

Governing Body meeting (held in public)

DATE: 26 November 2015

Title	Annual Engagement Report: Involving People 2014 - 15	
This paper is for Information		
Recommended action for the Governing Body	That the Governing Body: Note 1. The Annual Engagement Report.	
Potential areas for Conflicts of interest		
Executive summary	Under Section 14Z15 of the Health and Social Care Act, CCGs are required to produce an annual report outlining how they have discharged duties in relation to involving patients and the public in the planning, development and consideration of proposals for the commissioning of services. This report contains the CCG's annual engagement report, as submitted to NHSE.	
How does this paper support the CCGs objectives?	Patients:	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	Providing assurance the CCG is meeting statutory requirements for engagement set out in the Health and Social Care Act 2012.
	Equality	Ensuring patients and public have appropriate and equitable opportunities to engage and feedback views.

Clinical Commissioning Group

	Financial	None arising from this report.	
	Data	None arising from this report.	
	Legal issues	All CCGs have a duty to produce an annual report setting out how it has involved the public in its commissioning arrangements for the preceding year (section 14Z15: Health and Social Care Act 2012).	
	NHS constitution	Ensuring compliance with relevant legislation and policies.	
Engagement	This report was discussed with Bexley Patient Council and Healthwatch Bexley has been asked to provide a statement to be included in section 6 of the report.		
Audit trail			
Comms plan	A copy of the report has been submitted to NHS England and is also available for public via the CCG website.		
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Date	16 November 2015		



NHS

Bexley

Clinical Commissioning Group

Involving people

Annual report

2014-15

Report on participation duties
(Health and Social Care Act 2012)

Involving people

Annual report 2014-15

Report on participation duties (Health and Social Care Act 2012)

Note: this report covers NHS Bexley CCG activity in the year 1 April 2014 to 31 March 2015

Name CCG:	NHS Bexley CCG
Name person completed this report:	Annie Gardner, Head of Patient Experience
Internal sign off obtained from:	Simon Evans-Evans Director of Governance & Quality
Healthwatch statement completed by:	Healthwatch Bexley



This publication will be reported to the November 2015 meeting of the NHS Bexley CCG Governing Body

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FOREWORD

I would like to welcome you to our annual involving people annual report.

Since 2009 NHS organisations have had a duty to tell the public about engagement and consultation activities which have helped shape the services commissioned (bought) on behalf of local people. This report is a great opportunity to let you know about the wide range of work the people of Bexley have had the opportunity to be involved in.

This past year has been a busy one and this document captures the engagement work that has taken place. It shows just how much has been done and the valuable feedback we received. As a CCG we want to continuously improve and develop the ways in which we engage, you can see the new things we have done and how public feedback helped to shape local services – be it from the way we provide information, right through to shaping our commissioning priorities and service reviews.

We would like to thank everyone who has contributed during the year with their views and thoughts to tell us what they think of the services we commission and how they can be improved. We are also grateful to all the patients, service users and carers who have helped us to learn by sharing their experiences and our partner organisations for working with us to engage Bexley people so that together we can improve health and reduce inequalities.

If you would like to find out more or share your ideas about involving people in our work please visit our website or contact our Patient Experience Team.

Sandra Wakeford
Lay Member, Patient & Public Involvement



INTRODUCTION

This report will give you a sense of the NHS Bexley Clinical Commissioning Group (CCG) work with Bexley people; how it involves them in its work and how it has supported them to be in control of their own health and care.

As a commissioning organisation the CCG seeks continuous dialogue with patients and residents by attending community events, meeting groups and taking part in public forums, working with patient organisations and by supporting the development of Bexley Patient Council as well as patient groups in the borough's GP practices. The CCG has its Governing Body meetings in public and rigorously pursues the joint aims of improving quality and delivering an excellent patient experience through contracts it holds with providers of healthcare services. It acts on patient feedback including complaints, compliments and mystery shopper comments.

The CCG is committed both to the spirit and the letter of the legal and policy requirements around patient and public participation. It uses a range of approaches to engage Bexley's diverse population and to seek involvement in all of its key programmes, throughout the commissioning cycle: in identifying health needs and aspirations; in decisions about priorities and strategies; in service redesign and improvement; and in procurement and monitoring of services.

The CCG recognises the importance of shaping and designing services with the active involvement of local people and patients and that this will help it to better understand the local community and how it can develop and respond to their needs. Excellent engagement is critical in achieving the CCG's mission to improve health and reduce health inequalities and commission the highest quality health services on behalf of the Bexley population

About this report

The two complementary duties for clinical commissioning groups (CCGs) with respect to individual and public participation as set out in the Health and Social Care Act 2012 are to:

1. promote the involvement of patients and carers in decisions which relate to their care and treatment, and
2. involve patients and the public in the full extent of their commissioning activities

The first duty - individual participation. This requires CCGs to ensure they commission services which promote the involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management which may include:



- Personalised care planning, including “patient choice” and the option of a personal health budget when a person is eligible
- Shared decision making, regarding individual episodes of care and longer term care
- Self-care and self-management support to better manage health and prevent illness
- Information with targeted support to enable patients to be more in control of their health

The second duty – public participation. This places a requirement on CCGs to ensure public involvement and consultation in commissioning processes, decisions and activities, which may include involvement in:

- Planning of commissioning arrangements, which might include considering how resources are allocated, assessing need and specifying services
- Proposed changes to services which may impact on patients
- Procurement of services, which might involve patients and the public being part of the procurement project team
- Monitoring, insight and evaluation of services being commissioned

Reporting duty

The Health and Social Care Act and subsequent guidance require CCGs to report against both of these duties and publish annually:

- How they have involved patients and the public in the full range of their commissioning activity during the previous year;
- engagement work that is planned or in progress for the current year;
- how they have taken forward the ‘patients in control’ agenda in their capacity as commissioners

This report covers the CCG’s activity during the year 1/4/14 – 31/3/15



SECTION ONE: context setting

1.1 Bexley's population, headlines and health challenges

The Joint Strategic Needs Assessment (JSNA) for Bexley gives us an understanding of need, for both health services and prevention of ill health. The health of Bexley residents is generally good in comparison with the rest of the country. There are however specific groups of people who suffer from poorer health outcomes. This can be through a variety of factors including age, gender, geography, ethnicity or vulnerable group such as people with learning disabilities. Bexley's population is growing and changing – particularly the growth in older people, young people aged 10-19 and in people from black, Asian and minority ethnic (BAME) communities.

