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# Acknowledgements

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

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

# 1. Introduction

The CCG (Clinical Commissioning Group) was formally established in April 2013 and has the responsibility for ensuring that people living in Calderdale have access to high quality health services.

In 2006, Patient Involvement was strengthened by the NHS Act. Sections 242 and 244 of the Act place a duty on NHS organisations to involve and consult local people and stakeholders in the planning and development of services. Also included was a duty for Primary Care Trusts (PCTs) to report on this activity in an annual 'statement of involvement'.

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function. These amendments included two complementary duties for Clinical Commissioning Groups (CCGs) (as the organisations who replaced PCTs from 1 April 2013) with respect to patient and public participation and also a duty to promote the NHS Constitution which was refreshed in 2013. The legal duties in relation to Patient and Public Engagement are presented at Appendix 1.

This report provides an overview of the consultation and engagement activities that have taken place over the past year (from 1<sup>st</sup> April 2017 until 31<sup>st</sup> March 2018) and includes a summary of what people told us, what the outcome was and where you can find further information. It also includes details of any consultations/ engagement activities that are currently planned for 2018/19.



## 2. About Us

NHS Calderdale Clinical Commissioning Group (CCG) is the CCG covering 26 General Practices and a registered population of more than 209,000 patients. CCGs are groups of GPs that are responsible for planning and designing local health services in England. We do this by 'commissioning' or buying health and care services including:

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

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

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

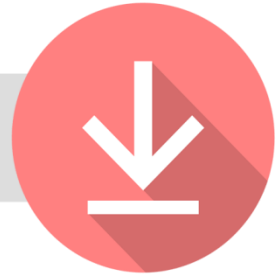
### **The CCG's vision is:**

To achieve the best health and wellbeing for the people of Calderdale within our available resources.

### **Our values are:**

- Preserve and uphold the values set out in the NHS constitution
- Treat each other with dignity and respect
- Encourage innovation to inspire people to do great things
- Be ambassadors for the people of Calderdale
- Work with our partners for the benefit of local people
- Value individuality and diversity and promote equity of access based on need
- Commission high quality services that are evidence based and make the most of available resources
- Encourage and enable the development of care closer to home

***Click here to download a copy of our constitution***



## **Our priorities**

As an organisation we are working towards six key priorities. These are:

1. Preventing people from dying prematurely
2. Enhancing the quality of life for people with a long-term condition (including work on urgent care pathways)
3. Helping people to recover and maintain their independence (including work on intermediate tier)
4. Ensuring people have a positive experience of care (including those in care homes, and those accessing primary care)
5. Ensuring a safe environment and protecting people from harm
6. Reducing inequalities in Calderdale

## **Our finances**

NHS Calderdale CCG is responsible for devolved healthcare budgets of approximately £300 million on behalf of our patients and people living across Calderdale.

We will make sure we use our available resources to deliver our priorities, fulfill our commissioning plans and improve outcomes for patients. We will regularly review our activities and where appropriate, take action to achieve financial balance in respect of provider costs, prescribing and management/running costs.

### 3. Our approach to engagement

Our approach to public engagement and consultation is to ensure that we use a variety of different mechanisms, methods and approaches to engage with people. We need to understand how we can best involve people, when they need to be engaged or indeed want to be engaged.

We have a 'Patient and Public Engagement and Experience Strategy' which sets out our plans for the next three years it is also in place to ensure that we adopt a whole system approach to supporting this work. To view the report: on this website:

***Click here to download our 'Patient and Public Engagement and Experience Strategy'***



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

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

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

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



Throughout the year we actively promote any activities for people to become involved and the Annual Report for Involvement is our opportunity to present the work undertaken, catalogue our activities and present any changes as a result of this work.

This report will be published on our website and circulated to our member practices and key stakeholders. We also have a number of other mechanisms in place to manage our engagement activities and gather your views, these are highlighted below.

## **Patient and Public Engagement and Experience (PPE&E) Steering Group**

The purpose of the Patient Experience and Patient and Public Engagement Steering Group is to shape, steer and advise on any engagement and consultation activity.

## **Patient Experience Group (PEG)**

The purpose of the Patient Experience Group is to help shape and improve patient experience. The group do this by:

- Networking – developing and sustaining positive relationships across the group membership.
- Collaborating - working together with providers to identify areas of good practice, areas of concern and actions for improvement.
- Learning – sharing good practice across local providers as well as being mindful of the ongoing work of the West Yorkshire and Harrogate STP as new plans are developed across the region.
- Shaping – Setting, monitoring and driving the delivery of the patient experience priorities.

## **Calderdale Health Forum**

Calderdale Health Forum has been set up by the CCG as a forum to gather together representatives from each of the member practices' patient reference groups (PRGs). Throughout the year we discuss engagement topics at the Health Forum meetings, this gives the group an opportunity to discuss in detail some of the main pieces of work and priorities of the CCG and provide feedback on these. The Network meets on a bi-monthly basis, but members are also informed of engagement opportunities on an on-going basis. We engage with the network as part of our decision making.

## ‘Engagement Champions’

Engagement Champions is an asset based approach to engagement and involves training members of the voluntary and community sector as engagement leads. The aim of the project is to support the third sector voice in commissioning and to use their communities to ensure we reach local people at a grass roots level.



Engagement Champions are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups.

**Click here to read more on our website**



## Patient Stories

Patient stories help bring experiences to life and will encourage the CCGs to focus on the patient as a whole person rather than just a clinical condition or as an outcome. They have the potential to inspire us to make successful changes, educate the workforce, to support learning about what works well and to promote excellence. We now have a system in place to collect stories as part of the CCGs approach to involving people.

## Calderdale CCG website ([www.calderdaleccg.nhs.uk](http://www.calderdaleccg.nhs.uk))

Calderdale CCG has a website which provides information to the public including a section called ‘Get Involved’. As a CCG we will fully use our website to inform of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. This website is updated on a regular basis so we can regularly report on the outcomes of all consultations and what we have done as a result of our engagement activity.

## Patient Advice and Liaison Service (PALS)

PALS helps the NHS to improve services by listening to what matters to patients and their families and making changes when appropriate. PALS provide the following functions to the population of Calderdale:

- Providing the public with information about the NHS including complaints procedures, and helping with any other health-related enquiry
- Helping resolve concerns or problems and providing information for those using the NHS, and outside support groups and improving the NHS by listening to concerns, suggestions and experiences
- Providing an early warning system for NHS trusts and monitoring bodies by identifying problems or gaps in services and reporting them

## Health Watch



Healthwatch is the consumer champion for both health and social care. It exists in two distinct forms – local Healthwatch and Healthwatch England. Local Healthwatch is an independent organisation and Calderdale CCG is working alongside the service to ensure that it forms part of our engagement of the local population. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

## Care Opinion and NHS Choices



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

## **National and Local surveys**

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

## **Service redesign activities**

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

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

## 4. Consultation and Engagement activities undertaken between April 1st 2017 and March 31st 2018

When there are decisions to be made which affect how local NHS services are commissioned, we make sure we talk to those patients who will be most affected and for those larger pieces of work we make sure the general public are made aware of any proposals so they too have the chance to have their say. We carry out one-off pieces of work as well as involving patients and the public on an on-going basis through the partnership arrangements we have in place with local patients and communities. For services planned to deliver engagement in 2017/18 that are not included in the report, other work has taken place. The service not included in this report is set out below with an update:

### Rehabilitation and Recovery in Mental Health services consultation

A transformation of local rehabilitation and recovery mental services consultation was planned with the public in Summer 2017. The consultation has not yet taken place due to NHS England requiring further developments on a model. Once a model is confirmed a decision will be made on the next steps.

The report includes all engagement and consultations that have been undertaken and completed during 2017/18, including any that started before 1 April 2017 or that started during the period of this report, but are not yet completed. It also includes details of the engagement and consultations planned for 2018/19. From all the work we have completed this year and in previous years these are our **key emerging themes**:

- Right staff in the right setting
- More services closer to home and single point of contact
- Improved access to services and waiting times reduced
- GP capacity to be increased
- Co-ordinated services working together to deliver integrated health and social care (from grass roots – community - hospital)
- Improve communication, information and sign posting (NHS 111)
- More on prevention and support to self-care
- Utilise estates and consider travel and transport (including parking)
- More involvement of Voluntary and Community Services (VCS) in delivering services
- Workforce who represent the community they serve
- One size does not fit all – children and young people, frail elderly, diversity and mental health

In total the CCG has involved just over **4,250** local people in the year 2017/18. The key themes from all this work will be used to drive our work.

## 5. Using Insight to support commissioning decisions

Every engagement and consultation delivered throughout the year provides more rich information and intelligence to support service development and design. Prior to embarking on a piece of work to gather views, the CCG gather any existing patient experience and engagement information.

By working through existing intelligence the CCG can identify key emerging themes and also identify where there are gaps. In addition we can also identify through the Equality Impact Assessment (EQIA) the communities we have already reached and need to reach in line with our equality duties. The information sources we use are:

- Patient Advice and Liaison (PALS) queries
- Reported Complaints
- Friends and family test
- Websites such as Patient Opinion and Patient Choices
- National and local surveys
- Findings from any engagement/consultation activity
- Calderdale Health Forum

The information we gather is saved in a format that allows for further interrogation. By looking at what we already know we can draw down information again and use it to support other service areas. The data we hold not only allows us to draw on a wealth of intelligence but further assures our local population that their views are an important source of business intelligence. The CCG also equality monitors all activity ensuring the insight we have can be used to represent the views of a range of protected groups.

From our vast data source we have been able to provide a number of composite reports which have underpinned our understanding of our local population. This approach has also resulted in the development of smaller insight reports which have been used to support service areas such as:

- Primary Care and improved access to services
- Travel and transport for Right Care, Right Time, Right place working group
- Key themes for urgent care
- Mental health key themes

In 2018/19 we will be producing a similar report for Community Services to support our understanding of current services, and inform the content of a service specification to support a procurement process.

## Equality

How we involve our communities is a key consideration for any engagement or consultation. We work with equality colleagues who tell us, who we need to involve to ensure services meet the needs of the local population. In 2017/18 the CCG had to identify how well protected groups are represented as part of the CCG Equality Delivery System (EDS).

The CCG have used the demographics of Calderdale as set out in the Local Authority Joint Strategic Needs Assessment to measure the percentage of local people involved against the percentage of people living in the local area. The figures provided represented engagement over the period of one year and demonstrated how well we are involving our local population. The results of the evaluation have highlighted a number of areas in which improvements can be made but overall Calderdale was graded as 'achieving'. The panel recommended we deliver on the actions already identified which were:

- To actively work with LGBT networks and encourage a stronger voice for this sector by engaging organisations and networks that can help us to do this.
- To ensure the voice of young people by running a pilot for a child friendly version of engagement champions.
- To continue working on 'Working Voices' and to understand how we can adjust what we do to hear the voice of the working population.
- To continue to deliver Engagement champions to our local community and to continually expand on the network of community experts to increase voice and representation.

In addition there were recommendations from the panel. The recommendations were:

## Involving Children and Young people

- Use creative methods to involve children and young people, accept other formats of expression such as theatre based activities, dance and arts.
- Work with education to reach young people
- Look at example such as 'Child friendly Leeds' to identify an approach that could be transferred to Calderdale
- Worked with looked after children and fostering to reach vulnerable children and young people
- Work with organisations such as 'Imagineer' to translate difficult concepts into easy to understand infographics or images

## Engagement Champions

- Continue to build the networks to offer wider representation across all protected groups including LGBT and Children and Young People.
- Skills map the Engagement Champions to identify any broader skills and reach and look at new ways of integrating these skills into the 'Engagement Champion' programme
- Celebrate the success of the EDS grading with Engagement Champions and identify solutions to deliver recommendations from the EDS panel
- Improve how we provide feedback to groups following engagement and consultation activity

## Lesbian Gay Bisexual Transgender (LGBT)

- Use communication such as radio and other media to reach LGBT people
- Attend events such as 'Hebden Bridge Pride' and 'Happy Valley Pride' to reach LGBT people
- Identify ways to reach LGBT people who are over the age of 55 or under the age of 21

## Next steps

The suggestions have already informed the objectives set out in the organisations' annual Public and Patient Engagement action plan for April 2018 to March 2019. As some of the panel recommendations relate to delivery, these will be included in the 'Equality Objective Action Plan for Calderdale CCG'.



