

Patient & Public Involvement – Annual report 2017 - 2018



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Purpose of engagement

The NHS Constitution and the Five Year Forward View, set out a clear message that the NHS should put patients and the public at the heart of everything it does – our annual report explains how we have fulfilled our public involvement duty and gives a brief outline of the engagement activity (including consultation) during 2017/18.

Our communication and engagement strategy has been updated for 2018 and this provides an overview of the planned activity for the next twelve months. This can be found on our website <http://southwestlincolnshireccg.nhs.uk/get-involved/our-approach-to-engagement>

Background

South West Lincolnshire Clinical Commissioning Group (SWLCCG) has a duty to involve patients. Getting our communications and engagement right is crucial for us to achieve our statutory responsibilities. The CCG is committed to involving and informing local people but it is also important to note that we are also legally obliged to involve our patients in our decision making. We must ensure no decisions are made about patient care without the involvement of patients.

We need to be inclusive in our all of activities whether that is communication or engagement. Our approach, tools and techniques used in South West Lincolnshire ensures that our methods consider the needs of people from all of our communities. We endeavour to seek out those overlooked communities to ensure that they have the opportunity to participate and be involved.

Our statutory responsibilities

These include the Health and Social Care Act 2012, section 242 of the NHS Act 2006 and section 149 of the Equality Act 2010 (the Public-Sector Equality Duty).

Our statutory duties and other key policy areas that have influenced our communications and engagement strategy include:

- Cabinet Office Consultation Principles
- NHS Operating Framework
- The NHS Constitution
- The NHS Outcomes Framework
- NHS Institute for Innovation and Improvement “Transforming Patient Experience”
- NICE Quality Standards
- Commissioning for Quality and Innovation Scheme (CQUIN)
- NHS Institute for Innovation and Improvement “The Engagement Cycle”
- The Advertising Standards Authority guidance
- The Freedom of Information Act 2000
- The Equality Act 2010

As a statutory organisation, we are required by law to:

- Involve the public in the planning and development of health services
- Involve the public on any changes that affect patient services, not just those with a “significant” impact

- Set out in our commissioning plans how we intend to involve patients and the public in our commissioning decisions
- Consult on our commissioning plans to ensure proper opportunities for public input
- Report on involvement in the CCG's Annual Report
- Have lay members on our Governing Body
- Have due regard to the findings from the Healthwatch Lincolnshire
- Consult local authorities about substantial service change e.g. Health Overview Scrutiny Committee
- Have regard to the NHS Constitution in carrying out our functions
- Promote patient choice
- Ensure we comply with the Civil Contingencies Act 2004 as a category 2 responder

The Equality Act 2010

The CCG are required to meet their obligations under the Equality Act. We need to ensure that opportunities to be involved and participate are available regardless of which section of the community our patients belong to. We must ensure that we are able to engage with our hidden communities and that we look beyond the nine protected characteristics (see below) e.g. carers, residents who are socioeconomically deprived, rurally isolated.

Section 149 of the Equality Act 2010 states that a public authority must have due regard to the need to:

- a) eliminate discrimination, harassment and victimisation,
- b) advance 'Equality of Opportunity', and
- c) foster good relations.

It is against the law to discriminate against anyone because of:

- age
- being or becoming a transsexual person
- being married or in a civil partnership
- being pregnant or having a child
- disability
- race including colour, nationality, ethnic or national origin
- religion, belief or lack of religion/belief
- sex
- sexual orientation

Principles of participation

We have adopted NHSE's 10 principles of participation and localised them for South West Lincolnshire Clinical Commissioning Group.

1. Reach out to people and ask them how they want to be involved
2. Avoid assumptions
3. Promote equality and diversity and encourage and respect different beliefs and opinions
4. Proactively seek participation from people who experience health inequalities and poor health outcomes
5. Value people's lived experience
6. Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs.
7. Take time to plan and budget participation and start involving people as early as possible

8. Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential explain why.
9. Review experience and learn from it to continuously improve how people are involved.
10. Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Our commitment

South West Lincolnshire are committed to understanding the needs of our population and empowering patients to have more choice and control over their condition, in the development of future services and by identifying priorities. We aim to improve local health services and respond to the health needs of everyone in the area by ensuring patients and the public are at the heart of decision making.