- The population of Bexley is approximately 230,000 and continues to increase year on year. Between 2011 and 2021 the Bexley population is predicted to rise by 10.1%, to 258,800 people
- Fifty two per cent of Bexley's population is female and 48 per cent male
- Sixteen per cent of Bexley's population is over the age of 65
- The number of over 65s is the fastest growing age group in the borough
- Number of births in Bexley is predicted to rise by two per cent by 2016
- Life expectancy is above the national average, but is 7.8 years lower for men and 3.4 years lower for women in the most deprived areas of Bexley, compared to more affluent parts of the borough
- Approximately 460 people in the borough have HIV – this is an increase of 89 per cent over the last five years
- The proportion of people diagnosed with diabetes in Bexley is above the England average. In 2012/13 there were 11,974 (6.7%) adults (aged 17+) diagnosed with Diabetes compared to 5.9% in similar CCGs.
- Just over 26 per cent of Bexley's population are classified as obese, nearly twice the national average
- About 21 per cent of year six children are classified as obese, higher than the average for England

The Joint Strategic Needs Assessment (JSNA), a document produced by London Borough of Bexley and the CCG, identifies seven priority health issues affecting Bexley residents:

- Cardiovascular disease
- Cancer
- Diabetes
- Obesity
- Dementia
- Asthma
- Audiology



The joint LB Bexley and CCG health and wellbeing strategy for Bexley aims to tackle these issues that affect the health and wellbeing of Bexley residents and has five specific aims:

- 1) Tackling childhood and adult obesity and promoting healthy choices;
- 2) Improving work to prevent diabetes and supporting those with the disease;
- 3) Supporting people with addictions – including smoking, alcohol and drugs;
- 4) Supporting residents and their families affected by dementia.
- 5) Mental Health and Emotional Wellbeing of Children and Young People

The CCG has also focused its strategy on the development of new services within the community, with a shift of activity from high-end consultant-led care, to new supportive patient services in community hospitals and clinics. This reflects the move to 'out of hospital' care and in line with the Our Healthier South East London strategy.

The health challenge

The CCG has a strong focus on preventing illness in the first place. Working with its partners the CCG has identified the following health challenges for the local population:

- Bexley has the largest number of over 65s in London, which may lead to an increased prevalence of long-term conditions like diabetes and heart disease
- Physical activity for children and adults is poor, reflecting one of the fastest growing obesity rates in the capital
- More than 11,000 people live with diabetes in Bexley and the figure is rising. This has led to an increase in hospital admissions for acute renal failure and higher- than-average number of diabetic-related amputations
- High rates of cancer-related investigations including urgent referral to hospital for suspected cancer, emergency bed days per cancer diagnosis and amongst the longest hospital stays for breast cancer surgery
- The number of over 74s occupying hospital beds with a secondary diagnosis of dementia is above the national average
- Bexley has a low rate of audiology assessments and long mean time from referral to assessment for hearing tests in new-borns
- Bexley residents have high rates of interventions for cardiovascular disease including elective admissions to hospital for angioplasty, directly standardised rates of pacing devices implanted for the first time, rates of implantable cardioverter-defibrillator and devices implanted for the first time and cardiac re-synchronisation therapy
- Bexley has high rate of emergency admissions to hospital in people aged 18 years and over with asthma



Meeting the challenge and identifying priorities

The CCG has six priorities that aim to tackle the borough's most pressing health issues.

Long-term conditions

People are living longer, which often means increased vulnerability to long-term conditions like diabetes and heart disease.

Bexley is redesigning these services so those affected can be treated closer to home and have a greater understanding of how to self-manage their condition through additional support and training. This will include musculo-skeletal and neuro-rehabilitative conditions.

Older people

The CCG and the London Borough of Bexley are working together to provide a more integrated service for elderly patients ensuring the transition from hospital into the community and vice versa is seamless and well supported. It wants to strengthen community-based services so the elderly can have the majority of their needs met outside secondary care.

Mental health

The number of people affected by mental health problems is rising with latest figures suggesting up to 30 per cent of GP appointments are related to anxiety, depression and stress. The mind and body strongly affect one another and there is growing evidence that the NHS should match that synergy with greater integration of physical and mental health services.

Bexley is committed to bridging that gap, as well as ensuring people in crisis have quick easy access mental health services. This includes greater support for the Improving Access to Psychological Therapies (IAPT) programme.

Unscheduled care

A large number of patients attend hospital without any prior warning, putting huge pressure on services. Sometimes this is unavoidable but many don't need to come to hospital and the CCG will be looking at the introduction of better care plans and support within the community.

NHS Bexley CCG's Choose Well programme is enabling residents to make better and more informed decisions about where to go when unwell.

Planned care

Greater thought and planning around planned care could see dramatic improvements in both the quality of care and cost of treating patients.

This includes looking at referral management and encouraging greater



problem solving in surgeries with the support of secondary care clinicians to reduce the number of referrals to hospital.

Children's services

NHS Bexley CCG is working with its partners, in particular the London Borough of Bexley, to develop and re-commission children's services.

1.2 The CCG's vision for Bexley health services

The CCG's vision is for Bexley residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible – with accessible, safe and expert hospital services available when needed.

The five key challenges for the CCG highlighted in its Commissioning Intentions are:

1. Prevention: to support people to lead healthier lives and to reduce the years of life lost through treatable conditions.
2. System reform and services improvement: improving services through integration and implementing community based care strategies – particularly for those living with long term conditions.
3. Reducing avoidable admissions and time spent in hospital: increasing the proportion of older people living independently at home.
4. Increasing quality and ensuring the safety of all services
5. Financial sustainability: including improving productivity, performance and value for money.

1.3 Working in partnership with local people

The CCG is dedicated to commissioning the best possible health services for the people of Bexley. The CCG believes that excellent engagement will help it to better understand the needs and expectations of local people and how it responds to those needs. It aims to put the experience of its patients and the aspirations of the public at the heart of what it does. The CCG's Communications and Engagement Strategy sets out five key objectives for communicating with and involving patients, members of the public and wider Bexley stakeholders in CCG decision-making:

- Build public and stakeholder confidence in the CCG and its leadership
- Meaningfully engage with patients, carers and communities to ensure their systematic involvement in the commissioning of health services for local people



- Encourage strong clinical engagement from local GP practices and wider local professional groups to ensure that clinical insights have a tangible impact and add value to the commissioning process
- Ensure open and transparent governance and leadership in the CCG
- Promote equality and provide evidence for the Equality Delivery System for protected groups through the CCG's work and publication of equality objectives

The CCG has a strong track record of involving local people in decision-making and has a plethora of approaches to its engagement work to best match the styles of communication of the borough's diverse population.

In the last year this has meant working systematically to ensure that the CCG uses all contact it has with the local community to learn about how best the CCG can, in partnership with patients, improve health, improve quality and reduce inequalities in health.

1.4 Structure and resources for engagement

Engaging with patients and the public by working in partnership with local communities is a priority for the CCG.

The CCG's Patient Experience Team supports patient and public involvement. The team supports the CCG to:

- Ensure the CCG fulfils its principled and legal duties in relation to engagement and that it reports on the CCGs activities and outcomes.
- Provide assurance as required to governing body and NHS England;
- Developing and reviewing the CCG's plans for engaging and communicating with local people;
- Encourages colleagues to involve people in all areas of CCG activity;
- Build skills and knowledge of staff, governing body members and member practices to engage people appropriately and effectively in the CCG's work;
- Managing relationships with key community stakeholders including Bexley Patient Council, Patient Participation Groups, community forums and Healthwatch.

The CCG draws upon the South East Commissioning Support Unit for two specific areas of engagement:

- To manage the South East London wide Stakeholder Reference Group, which advises and comments on engagement and communications activity and plans that concern more than one CCG area;
- To co-ordinate engagement activity for Our Healthier South east London, a commissioning plan that the CCG is developing to link and ensure consistency in the development of health and care services across six CCGs.