## 6. Involvement activity April 2017- March 2018

### Everyone's NHS Engagement:

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Calderdale CCG has an overall budget allocation of £312million to “commission” or buy, health and care services. The CCG wanted to talk to local communities to gather ideas on how the CCG can reduce waste and save money whilst keeping the high quality services we need and; how we can reduce our spending on pharmacy services.

The CCG used a number of approaches to reach people including Engagement Champions, social media and a paper and online survey.

### Who did we consult with and what did we ask?

The engagement process was delivered to help the CCG understand local communities' views, comments and ideas on two specific areas. The areas were:

- How the CCG could reduce waste and save money whilst keeping high quality services that were needed
- How the CCG could reduce spending on pharmacy services

A survey was developed to support both sections of the engagement. The survey was used to deliver conversations in either a forum such as a focus group or as a paper or online survey.

A narrative was in place to support the engagement and this formed part of the introduction to support the topic. The website and other supporting tools such as social media were in place to raise awareness of the survey and ensure people could receive the information they required to respond to the engagement.

To support this work further and to help the CCG reach our most vulnerable and protected groups we used our Engagement Champions to support delivery.

## What did they tell us?

From **987** people who responded most people had ideas and suggestions on how we could reduce waste and save money. In addition people wanted to reduce pharmacy waste and the use of lower value medicines. There was a clear indication from the findings that further conversations should take place to make decisions in these areas. The key findings from each of the areas are set out below:

### Reduce waste and save money key findings:

- Recycle and reuse equipment whenever we can and limit the items we throw away.
- Look at alternatives to support mental health including early interventions, alternatives to medication and community support.
- Reduce bureaucracy and unnecessary paperwork particularly for frontline staff.
- Think and plan services as a whole healthcare system. Share staff, buildings, budgets and work to economies of scale.
- Educate and skill the public so they can support their own health and wellbeing.
- More frontline staff with the right skills so care is right at the first point of contact.
- Treat staff well, retain and employ permanent staff and promote Calderdale as a great place to work to attract new staff. Look at employing people because they are the right people not just because they are qualified.
- Use more technology.
- Improve discharge and use more volunteer led transport.
- Promote NHS 111 and increase GP appointments.
- Get maximum use out of estates and use existing community buildings (not just NHS) to support services closer to home.
- Focus on prevention and work with communities and schools.
- Only treat conditions that are medical.
- Reduce the high level of DNAs and charge people for not turning up.
- Charge tourists for using NHS services and patients for hospital food. Redirect those who turn up at A&E with a non-medical need to community services.
- Increase the use of volunteers and the voluntary and community sector to support services including providing clear information and communication to communities.
- Reduce the number of visitors in hospital and manage infection control in hospital.
- Let departments manage and be accountable for their own budgets.
- Create one stop shop services so a patient can reduce attendance and get everything they need in one appointment.
- Ensure the ambulance goes to the right location first time and charge people a small amount for community transport.

## Reduce spending on medicines, key findings:

- Stop prescribing anything that costs more on prescriptions if it can be bought.
- More medication reviews to reduce waste.
- Consider carefully the needs of people who are vulnerable, on a low income or who have a mental health problem when making a decision on medication.
- Ensure the pharmacists are managing waste as much as the public, its everyone responsibility.
- Drugs should be prescribed on the basis of 'effectiveness'. Non branded products were favoured but elderly people found new brands a worry. Reduce antibiotic prescribing.
- Consider those who can't buy large quantities of high street products and those on a low income. Consider that some people over 60 can afford to pay for prescriptions and reduce abuse of the system.
- Get the right care so drugs and treatments are reduced.
- More time with the clinician to discuss treatment options that often end in drugs and not alternatives.
- Be consistent in the criteria for prescribing so we on't have a postcode lottery.
- Not everyone can access online systems, consideration for those who can't get out is important for repeat prescriptions.
- Prescriptions for Long term conditions need to last longer to reduce GP visits.

## What did we do?

The results of engagement were considered by the CCG and shared widely with all stakeholders. The findings were used to identify areas of service change that the CCG could consult on to help reduce unnecessary spending. People told The CCG that they wanted to see prescribing based on clinical effectiveness.

Following a process of consideration the CCG consulted on a range of products that fit the criteria identified in engagement. The public helped the CCG determine the list of products that would be included in the consultation by providing feedback at the engagement stage.

## Where can you find more information about this work?

A report of the findings from the engagement process was produced by Engagement Team in July 2017. The engagement report can be accessed here:

***Click here to download a copy of our engagement report.***



## Everyone's NHS Consultation

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Following on from the Everyone's NHS engagement the medicines management team identified options for consultation. The consultation was on medicines and products that the CCG may want to consider not continuing to prescribe in the future. These products were branded medicines, lower value medicines and products such as sunscreens, baby milks, and creams for unwanted hair and Gluten free products.

### Who did we consult with and what did we ask?

The aim of the consultation activity was to capture the views of key stakeholders on the proposals for future arrangements for prescribing in Calderdale. A plan for consultation was developed which included plans for how we would promote and communicate the consultation to stakeholders as well as how we would consult with our most vulnerable and protected groups. The target stakeholders for this consultation were:

- Local residents of Calderdale
- Patient reference groups based in Calderdale
- Staff and health care professionals including GP Practices and Community Pharmacists working and living in Calderdale
- Local voluntary and community groups based and delivering services in Calderdale
- Groups identified through equality impact assessments and engagement:
  - Children and young people: including lesbian, gay and transgender young people
  - Transgender people
  - Pregnant women and women who have given birth in the last 6 months
  - Parents/Guardians of children
  - Black Minority Ethnic people
  - Men
  - People on low incomes
  - Carers
  - People of all ages and gender

The aim of the consultation was to facilitate genuine and meaningful involvement to ensure the CCG can reach, inform, communicate and formally consult with our key stakeholders. A consultation document and survey was developed bringing together information about current services, why things need to change and setting out proposals for future arrangements for prescribing in Calderdale. In addition each respondent was asked to complete an equality monitoring form to ensure the CCG reached a diversely representative sample of our local population. All responses were gathered either online, by networks or through the CCG Freepost address.

## What did they tell us?

From the 1,377 people who responded there was evidence to suggest that most people agreed with the decision to stop funding the majority of items on which the CCG consulted. There was a general agreement across all products that the CCG needed to prevent an impact on people who have a low income children, young people and frail elderly and measures should be in place to ensure they are protected. There was also a theme that GPs should use clinical judgement case by case. People want to see more prevention, more information and greater communication to people to ensure impact is reduced.

From those responding we were able to reach a good representation from those people who do and do not pay for prescriptions. 42% (466) of respondents were answering questions from a perspective of having to pay for prescriptions and 56% did not. There were only a small sample who stated they did not know at 1% (15 people). The key findings from each section are set out below:

- **The proposal was to stop prescribing sunscreens:**

More people 15.9% (176 people) than those who had received the treatment stated that they did not agree with the proposal. However 69.5% of people agreed or strongly agreed with the proposal to stop prescribing sunscreen.

- **The proposal was to stop prescribing sunscreens:**

More people 16% (177 people) than those who had received the treatment stated that they did not agree with the proposal. However 66.6% (736) of people agreed or strongly agreed with the proposal to stop prescribing cream for unwanted facial hair.

- **The proposal was to stop prescribing antifungal nail paint:**

More people 21.2% (234 people) than those who had received the treatment stated that they did not agree with the proposal. However 62.6% (679) of people agreed or strongly agreed with the proposal to stop prescribing antifungal nail paint.

- **The proposal to stop prescribing multivitamins:**

More people 25.4% (282 people) than those who had received the treatment stated that they did not agree with the proposal. However 61.6% (682) of people agreed or strongly agreed with the proposal to stop prescribing multivitamins.

- **The proposal to stop prescribing emollients (moisturisers):**

The largest response of people who did not agree with a proposal at 39.3% (434 people) and 47.7% (526) of people agreed or strongly agreed with the proposal to stop prescribing emollients. With a larger number who stated they did not know at 12.9% (142 people).

- **The proposal to stop prescribing infant formula:**

There were 32.4% (359 people) did not agree with the proposal and 46.9% (517) of people agreed or strongly agreed with the proposal to stop prescribing infant formula. With a large number who stated they did not know at 21% (233 people).

- **The proposal to stop prescribing colic treatment:**

There were 31.1% (339 people) who did not agree with the proposal and 44.9% (490) of people agreed or strongly agreed with the proposal to stop prescribing colic treatment. With a large number who stated they did not know at 23.8% (259 people).

- **Branded medicines**

There were 15.7% (175 people) who did not agree with the proposal and 73.2% (816) people who agreed or strongly agreed with the proposal to stop routinely prescribing branded medicines. With a significant number who stated they did not know at 10.8% (121 people).

- **The proposal to stop prescribing 'Gluten Free' foods**

There were 26.7% (300 people) who did not agree with the proposal and 55.4% (621) people who agreed or strongly agreed with the proposal to stop routinely prescribing gluten free products. With a significant number who stated they did not know at 17.7% (199 people).

### **Key overarching themes from all the products under consultation:**

- There was a lot of evidence to suggest that people may not fully understand or have read clearly who would and would not be impacted. There were a large number of comments were people would not be impacted by a decision but felt they would.
- There was a general agreement across all products that the CCG needed to prevent an impact on people who have a low income.
- Children, young people and frail elderly were considered as potentially being most impacted by these decisions and measures should be in place to ensure they are protected.
- There was a common theme that GPs should use clinical judgement case by case and that a blanket ban may be an extreme way of managing NHS funding.

- People want to see more prevention, more information and greater communication to people to ensure impact is reduced.
- Some people were surprised that a range of these products were available on prescription to start with and wanted more information about the logic behind this.
- People want to see treatments available for medical reasons only. If there was a medical reason the majority of people feel that products should be prescribed.
- In addition to the above point, if the treatment is required as part of a broader medical condition such as cancer for example; that any products required during this period should be on prescription.
- There was concern about stopping prescribing of gluten free products due to impact on health and the high cost of purchasing them without prescription.

## What did we do?

The results of this report were used along with other clinical evidence to help to inform a decision on whether to continue to prescribe each of these items. The consultation findings were presented to internal committees.

The CCG Governing body made a decision following this process to stop prescribing all the items consulted on with the exception of gluten free products. Following the outcome of a national consultation NHS England recommended that bread mixes remain on prescription. Calderdale CCG decided to support this recommendation and retain bread mixes on prescription.

## Where can you find more information about this work?

A report of the findings from the consultation was produced by Engagement Team in December 2017. The consultation report can be accessed here:

***Click here to download a copy of our consultation report.***



## Improving Access to GP Services

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The provision of Access to GP Services in Calderdale was reviewed, to ensure it is in line with patient need. NHS England have made available additional funds between 2017/18 to 2020/21, for CCGs to commission additional capacity to ensure everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The hours, types of appointments and clinical staff involved are all to be locally determined.

The aim of the engagement was to gain views from members of the public on any proposed changes to GP services.

