NHS Doncaster Clinical Commissioning Group (CCG)

Patient and Public Engagement Annual Statement of Involvement

April 2017 – March 2018

Ben and Frank discussing the Hospital Services Review at Mexborough Library, December 2017
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Introduction

NHS Doncaster Clinical Commissioning Group (CCG) was formed in 2013 as a statutory body under the Health & Social Care Act 2012. The function of the CCG is to commission local health and social care services for residents in Doncaster and to act efficiently, effectively and economically. The CCG is committed to embedding patient and public engagement firmly at the heart of its core business.

Patient and public engagement and involvement enables us to understand better what patients and the public want and also what difficulties or barriers they may face accessing services and enjoying good health and well-being. Understanding the needs of local people means we are better placed to provide health and care services which meet the needs of Doncaster residents. We do this by engaging people, at events and through a wide range of public facing communications. In the most basic terms, engagement means talking and listening to people and finding out what they think.

Each year the CCG spends over £500 million in Doncaster and we want to ensure our resources are best placed to meet the needs of our population of 302,000 people. Engaging the local population, including patients, members of the public and carers through conversations, consultations and by listening to them will help us commission modern, dynamic services, aligned to needs and will help us to make the best use of our limited resources.

Doncaster is the largest English Metropolitan Borough, covering an area of 220 square miles, including rural as well as urban areas. The town has significant logistical importance, situated in the centre of the country on the river Don, with rail, road and airport links supporting the town’s ambitions as a logistics hub. Former heavy industries, including mining, have been replaced with warehousing, transport and logistics.

We appreciate that our decisions, policies and services impact the health and well-being of local people and we want to ensure we understand local needs to support effective commissioning.

The purpose of this report is to outline the engagement undertaken over the last year (from 1 April 2017 to 31 March 2018) and to highlight how the CCG has involved local people in gathering views and feedback.

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in the commissioning of services for NHS patients (‘the public involvement duty’).

For CCGs this duty is outlined in Section 14Z2 of the Act.
Our Mission

Our mission is to be a high quality and accountable CCG, encouraging strong and resilient partnerships to enable a patient-centred, financially astute and corporate approach to commissioning.

Our Vision

To work with others to invest in quality healthcare, for Doncaster patients.

Our Values

The needs of patients are paramount and NHS Doncaster CCG will drive forward continuous improvement through strong relationships based on integrity and trust.

Involving people in health and care

Effective patient and public engagement is the ‘golden thread’ which runs through our mission, vision and values. As a CCG we want to encourage, support and develop positive relationships with our partners and stakeholders across Doncaster to support effective engagement.

Good relationships across the sector help to build meaningful engagement and we are proud of our approach and track record in developing and sustaining effective partnerships. We appreciate that our reach is much more effective when we work with our partners and continue to develop strong partnerships with a wide range of stakeholders.

Patients have a right to be involved in every stage of their pathway of care, a right which is enshrined within the NHS constitution. Working with our external partners and with our internal colleagues across the commissioning functions of the CCG; we aim to support and develop a culture which places patients at the heart of our commissioning processes. By doing this, we will ensure effective and meaningful engagement helps to provide services which meet the needs of our population and provide good value for money (an important consideration in a climate of limited resources).

We are keen to ensure we engage patients and the public using clear, easy to understand information and in a way which makes it easy for active engagement to take place. People are living longer, and we celebrate increased life expectancy. However, we also appreciate this may mean that people are living with long term conditions and complex
needs. Engaging patients and the public in a meaningful dialogue which empowers them and places them in control of their own health and well-being is the best way to help them understand how to support their own health and wellbeing. Our discussions with the public support active engagement which empowers people and communities and embraces diversity.

Working with patients, the public and stakeholders across our health and wellbeing family in Doncaster is supported by our robust approach to involvement contained within the Ladder of Engagement. Each rung of the ladder represents the level and 'extent of citizens' power in determining the end product.