SECTION TWO: developing the infrastructure for engagement and participation

2.1 Collaborative working

Working collaboratively with others has been a key foundation of the CCG's approach since its creation in 2013. Below are some of the main channels, networks, structures and processes used to ensure that the CCG engages local people in its work in a way that is consistent and co-ordinated.

Where possible the CCG uses existing networks, channels and groups for strategic conversations for example Bexley Patient Council, Patient Participation Groups, voluntary and community sector forums, Neighbourhood Forums and Healthwatch.

The CCG regularly makes extensive use of all local networks to engage and update them on the development and progress made by the CCG. This includes regular forums for stakeholders, such as the commissioning intentions events, which provided an opportunity for stakeholders to feed into the development of CCG plans for 2014/15 and beyond.

As members of the Health and Wellbeing Board for Bexley the CCG works closely with colleagues in the local authority, local trusts, NHS England and Healthwatch to ensure that their combined efforts have the greatest impact for patients and to oversee the delivery of the Health and Wellbeing Strategy for Bexley.

The CCG works together with other CCGs, across south-east London on areas where the CCG's local strategies find common ground. Together we are developing a joint strategy for south-east London, in collaboration with NHS England and local authorities.

2.2 Working with Healthwatch and other networks, channels and groups

Healthwatch is the independent consumer champion created to gather and represent the views of the public. It plays a role at both national and local level to make sure that the views of the public and people who use services are heard. The CCG has regular briefings and information-sharing sessions with Healthwatch members and staff to ensure they are up to date with projects and plans for health in Bexley. Healthwatch is a member of the CCG's Quality and Safety sub committee, which considers patient experience about the quality of services, and is also represented on Bexley Patient Council.

Healthwatch are invited to and attend Governing Body meetings held in public as well as attending and contributing to the South London Quality Surveillance Group and Health and Wellbeing Board alongside the CCG.



2.3 Local democratic channels and representatives

The CCG produces regular briefings for MPs and councillors and reports to LB Bexley's People Overview and Scrutiny Committee. The CCG also has a constructive relationship with the Scrutiny Committee outside of formal meetings through informal briefings and Scrutiny has a place alongside Healthwatch and the voluntary sector on the South-east London-wide Stakeholder Reference Group, which advises and comments on engagement and communications activity and plans that concern more than one CCG area.

In the last year the Stakeholder Reference Group has discussed the development of Our Healthier South East London Commissioning Strategy and communications campaigns to support winter planning and to underline the 'Not always A&E' message.

Strategic partnerships

The CCG is an active member of the Bexley Health and Wellbeing Board (HWB), the chair of the CCG's is the HWB's vice chair. The HWB brings the CCG together with elected representatives from London Borough of Bexley, NHS England, Healthwatch and local trusts to advice, support and direct the development of local health services and initiatives to support health and wellbeing in Bexley.

In 2014/15 the HWB met six times and meetings were attended by the CCG's Chief Office and Chair. Discussion areas have included the CCG's commissioning plans and work with other CCG's to improve health across south east London. The CCG worked with partners on a number of other areas including;

- Development of Queen Mary's Hospital and Erith Hospital
- Better Care fund
- Social Prescribing
- Co-commissioning of primary care
- Winter planning and resilience

The CCG is an active member of the Local Children's Safeguarding and Safeguarding Adults Board to protect vulnerable people.

In February 2013 the South East London CCG Clinical Strategy Committee formed a Stakeholder Reference Group (SRG) to cover all boroughs in South East London. During 2014/15 four meetings took place – all of which were attended by the CCG Head of Patient Experience and Engagement. The primary purpose of the SRG is to facilitate better engagement where there are pan London programmes of work or major strategic issues that will impact across many CCGs. The SRG workplan for April 2014 to March 2015 included;

- Commissioning strategy programme- Our Healthier South East London
- Winter planning
- Primary Care – co-commissioning



2.4 Governing Body

The CCG holds six governing body meetings and an annual general meeting in public each year, at each of these there is a public forum where local people can ask questions on any matter. All reports and minutes are published on the CCG's website.

The Governing Body has a statutory lay member with responsibility for patient and public involvement, in addition to which the patient council is invited to nominate a representative to become a member of the governing body.

2.5 Bexley Patient Council & Mystery Shopper Scheme

Bexley Patient Council

The patient council is at the heart of Bexley CCG and provides a patient perspective to address health matters that are important to local people. The CCG wants people in Bexley to have a voice and help it deliver services that provide better patient experience and improved patient outcomes. The patient council ensures there is appropriate engagement in CCG decision-making and that engagement happens in a timely way

The CCG has shown great commitment in supporting council members and strives to ensure membership is diverse and representative of all communities in Bexley. The patient council is made up of 25 champions with the chair and vice chair sitting on the CCG's governing body.

Patient council members include representatives from patient participation group across all three localities, Healthwatch, neighbourhood forums, the borough's multi faith forum, the local voluntary services council, Mencap, SNAP, Diabetes UK in Bexley, Age UK in Bexley, Youth Council and the pensioners' forum.

The patient council meet every 6-8 weeks and their minutes are reported to the governing body and are available to the public via the CCG website. The chair of the patient council has a slot at every GB meeting to speak on its behalf ensuring the voice of the patient is heard by the leaders of the CCG

2014/14 has been another very productive year for the patient council. Integral to the work of the CCG, the patient council was engaged on all service transformations/redesigns, quality updates, new governance arrangement, finance updates and plans for the Our Healthier South East London strategy.

The patient council has been heavily engaged and had complete oversight of the CCG's largest programmes. Some of the recent successes of the patient council include:



- Supporting engagement activities with parents and carers of children and young people who access tertiary audiology services, when there was a change of provider
- Working with patients to monitor and further enhance the new integrated musculoskeletal pathway, for example, ensuring signage was improved to help direct patients to the service at Queen Mary's hospital
- Working with patients accessing the new integrated cardiology pathway to develop an introduction guide, to help new patients understand more about the care they will receive and what to expect
- Working with patients when the new integrated urgent and unscheduled care service was introduced, to help appropriately promote the new urgent care centre at Erith hospital
- Helping to support and champion campaigns such as 'not always A&E', ensuring patients access the right service at the right time, when they are injured or unwell
- Supporting Healthwatch Bexley with an 'enter and view report', which highlighted access to GP practices in Bexley
- Developing services and site at Queen Mary's Hospital
- A review of hydrotherapy services
- Challenging commissioners' plans for service redesign, including improving contracts to ensure support for people with learning disabilities and refining plans for transition of services from children's to adult services.

Bexley patient council provides patients, the public and community representatives with a significant influence in how the CCG develops and commissions services – ultimately supporting the CCG to put patients at the centre of everything it does.

Mystery Shopper Scheme

NHS Bexley CCG launched a mystery shopper scheme in 2014. The scheme enables the CCG to look at healthcare from a patient perspective, highlighting how patients rate the services they access.

In 2014/15 the CCG received 722 feedback forms from patients who had shared their experiences of local healthcare –51%positive and 49%negative.