### Who did we consult with and what did we ask?

We used a survey to engage with parents / carers who are registered with a GP practice in Calderdale. In total we received feedback on the engagement from 1,489 respondents who completed a survey. The survey asked the following questions:

What is most important to you when you visit the GP or nurse? Using the scale 1-10. 1 (least important) to 10 (most important)

- Being able to book an appointment
- Location
- Staff being able to see my medical history
- Parking
- Nearby pharmacist/chemist
- Waiting area
- A clean and safe place
- Good care and treatment
- Bilingual staff/interpreters
- Easy access to the building
- Being able to choose to see a woman or man (GP or nurse)
- Having my communication needs met

How long would you be prepared to travel to a routine pre-booked appointment?

- Choices from Under 15 minutes to maximum of 90 minutes

How would you normally travel to a GP or Nurse appointment?

If we provided additional appointment times when would you like to be able to see a GP or a nurse and what for? (this may not be at your usual surgery) please tick all that apply Monday to Friday from time slots between 6:30am to 8am and 6:30pm to 8pm

- For a same day appointment
- I would not go at this time



If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply Saturday/Sunday from 2 hour time slots between 8am and 6pm

- For a routine appointment
- For a same day appointment
- I would not go at this time

What type of GP appointment would you prefer?

When your Health centre or practice isn't open where do you go for advice and treatment?

Is there anything else you would like to tell us?

The survey was used to deliver face to face interviews and circulated to Patient Reference Group (PRGs) members, Practice Managers and voluntary organisations.

In order to ensure we engaged fully we also:

- Included details of the survey on Talkback through the Local Authority
- Recruited Engagement Champions to have conversations within their communities, using the survey as a template for discussion.
- Deployed Community Assets to ensure that we reach a wide and diverse population including those seldom heard
- Copies of the survey were sent to key partners and stakeholders for their information, and for them to promote with their members.
- Staff were made aware of the survey via internal websites, newsletters and briefings

In addition the survey was circulated via local authority colleagues.

## What did they tell us?

A summary of the key findings from the engagement are listed below:

- The top four aspects of service that were seen as the most important (ranking 8-10) in order were:
  - Good care and treatment 92.6%
  - Being able to book an appointment 90.7%
  - A clean and safe place 73.7%
  - Staff being able to see my medical history 69.8%
  - Location 59.6%
  - Having my communication needs met 53.3%
- The least important aspects of a service (ranking 1-3) were:
  - Bi-lingual staff and interpreters 60%
  - Easy access to the building 57.8%
- This trend did not hold true for disabled people who rated access highly (score 7 and above) and Asian/Asian British people who rated bilingual staff highly.

- There were a good number of respondents (48.7%) who stated they would travel between 15-30 minutes to receive a service, 43.5% stated they wanted to travel under 15 minutes. Looking at the table the results show that 62.8% of those responding travel by car to an appointment, this may account for people being prepared to travel up to 30 minutes.
- For equality there was a difference in people ability or preference in terms of travel times, some of the groups were more likely to walk, use public transport or taxis than the overall sample. This may have impacted on people choice about how long they were able to travel.
- Respondents told us that for a same day appointment the most convenient time for the majority of people responding (60.9%) would be 6:30-8pm Monday to Friday. With 67.6% stating they would not attend an appointment from 6:30am to 8:00am. The results for equality confirmed this finding.
- For those responding to additional appointments on a Saturday there was no clear time that was presented as the most convenient. For both routine (23.2%) and same day appointments (21.5%) the time of 10am-12noon seemed to be the most popular option, with 8am-10am not being favoured by some (27.4%). Looking at the data it would appear that most of the times offered would be favoured by a good majority of the population. For Sunday a similar picture emerged with no clear indication of preferred times.
- There were some differences in preference by equality group, but this mainly followed the trend outline above, with a distinct preference for appointments on a Saturday rather than Sunday. Disabled and older people were less keen on early morning and later afternoon appointments.
- The majority of respondents still prefer face to face contact (96.6%). The most favoured technology was the telephone (34.3%) with other types of technology using internet technology only favoured by 27.4% of those responding.
- Telephone appointments were second choice, with Asian/Asian British people putting this at near 50%. Using apps and online were least popular with Asian/Asian British, disabled people and carers.
- Most people responding would wait until the practice (47.6%) is open or use NHS 111 (40.6%) or go to the pharmacy for advice (30.6%). There were still a significant number of responses who would go to A&E (20.5%).

## What did we do?

The findings from the engagement will be used to inform the development of a specification which will improve access to GP services across Calderdale. The specification will take into consideration the findings from previous and recent engagement to ensure any development are informed by public views.

A timeline for these developments will aim to ensure that arrangements are in place for extended access in Calderdale in Spring 2018.

The Improved Access Scheme pilot has now been extended for 2018-19 with extended access covering 100% of the population as follows:

- 30<sup>th</sup> April 2018 onwards - Monday to Friday from 6:30pm to 8pm;
- 26<sup>th</sup> May 2018 onwards - Saturday/Sunday from 10am to 2pm; and
- 26<sup>th</sup> May 2018 onwards - Bank Holidays from 10am to 2pm.

## Where can you find more information about this work?

A report of the findings from the engagement process is available on the CCG website.

**Click here to read more on our website**



## Pain Management Services

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Calderdale and Greater Huddersfield CCG's needed to look at how local pain management services are currently provided, to make sure that they are in line with all the latest evidence and NHS guidance. Access to pain management services are through a visit to a patients GP practice in. The GP may then refer the patient to a number of services already in place. These services may include:

- Orthopaedic service for an injection or surgery
- Chronic pain service for injection therapy
- Chronic pain management programme

In order to identify patient's views of services it was important to gather views on the services patients have used now, or may have used in the past. The engagement ensures that commissioners are able to understand what can be done to develop new approaches to pain management.

## Who did we consult with and what did we ask?

A letter was sent with an accompanying survey and equality monitoring form to pain management patients using current services. Service providers were asked to send a survey to all patients who had been registered over the past two years. The survey was developed in conjunction with Kirklees Council Public Health Team support. The purpose of the survey was to ensure that the CCG could gather views from any patients who have used pain management services over the past two years. We received 114 responses to the survey

The survey was separated into two sections. The first section asks patients to identify and rank pain management services, which includes self-management approaches used to manage pain. The second part of the survey is based on a public health segmentation tool.

The Healthy Foundations Segmentation Tool will help the CCG identify any patterns in treatment preferences from specific cohorts of patients

## What did they tell us?

The main themes raised from the engagement told us that 60% of patients who completed the survey all have a recent experience of a pain service and had used it within the last six months.

Overall patients are satisfied with the services they receive from pain services. There was positive feedback included for following services:

1. Orthopaedic service for an injection or surgery
2. Chronic pain service for injection therapy
3. Chronic pain management programme

People also told us:

- GP service, Physiotherapy and other NHS Services was rated positively
- Most want to manage their own pain and be independent
- The aspects that would improve the service as noted within feedback included more varied treatment and many wanted greater promotion of patient choice.
- Many would benefit from shorter waiting times
- Improvement in staff communication and attitude to patients were also noted
- Better advice and support was suggested as an aspect that would improve pain services.

## What did we do?

The engagement process provided the CCG with the views and suggestions of the public on pain management services. These views will be considered as part of a review of how pain management services are delivered across Greater Huddersfield Clinical Commissioning Group

## Where can you find more information about this work?

A report of the findings from the engagement process was produced by Engagement Team in November 2017.

***Click here to download a copy of our engagement report.***



## Wheelchair Services Engagement

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Wheelchair services are commissioned jointly by Calderdale, Greater Huddersfield and North Kirklees CCG and provided by OPCARE. Following a number of issues raised about the current service through both Healthwatch and complaints, the CCGs wanted to do further engagement.

### Who did we consult with and what did we ask?

The current provider OPCARE in partnership with the CCG and Healthwatch engaged with service users as a direct result of a number of issues raised by service users, carers and families to Healthwatch. A letter was sent with an accompanying survey and equality monitoring form to people who use the current service. The purpose of the survey was to ensure that the CCG could gather views from any patients who have used wheelchair services over the past two years.



### What did they tell us?

From the **287** responses people told us that there were a number of improvements that were reported to ensure the current service meets the needs of all service users. The main themes raised from the engagement are:

### The key areas of improvement are identified as:

- Waiting time from assessment to receiving a wheelchair – particularly for children and young people and those using powered wheelchairs
- Waiting for an assessment – particularly for children and young people, and those with long-term health conditions
- Getting issues resolved easily and quickly
- Repair service
- Communication (written and verbal) information

## The other aspects of service requiring some improvement:

- How Opicare works with other professionals, such as physiotherapy or occupational therapy
- Accessibility of the clinics
- How well the assessment took into account personal and lifestyle needs
- Choice of time and location of appointments
- Assessment in general
- Equipment meets your/person you care for needs

## Other considerations were:

- **Communication**

The theme of communication (written and verbal) was identified as requiring improvement overall. People wanted staff who can communicate in a timely manner including returning calls and providing accurate information on everything from assessments to equipment, delivery times to waiting times. This was the aspect of the service most reported as requiring improvement. There were a number of comments relating to phone calls not being returned and people not getting any information or the right information.

- **Staff**

Some staff were reported as not communicating clearly or not being available. Respondents told us that staff require training on working with people with a disability/learning disability and families.

- **Assessments**

Timely assessment for those whose needs are changing particularly for children and young people whose needs could be anticipated in a planned approach to reassessment. Improve how clients are prioritised and more clinics to provide assessment are needed.

- **Waiting times**

Timely support was reported as being essential if the service was to improve to meet the needs of clients. Waiting times for assessments, equipment, fitting and accessories were seen as taking too long. This was of particular concern for children and young people, and those with long-term health conditions. People reported that there were not enough professionals to support improvements. In addition delivery of equipment should be in morning or afternoon timescales.

- **Equipment:**

For some the quality of the product was not good or as expected. Unsuitable equipment and lack of choice were the most reported aspects that required improvement, and training on how to use the equipment once it was delivered.

- **Repairs**

Repair staff were seen as good although the repairs and parts aspects of the service require improvement so that repairs are completed quickly. The waiting time for repairs requires improvement. Respondents want to see more assessors and repair engineers.

- **Staff turnover (therapists) and attitude**

Some people are worried about the high turnover of staff and the attitude of staff including lack of communication and information.

- **Estates and access**

Travel time to the service was too long for some and there should be improvements to signage, to help people locate the service. The clinics should also operate on a weekend for additional access.

- **More monitoring of children and young people**

To ensure the growing needs of children are met there needs to be a more proactive approach to monitoring and assessing need and providing the right equipment quickly.

- **General satisfaction with the service**

The service for some was seen as not fitting around the needs of the client and not being customer focussed enough to offer a good service. Those who were least satisfied were children and young people (aged 21 years and below), people whose needs change over time or have long term health conditions, people using powered wheelchairs, and carers.

- **Funding**

Some people were worried about the service not being delivered by the NHS. In addition people were also concerned about adequate funding for the right equipment and to ensure there were enough staff.

- **Carers:**

Improving services overall will improve satisfaction among carers. However they also need to feel the specific issues they encounter as carers are understood and responded to quickly.

## People also told us the aspects of the service that work well, these were:

- **Staff**

Certain staff were reported as trying hard, being polite, knowledgeable and courteous. In particular occupational therapists and engineers were reported as providing a good service. However there were some negative comments about people not being called back and improvements to communication.

- **Repairs**

Those responding stated that repairs were carried out promptly and that overall it was a good repair service.

- **Assessments**

Some respondents stated that the service user felt involved in the assessment and their views were taken into account by the professional. There were a number of good reports about the assessment process.

- **Estates**

Some respondents told us they thought the building was easy to find with good access.

