



Patient and Public Engagement Annual Statement of Involvement April 2013 – March 2014

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Acknowledgements

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

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

1. Introduction

The CCG was formally established in April 2013 and is now responsible for making sure that the 241,000 population of Greater Huddersfield has access to high quality health services.

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) (as 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. The legal duties in relation to Patient and Public Engagement are presented in Appendix 1.

This report provides an overview of the consultation and engagement activities that have taken place over the past year (from 1st April 2013 until 31st March 2014) and includes a summary of what people told us, what the outcome was and where you can find further information. It also includes details of any consultations/ engagement activities that are currently planned for 2014/15.

About Us

Greater Huddersfield Clinical Commissioning Group (CCG) is a membership organization consisting of 40 GP practices. CCGs are groups of GPs that are responsible for planning and designing local health services in England. We are responsible for designing and buying (often referred to as commissioning) the health care services for the 243,000 people who live in our area (approximately 58% of the Kirklees area).

These services include:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

Clinical Commissioning Groups work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc.) to ensure services meet local needs. CCG boards are made up of GPs from the local area and at least one registered nurse and one secondary care specialist doctor.

The CCG is made up of local clinicians who are working together to secure the best possible healthcare for local communities. Our aim is to improve the health and lives of local people by increasing life expectancy, making sure we commission and provide good quality services and to reduce health inequalities across the district.

Our vision and values

Our vision is:

'Informed by our local population and clinicians, we will drive improvement of healthcare services through leadership, innovation and excellence.'

Our values are:

To preserve and uphold the values set out in the NHS Constitution by:

- Listening to health professionals, local people and those who support the CCG, in the commissioning of high quality healthcare in the most appropriate setting.
- Learning from other CCGs, service providers, the local authority and the NHS commissioning board to inform a strategic long term vision for change.
- Leading through enthusiasm and cohesiveness to reduce health inequalities in Greater Huddersfield
- Enabling local people and clinicians to transform and improve Greater Huddersfield's health and healthcare.

2. Our approach to engagement

Our approach to public engagement and consultation is to make sure that we use a variety of different mechanisms, methods and approaches to engage with people. We need to understand how we can best involve people, when they need to be engaged or indeed want to be engaged. We have a 'Patient and Public Engagement and Experience Strategy' which sets out our plans for the next three years and underpins our 'whole system approach' to supporting this work. This can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/documents/Strategy/v7_GHCCG_PPEE_Strategy.pdf

Our strategy enables us to meet our responsibilities under the Health and Social Care Act 2012:

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

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

We want to make sure we hear from all the people and communities in Greater Huddersfield - everyone's opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds so we will ensure we design our patient experience and engagement processes with this in mind. We also use equality monitoring to assess the representativeness of the views we have gathered and where there are gaps or we identify trends in opinion these will be looked into and plans made to address them.

The Annual Report for Involvement is our opportunity to present the work undertaken, catalogue our activities and present any changes as a result of this work. This report will be published on our website and circulated to all practices and key stakeholders. We also have a number of other mechanisms in place to manage our engagement activities and gather your views, these are highlighted below.

Patient and Public Engagement and Experience (PPE&E) Steering Group - The purpose of the Patient Experience and Patient and Public Engagement Steering Group is to shape, steer and advice on any engagement and consultation activity.

Patient Reference Group Network (PRGN) - The PRGN has been set up by Greater Huddersfield CCG as a forum to gather together representatives from each of the member practices patient reference groups (PRGs). PRGs are interested patients from each individual practice which meet regularly with their practice manager to discuss and improve services. The PRGN brings representatives from those PRGs together quarterly so we can tell them about our plans, consider and debate our proposals and engage with us on any decision making.

Relationship Matrix - The relationship matrix has been developed to make sure we have up to date contact details of community and voluntary groups from a variety of locations across the district. This matrix ensures that we engage with groups representing the nine protected equality characteristics.

NHS Greater Huddersfield CCG website - we have a website which provides information about our work. It includes a section called 'Get Involved'. We will use our website to inform of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. This website is updated on a regular basis so we can regularly report on the outcomes of all consultations and what we have done as a result of our engagement activity.

Patient Advice and Liaison Service (PALS) - PALS helps the NHS to improve services by listening to what matters to patients and their families and making changes when appropriate. PALS provide the following functions to the population of Greater Huddersfield:

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

Healthwatch – Healthwatch is the consumer champion for both health and social care. It exists in two distinct forms – local Healthwatch and Healthwatch England. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their

locality. Local Healthwatch is an independent organisation and NHS Greater Huddersfield CCG is working alongside the service to make sure that it is an integral part of our engagement activity.

Patient Opinion and NHS Choices - Patient Opinion is a feedback platform for the public so they can share their story or experience of healthcare services. Anyone can post an opinion on the website. NHS Choices also provides a similar facility. NHS Greater Huddersfield CCG will search these facilities by provider to pick up what patients are saying about NHS services.

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

Real time feedback and 'I'd just like to say' - We work closely with our provider organisations to set up systems to monitor patient views of services as close to them receiving it as we can. These surveys help us to understand in real time what is happening in the service and how patients are finding the care and treatment they receive. In addition the CCG website features a feedback form - 'I'd just like to say' - which patients are encouraged to complete. This form is also circulated by staff at public events. Information gathered by both of these mechanisms is stored on databases and used to inform commissioning decisions.

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

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

3. Consultation and Engagement activities undertaken between April 1st 2013 and March 31st 2014

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

The report includes all consultations that have been undertaken and completed during 2013/14, including any that started before 1 April 2013 or that started during the period of this report, but are not yet completed. It also includes details of the consultations planned for 2014/15.

