

## Patient, Public and Practice Engagement Report 2018/19

### Patient and public engagement

#### *Introduction*

Public and patient engagement is an integral part of the work that the CCG does. Our communications and engagement strategy sets the scene for the culture of the organisation around communications and engagement. This will be vital as services across health and social care become more integrated. Overall, the strategy sets out how the CCG involves and communicates with people at all stages of the decision making process, promotes understanding of its vision and local healthcare priorities, and works to instil confidence in its clinical leadership.

#### *Governance and assurance*

The Governing Body lay member for patient and public involvement (PPI) meets monthly with the CCG Communications and Engagement Manager, who has the remit for PPI. At these monthly meetings the PPI action plan is reviewed and progress discussed. The CCG Patient and Public Engagement Committee receive a PPI report annually; in 2018 the Governing Body received a review of the CCG's Patient and Public Engagement Committee Group but going forward will receive a review of all PPI.

Participation takes place at different levels within the organisation. For example the Patient and Public Engagement Committee is made up of patient representatives from practice patient forums and community members. The group channel feedback from their forum into the CCG which in turn is investigated and responses fed back to the group. The group also feedback to their forum on the work and progress of the CCG. Bi-monthly CCG presentations take place at Locality Patient Participation Groups with feedback from the group being fed into work carried out within the CCG, for example Extended Access.

We have a legal duty to engage, though for us engagement and communications are fundamental to our vision and values. Evidence shows that good engagement produces outcomes which are congruent with the aim of the NHS reforms:

- Better decision making - involving patients in decisions about their own health and care has the potential to boost outcomes, reduce unnecessary consultations and improve patient experience increasing ability to deliver difficult change -
- More effective service delivery - understanding patient experiences can help you to identify areas of waste and inefficiency and how to make services better
- Reducing demand - engaging people can help manage demand for services such as inappropriate use of emergency services
- Greater community support - engaging with communities can help tackle health inequalities and support behaviour change

The CCG values input from all patients and members of the public. To this end we have a variety of mechanisms to enable two-way engagement:

- Bi-monthly updates to five Locality Patient Participation Groups
- Bi-monthly Patient and Public Engagement Committee (PPE)
- AGM
- Patient Stories
- On-line mechanisms such as Twitter, on-line surveys, My NHS
- Presentations to People Select and Overview and Scrutiny Committees

#### Third Sector Feedback:

The majority of patient support group websites such as Diabetes UK are a rich source of patient experience, and most have discussion threads on current hot topics, and patient stories. These were scanned and patient experience data incorporated into this report.

#### GP Patient Participation Groups Feedback:

Each GP Practice in Hounslow has a GP Patient Participation Group. That is, a group of registered patients who come together on a regular basis to discuss issues and patient experience. Most of these groups undertake patient surveys and feedback, and publish the results on their GP Practice websites. The Chairs of these groups also meet with our senior managers every three months, and minutes are taken at each of these meetings.

#### *Health watch Hounslow:*

Feedback collated by health watch Hounslow, through its extensive programme of public events, and its Patient Advocacy Service provided a rich and valuable source of patient experience data for this report. We work closely with them, and they kindly share with us the feedback that they have collated with us.

#### *Patient Websites:*

People are increasingly turning to websites to report on their patient experiences, and we regularly monitor their feedback and add them to our patient data repository. The sources are as follows:

- NHS Choices Website and Patient Opinion websites.
- Social Media platforms such as Twitter and Face book.
- Google patient feedback search.
- Mums net – an online forum for new parents.
- Google online search facility.
- Patient Support Group Discussion Forums.

The 18/19 Internal Audit Final Report on Stakeholder Engagement concluded that governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.

### *Impact of participation*

A significant programme of reform for the CCG this year has been the current service developments in Mental Health, priorities for commissioning (national, North west London/Local) how we engage the public regarding commissioning intentions/decisions. The CCG is committed to delivering the best possible NHS services for the future.