With mystery shopper feedback, along with other quality data and information, the CCG was able to make a number of improvements. One of the biggest successes – which led to a dramatic improvement in patient satisfaction – is access to blood tests at Erith hospital. The CCG received a number of queries/concerns regarding the walk-in service system, which led to many patients waiting for long periods of time for an appointment and on some occasions, having to return the next day. The CCG worked alongside patients, including the patient council, and the provider of the service, Lewisham and Greenwich NHS Trust, to put in place an appointment-based system. This has made the service more efficient, ensuring patients have access to an appointment, at a time convenient to them. Waiting times have reduced and there are still a number of walk-in appointments available to patients with a more urgent need.



Patient Participation Groups – PPG’s

Most of the CCG’s member practices support opportunities for patients to have an active influence on quality and service development through practice based patient participation groups – PPG’s. Six representatives from PPG’s in Bexley sit on the patient council; they help us to develop new ways of working with the PPG network across Bexley.

PPG’s are part of our engagement profile and feedback captured during network meetings and from our attendance at practice meetings is shared and fed up to the Governing Body as appropriate. In 2014/15 the CCG also hosted regular meetings with PPG Chairs to share information and ensure their involvement in CCG projects/forums.

2.6 Annual engagement plans

The CCG develops annual plans for engagement and uses planning, reporting and evaluations tools to ensure it is using consistent and appropriate approaches and methods. The CCG has patient/lay representation on many of its working groups and contract management boards and has also undertaken surveys, interviews and focus group discussions on a range of priority areas in the last year. These have included the CCG’s work on NHS 111 service and Our Healthier South East London.

Our Healthier South East London

The CCG works with other CCGs across south east London on areas where it is appropriate to develop services jointly. The six south east London CCGs have been working together since 2013 with NHS England and local councils to develop a long-term plan that makes sure all the CCG’s health services meet London quality standards and makes the best use of collective resources. Engagement activity is co-ordinated through regular meetings of the programme’s communications and engagement steering group (read more about this in section three)

2.7 Supporting patient participation groups

The CCG is keen that patient participation groups continue to grow and bring about improvements for patients within individual practices, and that they have a wider influence, feeding into discussions about the range of services the CCG commission for Bexley. In 2015/16 the CCG is delivering developmental support and will be offering free training and patient education sessions to all PPG/PRGs.

2.8 Patient experience and insight

The CCG gathers information on patient satisfaction from a wide range of sources including national and local survey programmes as well as through its quality and complaints monitoring systems.



Quality and contract meetings with providers offer opportunities to discuss issues in detail identify trends and seek assurance that the experience of patients is being used to drive quality improvements. We also analyse patient experience data gathered by local providers through CQRG meetings. This is described this in detail in section four.

SECTION THREE: engagement and participation activity meeting the collective duty

3.1 Our Healthier South East London

The six clinical commissioning groups in south-east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and commissioners from NHS England, London region, began developing a five-year commissioning strategy in October 2013. Since October 2014, this has been known as 'Our Healthier South East London'.

The strategy aims to improve health, reduce health inequalities and ensure the provision of health services across south-east London that consistently meet high standards of safety and quality and are sustainable. It focuses on issues for people across south-east London, which need collective action to address them successfully, or where there is clear added value from the commissioners working together. The priority areas are: community-based care, urgent and emergency care, planned care, children and young people, maternity services and cancer. Mental healthcare is integral to each area.

The commissioners are working in partnership with local councils, health service providers (including hospitals, hospices, community services, mental health services), patients, carers and local people. The strategy is commissioner-led and clinically-driven. It builds on what already works well and is shaped and developed by the views of all the partners and local stakeholders – especially patients and local people.

The programme has undertaken a range of engagement with patients and the public. During the year, more than 30 people have been recruited to bring patient and public voices into all the clinical leadership groups and governance groups. They also meet every six weeks as a single body. The south-east London Patient and Public Advisory Group (PPAG) advises the programme on all aspects of public engagement and involvement. PPAG established a reading panel in August 2014, which supports the programme by ensuring that all published materials are understandable, jargon-free and in plain English.

A market research survey was commissioned in summer 2014 and wider engagement events across south-east London with voluntary and stakeholder organisations, patients and local people have taken place. Two deliberative events for voluntary organisations and other stakeholders took place on 3 June and 18 June 2014. Local engagement on the draft case for change and the emerging thinking has also been undertaken. Events were held in Bexley in February 2015. The feedback from these events (and other feedback from local people) is published in 'you said we did' reports, the first of which was published in November 2014.

NHS Bexley CCG has continued to make good progress during 2014/15 and in June 2014, submitted a draft strategy to NHS England for review. This national milestone enabled NHS England to give the CCGs feedback on the strategy and progress on it.



Work has been continuing and an update on the programme, including an outline whole system model, was presented to all governing bodies meeting in public during January 2015. This is available online in January governing body papers. Bexley CCG presents an update on progress with and development of the strategy at every governing body meeting held in public.

The whole system model, which describes how models of care in the six priorities will fit together, is being refined. Clinical models describing how care might be delivered in the priority areas are also being refined and checked for outcomes and impacts as well as for compatibility with CCGs' operational plans. Plans for future development have been drafted for 2015/16 and beyond. These will be subject to further engagement, working closely with CCG engagement leads.

Further information on the strategy, including a plain English summary, the case for change, 'you said we did' documents and updates are available on the programme website www.ourhealthiersel.nhs.uk.

Direct involvement of patient and public voices

- Patient and public voices (PPVs) have been involved in the Clinical Leadership Groups since June 2014. Each of the Clinical Leadership Groups has at least three patient and public voices and one Healthwatch representative, who are supported by the Patient and Public Voice Project Manager and the Programme Manager in each area.
- The PPAG has undertaken a number of 'deep dive' sessions into each of the Clinical Leadership Groups, the workforce supporting strategy, whole systems model and whole systems outcomes enabling members to contribute to all the areas of the programme. The PPAG has also reviewed the first Equalities Impact Assessment and identified priority areas for the next Equalities Analysis.
- PPAG has formed a reading group to review public facing documents to ensure that the language is suitable for the public to understand. This has included the Case for Change summary for the programme; website; the Issues Paper; newsletters and public FAQs.
- Patient and Public Voices have been involved in a number of procurement activities within the programme – including the commissioning of the Equalities Analysis, Market Research and Workforce support.

Early engagement activities and feedback - Case for Change for south east London

The early public engagement on the strategy focused on testing the draft case for change via CCG engagement routes. The Case for Change was developed by local clinicians, social care and public health professionals. It looked at the most important health issues for people in south east London. It is based on local needs and



aspirations and builds on work carried out already at borough level, while also taking into account national and London-wide policies.

During 2014-15 the Case for Change paper was published on the CCG's website and on the new programme website that was jointly developed. The CCG has continued to keep the Health and Wellbeing Board and People Overview and Scrutiny chair informed. The CCG also presented the Case for Change at its Governing Body meetings in public, at Health and Wellbeing Board and had discussions with Bexley Patient Council and PPG/PRGs.