Our Communications and Engagement Strategy 2018-20 demonstrates how we will include patients, the public and stakeholders in our decision making to continually improve services. It also outlines how we will adhere to our statutory responsibilities to carry out effective consultation and engagement and is aligned to our equalities work programme to ensure that we work with our whole population and groups who may be underrepresented.

Our governance structures

South West Lincolnshire governance structures are established to support patient and public participation and evidence how their involvement influences the CCG's decision making. Our CCG has a dedicated engagement function which sits within the Quality Team and led by the Chief Nurse demonstrating our commitment to putting patients and the public at the heart of our decision making.

As a key member of our Governing Body, Quality and Patient Experience Committee (QPEC) and Patient Council, our Patient and Public Involvement Lay member champions engagement at many levels of the organisation, and offers advice to the CCG from a patient perspective to influence our decisions.

Different ways we engage

The CCG recognises that there is no 'one size fits all' approach to engagement and involvement. We use a variety of ways to review and listen to how patients, carers and service users feel about the health services they have used. This patient experience data is monitored via the CCG's Quality and Patient Experience Committee (QPEC), and is used to influence the CCG's commissioning plans and decisions.

Some of the ways we listen to and involve patients, carers, stakeholders, partners and our community are outlined below:

- Local and national patient experience surveys
- Listening to patients
- Patient stories
- Patient and Public Council
- Patient experience data and information
- Quality visits
- The utilisation of complaints, concerns and compliments

- Results of the national 360 stakeholder survey
- Specific engagement projects
- Social media feedback

Involving patients

Over the past 12 months we have been very keen to create an environment of continuous dialogue with our patients, carers and members of the public. There are lots of ways that members of the public can get involved in the decisions that shape the health services in our area; these are detailed in full on our website.

Examples include:

- Hearing patients stories– a patient’s story and experience is a powerful way of capturing those journeys that our patients undergo. It is a personalised way of capturing the good services and treatment received and those areas where improvement is required. These stories help shape those decisions when commissioning services.
- Public consultation – from time to time we are required, by law, to consult with members of the public and patients to seek their views on forthcoming changes that affect them.
- Each of our practice PPGs is asked to send representatives to attend our Patient Council. They are asked to bring patient feedback to the Patient Council on behalf of their locality and community.
- The wider population voice will be heard through a range of engagement activities undertaken and reported to the Patient Council, Quality and Patient Experience Committee and directly to the Governing Body. Feedback is also received from involvement with HealthWatch locality groups and local support groups.
- Our Quality and Patient Experience Committee will receive a quarterly report where patient experiences, gathered from a range of sources, have been considered by the Patient Council.
- The Quality and Patient Experience Committee reports quarterly to our Governing Body
- Our Member Practices will each have a representative on the Council of Members and representatives sit on our Governing Body.

Our activity in 2017/18

We recognised that people want to get involved at different levels and in a variety of ways. Many of our patients have a limited amount of time to get involved in decisions which may not directly or immediately affect them. We therefore communicate with and involve patients and the public in a range of different ways and use their feedback to help shape our commissioning plans and priorities, and the insight gained is also used to help shape the Lincolnshire Sustainability and Transformation Plan.

We visited:

- **Parish Councils** – we have managed to visit 15 parish councils and have found it a great way to engage with some of our more rural patient populations. The visits have been mainly to discuss the CCG’s priorities and the five year plan (STP). The discussions have been informative and on the whole well received. Our aim is to continue these visits throughout 2018.
- **Community groups** – we visited 20 community groups to meet with members to find out what is important to them and their health needs. Being able to visit these groups has helped us to understand some of the challenges that our patients face such as visiting hospitals, accessing doctors appointments, travelling to appointments etc. We meet a wide range of people some with long term conditions or others with similar interests. It has helped us communicate our priorities and proposals for future services but more importantly listen to our patients.