Throughout 2013/14 key highlights of our engagement work include the following;

Call to Action

Nationally, the NHS launched its 'Call to Action' - a national debate to:

- Build a common understanding about the need to renew our vision of the health care service, particularly to meet the challenges of the future;
- Give people an opportunity to tell us how the values that underpin the health service can be maintained in the face of future pressures;
- Gather ideas and potential solutions that inform and enable CCGs to develop 3-5 year commissioning plan; and
- Gather ideas and potential solutions to inform and develop national plans, including levers and incentives for the next 5 – 10 years.

Every CCG was expected to play an active role in encouraging local people to participate in the 'Call to Action'.

The engagement took place during October – November 2013.

Who did we engage with and what did we ask?

The National Call to Action asked the public to give their views on four broad but fundamental questions, these questions were:

- How can we improve the quality of NHS care?
- How can we meet everyone's healthcare needs?
- How can we maintain financial sustainability?
- What must we do to build an excellent NHS now and for future generations?

As these general questions had a very broad scope, they were broken down into fourteen, more specific questions. The detailed questions were used to engage with local people so they could respond to questions that were more relevant to individual experiences to ensure people could engage fully. An online and paper survey was produced with these questions.

Information about Call to Action was sent to all voluntary and community groups held on the Relationship Matrix with a link to the online survey and a printable copy of the survey. An invitation for members of the CCG to attend a group's meeting to discuss Call to Action further was also made.

The Patient Reference Group network was made aware of the Call to Action work at their October meeting and members were asked to complete the survey to share their ideas and thoughts.

Information about Call to Action was included on the NHS Greater Huddersfield Clinical Commissioning Group website, including a background to the project with a link to national information from NHS England, links to the online survey and the printable copy along with alternative contact details for further information.

Social media was used to reach those members of the public following NHS Greater Huddersfield Clinical Commissioning Group. This amounts to 2,663 followers on Twitter and 695 likes on Facebook. Each individual question from the survey was tweeted and posted several times during the period 30th October – 30th November 2013 always containing a link to the online survey.

'It's My Health Day' is a West Yorkshire wide event held for people with a Learning Disability. Staff from the Engagement team at NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit attended the event with an adapted, easy read version of the 'Call to Action' survey. Seventeen responses were received from the event. Postcode and equality monitoring information was not captured using this survey

What did they tell us?

We received contributions from 195 people. The responses were analysed and 10 key themes emerged:

Invest in the community. Invest in community and primary care, as well as local community and voluntary groups that provide support for local people with health conditions.

Staff Training including changing the culture of the NHS, communication and transparency.

Education and information: All information from the NHS should be available in easy to understand formats and use a variety of different methods to reach the appropriate audience.

National solutions and campaigns: are needed; there were calls for changes to be made on a national scale.

Self-Care: the term used by respondents was not 'Self Care' but self-help, self-management (manage) or 'helping people cope'. Self-management (care) was a strong theme.

Regular check-ups: including annual check-ups or possibly more frequent depending on the age and condition for everybody.

Working together, all agencies, not just health, should work together to improve health and wellbeing.

Improve access to health services: This included opening times and appointment availability, particularly aimed at GP practices and primary care.

Discharge planning and better hospitals: The public told us some of the things we should consider improving our hospitals there was a lot of focus on discharge.

Invest in technology: Use technology better and invest in future technology, especially for monitoring and sharing information between services and patients.

What did we do?

The findings were reported to Greater Huddersfield CCG to ensure that the findings inform future business plans. The information was also used to further inform the Calderdale and Huddersfield Strategic Review on the transformation plans which will have an impact on the population of Greater Huddersfield.

The findings were also shared with:

- NHS England as the local response to the National Call to action.
- Calderdale and Huddersfield Strategic Review Executive steering group in the format of a presentation combined with the findings from Calderdale.
- Calderdale and Huddersfield Strategic Review Programme Board, again combined with the findings from Calderdale.
- The public on the Greater Huddersfield CCG website.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in December 2013, which includes a copy of the engagement plan. This can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/GHCCG_WEBSITE/Sections/GetInvolved/Call_to_Action_-_Engagement_Report_for_Greater_Huddersfield_CCG.pdf

Diabetes

A Communications and Engagement plan has been developed and some initial engagement took place in January 2014 with another event planned for October 2014. The Communications and Engagement plan will be refreshed for the next stage of engagement, but will include the on-going discussions we are already having with local groups.

Who did we engage with what did we ask?

Representatives from the voluntary and community sector, providers, commissioners, local authority and Healthwatch, were invited to attend an event in January 2014. At the event, participants were divided up into eight groups, with around eight people in each. Three groups focused on planned care, three on unplanned care and two on foot care. Each group was asked the following questions in relation to current diabetes services/support at each level of the model (prevention, self-care/pharmacy, generalist care, community specialist care, hospital specialist care):

- What is good?
- What is good but needs tweaking?
- What are the problems that need sorting out?

What did they tell us?

65 people from the voluntary and community sector, providers, commissioners, local authority and Healthwatch attended the event. The outputs were recorded on flipcharts, written up in themes, and shared with participants. The key areas for improvement were:

Prevention

- Preventative services, such as weight management
- Screening through NHS health check and other avenues

Self-care

- More education and education in different formats to meet the needs of the population with diabetes
- Accessibility of information about services/support available
- Emergency care plans so patients/carers know what to do if problems arise
- Resource community groups to work with people with diabetes
- Addressing isolated communities

Primary care

- Reducing variation in primary care/skilling all practices up to a specific level of care
- Development of care standards

Training and education (workforce)

- Consistency in training

- Mentoring

Foot care

- Ensuring that everyone gets regular high quality foot checks, with advice and signposting/referral where indicated
- Training of a wide range of health and social care professionals to recognise diabetic foot problems and signpost/refer accordingly

Specialist services

- Reviewing and increasing Diabetes Specialist Nurse provision
- Support for people with diabetes in hospital (around 1 in 5 patients in hospital at any one time have diabetes), including identifying people admitted for other conditions who have diabetes
- More accessible specialist expertise/advice
- Availability of psychological support
- Out of hours services, particularly in relation to foot problems
- Expansion of outreach

What did we do?