Deliberative events

Wider testing of the work of the Clinical Leadership Groups and the overall shaping of the strategy has also been carried out to further test developing ideas. These included two south east London-wide engagement events in June 2014 involving more than 100 invited representatives of voluntary and public stakeholder groups, the public and patients

Four participatory workshops were held across south east London in December 2014 and February 2015. 110 people participated across the four workshops. Detailed feedback was gathered and four overarching themes connected all the comments:

- *The importance of person-centred care*
- *The importance of seamless and continuous care*
- *The importance of support networks in the community*
- *The need for better information and signposting.*

Deliberative engagement events were held in each borough in July 2015 – to gather in depth feedback from recruited patients and the public and voluntary and community sector stakeholders, about the challenges and issues affecting local health services. The events were independently facilitated, with each event will be led by each CCGs senior clinician and Chief Officer. In Bexley 85 people attended an event in Bexleyheath on 14 July.

Market research:

An independently-run telephone survey with a representative sample of local populations to gain deeper insight into local people's views on priority areas for the strategy's Clinical Leadership Groups was carried out in July and August 2014. This was supplemented with more in-depth face-to-face surveys with groups of people with those protected characteristics for which it would not be realistic to obtain a statistically valid sample through the telephone survey. This research fed into the development of the programme's Clinical Leadership Groups to consider as part of the development of the strategy and the emerging clinical models.

Community research

Seven drop-in sessions were held in a range of locations across south east London during November and December 2014 with the aim of talking to people in different groups about their experiences of care, to provide richer insights to support the work



that Clinical Leadership Groups are doing to design new models of care. The sessions focused on maternity, children and young people, urgent care and Local Care Networks. Altogether, 59 people and families were involved in this research, representing a range of backgrounds.

In-depth case study research

A number of detailed case studies were produced to be used by Clinical Leadership Groups to explore what their planned models might mean for patients, and for further engagement research. The case studies and engagement materials were tested with patients through local engagement events in March and April 2015.

'You Said, We Did' reports

As part of the programme, 'You Said, We Did' reports are produced that summarise the programme's engagement work and include samples of the feedback received along with responses.

Forward Plans for 2015-16

An Issues Paper was published in June 2015. Issues Papers are increasingly viewed as best practice for public sector change programmes, setting out the case for change and questions for the public and stakeholders to consider at an early stage in the public body thinking. This issues paper will be the main mechanism on which the programme will engage during this phase.

Key engagement activities planned include:

- Running a complementary programme of outreach with local community and voluntary groups.
- Providing an engagement toolkit for each CCG to support engagement with key stakeholders – including local Authorities; health and wellbeing boards, overview and Scrutiny committees, MPs etc.
- Holding a stakeholder engagement event to involve local stakeholders in the development of the options appraisal process and to shape the evaluation criteria.

3.2 NHS 111

People who have an health care need that is not an emergency can get in touch with the NHS 111 service by telephone for information, advice or direction to treatment if they need it. The service clinically assesses people and can refer them to healthcare services, transferring data and booking appointments if appropriate. In South East London NHS 111 is managed by the London Ambulance Service.

The contract is at an end and so the CCG is required to re-procure the service which will commence during 2015/16 and is being undertaken jointly across South East London. There will be running patient workshops and an online survey.



In preparation during 2014/15, the CCG gathered the experiences and views of patients and people who had used the service to better understand patients' experiences to shape the new service specification.

In addition to comments and feedback already collected by the NHS 111 service the CCG held a workshop for patients in January 2015, where people were asked about their experiences of the existing service and what an ideal service would look like.

People said they were confused about what 111 does and that it needs to be promoted more clearly. There were also views that the service needs to cater better for people who are deaf or who speak another language.

When the CCG asked people to imagine the perfect 111 service they said it would provide;

- Access to urgent, non-life threatening help and advice
- Medical advice from a doctor or nurse, not call handlers who are not clinicians
- An equal service to non-English speaking callers and to people with learning disabilities and hearing or speech impairments
- Advice for people not registered with a GP
- Urgent GP appointments, linking with GP extended hours and providing a seamless service
- Ambulance despatch and access to 999 if needed
- Pharmacy information including opening times, services offered and locations
- Repeat prescriptions
- Empathic, relaxed and confident call handlers
- Call handlers who have good geographical knowledge and access to information on public transport in relation to specific services the caller may need
- A fast track through the call handlers questions for issues the caller highlights as urgent
- Quick access to clinical advice

All comments and ideas informed the draft specification which was published online, along with a survey and an invitation to a session where people could view and discuss the first draft specification. The NHS 111 procurement process was also discussed with local people several times in public forums (Patient Council and PPG/PRG meetings) and during public Governing Body meetings during 2014-15.

3.3 End-of-life care

During 2014-15 the CCG undertook engagement activities with residents to better understand their views about end-of-life care. The CCG wanted to understand what



patients thought could be improved about end-of-life care and to consider what can be learned in order to improve the provision of services in the future.

An invitation to participate was extended to the Patient Council and several community groups (including Carers Support and Bexley Pensioner's Forum). A public stakeholder who had recently experienced services was also present.

Participants were invited to comment on the following ideas that may form part of the programme of work on end-of-life care in Bexley:

- Forming a dying matters group to raise the profile of death and dying, to help people to talk about it and to help enable positive messages to be communicated to the public
- GPs to take a more active role in end of life care
- Better supporting people to die at home or in their care home

Feedback from participants highlighted:

- The need for an advocate/support worker/key worker to support the main carer and help them navigate departments/ hospitals in complex cases and to support them emotionally
- That DNAR (do not attempt resuscitation) are at times dealt with insensitively or too close to death
- Patients are not always asked where they would like to die and lack of seeking patient's wishes.

The remodelling and improvement of end-of-life care in Bexley is being led by the Head of Integrated Commissioning for Older People with clinical support from local GPs and the views expressed through this engagement activity were one of many factors which fed into the development of a new business case for end of life services. Many of the views expressed have also been mirrored in other findings nationally, or locally, and are being taken into account as plans for the service in the future are taking shape.

3.4 Service planning and design – Queen Mary's and Erith Hospital

The CCG has continued to work with patients and its partners to help develop the site and services at Queen Mary's and Erith hospitals. This was a focus area for the CCG in 2014/15. The developments are in line with the Queen Mary's Hospital (QMH) vision, which highlights the plans for services.

More than £30 million is being invested into QMH to create a high-quality patient environment and to help layout services in a more logical way.