This year has delivered a programme of engagement and consultation for below, followed by a breakdown of the key points sent in by Healthwatch and our professional organisations.

### *Primary Care*

- Access to a GP appointment was the main issue of concern for patients. Results from the national primary care survey showed that most people still book their GP appointment by telephone, but online booking is becoming more popular.
- Most people fed back that that they would recommend their GP Practice to someone coming into their area.
- The majority of people are satisfied with the care provided by their GP and Practice Nurse.
- Overall feedback on the local GP Extended Hours Service was positive, with patients appreciating increased access to their GP.

### *Mental Health Services*

- Feedback from service users showed that on the whole, feedback from service users was positive.
- Both service users and carers told us that the relationship with their health professionals was crucial to their recovery and rehabilitation.
- Service users and their carers told us that access to services in times of crisis was good. However, there was some indication that those with more severe mental illness sometimes found it more difficult to access services.
- Service users described those who treated them as friendly and supportive. They also highlighted their needs to feel safe, comfortable and trusting that they were in receipt of the best quality care. The results from the Friends and Family Test in particular showed excellent results. Some service users had experienced issues with access to primary care services. They felt that some primary care staff had little awareness of mental health conditions.
- There was some frustration from service users and their carers who had encountered difficulties in funding services that they felt they needed.
- Carers who were looking after someone with mental health problems told us they would like to be more involved in plans about the person they cared for.

### *Learning Disabilities*

- Overall the feedback from people with learning disabilities was positive.
- Those service users in possession of a personal health budget reported that this had helped improve their quality of life. Likewise those who had a care plan in place also appeared satisfied.
- Many service users reported good working relationships with their health

professionals.

- Most service users highlighted the value of holistic care, particularly activities that improved their health and wellbeing.

#### *Dementia:*

- Feedback from both service users and their carers showed there was still evidence of delays in diagnosing the condition.
- Families and people with the condition fed back the importance of providing a comfortable and safe environment for people with dementia.
- Carers felt that closer working relationships between health and social care would improve the quality of care offered to the person with dementia.
- Perception from families and carers that some of those NHS staff working in the acute sector had limited understanding of the condition.
- There was positive feedback about the support Third Sector organisations offers service users and carers.
- There was some positive feedback from those patients who the service had helped to enable them to stay and receive care in their own homes.

#### *Integrated Care*

- There was evidence that patients and their carers wanted to be involved, along with their family and carers, in decisions about their care. Also, many patients and their carers described how they wanted coordinated care. Patients fed back that they wanted health professionals to know their medical history and care plan, regardless of who knew them best.
- There was evidence that patients noticed when the information about their medical history, referrals, or treatment plans was not shared with other community organisations that provided their care. Many patients fed back that they felt they were often expected to be the 'expert' for their own medical conditions, despite not fully understanding medical jargon and their full medical history.
- Continuity of care - patients expressed the need for their doctors and other providers to know their medical history.
- Overall, both patients and their carers were satisfied that their care was undertaken in a respectful, sensitive and supportive environment.

#### *Diabetes Services*

What are the people of Hounslow with Diabetes telling us about their care?

Information and advice was valued by people with diabetes, this was especially true at the diagnostic stage. One person wrote "I thought I was healthy but found out I had diabetes, then all I wanted to do was find out how this would affect my life. But there was no time for that".

Feedback on the amount of information given was varied. Some people felt they lacked information; whilst others were overwhelmed by the amount of information provided at one time.

A strong theme to emerge from the data on people with diabetes was the complexity of diabetes and self-care. Many patients reported that they tried to manage their

condition, but as one person wrote “it’s a balancing act that sometimes I feel I’ve worked out but then other times not”. Another patient reported “even my practice nurse who knows a lot finds it difficult to advise me on how to look after this myself”. There was also some evidence of the emotional impact of diabetes and how psychological distress may affect glycaemic control.

Also, the amount of information available on diabetes can seem to some people as ‘daunting’ and ‘hard work’. As one patient put it “I don’t know what advice to take, there is so much on the internet, books, magazines about diabetes”.