### The ladder of citizen participation

<table>
<thead>
<tr>
<th>Rung</th>
<th>Description</th>
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<tbody>
<tr>
<td>Devolving</td>
<td>Placing decision-making in the hands of the community and individuals.</td>
</tr>
<tr>
<td></td>
<td>E.g. Personal Health Budgets, Community Development approach.</td>
</tr>
<tr>
<td>Collaborating</td>
<td>Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution.</td>
</tr>
<tr>
<td>Involving</td>
<td>Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered.</td>
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<tr>
<td></td>
<td>E.g. partnership boards, reference groups, workshops.</td>
</tr>
<tr>
<td>Consulting</td>
<td>Obtaining community and individual feedback on analysis, alternatives and / or decisions.</td>
</tr>
<tr>
<td></td>
<td>E.g. patient surveys, citizens’ panels, focus groups, 1:1 interviews.</td>
</tr>
<tr>
<td>Informing</td>
<td>Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions.</td>
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<td></td>
<td>E.g. websites, newsletters and press releases.</td>
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Last year, NHS England refreshed the statutory guidance we use to enable patient and public participation in health and care\(^2\) and involving people in their own health and care\(^3\). Both documents, published in April 2017 are available to download from the NHS England website and through the links in the footnotes. The guidance explains why it is important to effectively engage patients and communities in commissioning decisions.

Staff and teams across the CCG have taken part in specialist training with NHS England and been briefed on the principles of the guidance, and these are reflected in our CCG engagement principles, namely:

1. Lived experience is vital in commissioning healthcare services effectively

2. Engage together in partnership across Doncaster health and social care services wherever possible, avoiding duplication of engagement activity.

3. Centralize feedback wherever possible through the local statutory voice of the users of health and social care services – Healthwatch Doncaster.

4. Focus CCG engagement activity on the priority areas of the CCG, identifying the best engagement option for each priority area using the Ladder of Engagement.

5. Engagement should be:

   - Planned (with a clear purpose, scope, limitations and outcomes)
   - Productive (with a focus on improving health outcomes)
   - Undertaken early (before decisions are made)
   - Open, transparent & empowering (clear on what can be influenced)
   - Ongoing (proactive conversations rather than reactive to changes)
   - Inclusive (including targeting more seldom heard groups)
   - Accessible (times, places, methodologies)
   - Sustainable (with adequate time and resources)

6. Take the time to feed back to contributors on the outcome of engagement activity, and celebrate engagement successes.

Different types of consultation & engagement undertaken this year

- Public Questions, presentations and attendance at CCG Governing Body Meetings
- Engagement and Experience Committee Meetings
- Primary Care Commissioning Committee Meetings
- GP Federation, Primary Care Doncaster
- GP Locality Meetings
- CCG Annual General Meeting
- GP Newsletter (‘The Bulletin’) and CCG Staff Newsletter
- Employment of Experts by Experience (Learning Disability and Family Carer)
- Winter Roadshows with the Health Bus
- Practice Managers Meetings
- Health Ambassadors Meetings
- PPG Network Meetings
- Public consultation and engagement activities
- Joint activities with Healthwatch
- South Yorkshire & Bassetlaw, Commissioners Working Together (STP) meetings and events, including the Hospital Services Review
- Christmas Carol Service at Doncaster Minster
- CCG Website
- Social Media (Twitter / Facebook)
- Doncaster Choose Well App
- Dr Crichton’s Column and Blog
- Leaflets and posters
- Face to face meetings
- Surveys
- Running a stall at public and community events
- Involvement through stakeholder events and activities
- Attendance at events and active participation with community groups
- Public engagement at shopping centres and local libraries

Our approach to consultation and engagement

During the year the Communications & Engagement Team worked alongside commissioners, health and care service providers and partners to ensure that we are actively engaging and listening to members of our local community.
Our Engagement and Experience Committee (EEC) meeting includes representatives of our senior management team, our dedicated GP lead for Patient Engagement, our CCG Lay Member for Patient Engagement and Heathwatch Doncaster. This committee oversees our patient and public engagement activity, providing assurance to our Governing Body that we meet our statutory duty to engage.

The Doncaster Patient Participation Group (PPG) Network met regularly, as the link between local PPGs and the CCG. The group shares good practice from individual GP practices and contributes toward the strategic aims of the CCG.

The Patient Participation Group (PPG) Network Meeting

The CCG has a number of specially selected and supported ‘Health Ambassadors’ which meet to ensure the needs of ‘hard-to-reach’ groups are heard. The Health Ambassadors continued to meet during the year. In March 2017, an agreement was made to second a member of staff from the CCG to Healthwatch to deliver some of our specialist engagement, including the co-ordination of both the PPG Network and the Health Ambassadors, on behalf of the CCG.