- **Equipment:**

There were mixed reviews about the equipment people received, and whilst there were some positive comments, improvements could be made. There were some reports of good information on how to use the equipment being provided, although the waiting time for accessories was mixed.

- **Waiting times**

Again mixed reviews for the waiting time to receive a chair. Not everyone was experiencing the same standard of service.

## What did we do?

The engagement process provided the CCGs with the views and suggestions on wheelchair services. These views were considered by all CCGs and OPCARE. The findings have been used:

- To inform an action plan for service improvement for OPCARE to ensure improvements to the current service were picked up straight away
- To evidence support for some short term additional investment to reduce the current waiting list
- To understand the current model of care and whether the model was working



Following this work it was agreed that the CCG needed to do more to develop a new model for wheelchair services which could be developed in conjunction with service users, carers, staff and key stakeholders. This model would be used to develop a new service specification. Further engagement is now taking place on a new model for wheelchair services which will inform a new service specification. This work will continue throughout 2018/19.

## Where can you find more information about this work?

This report can be found on the website:

***Click here to download a copy of our report.***



## Ophthalmology SLENT (Specialist Led Eye Care Navigation and Treatment) model

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This model is to work mainly within the community provision of optometry services within the community. It will enhance the community schemes and allow patient choice and right care in the right environment. Reduce clinical waiting times and referral to treatment times, shift outpatient activity from the acute trust to the community.

## Who did we consult with and what did we ask?

We used a survey to engage with patients on their thoughts of community optometry services. The survey asked the following:

- When did you last use this service?
- Do you have an eye condition that requires long term monitoring at the hospital?
- Where would you prefer go for your appointments to receive your long term monitoring?
- Rate the following Getting an appointment, Location of the service, the waiting area, the cleanliness of the building, the care and treatment you received?
- Is there anything else you would like to tell us about your experience?
- Travel and transport
- And equality monitoring questions

The Survey was conducted by Optom to patients via phone and by post this engagement built on further from engagement activity of 2014/15.

We also consulted on a clinical level to further develop the service and to evaluate any issues Optom clinicians had from all areas of community and CHFT this was conducted through workshops and meetings.

## What did they tell us?

Patients were asked to tell us why they use the service today?

- Puffy sore eyes, redness, itchy, watering (9)
  - General eye problem/ referral by GP/optician - not specific (8)
  - Blurred vision, vision problems (5)
  - Post Cataract/cataract appointment (3)
  - Pressure (3)
  - Dry eyes (2)
  - Floaters (2)
  - Squinting (1), Aching eye (1), Heamorrhage (1), Trauma to eye (1) Left meibomium gland (1)
- Most people completing the survey had recent experience of using the service. 66% of those responding had used the service in the last year.
  - From those responding 40% of patients had a condition that required long term monitoring at the hospital and 59.5% did not.
  - From those patients responding 71% were happy to receive the monitoring with a local optician with 21.4% stating they would prefer to still be seen at hospital.
  - The GP practice was a preference for two respondents with two people stating other. The other were stated as:
    - Opticians who are more qualified
    - Depends on situation as to who I would want to see

8. From your experience of using this service how would you rate the following? From 1 being very poor to 10 meaning excellent (Please circle the number that applies)											
	1	2	3	4	5	6	7	8	9	10	Response Total
<b>Score</b>											
Getting an appointment	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	9.5% (4)	7.1% (3)	83.3% (35)	42
Location of the service	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	9.5% (4)	4.8% (2)	85.7% (36)	42
The waiting area	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	2.4% (1)	7.1% (3)	11.9% (5)	4.8% (2)	73.8% (31)	42
The cleanliness of the building	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	9.5% (4)	14.3% (6)	76.2% (32)	42
The care and treatment you received	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	2.4% (1)	2.4% (1)	2.4% (1)	7.1% (3)	85.7% (36)	42
										answered	42
										skipped	2

- These scores show a high satisfaction in all aspects of the service for the majority of patients.
- We then ask patients if there is anything else they would like to tell us.
  - Very professional visit
  - Great
  - The Ophthalmologist was great and offered a solution
  - Very happy with service, unhappy about the long the wait at hospital
  - Very helpful and satisfied with the service. Quickly referred and sorted out.
  - Very good customer service, Richard was very helpful and very clearly explained issues to customer
  - Very satisfied
  - Very Helpful
  - All staff were very professional also waiting time is good well informed all the time
  - Very satisfied with the attention I have received
  - Friendly and helpful staff
  - Very happy with service received in store. Disappointed in the waiting time to see consultant
- about how far people may be able to travel to an appointment and how they would travel, the following people told us:
  - Whilst 24% stated they wanted to travel under 30 minutes, a good majority of people 48% would travel up to 30 minutes to be treated, with a good number (29%) stating they would travel up to 60 minutes if necessary.
  - A greater number of respondents travel by car 56% which may account for a willingness to travel a greater distance
- The findings from the engagement in 2016 highlighted a number of key themes. Whilst there is no data to determine why patients prefer to continue attending the hospital; it would suggest that patients may not be aware they may be able to go elsewhere or it could simply just be that they are used to attending the hospital for their appointments and prefer to continue to do so.

The key themes are;

- 80% of patients who completed the survey all have a recent experience of the **Ophthalmology service** and had used it within the last month.
- Overall patients are happy with the current service and rated the experience of using the service as above average to excellent.
- A significant amount of people said they had an **ongoing eye condition** which **requires long term monitoring** by the hospital. Over half of the people completing the survey said they would prefer to go to hospital for their appointment to receive their long term monitoring care rather than their GP or local optician.
- Responses from people who completed the questions on **planned care** told us that the following were the most important to them;
  - being treated by staff who understand their condition
  - being treated by caring and helpful staff, and
  - knowing that they will get the treatment that they need

## What did we do?

The findings from the engagement activity will be added to any existing engagement which has already taken place in Calderdale and Greater Huddersfield. The feedback from this and any other engagement activity will be used to inform and develop the SLENT model further and future pathways:

- Consulted with clinicians and communications specialists and developed marketing material to further promote and inform the general public of the services available to them within the community.
- We informed GP receptionists to sign post patients to Optoms for eye conditions.
- A developed pathway that has factored in what patients have identified with traveling times and where they would like to get treated also to reduce consultant waiting times.

### *Where can you find more information about this work?*

This report can be found on the website:

***Click here to download a copy of our report.***



## **Right Care, Right Time, Right Place – Travel and Transport Working Group**

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**RIGHT CARE | RIGHT TIME | RIGHT PLACE**

The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of a services review undertaken in 2013. Following extensive engagement in 2015/16 a consultation on the proposals for

service change took place in 2016/17. One of the areas requiring further work was the area of travel and transport. A multi-agency working group was set up and chaired by an independent chair to oversee a piece of work on travel and transport.

The Right Care, Right Time, Right Place programme represents three interlinked pieces of work which are:

- Calderdale Care Closer to Home Programme;
- Greater Huddersfield Care Closer to Home Programme; and the
- Hospital Services Programme.

Collectively, these programmes developed proposals for what future community services in Calderdale and Greater Huddersfield and the future hospital services in Calderdale and Greater Huddersfield could look like. Following the consultation on hospital and community

services work took place to identify the key themes for local people. A composite report was developed to include:

- All the findings relating to travel and transport from the consultation on hospital and community services
- Any patient opinion postings on travel and transport
- PALS or complaints intelligence on travel and transport
- Any reference to travel and/or transport in other engagement activities

This information once pulled together provided intelligence to support a baseline understanding of public views. In order to understand further what recommendations should be made to ensure all travel and transport information has been considered it was agreed that a 'Travel and Transport Working Group' be set up. The 'Working Group' was chaired by an independent chair and had membership from a range of organisations. In addition a reference group was set up to further advise on, and consider, any matters relating to travel and transport.

## Who did we consult with and what did we ask?

The launch of the reference group took place at a stakeholder meeting on 19<sup>th</sup> June 2017. The event was attended by representatives from:

- Engagement Champions in Calderdale
- Community Voices in Greater Huddersfield
- Patient Reference groups in Calderdale and Greater Huddersfield
- Members of CHFT membership
- Third sector organisations in Calderdale and Greater Huddersfield

The invited members had already worked closely with the CCG on the 'Right Care, Right Time, Right Place' programme by attending stakeholder events and supporting both engagement and consultation activity. The purpose of the meeting was to present what people had already told us about travel and transport, identify the key themes and how to get involved people going forward.

North Bank forum, Calderdale's Voluntary and community sector infrastructure provider was contracted to support reference group involvement and take forward work as the 'Travel and Transport Working Group' progressed.

## What did they tell us?

Using the information the CCG already had there were a number of key themes that started to emerge. These themes were tested at the initial stakeholder event in June 2017 and identified as:

- Parking
- Access
- Travel between hospitals
- Public transport
- Reducing travel

- Discharge and patient transport
- Greener travel

The Travel and Transport Working Group used these themes as a basis for information gathering and discussion. In addition reference group members and their wider networks were asked to identify recommendations which would improve some or all the areas. The reference group worked through each theme and a number of recommendations were made. These were:

## Car parking

- To assess demand, and if warranted put further facilities in place
- Identify ways to improve information and communication. Identify any drop off bay improvements
- Map the spaces available and any alternative access spaces. Identify any additional improvements including signage.
- Continue working on the proposal for weekly/ monthly public permits
- Continue with the feasibility study including.
  - A potential multi-story car park at CRH.
  - Making Dry Clough Close a car park
  - More park and ride spaces
  - Tighten up on staff permits
- Assess barrier accessibility and parking to ensure car parks can be used by people with a disability
- Whilst there are no plans to create any designated parking spaces it is recommended that further conversations take place to identify any specific needs that are not being met
- Identify any potential technology solutions

## Public transport

- To advertise current service provision with a designated hospital leaflet.  
To work with commercial operators to divert some current services, where possible, to improve direct access to CRH and HRI
- Work with Bus 18 to engage service users through the reference group
- Re-configure the existing NHS shuttle service into a local bus service. Work towards providing a high frequency service linking Halifax bus and rail stations, the two hospitals, and Huddersfield bus and rail stations
- All partners to work together to do a comprehensive review of transport links between Halifax and Huddersfield, taking into account:
  - Any new developments such as hospital, Elland Parkway rail station and the proposed bus/ rail interchange at Halifax station.
  - Reducing car traffic, supporting active lifestyles and improving air quality
  -



## Discharge and patient transport (PTS)

- Hospital portering arrangements to be looked at again.
- Publicise the discharge facility at HRI and work with the reference group to create a Calderdale facility.
- Identify the requirement to have a PTS service for those people who do not meet criteria.
- Identify future discharge requirements
- Continue the development of the patient portal to implementation.

### Other:

- Identify other solutions that may reduce travel to hospital.
- Look at improvements to communication and information.
- Look at how public transport can further support the CHFT shuttle bus service
- Identify how well the current service operates and any alternatives for transferring patients between sites.

## What did we do?

The Travel and Transport Working Group were asked to contribute to an Independent Report of Findings completed by the Independent Chair of the Travel and Transport Working Group in January 2018. The chair of the group highlighted a number of recommendations for the CCG which included developing an action plan for further communication and engagement work to be undertaken to ensure the recommendations are picked up. Both CCGs will develop a joint action plan which will oversee work to continue involving local people.

## Where can you find more information about this work?

An independent report of findings was jointly published by Calderdale and Greater Huddersfield CCG.

***Click here to download a copy of the Independent Travel & Transport Working Group report***



## Calderdale Health Forum (CHF)

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The forum is managed and supported by the CCG. The forum has representatives from each of the member practices' patient reference groups (PRGs). At each meeting an engagement topic is included on the agenda providing members the opportunity to provide views. CHF are an important network and ensure the practice population have a voice in service developments. The group is chaired by the CCG's Governing Body member for Public and Patient Involvement.

