'Clear on Cancer' campaign were made available in Doncaster in Urdu, Arabic and Somali. Initially created by Sheffield CCG in partnership with Shallam University, the materials contain information on the signs and symptoms of cancer, as well as passages of scripture from the Quran addressing cultural taboos around health checks.

Relaunch of CCG publications

Relaunch and increase of CCG publications to indirectly influence more engagement and openness from the organisation.

InTouch newsletter: External publication for public increased to one issue a month and covers stories from CCG and partner organisations.

Reporter newsletter: Internal publication for staff, published quarterly.

The Bulletin, GP and practice newsletter: For practice staff only, moved to monthly format with locality and CCG round-ups.

The Table, pharmacist newsletter: For primary care colleagues, moved to monthly format with prescribing updates from medicines management team at the CCG.

Intermediate Care audit

In 2015/16, a review and redesign intermediate care in Doncaster took place. Further engagement work will take place in 16/17 as lead by commissioners.

Doncaster Patient Participation Group (PPG) Network

Came out of pilot in 15/16 and became embedded as practice for the CCG. Quaterly meetings held in 15/16, which will continue for the foreseeable future directed by the CCG.

Doncaster Health Ambassador Scheme

Pilot project for 'Health Ambassador' scheme launched in Doncaster. Volunteers from communities of interest provide health and service feedback. Hosted by CVS.

Website redesign

The CCG's website was redeveloped in 2015/16, alongside a staff intranet.

Projects planned for 2016-17

Working Together

Further engagement will take place for Working Together work streams in 2016/17. Full consultation for Stroke and Children's Services begins in May 2016 and will run for a number of months with the CCG's direct involvement.

Mental Health – Autism and Learning Disabilities

The CCG will be working in partnership with Sheffield, Rotherham and North Lincolnshire on engagement work around transformational plans for autism and learning disability in the area. To commence in the summer.

Primary Care Changes

The CCG is currently working with general practice to look at how primary care will change in the future. Public to be consulted on proposals in summer.

Ambassador Scheme

Further develop Health Ambassador scheme in 16/17 to actively inform commissioning going forward.

PPG Network

Quarterly meetings to be held for PPG Network in 16/17 with emphasis on primary care changes.

Talking Points

Further Talking Points to be published as 16/17 progresses with topics lead by commissioners.

NHS Doncaster CCG Contact Details

If you are interested in finding out more about getting involved in the work of NHS Doncaster CCG or would like to share your views on local health services, please contact us via the following contact details;

Address:

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Heavens Walk
Doncaster, South Yorkshire
DN4 5HZ

Telephone: 01302 566300

Email: enquiries@doncasterccg.nhs.uk

Facebook:

NHS Doncaster CCG

Twitter:

[@doncasterccg](https://twitter.com/doncasterccg)

YouTube:

NHS Doncaster CCG

Website:

You can find out more about us and have your say about local health services on our website; www.doncasterccg.nhs.uk

Summary overview of the Legal Duties for CCGs in relation to Patient and Public Engagement (PPE)

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. Also included was a duty for Primary Care Trusts (PCTs) to report on this activity in an annual 'statement of involvement'.

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function. These amendments included two complementary duties for Clinical Commissioning Groups (CCGs) (the organisations who replaced PCTs from 1 April 2013) with respect to patient and public participation and also a duty to promote the NHS Constitution which was refreshed in 2013.

In relation to the requirement for CCGs to report on any consultation / engagement activities carried out during the period between 1 April 2013 and 31 March 2014, NHS England has committed to developing guidance for CCGs about how to report their engagement activities in time for reporting on 2015/16 activity but not until then. This is partly to give CCGs the freedom to report on activity in the way that best suits their needs and NHS England will then produce guidance that reflects emerging best practice.

Until this time, each CCG is required to report on the duty to involve within their annual report and they are free to choose the most appropriate form for this.

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;

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

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).

Appendix 2

The NHS Equality Delivery System (EDS)

Equality and Diversity is central to the work of the CCG to ensure there is equality of access and treatment within the services that we commission. The promotion of equality, diversity and human rights is central to the NHS Constitution and other national drives to reduce health inequalities and increase the health and well-being of the population. We are committed to embedding equality and diversity values into our policies, procedures, employment and commissioning processes that secure health and social care for our population.

Our equality objectives are central to the CCGs core business and to our aim to improve our use of patient experience data. The Engagement & Experience Committee approved the following Equality Objectives at its meeting in October 2013 and a full action plan has been developed to ensure delivery of these objectives. This is monitored by the CCG Equality & Engagement Officer.

Our Equality Objectives are as follows:

- *Equality Objective 1:* Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.
- *Equality Objective 2:* Ensure appropriate and accessible targeted communication with local communities to empower patients.

The Equality Delivery System 2 (EDS2) was published in November 2013. This will be used moving forwards to re self-assess in 2015/16.