The themes in italics have been developed into priorities in the Calderdale and Greater Huddersfield Diabetes Strategy¹ and improvement plans have been developed for the first year of the strategy, covering all priority areas.

There were several general areas which emerged, as follows:

- Sharing of records to ensure people receive the best possible care
- More personalised services
- IT/Technology for monitoring

These will be picked up through the improvement plans.

Where can you find more information about this work?

The engagement process is still on-going and reports will be available once engagement has come to an end.

¹ Calderdale and Greater Huddersfield Clinical Commissioning Groups Action on Diabetes: Five Year Strategy 2014/15 – 2018/19 (June 2014)

Respiratory

Some initial engagement took place in January 2014 with the Calderdale Breathe Easy Group. A revised project brief was drafted as a result and included engagement as one aspect of the aims and objectives of the project. A Communications and Engagement plan is being developed and the intention is to work with the Innovation Hub (i-hub) at Calderdale and Huddersfield Foundation NHS Trust to undertake the next stage of the engagement.

Who did we engage with and what did we ask?

Seven people were involved in the Breathe Easy² meeting on 14th January 2014 – a mixture of men and women, middle-aged and older, some patients and some carers, all from Calderdale, although the group actually covers Huddersfield and Dewsbury as well.

They were asked about what worked well with current services and what needed improving.

What did they tell us?

Key themes which emerged were:

- Lack of information available about support available
- Peer support is critical in helping motivating people to look after themselves
- All clinics should be like Dr Thomas's - organised and keeping to time
- The respiratory nurses are excellent, but there aren't enough of them
- Smaller practices are better – in a big practice you can hardly get past the receptionist
- People with respiratory problems should be fast tracked by receptionists when they ring in so they can get help quickly
- Pulmonary rehabilitation is brilliant, but it can be difficult to get to it – transport can be available but information about it is not sent in the information about the course
- The problem is there is little following on from pulmonary rehabilitation – there is an exercise class at Halifax Fire Station for people with respiratory problems but it costs £5 per session, which is too expensive for some people
- COPD does not get as much money through fundraising as other areas such as cancer, despite the large number of people suffering with lung disease.

What did we do?

The information from the session was provided to the Respiratory Project Steering Group for them to feed into the development of the model and specification for respiratory services in Calderdale and Greater Huddersfield. A copy of the write-up from the session was sent to Breathe Easy with a note letting them know how it was being used.

Where can you find more information about this work?

The engagement process is still on-going and reports will be available once engagement has come to an end.

² Breathe Easy is a local patient/carer support group under the umbrella of the British Lung Foundation covering Calderdale and Huddersfield

Care Closer to Home

Care services across the Kirklees footprint are currently commissioned and delivered in a very fragmented way. Greater Huddersfield Clinical Commissioning Group (CCG) believes that delivery of effective services requires an integrated approach involving health, social care, voluntary sector and third sector organisations.

Through work on our transformation programme, we have identified significant patient and financial benefits from the integration of care services in Kirklees. We aim to commission innovative integrated care services for adults, which deliver improved quality and value for money. We want this to be consistent across the whole of Kirklees, whilst making sure that the needs of people in Greater Huddersfield area are met.

Who did we engage with and what did we ask?

In January 2014, we engaged with the public, key stakeholders, providers and voluntary and community sector organisations in Kirklees to gain their views and ideas on our intentions to deliver care in the right place, at the right time, by the right people, doing the right things in the right way. We also wanted to capture the views and ideas from all the current service providers to ensure that any best practice and learning would be included.

In May and July 2014, we held follow up events focussed on the development of an integrated community-based service model (Care closer to home), developed using the feedback from the engagement undertaken in January 2014. We did this via events – one for members of the public, voluntary and community sector, providers and key stakeholders; the other for primary care clinicians and staff.

What did they tell us?

60 people attended the stakeholder event and 30 people attended the Primary Care events held in January and February 2014. In addition to the two events, a survey was developed to enable those people that were unable to attend the events to share their views. The questions for the survey mirrored the questions from the events. This was done to ensure that all respondents whether by event or survey were asked the same questions, this in turn would enable the data collated to be pulled together and analysed for any common themes. One hundred and twelve surveys were completed.

The main themes taken from the January engagement were:

Overarching themes that emerged across more than one area

- Regular reviews, follow ups and on-going support and for this to be provided at home or closer to home.
- On-going involvement of patients and their families / carers throughout their care. Enabling them to make informed choices and ensuring that they are provided with information that they are able to understand. Patients need to know about their diagnosis, what to expect, how to manage their condition, what their treatment options are, what on-going support or care is available and who to contact for further support.

- Doing the right thing for patients and their families
- Provision of care navigators
- To be able to access the right services at the right time and for more services to be available in the evening and at the weekend.
- Ability for services and patients to access their patient record
- Provision of a seamless / integrated service staffed by a skilled and flexible workforce that wraps around the needs of the patient.
- Improve and increase the use of technology, such as telemedicine, self-care hub, assistive technology

Self-care and prevention specific themes

- To be supported in being healthy and to be encouraged to self-care by providing access to information, advice and support with regards to diet, exercise, support groups / networks and who to contact for on-going support
- Individuals supported to take responsibility for their own health and wellbeing
- Provision of local, affordable gym and exercise / sport
- Early intervention through better identification of patients at risk and targeted support

Diagnosis and care planning specific themes

- Individualised care plan held electronically that can be accessed by patient and professionals – plan needs to be outcome focused not just based on medical needs, refreshed regularly and with a holistic approach to care while improving safety and quality

Preventing admission to hospital specific themes

- Ensuring patients are fully involved in the development of their care plan and informed, so they know what to expect, who to contact, provision of on-going care / support and regular reviews to help reduce the chance of a crisis occurring.
- Improve staffing at Care homes – increase staffing, ensure staff receive appropriate training and support to improve care and prevent high turnover of staff. Consider an increase in bed provision.
- Greater innovation and use of technology to improve outcomes and transformation

Discharge planning specific themes

- To involve patients and their families throughout the planning of their discharge. To enable them to make an informed choice, they should be advised on what services are available and what their options are. The approach needs to be holistic and flexible to meet the individual needs of the patient. This should be done early enough, to ensure that the appropriate services can be put in place. Upon discharge, patients need to know what to expect and who to contact should they require any further advice or support.
- Greater integration of care across pathways which break down traditional barriers in primary, community, secondary and social care

- Terminology needs to change from discharge to transfer of care. It was felt that discharge implies that no longer receiving care; however, in most cases the care transfers to another provider, this transfer needs to be seamless.