The Calderdale Health Forum was established by the CCG as a forum to gather together representatives from each of the member practices' patient reference groups (PRGs). Throughout the year we discuss engagement topics at the Health Forum meetings. This gives the group an opportunity to discuss in detail some of the main pieces of work and priorities of the CCG and to provide feedback on these. In addition attendees take part in a 'My Space' discussion where the patient representatives bring topics which are important to them to discuss with other attendees.

### What do we do with feedback we receive?

As a result of these discussions the CCG has an opportunity to use the insight received to inform programmes of work, service improvement and providers and clarify any queries raised by participants, where appropriate. Information gained is then fed back to attendees by way of 'You Said, We Did' session at the following meeting.



### Who did we consult with and what did we ask?

The Forum meets on a quarterly basis, but members are also informed of engagement opportunities on an on-going basis. We engage with the network as part of our decision making. The engagement at forum meetings took place as follows:



## Tuesday, 13 June 2017

CCG Engagement topic: Its Everyone's NHS - and we're not going to waste it (information about the upcoming engagement).

In addition attendees discussed:

- *Rationing* - funding in the NHS and the future decisions around withdrawal or 'rationing' of services to live within the Clinical Commissioning Group's budgets
- *Diabetic Eye Screen and Communication* - recent changes to the diabetic eye screening commissioning and the impact upon check-ups and reminders along with the location of services.
- *Transport and Communication* - prompted by the Right Care Right Time Right place engagement and the recent establishment of the Travel and Transport Reference Group.
- *Affordable Warmth* - a referral scheme which had been established to ensure frontline agencies are all working together to ensure that all vulnerable and low income customers in Calderdale can access a range of projects and services that will make their homes safer, warmer and cheaper to heat
- *How to set up a Patient Reference Group Agenda* - ways of establishing and running a Patient Reference Group.

## Tuesday, 12 September 2017

CCG Engagement topics: It's everyone's NHS – and we're not going to waste it: Findings from the engagement June - August 2017 and Extended Access in Primary Care.

In addition attendees discussed:

- *Accountable Care Organisations* – The lack of awareness on accountable care organisations.
- *Care Closer to Home* - How care closer to home should work in each locality.
- *Support Systems for neighbours taking on a Carer Role* - concerns about neighbours giving support without information on the patient.
- *Accuracy of Electronic Notes* - patients accessing healthcare in another town when they are away and the records being incorrect or inaccessible.
- *Men's Health* - Feedback on an initiative by Station Road surgery.
- *Shingles discussion* – Access to the shingles vaccination.
- *Sepsis* – the management of sepsis.
- *Waiting Times for appointments to see a GP* – a comparison with other surgeries.

## Tuesday, 13 December 2017

CCG Engagement topics: Barnardo's Healthy Identities – I am Me and Pennine GP Alliance Improving Care Navigation

In addition attendees discussed:

- *Patient Reference Group Recruitment/Practice Patient Reference Group Activity* - the difficulties in attracting new Patient Reference Group members.
- *Difficulties in Obtaining Appointments/treatment in reasonable timescales.*

## Tuesday, 13 March 2018

CCG Engagement topics: Review of Psychological Services in Calderdale, Extended Access in Primary Care, Wheelchair Services Engagement, and Its Everyone's NHS Update.

In addition attendees discussed:

- *Use of 0800 telephone numbers to obtain repeat prescriptions for Out Patients* - Patients being asked to ring the 0800 telephone number which is also the Appointments Line number.
- *Letters from Calderdale and Huddersfield Foundation Trust with incorrect information on the appointment venue.*
- *Pharmacy Repeat Prescription Ordering Service* - the recent changes introduced by the Calderdale Clinical Commissioning Group to the Pharmacy Repeat Prescription Ordering Service.
- *E-Consulting/E-Appointments/E-Prescriptions* - the use of computers for E-consulting, E-appointments, E-Prescriptions and the view that alternative arrangements should be available for those who do not have online access.
- *Practice Champions* - the introduction of Practice Champions to GP Practices and the benefits of this introduction.
- *Use of Monitoring/Measuring Machines in GP Practices* - the use of machines which took various measurements and readings in GP Practices and the benefit of these.

## Where can you find more information about this work?

For more information about Patient Reference Groups and the Calderdale Health Forum go to the Calderdale CCG website:

**Click here to read more on our website**



## Service Area – Equality Delivery System (EDS2)

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EDS2 is a tool designed to help NHS organisations review and improve their performance for local people protected by the Equality Act 2010. The tool identifies what needs to be done to ensure the organisation is meeting the Public Sector Equality Duty (PSED). The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. This year Calderdale CCG worked in partnership with several large healthcare providers including Calderdale & Huddersfield Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and Locala to deliver a joint approach to engaging with local communities and delivering the EDS2.

### Who did we consult with and what did we ask?

An assessment panel was assembled with membership drawn from voluntary, community and social enterprise (VCSE) sector representing a range of protected characteristics. The panel members were recruited from the Engagement Champions programme and the wider VCSE.

The assessment process was split into two stages:

1. A briefing and EDS2 panel – this was a full day event consisting of a briefing for panel members and presentations from local healthcare organisations on patient engagement and experience.
2. EDS2 Grading Panel – A further meeting of the panel where members assessed the performance of local healthcare organisations against the EDS2 criteria.

Panel members were asked to grade the CCG as either ‘Undeveloped’, ‘Developing’, ‘Achieving’ or ‘Excelling’ in relation to patient engagement.

### What did they tell us?

Panel members graded patient engagement at Calderdale CCG as ‘Achieving’. The CCG received the following recommendations from panel members:

- Choice about treatment and places of treatment for people who may require something that isn’t standard, e.g. through the Individual Funding Request (IFR) process
- Involving service users in diagnosis and decision making and empowering them to find a treatment option that best suits their needs. Clearly setting out available options and possible alternatives
- Clear and accessible information to help service users navigate a complex system
- Provide information about how the CCG monitors complaints by protected characteristics

- There should be a presence at ‘Happy Valley Pride’. Further engagement with the LGBT community through Hebden Radio and Over the Rainbow LGBT Social Group in Todmorden
- Better use of the media including radio (Hebden Radion and Sunrise Radio), TV and social media
- Identify creative methods for involving Children and Young People, including theatre based activities, film and videos, dance and links to education
- Look at what ‘Child Friendly Leeds’ are doing for inspiration
- Deliver an event that includes all the local groups working with young people – support young people to develop and deliver the event
- Create accessible versions of information for people using infographics – this would particularly benefit people whose first language is not English and people with a learning disability
- Find different ways to use the skills of Engagement Champions’, e.g. creating community hubs to map community skills and networks and run an event to share ideas about supporting a more diverse voice

## What did we do?

The patient and public engagement team was given recommendations for improvement by panel members. The feedback from the panel will be used to support delivery of the new patient engagement equality objective and will inform the Patient Engagement and Experience Action Plan 2018-19.

The Engagement Lead will report on progress to the Calderdale Equality Health Panel, which meets quarterly.

## Where can you find more information about this work?

A report of the findings from the EDS2 events is currently being developed. This report will be available on this website:

***Click here to download a copy of the Equality Delivery System report***



## South West Yorkshire Partnership NHS Foundation Trust (SWYPFT): Older Peoples Services

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By 2020 there will be a 23% rise in the numbers of people with dementia. National statistics demonstrate that we only diagnose approximately 50% of people with dementia in the population and the government target for diagnostic rates has been set at 67%.

This growth in numbers and demand means that we need to transform the traditional way we have provided memory services across our carbon footprint.

### Who did we consult with and what did we ask?

In May 2017 we held a series of workshops which were well attended by Service users, carers, hard to reach groups and partner organisations. People shared their opinions and ideas on our proposed changes to having separate wards for people with Functional and Organic (dementia) needs. A total of 131 people attended the events across the Trust but in particular:

- 42 people attended the event at the Hudawi, Huddersfield
- 29 people attended the event at the Elsie Whiteley Innovation Centre, Halifax

Facilitated table discussions were held at the workshops and people were asked to:

- Help test our thinking about the new model
- Help us get the detailed design right

### What did they tell us?

The emerging themes from this engagement:

#### Inpatient Model

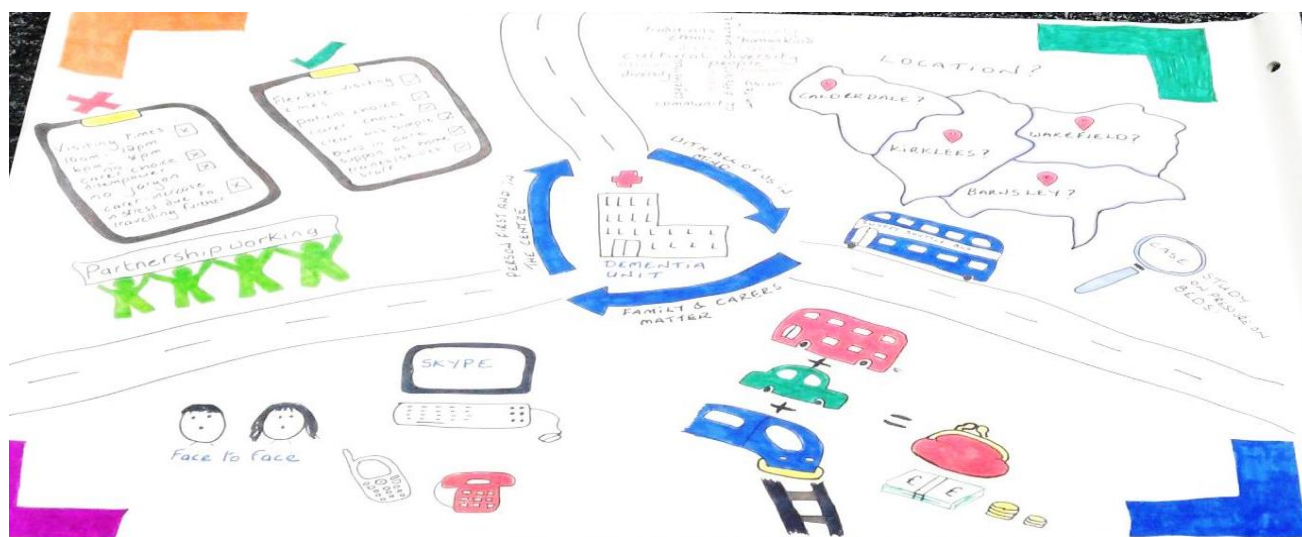
Generally, people were receptive to the separate wards and thought the specialist dementia unit was a good idea and a move in the right direction. However, there were some concerns, in particular about the location of the unit. People were worried that they might be further away from home and have to travel further to the hospital than they currently have to.

Below are some of the suggestions people made that the Trust could provide help/support with in travelling to the new unit:

- Reimburse the increase in bus/train fares and extra mileage.
- Explore concept of providing a shuttle bus to take Service users and carers to the unit.
- Flexible visiting times

People also shared their ideas on alternative ways to see their family members/loved ones in the unit instead of face to face contact/visiting BUT requested we simply do not assume that everyone is fully conversant and use technology and not automatically replace any face to face contact/visiting with these methods.

The following graphical representation highlights some of the issues and findings as mentioned above:



## Community Model

People were generally receptive to the proposed changes to our community services, especially our aspirations to look after people in their own home and reduce the need for people to be admitted to a hospital bed. People commented on a few approaches for support in the community:

- **People with high needs**

Overall people thought this was a good approach and in particular, having one person coordinating and overseeing a person's journey of care. However, there were concerns about loneliness and an increase in social isolation. We will need to ensure we provide a good support network in particular using the Voluntary sector would help alleviate social isolation.