Healthwatch Doncaster is a local independent organisation which aims to represent the views of local people in relation to health and social care. Healthwatch is a community interest company (CIC) and aims to champion the voice of the consumer in health and social care across Doncaster. We work closely with Healthwatch and support engagement events and activities with them throughout the year.

In April and May 2017, we supported Healthwatch Doncaster talking to people about the South Yorkshire and Bassetlaw Commissioners Working Together ‘Sustainability and Transformation Plan for South Yorkshire and Bassetlaw’, (STP) The Commissioners
Working Together team wanted to hear what local people thought and felt about the Plan. 180 people engaged in local conversations through 9 groups and 5 local public meetings.

As with any conversation about change and especially conversations about change to the NHS, there is always a high degree of emotion but the emotional investment in conversations demonstrates the strength of feeling and enthusiasm for on-going engagement and involvement. The key themes that came out of the conversations were:

- **Service change** – recognition that change is needed and that change to the NHS could be a good thing if people are listened to. There are concerns that the proposed changes are the first sign of closing down services and privatization.

- **Finance** – there were many points raised around waste in the NHS and that this should be rectified to minimise the efficiency gap required. Conversations highlighted that there was £571million shortfall and that this would have a significant impact on service provision.

- **Leadership** – Young people expressed a desire to be more actively involved with the leaders of the NHS and the changes proposed. People in some groups stated that ‘Leaders need to lead’

- **Integration** – Integration of health and social care services was recognised as a key area for development but there was also recognition that this has been talked about for nearly a decade and nothing has happened as yet. The journey between health and social care services needs to be made more easy and straightforward.

- **Engagement** – There were concerns about the lack of engagement in the development of the Sustainability and Transformation Plan and the local Place Plans. The online survey and questionnaire were criticised for being too leading in the questioning style. People who attended the conversations and focus groups appreciated being involved and engaged but wanted more involvement as the Plans are put into place.

In October 2017, Healthwatch Doncaster launched a two month campaign with the public and patients of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT) asking why people miss their hospital appointments. A final report was published in January 2018\(^4\). The report found that over 50,000 appointments are missed every year across the three hospital sites. 1600 people participated in the survey.

\(^4\) A copy of this Report is available at the Appendix
Although 25% of respondents had missed their hospital appointment, without attempting to cancel it first, the vast majority of patients did not miss their appointment deliberately.

Only 45% of respondents received a text confirmation prior to their appointment but 22% of patients, unfortunately, did not even know they had an appointment because letters were not received on time or were not received at all.

25% of respondents identified the main reason for missing the appointment was because the date and or time was not convenient, closely followed by 23% who gave other reasons such as carer or family member ill, their appointment had been rearranged at short notice by the hospital or the patient simply forgot. The request for digital communication to notify patients of their appointments was a significant improvement which patients wished to see implemented, including:

- The ability to have two way text messaging
- More information online about clinic times
- How long patients will need to wait in clinic
- Maps of the local car parks
- Leaflets explaining treatment to be provided

Young people particularly wanted appointments when their parent/carer could attend and as much information as possible provided digitally.

Most respondents were clearly concerned that so many hospital appointments were being missed and recognised the need for more work to be done to encourage patients to think twice before not attending their appointment.

As a result of this project the Clinical Commissioning Group has produced a “keep it, cancel it or rearrange it” campaign aimed at all service users of secondary care and NHS Doncaster and Bassetlaw Teaching Hospital Foundation Trust has invited a number of service users to be involved in the procurement arrangements for their new digital communications system.

NHS Doncaster CCG has employed 3 experts by experience (2 with lived experience of Learning Disability and a Learning Disability/ Autism family carer) since January 2017.

The Transforming Care Partnership (TCP) footprint has also commissioned Speak up to facilitate co-production across the Integrated Care System (ICS). Doncaster CCG has invested heavily in Care and Treatment Reviews (CTRs), which are part of NHS England’s commitment to transforming services for people with learning disabilities, autism or both.
All of these advisors sit within the TCP project group and TCP board in order to inform strategic commissioning requirements. CTRs are for people whose behaviour is seen as challenging and/or for people with a mental health condition. They are used by commissioners for people living in the community and in learning disability and mental health hospitals. CTRs also help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They reduce the amount of time people spend in hospital and bring people together to help to sort out any problems which can keep people in hospital longer than necessary.