What did we do?

Following the engagement undertaken in January further events are planned for May and July 2014.

Where can you find more information about this work?

Reports from the January and May engagement are available together with information on integrated care work and this can be found at

<http://www.greaterhuddersfieldccg.nhs.uk/get-involved/integrated-care/>

Wheelchair services

The NHS Clinical Commissioning Groups (CCGs) of Calderdale, Greater Huddersfield and North Kirklees wanted to improve and develop wheelchair services provided to their populations. NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU) Communications and Engagement team, embarked on engagement with the public and key stakeholders over a six week period, from 4th November to 13th December 2013.

Who did we engage with and what did we ask?

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

Two events were held, one in Calderdale and one in Kirklees. Attendees included wheelchair users, carers, Healthwatch and staff who support wheelchair users in the community e.g. Locala, social workers and learning disability support workers.

The events consisted of a brief presentation which provided an overview of the current review of wheelchair services and the proposals for a new model. The event asked participants to discuss in their groups their views on the following questions:

- What is working well?
- What is working not so well?
- Are there any gaps in the service?
- Is there anything else the CCGs need to change?

Initially, the proposal had been to just undertake the two events; however, the engagement team received feedback from some members of the public advising that they were unable to attend either of the events but still wanted to share their views. To ensure everyone had an opportunity to be involved, the engagement team developed a survey. The survey was based on the questions to be used at the events and this was circulated via the engagement team's existing communication mechanisms.

Existing data held by WSYBCSU on behalf of the three CCGs was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to wheelchair services, equipment or aids via the Patient Advice and Liaison Service (PALS) and complaints.

In addition to data from PALS and Complaints, data from previous engagement exercises and patient experience reports were also analysed for any issues relating to wheelchair services, equipment or aids.

What did they tell us?

Twenty-seven people attended the events, with thirteen people at the Kirklees event and fourteen at the Calderdale event and twenty-one surveys were completed.

The main themes taken from the existing data and the engagement were:

For some, the service was described as being quick and responsive with knowledgeable and professional staff. However, concern was expressed by many with regards to the waiting times for assessments and the provision and repair of wheelchairs.
The need for staff to receive training on: <ul style="list-style-type: none">• Disabilities /conditions to ensure that they understand the progressive nature of disabilities / conditions and how patient needs may change.• Customer services training to ensure staff actively listen and respond to service users.• Assessment and referral process to ensure that there is consistency in the application of the eligibility criteria.
It was felt that the current service does not cater for the needs of those that work or have other commitments during office hours. Respondents wanted a service that would meet the needs of everyone, including those that work. Suggestions were made to have a one-stop shop that was accessible seven days a week.
The need for additional staffing and budget, including the provision of wheelchair therapists and an increase in technical support to meet demand and reduce waiting times.
Poor communication between services and with service users which impacted negatively on the service that they received. Service users wanted to be kept up to date on the progress of their case, receive information on types of wheelchairs available and to have an easy read guide and or Charter.
People wanted the ability to have a wheelchair that meets their needs. Concerns were raised that they were unable to access a powered wheelchair for outside use, choice of equipment being limited by cost rather than suitability and the difficulties in obtaining a non- standard wheelchair and adaptations.

What did we do?

Service specifications were developed around the views collated through the engagement. This led to a procurement process. Those people that had been invited to participate in the engagement were also given the opportunity to be part of the procurement process. Two lay representatives were recruited to be part of the procurement panel and were involved throughout the process.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in December 2013, which includes a copy of the engagement plan. This report can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Get_Involved/Wheelchair_Services_Engagement_Report_-_Dec_13.pdf

Equality Delivery System (EDS)

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

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

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

The engagement took place in September 2013.

Who did we engage with and what did we ask?

One of the features of the EDS is that it relies on organisations working with local interests to assess organisational performance. This engagement strengthened existing relationships and built new ones, ensuring that patients and the public have a voice in the grading and setting of objectives for the organisation.

The engagement focused on the following goals with local interests;

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

An interactive event using electronic voting and discussions was devised and delivered. To ensure effective engagement with local interests the Equality team worked closely with the Engagement team to recruit representatives from local organisations and local people to attend the local events. Invites were sent to local community and voluntary organisations and local people through the following methods.

- Relationship Matrix – E-mail, letter and telephone
- People database - E-mail, letter and telephone
- Community newsletters and bulletins

Within the invite, respondents were asked what their area of interest was, or the client group they worked with, linked to the nine protected characteristics.

- Age
- Disability
- Sexual Orientation

- Religion & Belief
- Race
- Pregnancy & Maternity
- Marriage & Civil Partnership
- Sex (gender)
- Transgender

The event was developed to use people's own knowledge and experience of the NHS as well as the groups they represented.

Interactive event

An interactive voting system was used throughout the event for participants to anonymously give their rating of the CCGs performance. The results from the room were then anonymously shown back to the group instantly. Facilitated discussion on each goal was also held prior to each voting session.