- **People with low needs**

Again people thought this was a good approach in providing care as close to the home as possible and within one team. They liked the approach in which will provide a streamlined service with less passing around the system and therefore duplication. However, we will need to ensure our mental health services become more closely linked with our local healthcare providers.

- **Memory assessment**

Generally people thought this approach was fantastic, as more memory assessments are likely to be offered in a local clinic/closer to their homes. People liked the more coordinated and holistic approach and they will be seen in familiar surroundings like their own GP surgery, which help alleviate any anxiety. People requested not to forget to support the carer in this approach and incorrectly assume or rely too heavily on the carer overseeing the care.

- **People with increasing Memory Needs**

People were generally in favour of this approach which aims to provide people with a more intensive short term package of care from an intensive care home support team. People were particularly reassured by the extended support we hope to provide in the new model.

## **What did we do?**

The findings from the engagement will be added to existing engagement activity which has already taken place in respect of the Older Peoples Transformation. A summary of the findings from the engagement process was produced and:

- Shared/Emailed to the people who attended the events
- Published on our website.
- Included in the Inpatient and Community Business cases to be used to inform the ongoing work to look at ways to transform the traditional way we have provided memory services across our Trust and to meet the growing demand.

## **Where can you find more information about this work?**

To receive a copy of the typed up feedback email [opstransform@swyt.nhs.uk](mailto:opstransform@swyt.nhs.uk)

## South West Yorkshire Partnership NHS Foundation Trust (SWYPFT): Older Peoples Services

---

By 2020 there will be a 23% rise in the numbers of people with dementia. National statistics demonstrate that we only diagnose approximately 50% of people with dementia in the population and the government target for diagnostic rates has been set at 67%.

This growth in numbers and demand means that we need to transform the traditional way we have provided memory services across our carbon footprint.

### Who did we consult with and what did we ask?

In December 2017 we met with some of our existing inpatient service users and carers to ask them a few questions. The questions were about the current level of care they were receiving and their thoughts on the proposed changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services.



6 inpatient units were visited across the Trust of which:

- 26 People participated from Wards 18 (Female) & 19 (Male) at Priestley Unit, Dewsbury District Hospital, Dewsbury.
- 6 people participated from the Beechdale Ward, The Dales, Calderdale Royal Hospital, Halifax.

Out of the 32 people we questioned the split was :

- 9 carers
- 4 family members
- 19 Service users

The Service users and carers were asked a series of questions as follows:

- Overall how would they rate their care and treatment they currently receive from our services.
- What is good about the care and treatment they receive?  
What can we improve on?
- In the future would they prefer to receive care in?
  1. A Dementia ward only
  2. A ward for dementia and functional needs
  3. A ward for functional needs only
- In the future would they prefer to be in a
  1. Single gender ward



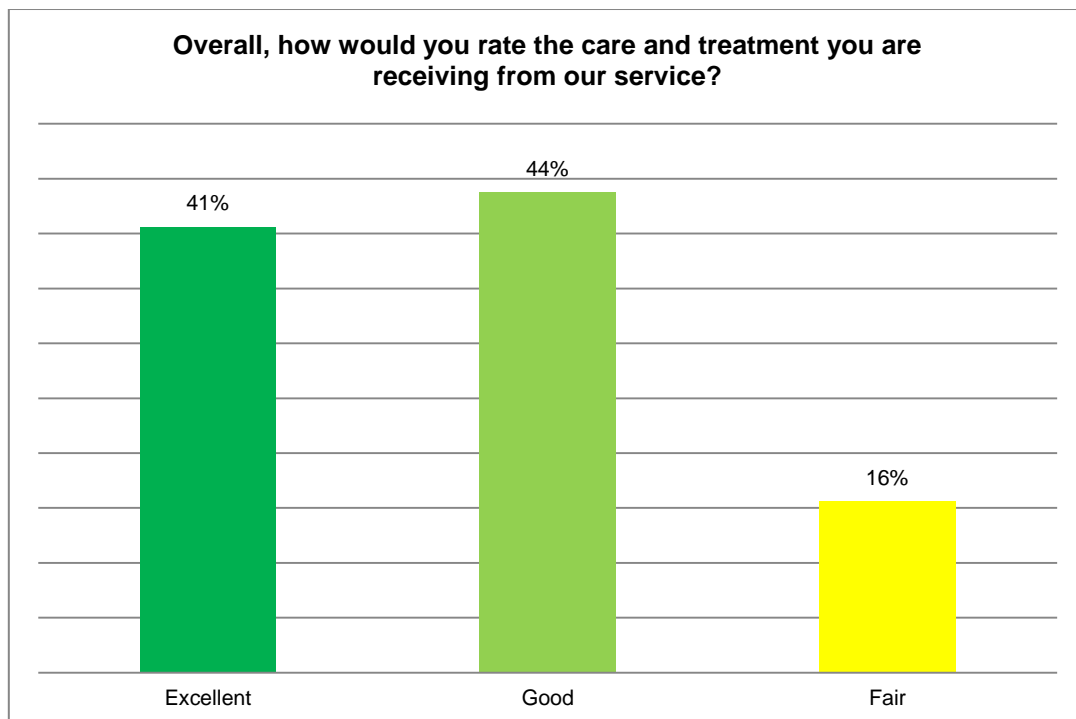
- 2. Mixed gender ward
- 3. Don't mind

- How concerned would they be if they had to travel further to a ward?  
Any other comments?

## What did they tell us?

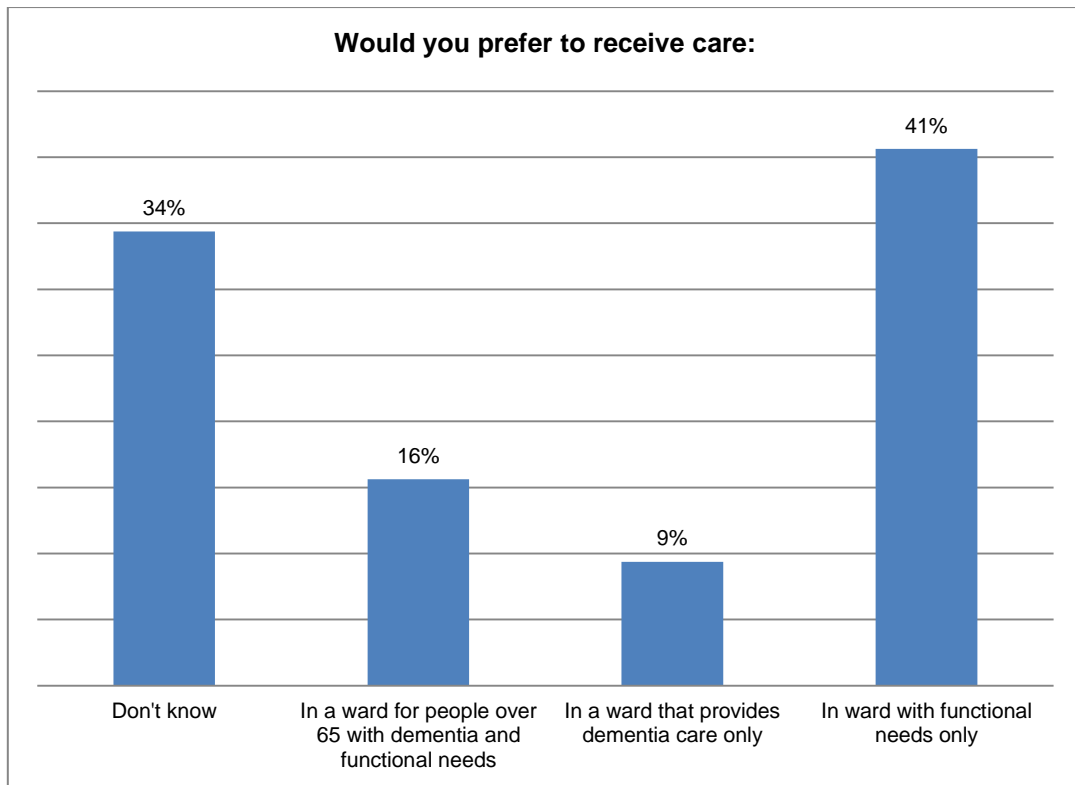
Below are some of the key themes which came out of the sessions:

Overall most people (85%) rated their current care and treatment from our services as 'Excellent or Good' and had lots of praise for the staff looking after them. In particular, people said our staff were very caring, hard-working and couldn't do enough for them.

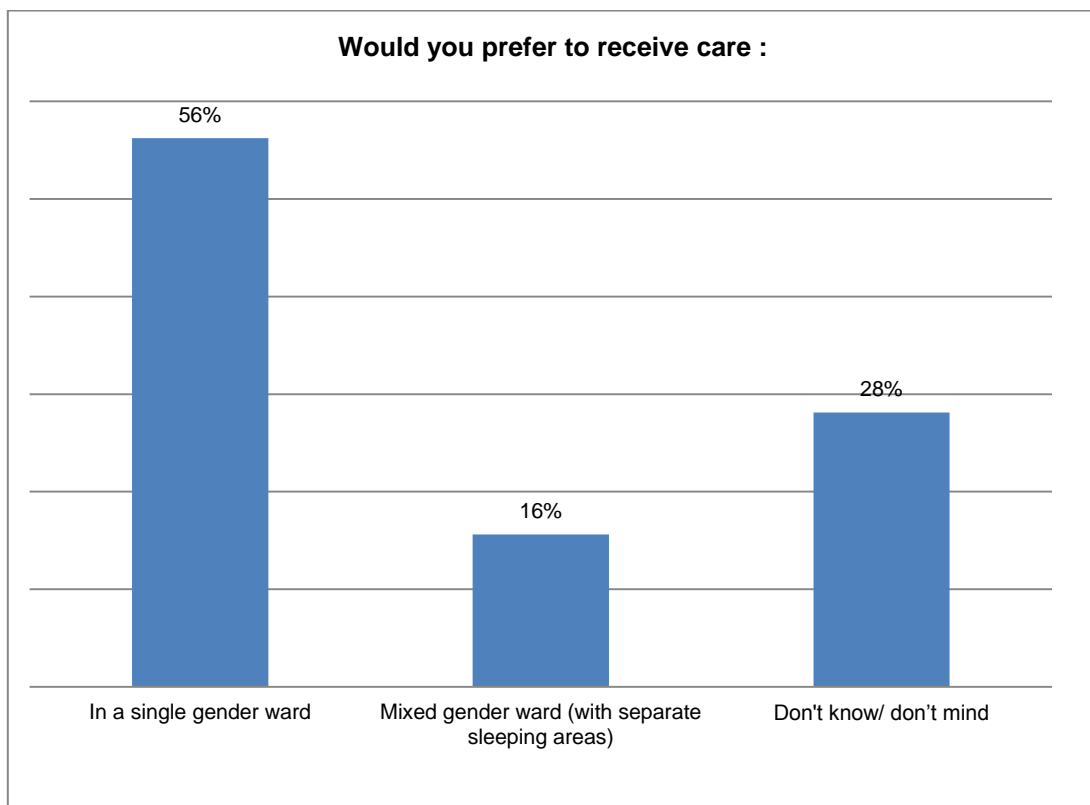


16% of people questioned said they would not mind being in a mixed ward (looking after people with both Organic and Functional needs) because they liked to have the mix of people on the ward.