- **Stakeholder organisations and meetings**– we have been working with local organisations and stakeholders to find out the services they deliver and how we can improve the interaction between the community and voluntary sector and health services. This has been a great way to help share messages amongst a wider network such as health surveys and questionnaires and get organisations involved in projects such as neighbourhood teams and the work been carried out through the CCG and STP projects.

Patient Participation Groups

Patient Participation Groups (PPGs) are in place at the majority of our member GP practices and the CCG regularly engages the PPGs to strengthen the voice of the patient within the CCG. Our Head of Engagement regularly attends PPG meetings to discuss health services with our patients. We ensure that patients understand how they can get involved both locally at their GP practice but also with the work of the CCG. We visited 12 PPGs last year to present the five year plan (Sustainability and Transformation plan) and to support the work of the PPGs.

We also support the GP practices with their PPGs where historically recruitment and retention of patients has been a concern. The CCG worked together with the National Association of Patient Participation (NAPP) to hold two events, one in November and one in January, where PPG members were invited to learn about the functions, recruitment and challenges of PPGs in South West Lincolnshire. The attendees were given toolkits and information to enable them to grow and develop their own PPGs.

Patient Council

The Patient Council meets once a quarter and focusses on the voice of the patient. The Lay Member for Patient and Public Involvement is the Chair of the Patient Council. The group comprises representatives from each PPG together with representatives from carers, voluntary sector and HealthWatch Lincolnshire. During this year we have refocused the work of the Patient Council in order to truly understand patient experiences. Patient experience information is gathered and deliberated at each Patient Council meeting.

This information consists of stories, experiences collated through engagement activities, Healthwatch reports and information gathered from patient websites such as Care Opinion and NHS choices. The Patient Council considers the patient experience and asks the CCG to explore certain topics. These topics are presented to the Quality and Patient Experience Committee (QPEC) for consideration and appropriate actions are taken. Last year the Patient Council looked at the support that was available in the community for patient and families who had recently received a dementia diagnosis. The Patient Council has discussed the importance of healthchecks and the uptake of the appointments; challenged the CCG on the topics of non-emergency transport and medication / prescribing waste.

The Patient Council has supported a communications campaign which targets non-attendance for appointments in GP practices which reminds patients to cancel their appointments.

The Patient Council received equality training and played an integral part in the refresh of the equality delivery system (EDS2) – our action plan for equality and diversity.

This patient group provides a sense check on CCG plans and supports a two-way conversation between the CCG and our patients. The Patient Council has been an advisory board for STP engagement on behalf of the CCG by receiving presentations around projects such as the Care Portal, Neighbourhood Teams, patient transport, workforce and Digital Mental Health.

Patient Participation Involvement Event

In July 2017 we held a Patient Participation & Involvement event in Sleaford in collaboration with NHS organisations in Lincolnshire and hosted by East Midlands Academic Science Network. We invited patients to come along and hear why patient participation is important and heard from patient reps how participation can make a difference. In the afternoon workshops were held on successful PPGs, Research, Trust Memberships and the Sustainability and Transformation Plan.

Compliments, concerns and complaints

We appreciate receiving complaints as it provides us with the opportunity to learn about and improve the services that we commission. During 1 April 2017 – 31 March 2018 the CCG managed a total of 25 formal complaints, both directly from patients, the public and from Members of Parliament on behalf of their constituents.

The Nursing and Quality team have received 128 concerns and enquiries that were not managed as complaints but required an issue to be explored and resolved as quickly as possible. The majority of these concerns related to access to treatment and appointments and to the commissioning of services. Feedback we receive, whether through complaints or through the Patient Council enables us to draw themes and trends which we feedback to our key providers, with the aim of influencing changes in the way we commission services, and also to influence improvements in the quality of care being provided, where patients have highlighted issues.

We continue to be committed to improving the quality of patient care, by a focus on clinical effectiveness, patient safety and patient experience with specific goals to deliver excellent health services and improve the quality of patient care.

Focussed Engagement

During the year, we have continued to talk to and engage with members of the public, staff, volunteers and other key stakeholders across the county to hear their views and inform the development of our five year health plan, the Sustainability and Transformation Plan (STP). The STP is a national requirement and since April 2016 we have been working alongside other health organisations in the county, with input from Lincolnshire County Council and other key local partners, to develop a plan to improve the quality of care that we provide, improve health and wellbeing and ensure that we bring the health system back into financial balance by 2021.