Participants were introduced to the background of the EDS and how their information would feed into the scoring of the CCG. They were involved in two discussion groups, one on each of the two goals that related to the public. Following each discussion group, participants were then asked to use the interactive voting system to rate how they felt about statements regarding the CCG's performance based on the outcomes of the overall goal. Throughout the event, participants were asked to take into account their own, or their service users', experiences of NHS services commissioned by the CCG; in respect of their interest areas around the nine protected characteristics.

To be able to understand in more detail the potential impact of membership of a protected group could have on perceptions of the audience they were asked to vote on their own personal demographics at the start of the event.

What did they tell us?

An analysis of the results of Goals 1 and 2 would suggest the following areas for further consideration;

- Meeting the needs of local communities
- Reducing local health inequalities
- Patients' needs assessed and services provided in appropriate ways
- Transitions
- Bullying harassment and abuse
- Easy access to services
- Explanations of conditions/treatments
- Complaint handling

As described it was possible to tentatively identify some trends in responses based on the equality monitoring of participants. The sample size does not allow for statistically significant issues to be discovered. However the trends described below have been used to support the development of the equality objectives.

1.1 Local NHS services meet the needs of local communities - Women and Asian/Asian British disagreed with this more

1.1 NHS promotes well-being and healthy lifestyles - Disabled people disagreed more

1.3 Patients are involved in discussions about transfers - Women disagreed more

1.4 The safety of patients is a priority - Asian/Asian British disagreed more

2.1 Patients can easily access the NHS services they need - Disabled people disagreed

2.2 After being diagnosed with a condition everything is explained in a way patients understand - Men disagreed

2.3 Health professionals listen to and respect patients' views - Asian/Asian British, Black and other ethnicities disagreed

2.3 Patients' dignity and privacy are respected - Asian/Asian British disagreed

What did we do?

The feedback was used to develop the following equality objectives for the CCG:

- Improve the access, experience and outcomes for South Asian patients with diabetes
- Improve patient experience equality monitoring measures

Action plans supporting the delivery of these objectives have been produced.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in February 2014.

This report can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/GHCCG_WEBSITE/Sections/GetInvolved/EDS_Engagement_report_GH.pdf

Single care plan

The development and implementation of a Single Care Plan for children and young people was one of the projects identified by the Children's Working Group within the Calderdale & Huddersfield Health and Social Care Strategic Review. All children, 0-18yrs, with ill health or conditions (e.g. Asthma) now require a single care plan which they need to hold and take to school, youth club, and scout group. Ofsted now expect schools to have regularly up-dated plans for children with long-term conditions. It would contain medical information, be paper based and include "must do" information such as name, age, address, any allergy details, GP and consultant details, information about their treatment plan. The plan was to be piloted once this was developed with children and young people who have Asthma.

The CCG wanted to involve children, young people and their parent/carers in order to determine how it would look and ensure it was something the "patient" wanted to use/carry.

The engagement took place in Spring 2014.

Who did we engage with and what did we ask?

Over 50 young people were involved in discussions on the Asthma Single Care Plan. The young people were aged 12 to 20 and were a mix of gender, ethnicity, socio-economic group. Some of these young people are ones who have on-going involvement with Involving Young Citizens Equally (IYCE) projects, whilst others were as young people who access Youth clubs, schools, colleges and those in part time employment. Almost half of the young people involved in the discussions have experienced symptoms on more than one occasion or are recognised as having asthma.

What did they tell us?

The majority of young people stated that, if the only format was a paper based one, they would not bother carrying it with them – they did not see this as a priority. Some young people seemed interested in the idea of carrying something, which would support them in explaining to others what their condition was and help with managing it. Worries about the paper based SCP being washed or getting lost was another concern.

When discussing what would encourage young people to carry a SCP, they said

- If the only option was a paper-based version, then it would need to be discreet - credit card size was suggested on a number of occasions within a plastic pocket.
- If it looked interesting, with the use of colour and design appropriate to age.
- If there was an incentive to carry it! (for example discount for activities/shops)
- That it needed to be water and weather proof!

Despite the information that has been gathered in London, young people living and using services within Kirklees, suggested an app on their phones that can be accessed from anywhere and will not intrude with their personal belongings and 'things to remember'. The

other suggestion was having a double sided plastic/vinyl type credit card with information on regarding their medical condition. This can be slipped in a wallet, bag, purse discreetly. Some suggested that a coloured bracelet/band could be used on similar lines to a SOS, with information on. This could be linked with information that professionals could access on-line if needed.

Parent / Carers reactions:

Parents/carers were also involved in discussions on a paper-based SCP. Some of these parent/carers had children that had asthma or breathing related conditions (COPD). There were mixed views on the introduction of a Single Care Plan and some interesting suggestions.

This would be useful as there was often a lot of paperwork to complete or update if your child has a medical condition – school, out of school/holiday provision, uniformed groups, sports activities, dance activities, swimming lessons, outward bound activities, basically any other activity outside of school.

That if things changed with their child's condition, they would only have to update/amend one set of records and not have to do this for up to half a dozen different provisions.

They had concerns that their child would lose this information, which had confidential details on and were worried about data protection and identity theft for the future.

Some expressed their doubts that their child would forget to carry this with them when playing out with friends and asked how this SCP would differ with what is happening now when children play out with no SCP?

Suggestions:

A colour band is issued with a number on it for professionals to contact in order to access information on the medical condition, but were doubtful that this would actually happen. Parents/carers thought that the use of an app on a mobile device would be more useful, robust and accessible than a paper based version for children aged 10-11 years of age.

There were a few suggestions on having a plastic card like the national insurance number card or debit card with this information, which could withstand the test of time on being sat on (in jeans), being washed, dried, left in damp clothes. They also recommended that more than one card be issued, as children and teens did lose things / were forgetful.

Parents shared frustrations on the practicalities of having something that was made of paper/card and how resilient and practical this would be. Some went on to share experiences of washing and tumble drying their teens credit cards, money, bits of paper, make-up and other items left in pockets of clothes

Where can you find more information about this work?