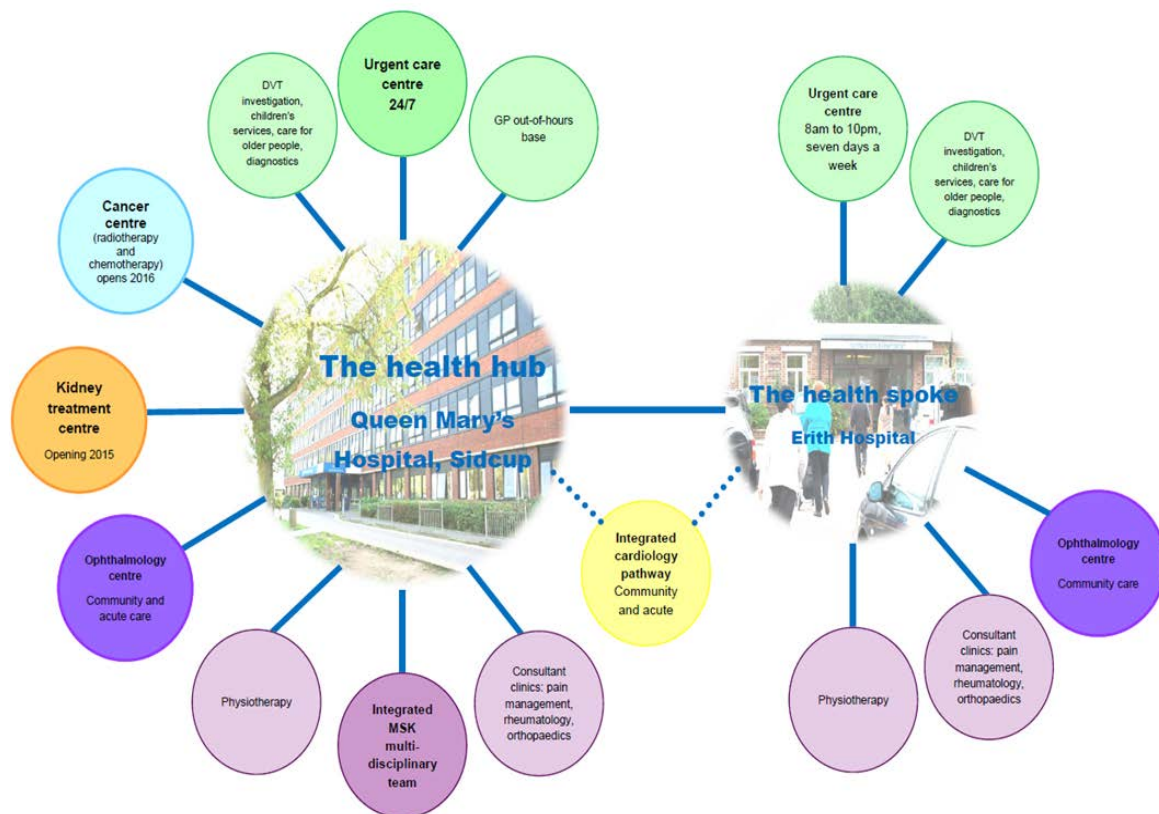
Some of the achievements delivered so far include:

- Building work commencing for the new cancer centre – due to open in 2016;
- Building work commencing for the kidney treatment centre – due to open in 2016;



- New enhanced urgent care centre opened in 2014;
- New café at main entrance opened in 2014;
- Improvement and redecoration of a number of clinical areas including mammography and the urgent care centre completed in 2014
- Temporary theatres removed and new car park created completed in 20x14
- Improved external lighting, providing a safer environment for patients, visitors and staff completed in 214;
- Hydrotherapy pool review completed in 2014.

The CCG's commissioning plans are to develop and transform both Erith and Queen Mary's hospital sites. The CCG explains this model (see below) as a multi-provider 'health hub' at Queen Mary's hospital and a 'health spoke' at Erith hospital. This approach is enabling patients to receive care closer to home and providing greater choice.



Actions and activities to support engagement and the seeking the views of the public to inform developments identified above included:

- Presentations and written/verbal updates to Patient Council;
- Wider public engagement via GP practices PPGs/PRGs;
- Presentation at community groups & forums (including Pensioners Forum, BAME groups)

- A site services focus group with representation from patient council and appropriate service user groups to inform on-going development on the above sites;
- Outreach stands by members of the CCG Patient Experience Team.

To strengthen engagement and to help fully understand the views of public the CCG commissioned an independent face-to-face survey of Bexley residents. A total of 400 interviews were undertaken during July-August 2014.

The main aim of the survey was to establish and quantify perceptions of the hospital and to see if respondents were aware of developments on the Queen Mary's Hospital site and what impact they felt the changes would have upon the local health landscape.

The survey's results and analysis were considered by the QMH communications group and the QMH programme board. The learning from the survey was used to help measure the success of the initial communications and engagement strategy, especially the extent to which the plan's key messages were heard and understood by local residents. The results then fed into the development of the revised communications and engagement strategy, through for example, influencing the crafting of key messages, the communication channels deployed and stakeholder groups targeted. The revised strategy was approved by the programme board in December 2014.

3.5 Hydrotherapy pool review

During 2014/15 the CCG worked with QMH programme board and the LB of Bexley to review the provision of the hydrotherapy pool on the site. The pool is currently situated in A block, which will be demolished in 2016, a decision needed to be whether to re-provide hydrotherapy on the QMH site.

Current and previous patients were invited to give their views via surveys and two focus groups to inform option development and the recommendations. Additionally, on-line surveys were posted on CCG and Oxleas websites for the public to complete and have their say, resulting in 40 responses. The notes of the focus groups and survey results highlighted key considerations which service users felt should be taken into account when determining the future of hydrotherapy provision in Bexley, this included:

- Transport links to alternative pools
- Waiting time from referral to treatment
- Reliability of pool
- Information on pool (access and changing facilities) and what is provided during a session



As a result of engagement from stakeholders and public the pool was not re-provided on the QMH site but access provided to a wider range of locations at a wider range of times.

3.6 Re tender of learning disability services

In April 2014 the CCG commenced re-tender of learning disability services, including supported living, registered residential care homes, respite care service and day services.

The CCG consulted service users of existing services through engagement facilitated by the existing service provider and through third sector user organisation (Mencap). Families and carers were also consulted at a meeting facilitated by the CCG and Local Authority.

Carers and service users were asked about service quality and delivery and from this developed a range of questions that were included in the tender process upon which prospective providers were evaluated by the CCG and LB Bexley, service user and carer were included as members of the procurement panel.

The Learning Disability health sub group (made up of CCG Mencap, carers and advocacy groups were also consulted and inputted into the service specifications for each service area.

Service users and carers were involved in the procurement of learning disability services and were involved in review of service specifications to ensure services were designed to deliver user specific outcomes against a clear set of key performance indicators.

Involvement of carer representatives and service users on the procurement panel ensured that the views of carers were included in the evaluation of prospective providers and that they played a key and equal part in the procurement of services they would be using

3.7 Paediatric Tertiary Audiology Service

During 2014/15 the CCG consulted on the transfer of the Paediatric Tertiary Audiology Service. This service was provided by St Georges Healthcare Trust to provide second and third tier audiology assessments of children referred through the neo-natal hearing screening programme and as referred by other professionals.

Notice was given by St Georges to terminate the Children's Tertiary Audiology Services at the end of January 2015. Alternative providers were approached but only Guys and St Thomas' expressed an interest within the tight timescale and who were close enough to be able to deliver the service. St Thomas' also have three satellite sites enabling a much wider and local choice for parents for follow up reviews.



A parent engagement event was held on the 11th March to ensure accessibility for all parents/carers and stakeholders. During this event they were consulted regarding their views, concerns and questions. This event was led by the providers and commissioners and was extremely positive. An online survey was also developed for parents and carers and letters were sent at each stage of the process to ensure everyone was fully informed at all times of the new pathway.