We contributed to the development of the countywide STP on the basis of the work already undertaken through Lincolnshire Health and Care, which started work in 2014 to develop a new model of care for Lincolnshire where we reached over 18,000 residents.

We have developed our vision and proposals for change by working closely with the public, patients, staff, volunteers, local health professionals and other key stakeholders such as our local politicians and local high interest groups. We believe that our new plan to transform health and care services will only be successful if we worked with the people of Lincolnshire to understand how they wish to access care and what we can do to support them to stay well and healthy

Enabling and supporting those who want to get involved

During 2017/18 the CCG has worked hard to ensure that people of all backgrounds are supported to get involved. Some of the ways we have supported those who want to get involved are shown below:

- **Get Involved** - we promote opportunities for involvement in a variety of ways including via our Patient Council, our CCG website 'Get Involved' pages (<http://southwestlincolnshireccg.nhs.uk/get-involved>).
- **Support to PPGs**, we have worked closely with our PPGs and the National Association of Patient Participation to help improve effectiveness and encourage collaborative working between PPGs, the CCG and other community groups. We offer bespoke support and guidance to PPGs via our Head of Engagement recognising that different PPGs have differing aspirations and challenges.
- **Patient Public Council**, we support patient participation group and community group representatives to feed their views and patient experience into the CCG via the Patient Council. The CCG are committed to providing a response to the issues identified and any feedback received from the representatives can be reported back to their wider, collective groups.
- **Lincolnshire Wide PPI Event**, in conjunction with the East Midlands Health Academic Science Network, and NHS partner organisations, we hosted a Lincolnshire Patient, Carer and Public Networking Event. The event was for patients, carers and the public and aimed to inform and inspire patient and public activation to get involved across Lincolnshire health services. The event was for people who were already actively involved or thinking about getting involved and making a difference to their local health and care services. Delegates were able to select up to three of the following workshops run by healthcare staff and patients how to get involved with Patient and Participation Groups; NHS Hospitals and Healthcare Trusts; Research; Sustainability and Transformation Partnerships and Empowering Patient Participation.
- **National Association of Patient Participation events** - The CCG worked with the National Association of Patient Participation to run two events to explore PPGs, their roles, challenges and how to be successful. One workshop was run in Sleaford and one in Grantham. Information and good practice was shared with the attendees.

Social Media

During 2017/18 we embraced the use of social media as a positive communication channel to provide members of the public, GP practices and other stakeholders with information about what we do and the services we commission.

We use social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making. Social media is a great opportunity for us to listen and have conversations with the people we wish to influence. It not only allows us to make announcements, e.g. health news, service information, up-coming events, it also allows people to respond to whatever we post and encourages

conversation and feedback. More and more social media is becoming a key way of communicating and engaging with our communities and patients.

- **Facebook** allows us to share news, pictures and videos, and also have two-way discussions with the public. By ‘liking’ our page, users will see our updates in their news feed and can engage with us by reacting to the post, commenting or sharing posts with their friends and family.

In March 2018 we had 199 followers which is an increase of 243% on this time last year (March 2017). Many of our GP Practices are using Facebook as a way of communicating with their patients and keeping them up to date on practice news.

- **Twitter** allows us to share snippets of health news and local information, or to have a direct conversation with our partners and other Twitter users. In March 2018 we had 1,718 followers which is an increase of 27% on this time last year (March 2017). We are always looking to increase our number of followers and encourage people to follow and tweet us and to help spread our messages to their friends and family.
- **Website** - our website is a portal to communicate and engage with members of the public. We want to ensure that people can easily access information on the CCG and the services available to them. We carry out regular content reviews and continue to develop the site to make it informative, accessible, user friendly, easy to navigate and to promote campaigns, events and CCG priorities. www.southwestlincolnshireccg.nhs.uk

Outcomes of participation

Throughout the year we have undertaken a number of engagement and participation activities where patients and the public have helped shape decisions and services and also examples of where the CCG have acted on feedback and experiences, some examples of which are highlighted below.