A report of the findings from the engagement process was produced in May 2014.

This can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/GHCCG_WEBSITE/Sections/GetInvolved/Single_Care_Plan_feedback.pdf

Princess Royal Community Health Centre

Princess Royal Community Health Centre (PRCHC) has a long history of providing health services for the people of Huddersfield and has various developments on its site.

Calderdale and Huddersfield Foundation Trust (CHFT) need to invest in services for the future to support the needs of modern healthcare provide care closer to home and support the use of new and existing technology.

The site was of an age and condition that required major investment to the buildings and the infrastructure and had been identified as a building requiring extensive modernisation. Due to the extensive modernisation required CHFT made the decision to close Princess Royal Community Hospital and relocate services.

Who did we engage with and what did we ask?

4 drop in sessions were held to advise the public of the intention to close Princess Royal Community Hospital, the reasons for this and to answer any queries.

An invite was sent to stakeholders and the voluntary and community sector by using the relationship matrix, which enabled representation from various protected groups to attend. In addition the drop in sessions were publicised to Patient Reference Groups (PRGS) representatives, comments cards were developed and where placed within all services at PRCHC, engagement team members also took the comments cards out whilst hosting other events within Greater Huddersfield such as a the Equality Delivery System (EDS) event and the Annual General Meeting (AGM) for CHFT.

Information about the 4 drop in sessions and how people could have their say was also tweeted on CHFT, Locala and GHCCG twitter sites and also publicised on their internal and external websites and internal and external bulletins/newsletters. A press release was also written and published within the local paper.

In addition to the drop-in sessions a pro-forma was sent to all services within PRCHC to find out from each service if there was any existing feedback from their patients about their service and/or the PRCHC as a building, within the last 2 years. This intelligence was analysed and considered as part of the whole review for PRCHC.

What did they tell us?

The feedback from the drop-in sessions and existing data collated by services at PRCHC were analysed and the following themes emerged:

- Focus on moving services to be central to the town centre with consideration for ease of location for public transport access.
- Accessibility considering the needs of people with disabilities'/wheelchair access.
- The need for a better environment and comfortable waiting areas with consideration for privacy and dignity.
- The need for adequate parking facilities'.
- Consistently high quality of care provided by friendly and helpful staff.

What did we do?

The feedback is being used by Calderdale and Huddersfield NHS Trust to help inform the next stage of the process, the relocation of services.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in October 2013.

This can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Get_Involved/Process_Royal_Engagement_Report_Oct_13.pdf

Anti-coagulation

More than 2,500 people across Greater Huddersfield are taking Warfarin. Each patient has their blood clotting monitored by an anticoagulation service (Warfarin clinic). Some will go to the hospital or their GP surgery and have a finger prick blood test and are given a result straightaway; others attend phlebotomy clinics where a blood sample is taken from your arm. The sample is sent to a testing laboratory and you are given your results by letter or telephone.

NHS Greater Huddersfield Clinical Commissioning Group (CCG) reviewed how anticoagulation (Warfarin) services were provided for patients. NHS Greater Huddersfield CCG wanted to improve access to these services by providing them closer to home; making sure every patient could have a finger prick blood test with immediate results so that any changes to their treatment could be made there and then. And would like to set up at least six clinics across Huddersfield and the surrounding valleys, so that everybody would have a clinic near to where they live and choose which of the clinics to go to.

Engagement with patients took place over a six week period, from 9th December 2013 to 20th January 2014.

Who did we engage with and what did we ask?

The purpose of the engagement was to build on the data that had already been collated by the transformation team, by gaining the views of patients, on their experiences of anticoagulation services in Greater Huddersfield and their suggestions on how the service could be improved.

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to anticoagulation services, via the Patient Advice and Liaison Service (PALS) and complaints. In addition to data from PALS and Complaints, data from previous engagement and patient experience reports were also analysed for any issues relating to anticoagulation services.

A survey was designed to gain feedback from patients about their views and experiences of the anticoagulation service and how they would prefer to receive this service from their local GP practice, health centre or hospital. The survey with a covering letter was posted directly to patients who were currently using the anticoagulation services at Calderdale and Huddersfield Foundation Trust (CHFT) and four GP practices across Greater Huddersfield. The survey was a paper based copy with a freepost return address and was also made available to complete on line.

In addition to the survey being sent direct to patients, background information on the anticoagulation service and an engagement pro-forma was sent to members of the Patient Reference Group Network (PRGN). Members were given details of the current anticoagulation service currently offered to patients who are on Warfarin and were asked for their help in re-designing this service. They were given the information to read and were asked to speak to at least one person that they know who uses this service.

The pro-forma was provided as a guide to help gain people's views. The information brought back from members was then discussed at that next PRGN meeting.

What did they tell us?

1752 surveys were completed. The key themes that emerged from the surveys, PRG Network and analysis of existing data were:

A significant amount of respondents feel that the service provided is excellent and that staff are kind, friendly and provide an efficient and professional service. Of those respondents those that access the different clinics/GPs would like for the service to continue as it is. <i>Quote "why fix wasn't isn't broken"</i>
Some respondents would like the option of being able to access the service closer to their home. Of those respondents some were concerned that the clinics needed to be close to a bus route.
The majority of respondents said that all GPs should prescribe Warfarin. Some respondents also commented on, that they would like instant prescribing by the service along with their results and being able to attend a local chemist and receive their medication.
Respondents commented on the need for the service to be flexible in order for people to be able to choose to attend a drop in clinic or book an appointment for convenience.
Some respondents expressed the need for more information, advice and support in taking their medication.

What did we do?