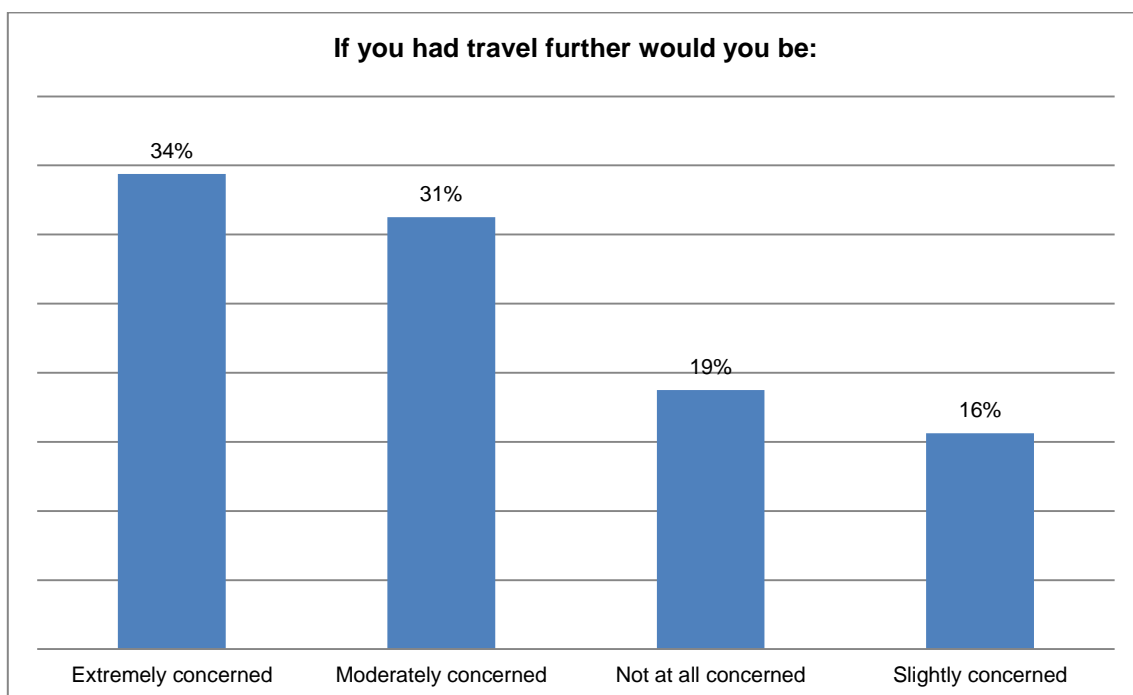
However, 41% of people said they would prefer to be on a functional ward only because they didn't have dementia and 'It was very upsetting and worrying for me coming in to contact with someone with dementia for the first time. I was worried all night hoping the person could not get in to my room.' From this 9% of people said they would prefer to be on a dementia ward only. 'The ward would be a better and calmer environment' and 34% they did not know.



More than half of the people questioned also said they would prefer a gender specific ward.



The majority (65%) of people questioned also expressed their extreme or moderate concern about travelling further to a specialised unit which can be seen in the table below:



## What did we do?

The findings from the engagement activity have been:

- Included within the Inpatient Business Case and will be used to inform the ongoing work to look at ways to transform the traditional way we have provided memory services across our Trust to meet the growing demand.
- Shared with the members of the Older Peoples Transformation Steering Group.

Generally, the people questioned were not against the proposed changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services. However, we acknowledge that some consideration needs to be given to carers/family members who were extremely concerned that they may experience difficulties/increases in travelling to the wards.

Also, some issues were raised about the reception area on Ward 19. In particular, the long wait in the corridor by family members and carers to get onto the Ward. Options to resolve this are currently being considered.

Some carers/family members also wanted to know why visiting was not allowed during meal times. Some carers/family members prefer some flexibility to the visiting hours especially if coming from afar, with the option to visit during meal times. Carers/family feel this will offer better, quality time spent with their loved ones ie. Eating with or helping to feed their loved ones/family members.

Again, as part of the ongoing development of the future model the option to have flexible visiting times will be explored.

### **Where can you find more information about this work?**

A report of the findings from the engagement process was produced by our Quality Improvement Team in May 2018. To receive a copy of the full report email [opstransform@swyt.nhs.uk](mailto:opstransform@swyt.nhs.uk)

## **South West Yorkshire Partnership NHS Foundation Trust (SWYPFT): Older Adults Transformation Programme**

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As part of the older people transformation programme SWYPFT were asked to identify the experiences of older people who have used services across the Trust.

### **Who did we consult with and what did we ask?**

In May 2017 the Trust held a second round of engagement events over four days in the Barnsley, Calderdale, Kirklees and Wakefield BDUs. The event involved a range of stakeholders including service users, commissioners and carers. In addition focus groups were held at:

Service users and carers were also recruited from existing networks and attendees from last year's engagement events.

### **What did they tell us?**

- Wealth of praise for services
- Felt that they had been referred to the right place and seen the right person
- Liked continuity seeing the same nurse
- Good quality information given (might be too much all at once )
- Would welcome an opportunity of follow up on information given
- To ensure that post diagnostic support is in place particularly in the clinic session when receiving the diagnosis
- Dislike of technology (text messages and automated telephone calls)
- Opportunity to work more closer with GP's in the interest of continuity for the service user and carer.
- Further work needs to be undertaken with South Asian Community and African-Caribbean communities and other hard to engage groups.

## What did we do?

The feedback received from all these events will be used to help to shape the transformation strategy for the local area. The areas of transformation required to support older adults with mental health conditions have been gathered and a full report of findings produced to feed into this process.

## Where can you find more information about this work?

You can find out more information and access a full report of findings by contacting Aboobaker Bhana at SWYPFT on 01924 512276, email- [aboobaker.bhana@swyt.nhs.uk](mailto:aboobaker.bhana@swyt.nhs.uk)

## South West Yorkshire Partnership NHS Foundation Trust: Perinatal Mental Health Team

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Following a successful bid to the Specialist Perinatal Mental Health Community Services Development Fund, South West Yorkshire Partnership NHS Foundation Trust secured new investment to develop a specialist community perinatal mental health service.

The plan was to establish a new specialist multi-disciplinary team and effective clinical networks in conjunction with perinatal partners across the Trust's footprint. The service works closely with Maternity Services, Community Mental Health Teams, CAMHS, Home Treatment Teams, Primary Care Services and other community organizations, and the Leeds Mother-and-Baby-Unit. The service went live in Dec 2017

## Who did we consult with and what did we ask?

We held stakeholder launch events for our new service in Nov 2017 in North Kirklees, Dec 2017 in Calderdale and Jan 2018 in South Kirklees. This had a wide range of services attend including Thriving Kirklees, GP's, local residents, commissioners, Women Centre, Social Care, Housing Services, Health visitors and Children's Centres.

We gave a 30 minute presentation about our new team, the national drivers for investment in perinatal mental health and some education about perinatal mental health issues. We also provided a lived experience example of perinatal mental illness. In North Kirklees we provided an overview of a project looking to understand the needs of the South Asian populations and how we aim to meet these, particularly with regards to equitable access. We held table top discussions asking about what works well in Kirklees to support women and families with perinatal MH issues; and what they felt the gaps were. We asked what they would like from our service and how we could best add to the existing perinatal pathway.

## What did they tell us and what did we do?

The notes from the table top discussions have been written up and categorised into themes to help shape the service. People asked for training and we have provided multiagency training to health visitors, school nurses, Early Help staff, peer support staff and midwives on a 2-monthly rolling programme. We have also provided training at the GP Target Meeting in Huddersfield and at the obstetrician audit meetings in Calderdale. This training programme evaluates well and will continue to be provided.

People wanted easy access to medication advice for women during pregnancy and whilst breast feeding. We now provide quick access to advice from our consultant psychiatrist and we are planning telephone medication advice clinics to provide easy access to information in 2018. We have supported 2 nurses from the Perinatal Team to complete their non-medical prescribing qualification which they are due to finish in July who will then be able to support this work.

Feedback from engagement events have been used to influence the writing of our Operational Policy and used to help develop robust pathways between primary, secondary and third sector organisations. This work is now nearly completed.

People wanted to meet face to face to discuss developments in Perinatal Mental Health. We hold quarterly Perinatal Link Champions Meetings to ensure multi-agency communication, share good practice and look at areas for further development. We chair a 2-monthly Perinatal MH Network meeting which is attended by a wide range of stakeholders. Perinatal practitioners meet monthly with the perinatal midwifery lead and perinatal lead for Health Visiting for case discussions.

This all aims to strengthen our working relationships and communication with each other to provide a comprehensive Perinatal Pathway for women and their families across all services.

People asked for easy access to information about Perinatal Mental Health Issues. We are working to make our Trust Perinatal Intranet Page accessible to anyone in 2018 (currently it is only accessible to staff working for SWYPFT).

Our project looking at the needs of the South Asian population is progressing well. We have met with local groups and charities and have started to scope out what the current needs are to help women and families access and engage with our service. Further information about the project is available on request.

## Where can you find more information about this work?

A report of the findings from the engagement process was produced in Feb 2018 and a copy can be provided on request. Copies of our operational policy are available on request. Copies of minutes from Link Champion and Network Meetings are available on request. Please contact [claire.lowe@swyt.nh.uk](mailto:claire.lowe@swyt.nh.uk)

## **South West Yorkshire Partnership NHS Foundation Trust (SWYPFT): Learning Disability self-examination, Kirklees**

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This session came about following a government report on the decrease of breast cancer screening in particular the largest decrease being for women with a learning disability.

### **Who did we consult with and what did we ask?**

LD service users and Carers from the local community, in particular the BAME community were invited to a one off session to talk about the importance of self-breast examination awareness, checking for changes and asked:

- Do they have issues around self-breast examination?
- Would they ask for help and if so from whom?
- How important is self-examination to them?

### **What did they tell us?**

Emerging themes from this engagement;

- A female carer who herself is a professional said she was embarrassed to even ask at reception, as to where she need to go for the session as the person at reception was a male.
- Checking one-self or the person with a learning disability is not something they have considered, so the question of how important it is to self-examine did not arise. Another said, they would have difficulty trying to explain to the person with LD why they would want to check their breasts or explain to them why the individual themselves should self-breast examine because of limited understanding and shyness/embarrassment for both parties.
- All were in agreement that more work needs to be done to raise awareness around self-breast examination for people with learning disabilities, especially those from minority groups is very important.

### **What did we do?**

- Ensure service users and carers on caseloads are given appropriate information on self-breast examination. Offer advice and support.
- Refer / sign post to appropriate support services.

### **Where can you find more information about this work?**

More information can be requested Asima Bibi [Asima.bibi@swyt.nhs.uk](mailto:Asima.bibi@swyt.nhs.uk)

## Calderdale and Huddersfield Foundation Trust (CHFT): Older People/Dementia and Frailty Services

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The hospital wanted to review the provision of services to older patients and particularly those with dementia, respiratory conditions and who are frail elderly.

### Who did we consult with and what did we ask?

CHFT carried out a survey of relatives and carers of patients with dementia to find out what's important to them about the dementia service. In addition work took place with service users who were invited to attend an event to identify their current experience of a service. Using the event CHFT could work closely with patients to co-design solutions. The events were classed as 'Experience based events' and two of these events were held.

### What did they tell us?

From the survey of relatives and carers of patients with dementia the hospital identified a few areas where improvements could be made. These were:

- That we needed to review our approach to working with people who have dementia
- That dementia friendly crockery had improved services to patients
- That there was more we could do to make the wards stimulating

The feedback from the 'Experience Based Co-design' events allowed CHFT to design, monitor and improve care for some of our vulnerable patient groups. People told us:

- Patients were in need of some companionship
- Improvements to the shuttle bus would support carers/relatives to be with patients
- To ensure that patients continued to be discharged in a timely manner
- Information and communication could be improved

### What did we do?

#### Dementia

From the feedback CHFT received, the hospital repainted one of the dementia wards to make it less bright yet still meet the needs of our patients. CHFT also introduced 'RemPod' pop-up rooms for dementia patients to provide reminiscences which are proven to stimulate a memory that is deteriorating. In addition CHFT revised its Dementia Strategy following feedback from the survey.