Patient feedback	The outcome
You wanted to understand the Sustainability and Transformation Plan	At each patient council we give an update to progress of the plan and invite STP projects to give a presentation. So far the patient council has received information on: <ul style="list-style-type: none"> • Care Portal • Neighbourhood teams • Patient transport – EMAS • Mental Health and technology
We want to make a difference – not just be a talking shop!	The Patient Council reconfigured their meeting. Each quarter the Patient Council now looks at a variety of patient experience topics and decide if these need to be escalated to QPEC.
We want to hear more about neighbourhood teams	In October 2017 the patient council held a workshop to look at the emerging model for neighbourhood working. The council helped influence the design for both Sleaford and Grantham teams.
Following the temporary overnight closure of Grantham A&E; patients were concerned about getting an ambulance.	The patient council received a presentation from the locality manager for South Lincolnshire – EMAS. They explained the impact of the temporary closure and how they were mitigating the longer journeys.
That more support was needed for Patient Participation Groups.	The CCG worked with the National Association of Patient Participation to run two events to explore PPGs, their roles, challenges and how to be successful. One workshop was run in Sleaford and one in Grantham.

	Information and good practice was shared with the attendees.
Lack of appointments were raised as an issue and that the figures shown in each practice of people who didn't turn up for their appointments	The CCG's communication team developed a campaign to raise awareness of DNAs and encourage patients to cancel their appointment if it was no longer needed. Campaign materials including posters, leaflets and pictures for websites were provided to GP Practices and to the PPGs to help promote and support this campaign
You raise concerns the lack of young adults involved in PPGs	The CCG has promised that during 2018 /19 that we will work with schools and local colleges to try and improve participation for both the CCG and PPGs.
You raised concerns about the number of people taking up healthchecks.	The CCG and patient council looked at the information regarding the Healthchecks
We want to hear more about the five year plan	The CCG has visited 20 community groups and 15 parish councils to talk about the STP. We gathered views about our ambitions in the plan and used to this feedback to help shape proposals for future services. By visiting local groups and parish councils we are able to keep more people informed and reach an audience further into our communities.
We want to share good practice with other PPGs	At each patient council meeting each PPG gives feedback and shares good practice with the other PPG representatives such as terms of reference, recruiting members, newsletters, events etc
Had concerns about dementia and what happens once a patient has been diagnosed with dementia	The Patient Council wanted this escalating to QPEC as a huge concern. The CCG is currently working on its low level of dementia diagnosis rates. The CCG is working with the practices to understand local support. The Patient Council received a presentation from the Alzheimers society and is helping to spread information about the support that is available. Information is now displayed in each of the GP surgeries on the TV screens.

Practice mergers & consultations

During 2017/18 the CCG has asked patients to give feedback on two proposed practice mergers.

Consultation on the proposed merger of The Stackyard and Woolsthorpe	
Purpose:	<p>Woolsthorpe and Stackyard Surgeries undertook a consultation with patients and stakeholders from Monday 7th August for 45 days ending on Wednesday 20th September 2017.</p> <p>The consultation proposed: To formally merge into one practice, to be known as Stackyard and Woolsthorpe Surgeries, together providing healthcare to over 3,200 patients with the aim of improving the overall range and quality of service to patients, improve access to services, improve access to more clinical staff (GPs and Nurses), improve patient choice, increase GP availability.</p> <p>A letter was sent to each household and followed by the practices held two open events – one in Woolsthorpe Village Hall and one in Croxton Kerrial Village Hall.</p>
Results:	108 online responses were received

	83 hard copy responses were received General feedback was positive and supported the merger.
Outcome:	Feedback has helped shape: <ul style="list-style-type: none"> • further communications on concerns raised by patients • Support to the proposed merger through the engagement was presented to the Primary Care Commissioning Committee (PCCC) and the merger was approved.
Stakeholders involved:	<ul style="list-style-type: none"> • Patients at all practices involved • Staff at all practices involved • General public via local engagement events • Local stakeholders including Healthwatch Lincolnshire, local pharmacies, local GP practices, Parish Council, Local MP