The findings of the engagement exercise were used to develop the service specification for the new service.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in February 2013. This can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Get_Involved/Anti_coagulation_Service_Engagement_Report_-_Jan_14.pdf

Patient Reference Group Network (PRGN)

PRGN has been set up by the CCG as a forum to gather together representatives from each of the member practices' patient reference groups (PRGs). Within each PRGN meeting an engagement topic is included on the agenda. This gives the group an opportunity to discuss in detail some of the main pieces of work and priorities of the CCG and provide feedback on these. We engage with the network as part of our decision making.

October 2013

What we asked

The CCGs prospectus describes a shift in resources, money and services from hospital and specialist care to prevention, primary and community based care.

We believe that the use of technology is essential for this to succeed.

- What are your ideas about using technology?
- What would you need to make it work for you?
- How do you feel about this?

What they told us

- People are wary of the accessibility of technology, mostly assuming that older people will be adversely affected. Many people called for 24/7/365 support for anybody using health technology.
- Technology is seen as good for low level interactions such as test results, appointment booking and reminders, repeat prescriptions and information giving about health advice and available services. These automated interactions then release resources for those that can't use technology.
- Consultations can be given using different methods such as telephone, e-mail and video conferencing. This can mean less waiting and travel for both patients and health professionals. There was a note of caution that these should be a choice and not the default.
- Privacy concerns were raised about the sharing of patient information and who should have access to this. The benefits of transparency and information being available to health professionals so that people don't have to repeat their story were also noted.
- Peer support and the support of self-care were seen as areas where technology can be effective.
- The need for a culture change for health professionals and patients was seen as essential to integrating technology into healthcare. Cost barriers were also seen as a barrier to introducing technology.

December 2013

What we asked

We wanted to know what services the group thought could be delivered in the community and what else could be delivered differently.

The group were also asked to discuss the options being put forward for a new anticoagulation service. They received an overview of the challenges that are faced by the service and potential solutions.

What they told us

Community services

The group thought that the following services could be provided in the community.

- Diagnostics such as phlebotomy, ultrasound, X-rays, Doppler testing.
- Minor surgery such as sinus, cataract, hand and the removal of skin tags and cysts.
- More of a community presence for services like physiotherapy, dermatology, podiatry, weight-management service/dietician, ophthalmology, eye clinics and hearing aids. It was recognised that parts of these services were already provided outside hospital, but that there may be a possibility to include the entire pathway in the community.
- Follow up hospital care like outpatients, general check-ups and dressings with consultants working in the community.
- Other services suggested included acupuncture clinic and a 24/7 oxygen support.

Benefits

The perceived benefits of moving these services into the community were to reduce the stress of people having to travel to the hospital and quicker results that could be sent straight to their GP.

Risks

There were potential risks that the group raised about moving services into the community. These included:

- Making sure the right skills were present in primary care with access to a specialist opinion, even if this was virtual.
- Capacity of GP practices to provide extra services.
- If suitable accommodation was available or if existing estates could be used better.
- The costs of moving services.
- The effect of moving staff into the community.
- Public transport was seen as being a particular issue as it is often easier to get to hospital than some community venues.

Other comments

- Group practices together so they can offer more services on specific days.
- Increase the use of technology.
- Holme Valley was raised as a good example of services being offered closer to the community.

Anticoagulation service

The discussions focussed on the service being provided from more community locations which was seen as being more convenient for patients. It was recognised that it was not realistic for each practice to provide their own service, but that practices could cluster with their neighbours to run services in different areas. There were also suggestions for testing at home or pharmacies and using Health Care Assistants to reduce costs. The results of the anticoagulation service engagement were fed back to the group at the next meeting.

March 2014

What we asked

We asked the group which aspects of current General Practice were most important to them to keep and what they would like to change. We also focused on four specific areas.

- Development of care out of hospital and integrated care
- Patient Experience
- Quality and Clinical variation
- Patient access to primary care services

What they told us

Most important

- The quality and continuity of care.
- Different types of appointments and ways of booking systems and repeat prescriptions.
- The variety of services available such as blood tests and appointments and also the access to different health professionals depending on need.
- Closer to home and avoiding having to go to hospital.
- Listening to patients for the improvement of their services.

Would like to change

- The attitude and privacy concerns of receptionists.
- Access to appointments, but especially at evenings, weekends and lunchtimes and also the variety of types of appointments.
- Reduce the number of do not attends.
- Access to buildings, premium telephone numbers and systems.
- Better triage.
- Sharing information and records with the hospital.
- More services available.

Development of care out of hospital and integrated care

The group concluded that they felt there should be more dialogue between patient and GP to agree the pathway that is needed for the individual.

Patient Experience

The group recommended that information should be readily available on how to feedback experiences as people don't actively seek out this information until they have had a bad experience. It was also suggested that displaying more patient experience feedback would

help to raise the profile and get people to feedback their experiences. This could be done by screens and posters in waiting rooms, PRGs, website, newsletters and e-mails.

Quality and clinical variation

The discussion focussed on how campaigns for immunisations and health checks are advertised and how they should be targeted at the right audience. It was suggested that there is so much information available that is not kept up to date and is not relevant to individuals that people ignore it until they are told they need it. The group recommended looking at the audience that they need to get the message to and targeting places where they are likely to be, such as universities and schools for young people and sports clubs for men.

Patient access to primary care services

The group thought that there was a lot of appetite for new systems for booking appointments, having different types of appointments and ordering repeat prescriptions and highlighted various bits of evidence where this was backed up, including GP practice surveys and experience of using in their own practice.

They highlighted that people with long term conditions would want to have the continuity of seeing their own GP, but did not see that this should be needed for one off appointments. It was also raised that although people had experience of goal setting with their GP, there was very little follow up to these which made them ineffective.