For some patients, there was a need for family support, for health professionals to help people who have diabetes to manage. This was particularly the case for young and older patients. There was positive evidence that those who had been offered diabetes self-care training had found it useful. As one person who had received training wrote “it’s helped a lot, it filled in the gaps that my nurse missed, and I now understand glycaemic control!”

### *Primary Care*

What are the people of Hounslow saying about primary care?

The Primary care services in Hounslow are currently undergoing significant change, as outlined in the NHS England publication [GP Forward View](#). There are many changes taking place in our GP practices as doctors and their teams provide extended access to appointments, including in the evening and at weekends, and introduce new ways for people to access GP services.

There are also new services rolling out across our GP practices, such as access to on-site pharmacists and other practitioners. Due to these changes, it is crucial that we review what local people feel about these changes, and make sure we are asking about the right things in the right way.

Among the primary care improvements currently being implemented in Hounslow are the addition of more patient services in Extended Hours. The main source of data for this section is the national primary care survey from July 2018, However, we have also drawn on the results of the Hounslow Patient and Public Engagement Committee and Locality patient groups , Friends and Family Test data and Patient Choices website.

### *Patient feedback*

The principle of the Friends & Family Test (FFT) is that all users of NHS services are able to have the opportunity to provide real-time feedback on the standards of care they receive. FFT is used by the CCG as a quality measure to monitor patient experience and support service improvements. The published results are included in the CCG quality monitoring and assurance reports and are discussed at the respective quality review group meetings that are held with our respective providers.

In September 18 a workshop for practice managers took place, chaired by the CCG Practice Engagement Lead, to review the results of the GP patient survey. Each aspect of the survey was reviewed: overall experience by patients; ease of getting through on the phone; helpfulness of receptionists; success in getting an appointment; convenience of appointments; and overall experience of making an

appointment. Practices shared best practice and tips to optimise success. Actions agreed at the workshop included: develop an enhanced and bespoke training course for reception staff; in-house survey to obtain a more accurate picture for each practice; sharing of the patient experience form; practices to contact practices successful in particular areas; and further informal meetings to be arranged to take discussions and actions further.

### *Diverse, potentially excluded and disadvantaged groups*

Our engagement work and plans are subject to a rigorous NHS assurance process which aims to eliminate discrimination, promote equality of opportunity and ensure that, wherever possible, services are provided in ways which might reduce health inequalities. As part of this assurance process, integrated impact assessments (IIAs) were conducted in relation to the future options for acute stroke, acute paediatrics and maternity and gynaecology services. These IIAs identified groups which could be vulnerable to the proposals and the aspects of the services which could reduce or deepen health inequalities.

We have taken an asset based approach to this work and engaged with services and community groups in Hounslow who support people who could be vulnerable to the proposals and may face barriers to taking part in the consultation. This approach to involvement included an offer of practical help and advice, tools and one to one tailored assistance to ensure local groups, staff and volunteers were supported to carry out events.

To help us to consult with different vulnerable groups in relation to specific or different issues, monitoring of activity and cross-checking groups with those highlighted in integrated impact assessments ensured that any gaps in equality work could be identified. This asset-based collaboration ensured engagement activity was developed in a way that made it adaptable and accessible to members of different groups and communities, depending on their particular needs and abilities.

There was an excellent response to this work with over 20 local organisations delivering a combined total of 32 focus groups to consult and engage with over 324 individuals with protected or vulnerable characteristics (which included members of BME community, people with learning disabilities and/or sensory impairment including deaf, hearing loss and sight loss and their family and carers as well as older people, young carers and young people with mental illness, new mothers and people facing economic hardship) ensuring their voice was heard in the consultation.

A review of equality delivery will continue to build upon the good relationships established with the community and voluntary sector to develop an underpinning equality engagement strategy for our programme of work. This will include working with a charity specialising in giving people with learning disability and autism a voice, the programme will also develop a new protocol for accessible information to be adopted for the next phases and related work.