They do this by helping to improve current and future care planning, including plans for leaving hospital. CTRs are carried out by an independent panel of people. This includes an expert by experience, who is a person with a learning disability or autism or a family carer with lived experience of services. The panel also includes a clinical expert who is qualified to work in healthcare and the commissioner who pays for the person’s care.

![Photo](image.png)

This photo is from our Facebook page. In January 2018 Kay Kirk alongside the wider LD Team presented at Rotherham’s New York Stadium the importance of communicating with people with a learning disability and being able to understand what’s important to them.

Kay - far left on this picture - cares for a son with a learning disability and is an Expert by Experience at our CCG. Kay is pictured with Emma Price, Andrea Butcher, Nicola Burrow, Steve Evans and Lee Golze from the Doncaster CCG Transforming Care Team.

A significant public communication and engagement campaign was run in the weeks prior to the Christmas and New Year period. This included roadshows with the Health Bus and consistent communications, using a variety of media. The main focus of the roadshows
was to engage with the public on health services available across Doncaster with a particular focus on Choose Well and Stay Well this Winter.

In September 2017, we held a Living Independently Roadshow utilising RDASH’s Health Bus. Our partners across Doncaster worked together to show their support in raising awareness of falls and general independent living in the community and as well as in the home. Key messages included the importance of staying safe and choosing the right service for your needs throughout the Winter period.

The Roadshow was held as part of the Falls Awareness Week, with Doncaster CCG and Doncaster Council being supported by our partners, including Healthwatch Doncaster, to raise awareness of potential trip hazards in the home. Information was provided about how to avoid a fall, and general lifestyle and well-being, personal care, keeping safe and mental health.

The aim of the Roadshow was to create a greater awareness of the risks, hazards, and prevention of falls amongst the public, their relatives, neighbours, carers and staff, along with a greater knowledge of the importance of keeping yourself healthy and safe in your own home and out in the community. We visited Mexborough, Doncaster Town Centre, Thorne and ASDA (Bawtry Road). The NHS Health Checks Team were also on board the Health Bus to provide free health checks to members of the public who reached the criteria. This was particularly helpful for some of our visitors who found it difficult to visit their GP Practice.

We work closely with our local providers, including the two main providers for secondary care, mental health and community services in Doncaster: Doncaster and Bassetlaw Hospitals Teaching NHS Foundation Trust (DBTH) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). The CCG works closely with both to ensure the best quality and patient experience.
The Doncaster Communications & Engagement Group brings together key partners within the broader health and social care community in Doncaster. This group meets monthly and shares plans for communication and engagement activity across Doncaster, in order to share resources and co-ordinate communications and engagement activity in an effective and ‘joined-up’ manner. This year the group developed further and became the Doncaster Growing Together communications and engagement group, looking at our work across a wider partnership and including four themes of: Learning, Working, Living and caring.

Members of the public are invited to record their experiences 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 and improvements made.

The CCG received 85 complaints this year, an increase of 21.43%. Concerns / Enquiries were up 73% at 157 and MP Enquiries were up 19% at 45 this year. The CCG responded to 297 Freedom of Information requests during the year (down from 313 last year). Our NHS Staff Survey response rate for 2017 was 70.86%, a slight increase from the previous year (70.17%).

We support staff engagement through the Colleague Engagement Group and a number of special activities throughout the year, aimed at supporting and increasing staff engagement in the widest sense. Activities in 2017 included a Red Nose Day cake stall and tombola and a week of activities during mental health week to highlight the range of local services and self-help for dealing with stress.

In May 2017, the CCG was invited to speak to Doncaster Rotary members about the Doncaster Place Plan, as part of our engagement with patients and the public, looking at what the CCG can do to promote health and well-being. This talk at the Rotary Club concluded a series of talks engaging Doncaster’s Patient Participation Groups and
Practice Managers in a discussion around the Doncaster Place Plan and how local communities could become more resilient and adopt healthy lifestyles. The conversations also included a survey and when asked ‘Do you agree that working in partnership across Doncaster, we can improve health and social care?’ – 98% of respondents thought that working in partnership across Doncaster could improve health and social care.