Golcar Clinic

NHS Kirklees Primary Care (PCT) Trust developed an estates strategy to help identify any estates requiring improvement. Within the strategy it was identified that a number of buildings may require a level of modernisation or repair that would not be cost effective. This Estates Development Strategy 2008/13 set out key objectives to deliver modern NHS, fit for purpose 21st century buildings and equipment. The intention was to ensure that buildings were in the right place, in the right condition and of the right type and all able to respond to future service needs. Golcar Clinic was identified as a building requiring extensive modernisation due to the building being in poor condition and a full refurbishment may be required rather than rectification of individual backlog maintenance issues, the need to replace the roof covering, windows, external door, floor and ceiling finishes, the boiler plant and upgrade the electrical system, and it was also poor in terms of Disability Discrimination Act (DDA) accessibility.

Greater Huddersfield CCG (GHCCG) replaced NHS Kirklees PCT on 1st April 2013. Prior to this date the estates strategy was still being delivered by the estates team. It came to light that Golcar Clinic was going to be closed down and it had already been decided by the estates team that all services and staff had to vacate the building by the end of June 2013 as part of the strategy. As the strategy did not have a communication and engagement action plan, Greater Huddersfield CCG were given a short period of time to engage with the public in the decision to close the building: May to June 2013

Who did we engage with and what did we ask?

Given these short timescales a “drop in” at Golcar Clinic was arranged to inform patients and the public of what was happening with the building and the services provided there.

The engagement team went into the local community to scope the knowledge, conversations and feelings of local people about the subject. The drop in was publicised and key local councillors were written to and informed of the changes to clinics in Golcar by the Chief Officer of NHS Greater Huddersfield CCG.

In order for members of the public and patients to be well informed and that different aspects of the local NHS (i.e. commissioning, provider and estates) were represented, colleagues from other local NHS organisations were invited to contribute to ensure that questions could be answered by the most appropriate person. These organisations were: Greater Huddersfield Clinic Commissioning Group, NHS Property Services, Locala and Calderdale & Huddersfield Foundation Trust

The “drop in” started at 3pm and finished at 7pm to give people the opportunity to attend and refreshments were also provided. The Chief Officer of NHS Greater Huddersfield Clinical Commissioning Group was in attendance, along with members of the NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit Communications, Engagement and Equality team. Twenty-eight people attended all of whom left their contact details to be kept informed of or involved in future activities. Comments cards were placed on a table for people to write down their issues or concerns. A comments box was also made available for the cards to be posted to provide anonymity for those who wanted

to remain anonymous. Following the event a notice of thanks to those that attended was placed on the official NHS Greater Huddersfield CCG Facebook and Twitter accounts.

What did they tell us?

Participants felt that it was important to communicate with patients appropriately and in a timely manner on any changes to the services previously hosted in Golcar Clinic. These were:

- The future process of the phlebotomy service.
- The future venue of the weight management service and the possibility of keeping the service local.
- The future of the podiatry service and the option of keeping the service local by working in partnership with local GP Practices.
- Feedback the findings of the engagement activity to the public and the next steps and include a contact person for any additional queries or comments.
- Manage communications on the closure and disposal of the building in stages so that the public can follow each stage of the process and comment on it, if required.

What did we do?

Members of the public were listened to and local services were kept local to Golcar.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in June 2013. This can be found on this website:

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Get_Involved/Final_Golcar_Comms_Eng_Report_June_2013.pdf

5. Projects planned for 2014 – 15

Child Development Service

A Communications and Engagement plan has been developed in conjunction with Calderdale and Huddersfield Foundation Trust (CHFT) to: consider the views of patients and the public on the changes to the Child Development Service, ensure that patient and public feedback is considered in the development of any future options to change the way current services are provided or delivered and ensure that current plans are in line with patient and public. The consultation with the public and key stakeholders will take place over a six week period, from 19th May to 30th June 2014.

Musculoskeletal (MSK)

A Communications and Engagement plan has been developed in conjunction with Calderdale and North Kirklees CCGs. Engagement commenced on 16th June, for 6 weeks. The aim of the engagement is gain the views of current users of the service, with regards to what works, what doesn't and what they would like to see improved.

Care closer to home

Engagement has taken place throughout the project to support and shape the development of service models. Further events are planned for May and July 2014 to continue in this work and ensure that our plans are developed with the input of local people.

Ophthalmology

A Communications and Engagement plan has been developed in conjunction with Calderdale Clinical Commissioning Group (CCG). The aim of the engagement is to gain the views of current service users and or carers of Ophthalmology services across Greater Huddersfield and Calderdale.

Autistic Spectrum Disorders

A Communications and Engagement plan will be developed in conjunction with Calderdale and North Kirklees Clinical Commissioning Groups (CCGs) to engage with patients, carers, and other stakeholders about views of the current service provision. The aim of the project will be to review the clinical pathway for Children's Autism Spectrum Disorder (ASD) to identify any areas for improvement in order to deliver improved quality and value for money that improves patient experience and outcomes.

Right Time, Right Care, Right Place

In conjunction with all seven organisations involved in health and social care in Calderdale and Huddersfield : Calderdale and Huddersfield NHS Foundation Trust (CHFT), Calderdale Council , NHS Calderdale Clinical Commissioning Group (GHCCG), Kirklees Council , Locala Community Partnerships and South West Yorkshire Partnership Foundation Trust (SWYPT). We will be engaging with all stakeholders and members of the public to ask them how they want health and social care services to be provided in future.

Focusing on providing high quality services at or closer to home to reduce unplanned hospital admissions.

Greater Huddersfield CCG Contact Details

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

Patient Opinion

Patient Opinion is an independent website about your experiences of UK health services, good or bad. They pass your stories to the right people to make a difference.

You can share your views and experiences of the healthcare you have received locally by visiting www.patientopinion.org.uk

Appendix 1 – Legal duties in relation to Patient and Public Engagement

Section 14P -Duty to promote NHS Constitution

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

Section 14U - Duty to promote involvement of each patient

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

Section 14Z2 - Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

- (a) In the planning of the commissioning arrangements by the group,
- (b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- (c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

NHS Constitution (Refreshed March 2013)

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

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

<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).