In addition to the above the clinical lead for audiology, clinicians, teachers and relevant local authority officers and voluntary sector partners were fully involved and consulted on the transfer. All GPs, special schools and key partners were fully informed of the transfer arrangements.

Feedback from the patient/carer event and completed questionnaires supported the CCG to put in place new services to meet the needs of patients as well as their parents/carers. This highlighted that Guys and St Thomas' NHS Foundation Trust as the preferred service provider. Patients wanted to retain a local service and as a result of this the CCG has ensured that audiology appointments can be provided in the community at three locations in south east London, depending on the child's clinical needs.

Parents and carers also requested that the ear mould service remain local. The CCG has been able to arrange for moulds to be obtained from three healthcare centres in south east London as well as from the existing support groups. This provides patients and their parents/carers with additional choice, and ensures that all children who need impressions can access the service through their hearing support group.

Parents and carers have been fully involved throughout the process and the recommendations they requested have been acted upon. As this service was jointly commissioned with Bromley and Greenwich CCGs Commissioning leads from all three boroughs and Bexley Voice will continue to ensure involvement in any new changes or developments and will monitor the transition of this service and quality of the provider.

3.8 Care Homes

Between Jan – March 2015 the CCG undertook engagement with care home residents, staff and relatives to understand people's experience of accessing and receiving GP medical services whilst in care.

A questionnaire was developed and used to encourage feedback. 18 care homes were approached and asked to take part in the survey, 15 agreed and 55 completed questionnaires were returned. Questionnaires were completed by residents and/ or their family members; staff were asked about their views and experiences. The CCG's engagement officer visiting the homes also invited family members to come and speak to her, publicising her visit in advance, on a poster displayed in the home.

Key feedback and themes from the engagement exercise included:



- Difficulty getting through to the GP surgeries to make appointments or chase up issues about individuals
- Many residents felt they did not have long enough with the GP to discuss their health issues
- Referrals by GPs took a long time

Service users and relatives were also asked as part of the survey what if anything could be done to improve the medical care received in their care home. Most responses to this question were that nothing needed to be improved, but some wanted more time with the GP during their visits. An issue highlighted by relatives was that they needed to be communicated with about health issues and visits especially where their relatives suffer from dementia.

Engagement and feedback has helped to inform the development of the nursing home Local Enhanced Service (LES). All but one of the care homes now have a GP service provided by one practice through the LES, (although it often takes time to persuade existing residents to re-register with the home's GP provider), which not only simplifies arrangements and liaison for staff, but through the specification of the LES, improves patient's access to GPs as well.

The LES also aims to ensure that doctors are visiting care homes more frequently, and therefore are not rushed with patients. The main messages of this consultation have been shared within the CCG and practices. Contract officers are monitoring this contract, which will be reviewed again 2015/16

The CCG has also developed a Care Home Quality Improvement network, run by the CCG and Local Authority with expert training provided by Oxleas and other providers; the aim of this network is to improve patients experience in care homes, improve the quality of care home services and reduced the number of A&E attendances from care homes.

3.9 Ongoing engagement for service redesign and procurements

Further to work undertaken in 2013/14 the CCG has continued to develop and strengthen engagement in two of its service redesign procurements:

Cardiology and MSK programme board

Patient representatives have been recruited to both contract monitoring boards and regularly attend meetings with providers. This helps to capture and illustrate patient experiences and feedback ensuring that services are responsive and make ongoing improvements as appropriate.



4.3 South London Quality Surveillance Group

The South London Quality Surveillance Group is a regional mechanism for sharing information and intelligence on provider organisations in order to identify problems and manage risk. This forum meets every two months and its membership includes Monitor, the Trust Development Authority, NHS England, CCGs, local authorities and Healthwatch organisations.

Through the forum each organisation contributes its own unique perspective in order that a fuller picture of quality, safety, effectiveness and patient experience may be arrived at.

4.4 Quality Accounts

CCGs formally comment on NHS Trusts' Quality Accounts, which must be published annually and provide a self-assessment of performance in areas of patient safety, clinical effectiveness and patient experience. As commissioner, the CCG commented on Dartford and Gravesham NHS Trust's report and had opportunities to have an input into the lead commissioners' reports for Lewisham and Greenwich NHS Trust and Oxleas NHS Foundation Trust.

4.5 Contracts and patient involvement

Feedback

A standard section is included in all contracts relating to service user involvement. The extract below is an example of how performance is monitored via regular service/contract monitoring meetings:

"Feedback on the service

- 4.3.2 The provider will ensure that systems for consulting people engaged in the service and for monitoring an individual's satisfaction are developed and implemented. Details of the systems must be made available to the commissioner, on request, for consideration and approval.*
- 4.3.3 Service user involvement will be promoted at all times, both formally and informally throughout the service. The provider will ensure that for people engaged in the service, a formal mechanism for their involvement and consultation is in place with regard to the overall operation of the Service and any service developments.*
- 4.3.4 The provider will ensure that a satisfaction survey of people engaged in the service is completed annually."*

4.7 NHS continuing healthcare and Personal Health Budgets

The CCG sees and approves individual care plans for all people who are receiving NHS continuing healthcare. Personal health budgets are currently available to people who are eligible for NHS funded continuing healthcare from Bexley CCG.



Four people in Bexley are currently receiving personal health budgets to help them meet their continuing health care needs.

4.8 Supporting self-management

The CCG has, for a number of years, stimulated and supported self-management and partnerships with patients in organisation that provide health and care. The CCG also commissions a number of self-management programmes as detailed below.

Diabetes

The CCG commissions an X-PERT patient service for diabetes patients targeted at people with type 2 diabetes. The programme offers supportive education on diet and lifestyle to patients. It is led by a lay person and a nurse. It is currently promoted by self-referral, via leaflets, posters and other communications channels. All patients receive an information leaflet on X-PERT upon diagnosis. In 2014/15 765 patients attended the service.

The CCG has a positive relationship with Bexley Diabetes groups, which are also represented on the Bexley Patient Council

Pulmonary rehabilitation

The CCG awarded a new three-year contract for pulmonary rehabilitation in July 14. As part of the rehabilitation service the provider leads exercise sessions for the patients referred on to the programme, and emphasises educating patients to self-manage and to be able to continue exercise when the programme ends.

Patients are given an exercise manual in which they record their progress. Many patients report being heartened to see their increasing ability as the course progresses. Patients set goals at the beginning, for example to walk to the local shop without needing to stop to catch their breath. Patients are assessed at the beginning and end of the course. Patients are encouraged throughout to take ownership of their condition, and to do all they can to manage it well. The programme is held in a central accessible leisure centre, to ensure it is as easy as possible for patients to keep exercising following the rehabilitation, and several follow up classes and options are highlighted throughout the course.

To date 120 people have been referred to the scheme.

Social prescribing

GPs identified a service enhancement after analysis of appointments and referrals. A social prescribing pilot launched on 1 April 2015 in the Clocktower locality covering nine practices. It enables GPs and nurses to signpost patients with social, emotional or practical needs to access a range of local, non-clinical services often provided by the voluntary sector.