The meeting with Doncaster Rotary discussing the Place Plan in May 2017

When we engage and talk to people, we try to make sure the language we use is clear and easy to understand. If we do not think about this, we run the risk of not being understood and not being able to gain valuable feedback and understand what people want to tell us. As part of our engagement with patients and members of the public with the Doncaster Place Plan, we asked people what they think we mean when we say ‘community resilience’. Responses included:

- ‘lasting supported communities’
- ‘for organisations or individuals within the community to work together effectively and in conjunction with each other in order to resolve issues/problems’
- ‘a community which cares for itself and seeks to avoid ill-health and the causes of ill-health’
- ‘foster better belief in self and ability to succeed in life’
- ‘help at home’
- ‘using community resources to sustain ability’
- ‘us against them’
- ‘individuals taking some responsibility for their own health’
• ‘proactive, empowering of the community to take responsibility for their health care through sign posting services that can be accessed regarding key health issues’

• ‘giving communities the resources to support health and well-being: public parks which are welcoming and safe to visit and exercise in with free activities (park runs / boot camps etc...) swimming pools, gyms and walking routes which are family friendly; access to fresh fruit and veg, community cop-ops and allotment club’

• ‘promoting preventative health that will alleviate the strain on NHS’

• ‘public helping themselves’

• ‘STRONGER COMMUNITIES’

These responses are very positive and support the idea that communities can help people to improve and maintain their own health and well-being, provided the communities themselves are adequately resourced, that services are funded and people can access them. People also think they have a responsibility to help themselves, through healthy lifestyle choices, including exercise and healthy eating.

However, it would be incorrect to assume that everyone we engaged with understood what was meant by ‘community resilience’ or even agreed on a shared definition. A member of the public questioned this terminology in our public meeting in Mexborough Library in April 2017 and this was also raised by some of the answers to the survey question. When we asked people what they think we mean when we say ‘community resilience’, responses also included:

- ‘undeliverable jargon’
- ‘no idea – gobbledygook’
- ‘don’t understand the question’
- ‘ability of the community to care for itself using local resources - although I think that you should use a phrase that all people can understand instead of “sector speak”’

Our engagement and conversations around the Doncaster Place Plan highlighted the need to make sure we use language which is clear and easily understood. Since this public and patient engagement took place, we have used easy read versions of consultation documents, including the prescribing consultation which we undertook with Healthwatch at Doncaster Central Library, as these are usually much more easy to read and understand by everyone.
In July we promoted the support available for local people through the MacMillan Cancer Care Living Well Team and drop-in sessions at Balby. Dr Crichton highlighted the support in his weekly column in ‘The Star’, which featured local resident Diane Mason.

We have a growing and active social media presence, with over 12,000 followers on Twitter (an increase of 1,000 since last year). A post on our Facebook page about the Same Day Health Centre received a reach of 81,600 in December 2017. We use social media to promote engagement activities, including public meetings, consultations, and special events and to promote local and national health awareness campaigns. We also use Facebook and Twitter to engage staff and support fundraising activities throughout the year. Not everyone uses digital communications and we provide information in other formats, including leaflets and face to face meetings and events. In July we attended a local lunch club in Burghwallis to find out how this fortnightly event supports local people, through friendship and social interaction.

In August we attended the Carcroft Old Guys and Girls Society (COGGS) to talk about the Doncaster Place Plan and the forthcoming CCG Annual General Meeting (AGM). We combined the meeting with a hand massage.

*Hand massage helps our engagement at Carcroft Community Centre*

In August, we were invited to take a look at the new High Speed Rail College, before it officially opened its doors. We were very impressed with this superb facility and were given a tour of the different parts of the college. We have a good relationship with local schools and Doncaster College and support work experience and apprenticeships.
In September, we attended specialist engagement training with Gypsy Life in Retford. Run by husband and wife, Richard and Nathalie, the training aims to deliver an increased knowledge of culture, traditions and history of the Gypsy and Traveller Community, including understanding the differences between Gypsies and Travellers and increasing the awareness of the prejudice and discrimination faced by the Gypsy and Traveller community by identifying access and attitudinal issues and barriers, in education, health, employment, safety and public services. The training helps to improve understanding of how to engage effectively with the Gypsy and Traveller community and what you can do to ensure inclusion. The Gypsy and Traveller community in Doncaster has been estimated at between 4-6,000 people, although this is likely to be higher as this estimate is taken from 2006 figures. 