### *Advice from health professionals:*

The patient feedback showed that most people were happiest when they and those caring for them were able to ask questions and were given up to date and useful information about their care. One example of a patient comment stated “the doctors

and nurses were very considerate explaining everything to you as you went along.” And another person wrote “I was treated as an old person not as young as I was, not just a number but with kindness and dignity and respect by all staff.”

#### *Self-care:*

In 2018, health watch Hounslow carried out a borough wide study of the public’s view of self-care. The broad themes that they established were that peoples’ perception of ‘self-care’ seemed to be in line with the public education campaigns being run. Responses in particular focused on minor ailments, pharmacies, physical wellbeing and mental health, but very few responses encompassed all of these. People who told health watch Hounslow that they practice ‘self-care’ generally try to manage their health conditions, and often self-treat minor ailments using over the counter medicines and their local pharmacy to try and prevent a visit to their GP. People also considered ‘self-care’ to be preventative, by keeping fit and maintaining healthy mental wellbeing.

#### *Work with partner organisations*

A quarterly e-bulletin is sent to patients and the public keeping them informed of CCG work and progress. Examples of articles in the bulletin include: Social Prescribing - How we create the best possible improvements for healthcare in Hounslow, including details of how to get involved; GP extended access, including a video of one of the CCG clinical directors explaining the new service; Falls Prevention, including a video on how to stay safe; Future workforce developments in GP practices, including a video of one of the CCG clinical directors explaining recent developments.

### *Future plans*

The Patient and Public Engagement Committee continue to meet bi-monthly with agenda items set by the group. Future meetings including progress on the Sustainability and Transformation Plan, winter planning, update on the urgent care hub and an update on pharmaceutical services. An end of life sub-group will be set up in 2018 to enable members to take a more active role in this work.

The CCG will continue to work with local schools as part of the Business in the Community programme.

Themed patient stories will continue to be collected, analysed and considered by the Quality and Patient Safety Committee with feedback provided to patients and carers and provider organisations.

As part of the commitment to continuous improvement, in early 2019 a review of the equality engagement activity and processes will take place in order to inform an updated equality delivery strategy to underpin the updated communications and engagement strategy for the next phases.

### *Feedback from partners and stakeholders*

Each year a 360 degree stakeholder survey is completed to provide an analysis of the key partners of the CCG. Some of the highlights from the 2018 survey include:

- 80% of stakeholders rated the effectiveness of their working relationship with the CCG as very/fairly good
- 71% of stakeholders felt that when they commented on the CCG's plans and priorities that their comment had been considered
- 83% of stakeholders felt if they had concerns about the quality of local services they would be able to raise concerns within the CCG

### ***Future priorities for engagement***

#### **Case Study – joined up care**

**Patients helped to develop new joined up care for our most vulnerable patients. They came along to focus groups and workshops and also tested the information we produced for patients. This joined up care is making a difference to the lives of patients, helping many to stay well and out of hospital.**

Our ongoing engagement priorities will focus on supporting the delivery of our strategic priorities. This will include:

- Support the development of our integrated care network model of care into other service areas.
- Next steps in the development of an accountable care system.
- Priority setting and commissioning intentions.
- Delivery of the North West London London Sustainability and Transformation Plan.
- Mobilisation of the new community health services contract.
- Transformation of children's emotional and mental wellbeing services through a co-production approach with children and young people.
- Development of new buildings to provide more care closer to home.
- Support procurement and service redesigns.
- Delivery of the priority areas identified in our children and young people engagement plan including involving them further in our commissioning work, gathering their views and understanding of local services and safeguarding issues. For this work, we will focus on young carers and those with physical disabilities to ensure their voices are heard. We will work with Healthwatch Hounslow to adopt an innovative approach to engage

We are grateful to all our patients and members of the public who are working with us on many of these areas already. We will continue to review our public involvement activity and processes to seek improvements and ensure we continue to both meet our legal duty and deliver it to the high standard that our patients and public should expect.