Patients are assessed by a social prescribing coordinator, who works with the patient to consider which voluntary organisation-run programme meets the patient's needs



There have already been 28 referrals and although the project is in its infancy feedback from patients to date has been very positive. The pilot ends on 1 July 2016.

4.9 Using information technology and social media to improve engagement

Using the CCG's website

Visits to the CCG's website (www.bexleyccg.nhs.uk) have increased and the website is used as a principle means of communication about the CCG's work and opportunities for people to get involved.

The 'Contact us' and Governing Body meetings pages are highly popular and the 'Get involved' page is used to promote engagement from local people. The use of the website has strengthened the CCG's engagement with Bexley residents in several ways;

- It has attracted people to public forums and Governing Body meetings
- It has enabled members of the public and interest groups to access papers online and come to meetings informed and with relevant questions
- It allows busy working people, new parents and people with limited mobility to stay in touch with the CCG and to have conversations with it at times and in ways that are convenient for them

Areas in which The CCG particularly used its website for engagement during 2014-15 included:

- Our healthier South east London
- NHS 111
- Patient Council and Mystery Shopper events/activities
- Queen Mary's Hospital development

The CCG has also highlighted opportunities for engagement with Bexley Council including a Pharmacy Needs Assessment.

Links with partner websites and visibility on partner websites

Much of the CCG's work is a partnership between different organisations and so the CCG has often collaborated on other organisation's websites and where partners can share work being progressing together. One example includes Our Healthier South-east London - www.ourhealthiersel.nhs.uk

The CCG also communicates with a wide range of community organisations and local forums in Bexley usually to promote opportunities for engagement in its work. These groups are asked to use their websites to help spread the word to their members and throughout their networks. Examples include Bexley Voluntary Service Council and Healthwatch Bexley.



4.10 Twitter

The CCG, and individual members of the governing body have over 6,500 Twitter followers. The CCG tweets regularly with local and national health news and about campaigns and to promote opportunities to get involved. The CCG also tweets from events to keep people in touch with live discussions and to encourage them to join in.

4.11 Email: 'Contact us'

By using the 'contact us' box either directly or via the website many people have contacted the CCG over the year on specific issues and asked to receive updates about opportunities to get involved in aspects of the CCG's work. The Patient Engagement Team has further engaged with these people when appropriate, finding that people who are interested in one aspect of CCG activity are often interested in other areas. The 'contact us' mailbox is also regularly used to pose questions to the Governing Body.

4.11 Online surveys and discussion forums

For many people giving their views online is convenient, time saving and a preferred means to engage with us. Although the CCG does not rely exclusively on online methods it has made use of online surveys during 2014-15 to gather views on a range of projects including the NHS 111 service, review of hydrotherapy service and children's audiology services.



SECTION FIVE: forward plans for 2015-16

During 2015/16 there have a number of specific areas in which it is planned to develop the CCG's abilities and skills to involve people in the CCG's work and in their own health and care.

Throughout 2015/16 the CCG will be undertaking consultation/engagement activities to seek the views of patients, healthcare professionals and the local community on redesign and re-procurement plans; some areas for engagement include:

- Self-management pilot - social prescribing
- Physical Disability Services
- Ophthalmology Services
- Diabetes Services
- Maternity services
- Anticoagulation Services
- On-going development of Queen Mary's Hospital site
- Our Healthier South East London
- End of life care

The CCG will also be developing its digital engagement plans and use of information technology to increase the number, and breadth, of people that the CCG engages with. This will introduce new platforms for local people to engage with the CCG, building on its use of social media and developing the ideas of its membership scheme.

The CCG's engagement team will continue to promote a number of national and local campaigns including the winter campaign, medicines waste and Flu. In addition to this the CCG will continue to work with patient groups in local GP practices and through Bexley's patient participation group network to develop and strengthen their influence on its commissioning decisions and involve them in transformation projects.

The CCG plans to continue and strengthen engagement in on-going development of the Queen Mary's Hospital site, in partnership with provider organisations and LB Bexley. This will include patient involvement in the development of the site, ensuring the vision for the future of the site offers a positive patient experience and that the patient voice is encompassed.

To support the CCG's work around equalities and progress with the Equality Delivery System the CCG will continue to develop a BAME reference group and relationships with community groups (including Bexley Multifaith Forum) to help engage with people whose characteristics are protected by the equality act. One aspect of equality engagement will be progress with the Youth Ambassador programme and recruiting and supporting people with learning disabilities to engage with the Mystery Shopper programme.



Developing strategy

The CCG will be working in partnership across SE London to continue to engage local people in the development and delivery of the South-east London Commissioning Strategy 2014-19, which has six key areas of focus:

- Community-based care
- Planned care
- Urgent and emergency care
- Maternity
- Children
- Cancer

How to get involved

The CCG is working hard to include local people in the shaping of health services and want to make sure it hears from all people and communities in Bexley – everyone’s opinions matter. The CCG understands that the way it asks for people to share their views can make a big difference to who responds so it will ensure it designs its patient experience and engagement processes with this in mind.

There are a number of other ways for people to get involved in local health services and to share their views, including:

Patient Participation Groups – the building blocks for engagement at practice level. Each GP practice can set up as a group of patients who are interested in engaging with their work and registered patients.

Bexley Patient Council – The patient council is made up of 25 patient champions who represent residents from a variety of backgrounds including the community and voluntary sector and gives patients the opportunity to influence how the CCG develops and commissions services. The patient council is chaired by the governing body’s lay member for engagement and the vice chair sits as an observer on the governing body.

CCG website

NHS Bexley CCG has an accessible (Double-A standard) website which provides information to the public including a section called ‘Get Involved’. The website has been used to inform its plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. The website runs Browsealoud to improve access by facilitating access and participation for those people with print disabilities, dyslexia, low literacy, mild visual impairments and others who have difficulty with the written word.

Mystery Shopper



The CCG's considers patients to be experts by experience and mystery shopping is a customer feedback tool used to assess the quality of services. The CCG is actively recruiting patients, service users, carers and relatives to be mystery shoppers – who will be asked to give feedback on their experience of contact with health services, whether by telephone, letter or face to face, planned or unplanned. The scheme helps the CCG find out what services work well for patients and where things need to improve.

Community membership scheme The CCG has a community membership scheme to enhance how it involves Bexley patients and residents in how healthcare services are commissioned and developed. It will be relaunched in 2015/16 with a far greater use of digital platforms, including social media, to increase membership and interactivity. It will aim to attract members from a range of demographic groups with a clearer, more defined, offer of member benefits.

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 CCG is able to use information from surveys to help it understand patients' views and help inform commissioning decisions.

Contact us

If you are interested in getting involved in the work of the CCG or would like to share your views on local health services, please contact the CCG via the following:

By post:

Patient Experience Team
NHS Bexley CCG
221 Erith Road
Bexleyheath
DA7 6HZ

Telephone:

0800 328 9712 (Freephone)

Email:

contactus@nhs.net

You can find out more about the CCG and have your say about local health services on the CCG's website, www.bexleyccg.nhs.uk

If you would like a copy of this report in another format such as large print or another language please contact the Patient Experience Team on the Freephone number provided above



SECTION SIX - Healthwatch Statement

Being finalised



Excellent healthcare – locally delivered