Richard and Nathalie at the Gypsy Life training course.

In October, the CCG held an Annual General Meeting (AGM) at the home of Doncaster Rovers, in the Keepmoat Stadium.

Our AGM welcome desk

6 file:///C:/Users/rmather/Downloads/Gypsy%20Traveller%20Fact%20Sheet%20May07%20(3).pdf
Over 100 people attended the event, which included information stalls and exhibits from the CCG and our partners, highlighting the services we provide and commission to improve health and care across Doncaster. The event also included a panel discussion with the chief executives of Doncaster’s health and care organisations.

In November we attended a fundraising event with Breathe Easy Doncaster to support World Chronic Obstructive Pulmonary Disease (COPD) Day, at the Ennerdale Communal Hall in Wheatley Hills. We took photographs and tweeted them in support of this event.

In November we took the hospital services review consultation to a meeting of the knit and natter group in the Redmond Centre and completed surveys as part of this work.
In December we held a staff Christmas Party and Awards Evening, to recognise the contribution made by our staff and teams. We also collected toiletries and clothes for members of Doncaster’s homeless community, as part of a collection and Christmas Lunch organised by Doncaster Minster.

Staff, patients, carers and members of the public were invited to attend a special NHS Christmas Carol Service on 14 December 2017, following the very successful event last year at Doncaster Minster. A collection was taken for the Bereavement Support Group based at Doncaster Royal Infirmary. Over 300 members of the public, including patients, carers and children attended the service, which was once again, a very moving tribute to the NHS.
In December, we attended specialist training with colleagues from across South Yorkshire and Bassetlaw in Rotherham from NHS England, with our new Citizens Panel members. We enjoyed the ‘10 Steps to Even Better Engagement’ training so much, we asked NHSE to come and deliver the course in-house for our Commissioning Managers in March 2018.
As part of this workshop, we split into small groups and were asked three questions:

‘What makes participation successful?'

What does it look like?

What would the public say?

Participants gave their feedback on the flip chart opposite.

On 19 December we held a public engagement and consultation drop-in at Mexborough Library, to talk to people and listen to their views on the hospital services review, as part of our engagement across South Yorkshire and Bassetlaw with the Sustainable Transformation Plan (STP). We provided seasonal refreshments and enjoyed the opportunity to engage with local people, using social media to promote the event.
In January 2018 we attended a briefing in Leeds about prescribing medicines for minor illnesses. We produced a briefing and used the easy read documents in our public engagement drop-in session with Healthwatch at Doncaster Central Library and also at the PPG Network meeting in February.

The ‘easy read’ booklet

The Healthwatch stall at Doncaster Library

In March we welcomed Gillian Driscoll from NHS England to deliver the ‘10 steps to even better engagement’ training for our staff and this was so popular, she came back in August this year.

Gillian Driscoll delivering the ‘10 Steps’ Training
In March we highlighted the support available to carers in Doncaster through the library service and carers support groups. We visited the carers’ drop-in sessions in Bentley Library and worked with the Council and Bentley Surgery to highlight local support.

*Staff at Bentley Library*

We worked with our PPGs in March to support the recruitment of new Patient Participation Group Members for Rossington and Park View GP Practices, using good practice and designing new leaflets and posters.

*Linda, Practice Manager at Park View Surgery.*
There has been significant activity in primary care during the year. In March 2017 the Ransome practice requested to close its branch surgery at Scawthorpe. Due to the election and purdah requirements patient consultation could not commence until June 2017 on this change. Once purdah was over a detailed communications and engagement plan was enacted which involved public meetings for patients and interested parties, letters to patients, posters in surgeries and information on the practice website. The feedback from the consultation was that most patients wished to stay registered with the Ransome practice but those who did not were advised on how to register with neighbouring practices. The engagement plans were agreed by the Overview and Scrutiny Committee as meeting the requirements to ensure patients were adequately informed.