Consultation on the proposed merger of Belvoir Vale Surgery and The Welby both at Bottesford

Purpose:	<p>Belvoir Vale and The Welby undertook a consultation with patients and stakeholder from 18th January 2018 to 4th March 2018 over a 45 day period.</p> <p>The consultation proposed: To formally merge in to one to be known as The Welby Practice, together providing healthcare to over 7,500 patients with the aim of improving the overall range and quality of service to patients, improve access to services, improve access to more clinical staff (GPs and Nurses), improve patient choice, increase GP availability.</p> <p>A letter was sent to each household and followed by the practices held three open events – one in Waltham Surgery, one at Belvoir Vale Surgery and the final one held at Harlaxton Surgery.</p>
Results:	<p>305 responses were received.</p> <p>General feedback was positive and supported the merger but as the two buildings are approx. 100 metres away from each other there were many questions about premises and comments received about having the two sites.</p>
Outcome:	Feedback has helped shape: <ul style="list-style-type: none"> • further communications on concerns raised by patients • Support to the proposed merger through the engagement was presented to the Primary Care Commissioning Committee (PCCC) and the merger was approved.
Stakeholders involved:	<ul style="list-style-type: none"> • Patients at all practices involved • Staff at all practices involved • General public via local engagement events • Local stakeholders including Healthwatch Lincolnshire, local pharmacies, local GP practices, Parish Council, Local MP.

Working in partnership and sharing data

The feedback, experiences, information and data received directly by the CCG is triangulated with the intelligence we received from our partners and stakeholders. By working together we can collate a rich, diverse and inclusive picture enabling us to understand the health needs of our population in South West Lincolnshire.

Under the Health and Care Act 2012, local authorities and CCGs have a duty to prepare a Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing Board (HWBB). The Lincolnshire JSNA is the starting point to

determine health needs and health inequality concerns in South West Lincolnshire and the commissioning decisions for service development and change and can be found at <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>. During 2017 the JSNA was refreshed and the CCG supported the local authority during this process.

Reaching diverse, potentially excluded and disadvantaged groups

Over the last year we have developed and implemented various equality and diversity initiatives to meet the aims of the public sector duty (PSED) of the Equality Act 2011. In carrying out our functions, we have given 'due regard' to eliminating discrimination, advancing equality of opportunity and fostering good relations to those who are defined by the Equality Act as having a protected characteristic and those who are not.

Many of the initiatives delivered have also linked to our obligations under the Health and Social Care Act 2012 to address health inequalities, where our main focus has been to ensure that service users, patients and carers receive the right healthcare which meets their individual needs.

The work we have undertaken has enabled progress to be achieved in line with our equality objectives where we have:

- Continued to work with Patient Participation Groups and other organisations such as Healthwatch to ensure that all sectors, including those with protected characteristic, report positive experiences in the NHS.
- Continued to monitor complaints and comments to ensure that all sectors have their say and encourage feedback on access and experience from health professionals as well as patients and carers
- Continued to develop specific project work to identify the views of carers on the health and social care needs of the person cared for.

Equality Impact Assessment (EIA) Process

- Our EIA process has been an essential tool to enable staff to assess how existing policies or new services, policies and procedures can have equality implications on groups of people from different protected characteristics. We have found this process to be helpful as it gives consideration to equality implications and helps us to mainstream equality and diversity into our everyday work.
- Specifically, in relation to our obligations under the Equality Act, when identifying stakeholders for engagement, we will be sure to seek out the 'hidden communities', looking at the nine protected characteristics plus carers and people who are socioeconomically deprived. To support development of commissioning plans and decision making, it is essential that engagement and communication methods consider the needs of people with a protected characteristic and enables them to fully participate.

Evaluation and future plans

During 2017-18 we have been able to reach out to our patient population with some success. We have recognized that there always opportunities to learn from our engagement activities and will continue to seek advice from our Patient Council to ensure we can meet our statutory duties.

During 2018/19 we will continue to promote engagement and participation opportunities within South West Lincolnshire.