There were three practice mergers commenced during the year. The Village Practice at Armthorpe requested to merge with Auckley surgery in July 2017 and Carcroft Doctors Group and Princess Medical Centre made a similar request in September 2017. Part of the action plan to progress the merger requires a comprehensive engagement plan to be implemented. This includes involvement of both practices Patient Participation Groups, joint staff meetings, letters to patients and wide advertising of the proposals. The Great North Medical Group was formed in June 2018 from the former Carcroft and Princess Medical Centre practices and the Village Group practice in August 2018 from The Village and Auckley surgeries.

In August 2017 the Practice Group requested a merger with the Phoenix Medical Practice which was a more significant change as the plan involved the closure of the Phoenix Medical Practice and the relocation of the GP and his patients to the Flying Scotsman Practice. The engagement with patients and staff was supported by Healthwatch Doncaster as well as the CCG ensuring all stakeholders were advised and had opportunity to comment on the plans. The outcome was that the patients overwhelmingly chose to move to the Flying Scotsman.

In November 2017 the GP from Barnburgh Surgery served notice to terminate her contract with effect from May 2018. In order to ensure that all options were explored the CCG developed a procurement plan alongside a plan to disperse patients to neighbouring practices. This meant a carefully managed engagement and consultation plan was launched which involved liaison with the local MP and the parish council. The Overview and Scrutiny Committee was appraised of the engagement work undertaken which led to the contract being awarded to The New Surgery GPs following a tender exercise.
The CCG continues to build upon the existing structures, partnerships and relationships built across Doncaster. We are keen to combine traditional, ‘tried and tested’ methods of engagement as well as using more innovative ways to engage with different sectors of the local community. This has included attending special events and community activities and offering incentives for engagement, for example, hand and arm massage at events with carers.

We produced a GP Newsletter, ‘The Bulletin’ every month (combining news and input from RDaSH and DBTH). We also produce Dr David Crichton’s Weekly 'My View' column in the 'Doncaster Star' and the 'Doncaster Free Press’. This focuses on a wide variety of health and well-being subjects and both are well read by thousands of people in print and also on-line. We also include a link on our CCG website.

We will continue to use the CCG website and social media to promote engagement and communications, although we appreciate not everyone uses digital communications and therefore, we will also plan and deliver face-to-face engagement within our local communities, including attendance at community events and activities across the borough.

**NHS Doncaster CCG contact details**

If you are interested in finding out more about getting involved in the work of NHS Doncaster Clinical Commissioning Group (CCG) or you would like to share your views on local health services, please contact us by any of the following means:

By writing to us at: NHS Doncaster CCG, Sovereign House, Heavens Walk, Doncaster, South Yorkshire, DN4 5HZ

by Telephone: 01302 566300  
by Email: enquiries@doncasterccg.nhs.uk

You can find out more about us and have your say about local health services on our website: [www.doncasterccg.nhs.uk](http://www.doncasterccg.nhs.uk)

Facebook: NHS Doncaster CCG  
Twitter: @doncasterccg  
YouTube: NHS Doncaster
Appendix 1 – Legal duties in relation to Patient and Public Engagement

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.

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 and these 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 emphasized 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 (EDS2)

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 Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations in assessing and grading their equality performance each year. The EDS2 toolkit is structured around 4 Goals:

Patients:

Goal 1 Better health outcomes for all
Goal 2 Improved patient access and experience

Workforce:

Goal 3 Empowered, engaged and included staff
Goal 4 Inclusive leadership at all levels


Further details are available here and also at this link: https://www.england.nhs.uk/wp-content/uploads/2015/04/eds2-er-grad-instrct-mar15.pdf
Appendix 3 - Healthwatch Doncaster Missed Appointments Report

Healthwatch Doncaster’s Missed Appointments Report is available here and at this link: https://www.healthwatchdoncaster.org.uk/missedappointments/

Appendix 4 - ‘We Asked, You Said, We Did’ Reports for 2017-18

This is a quarterly Report of the engagement and Experience Committee (EEC). All these reports are available to download on our website here. The reports for this period are as follows:

- **Quarter 1**: 1 April – 30 June 2017
- **Quarter 2**: 1 July – 30 September 2017
- **Quarter 3**: 1 October – 31 December 2017
- **Quarter 4**: 1 January – 31 March 2018

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