#### From the events

CHFT arranged for Age UK to provide companionship services for patients. Occupancy rates were reviewed and timetables of the cross-site shuttlebus service, to ensure the service could meet the anticipated extra demand from relatives. Social work staff were relocated to facilitate speedy discharges of patients. Patients were



involved in the design of a leaflet which included information on tests, results and follow up appointments.

### **Where can you find more information about this work?**

More information can be obtained by contacting the Trust's Membership and Engagement Manager on 01484 347342.

## **Calderdale and Huddersfield Foundation Trust (CHFT): Children's Services**

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A significant amount of engagement took place in 2017/18 with children, young people and their families/carers to evaluate the services provided for children and young people at the hospital.

### **Who did we consult with and what did we ask?**

CHFT used a tool called 'PRASE' (Patient Reporting and Action for a Safe Environment) to assess the experience of patients using the hospital ward. The assessment was carried out by volunteers and commenced in Autumn 2017. A survey of adolescent patients on their experiences in the outpatients department also took place. In addition CHFT held a number of focus groups for families and carers to attend. The focus groups were put in place to help CHFT understand more about what families thought about the current service this included gathering feedback on Neonatal Intensive Care Unit (NICU).

### **What did they tell us?**

From the feedback received the most common theme from all the responses was that both patients and their families were keen to receive more information about what to expect when they were admitted to hospital.

- Young people told us we needed to think more about facilities for older/teenage children in outpatients and on the children's ward.
- And parents told us that the hospital NICU facilities were not ideal and required improvements.

### **What did we do?**

Feedback from the 'PRASE' assessments resulted in the introduction of a user friendly "10 steps to theatre" guide for patients and families to explain what happens when the patient goes to theatre.

The Focus Group led to the production of a promotional video about the Children's ward.

CHFT introduced graffiti boards on the Children's ward to ask "what word captures your experience today?" In addition a fruit and milkshake round on the Children's ward was set up to engage informally with children and families.

Following the survey of adolescent patients we introduced more age-appropriate activities in departments. And a 'mood board' was introduced for younger patients. The mood board generated feedback that led to a teenage room being set up on the Children's ward.

As a result of feedback from parents, we've introduced the "Bring me Food" scheme for parents who don't want to leave their child's bedside whilst in hospital. Going forward the service will be working towards providing information in other formats, eg Makaton and Easy Read. In addition improvements were made to the NICU unit to make it feel more homely; bedrooms were updated to reduce the clinical feel.

### **Where can you find more information about this work?**

More information can be obtained by contacting the Trust's Membership and Engagement Manager on 01484 347342.

### **Calderdale and Huddersfield Foundation Trust (CHFT) : Meeting the needs of protected groups identified by the Equality Act 2010**

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A significant amount of engagement has taken place over 2017/18 to evaluate and understand more about the services provided for those patients using maternity services, who have a range of religion and religious belief, who have a disability and sexual orientation.

### **Who did we consult with and what did we ask?**

To better understand the experience of people in maternity services, a survey was developed to capture the views of both patients and their birth partners. In addition a graffiti board was introduced in the maternity service. Patients and birth partners were asked to write down their thoughts on the theme "what word captures your experience today?"

The Chaplaincy Department does ongoing work with local religious and faith leaders to better understand the needs of these groups. The department met with members of the local Sikh community at a Sikh temple and a Sikh day of prayer was held at HRI Hope Centre.

Senior staff met with a patient who had complained about the services provided which would have supported their experience. The issues discussed related to disability and the patient raised a number of points to support staff awareness on this. In addition work took place with a wheelchair user to identify the work required to redesign the public toilets at Huddersfield Royal Infirmary. CHFT also surveyed patients with a learning disability using

an easy read survey and took on board feedback from lymphoedema patients on accessibility issues at the clinic venue.

Staff from the hospital, other organisations, patients and anyone with an interest, were invited to an event at Calderdale Royal Hospital to hear more about Lesbian Gay Bisexual and Transgender (LGBT) issues. The issues facing members of the LGBT community in healthcare settings were addressed at the event.

## **What did they tell us?**

The feedback from all this work resulted in a number of key emerging themes. The overarching themes are set out below:

### **Maternity services**

All of the feedback had a reoccurring theme of either privacy, dignity or both. For some there were issues relating to the junior doctors and how they deal with patients. Patients would also like more information on preparing for birth.

### **Religion and belief**

The outcome of the visit was that more could be done to support religion and religious belief in hospital. The work needed to include a programme of education and the development of a strategy to care for South Asian people.

### **Disability**

The patient who had made the complaint is now supporting the Trust by providing disability awareness training and is now a registered volunteer to help the Trust with equality issues. The involvement of the wheelchair user in the redesign of the public toilets ensured accessibility issues were taken into account. We were pleased that the feedback from the surveys of our LD patients was all positive and no action was required on our part. As a result of the feedback from our lymphodema patients we relocated the clinic to an accessible venue.

### **LGBT**

Feedback was that the event had provided a useful insight into LGBT and that a future annual event should be held in a community setting.

## **What did we do?**

### **Maternity**

The survey of patients and birth partners helped us to develop our “Getting Ready for Birth” lesson plan. A session in the junior doctors’ induction programme called “Walking in the Woman’s Shoes” has been introduced to ensure privacy/dignity issues are addressed.

### **Religion and belief**

The Horizon Group has been formed in conjunction with Overgate Hospice and Calderdale Council to provide a programme of education around palliation and strategies of care to the South Asian community through Calderdale Council of Mosques.

### **General theme/LGBT**

CHFT will be adjusting the imagery around the hospitals to reflect the diversity of our patient population. In addition CHFT will also be holding a second LGBT event but this time in a community setting.

## **Where can you find more information about this work**

More information can be obtained by contacting the Trust’s Membership and Engagement Manager on 01484 347342.

## West Yorkshire and Harrogate Health and Care Partnership: Voluntary and Community Sector Event and workshop

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Working alongside our communities is an important part of our partnership - seeing the people we serve as assets. We want to raise the profile of and share the excellent work taking place across the area – celebrate the difference this is making in our communities on a regional and national level.

### Who did we consult with and what did we ask?

West Yorkshire and Harrogate  
Health and Care Partnership



West Yorkshire and Harrogate Health and Care Partnership held a **voluntary and community sector event on Monday 6 November 2017** at Carlisle Business Centre, Carlisle Road, Bradford. The event was the first of its kind across WY&H which was to start conversations with the voluntary and community sector. The aim of the event was to:

- Provide an update on the journey so far for West Yorkshire and Harrogate Health and Care Partnership
- To sense check the voluntary and community sectors understanding of West Yorkshire and Harrogate Health and Care Partnership
- Develop a network of voluntary and community sector representatives to be part of all programme areas of work
- Develop voluntary and community sector leaders in each specialist areas of programmes of work

This event was an essential part of our engagement process and included a range of local voluntary and community sector organisations which represented groups including;

- Mental Health
- Carers
- Age (i.e. youth projects, Age UK)
- Dementia
- Cancer
- Prevention and wellbeing and lots more

We asked participants to choose a priority area that was of most interest to them and as part of the table discussions to think about the following;

- How is the third sector involved now?
- What does the third sector offer now?
- How can the third sector be involved?
- Identify volunteers to be involved

**A further workshop was held on Friday 1 December** at St Georges Centre, Great St George Street, Leeds to agree how the VCS can work with and be represented within each of the West Yorkshire and Harrogate nine priority programme areas of work. The aim of the event was to;

- Recap from the first event held in November
- Ascertain where the VCS are now in terms of third sector input into the WY&H Health and Care Partnership
- Using the findings from the first event to establish which topics are the priorities for the coming year
- How to work together as a WY&H third sector team

A range of local voluntary and community sector organisations attended the second event which represented groups such as;

- The Carers Resource, Carers Count
- Epilepsy Action
- Wheatfields Hospice
- Leeds British Red Cross
- Community Links
- Y&H & Lincolnshire Circles of Support & Accountability
- Forum Central
- Age UK Support Service Yorkshire and Humber
- Yorkshire Sport Foundation
- QED Health & Wellbeing
- Autism Plus and the Adsetts Partnership
- Healthwatch Bradford
- Action on Hearing and Loss – North Region

Participants were each given three green sticky dots and asked to place those dots against the findings from the previous event that they thought should be a priority for the coming year from each of the nine WY&H priority areas of work. Delegates then chose one of the nine priority areas of work that they had an interest in and were asked to review the findings from November 2017 event and the sticky dot activity.

## **What did they tell us?**

Key messages from both the VCS events were consistent and are summarised below. Each priority area had their own interested areas of work within the VCS and how they could work together. However, some common themes that came out of the discussions were;

- What is the role of the VCS and how can the partnership and priority area invest in the VCS
- Communication, better communications, appropriate communication, accessible information, sharing information, and
- Understanding how the systems works

Of the people who attended the event the majority thought it was a positive and worthwhile event. However, there were some people who thought time was limited for meaningful conversations and networking and participants seemed keen for next steps.

There were a small number of people who commented on the uncertainty of the WY&H Health and Care Partnership and what it will achieve and how and also uncertain of the purpose of the STP and its VCS/Third Sector partnership and involvement

## **What did we do?**

The findings will be used to support further conversations with the community and voluntary sector. Voluntary Community Sector representatives are working closely and involved with each priority programme areas of work for WY&H HCP.

## Where can you find more information about this work?

A report of the findings from the engagement process was produced in November 2017. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

***[Click here to download a copy of this report](#)***



## West Yorkshire and Harrogate Health and Care Partnership: Unpaid carers event 14 December 2017

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As a partnership we recognise that unpaid carers are a significant partner in health care and raise the profile by sharing the excellent work taking place across the area - celebrate the difference this is making in our communities on a regional and national level.

### Who did we consult with and what did we ask?

The carers event took place on Thursday 14 December 2017 at St. Swithuns Centre in Wakefield. In total approximately 60 people attended the event.

The event was the first of its kind across WY&H which was to start conversations with unpaid carers and representatives from carers organisations. The aim of the event was to:

- To build on work to date
- Heighten the profile of carers in a more holistic way, rather than as an add on
- Recognise and celebrate what is happening already across WY&H and identify good practice
- Discuss how we can embed the carers agenda into the WY&H workstreams
- Identify a 'gold standard' approach to supporting carers in the work place.

A range of local voluntary and community organisations attended the event which represented unpaid carers; organisations included;

- Carers Leeds
- Carers Count
- Carers Wakefield and District
- Carers Trust

Participants as part of the table discussions to think about the following;

- Identify good practice and how we can share wider learning
- What are the big issues around young carers, primary care, hospitals, supporting working carers and how can we embed the carers agenda into these 4 workstreams and STP partner organisations

## What did they tell us?

Key messages from the unpaid carers' event are summarised below. Organisations had individual examples of good practice and shared that information within their groups. Some common themes that came out of the discussions were:

- Need to be better at early identification of carers
- Primary care is key to help with early identification of carers
- Listen to what carers have to say
- Connecting with young carers can be challenging
- Teachers need to be trained to identify young carers
- Small local hubs are needed
- Better signposting for carers to the various services available to them
- Helping carers who are employed. E.g. employers having a better understanding of who carers are and their caring responsibilities. Better policies to support carers in the workforce.

## What did we do?

Findings from this report and through continued meaningful conversations with carers, carers organisations and colleagues a carers strategy will be developed to support carers across West Yorkshire and Harrogate.

## Where can you find more information about this work?

A report of the findings from the engagement process was produced in December 2017. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

***Click here to download a copy of this report***



More information about the carers strategy can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

**Click here to read more on the West Yorkshire and Harrogate Health and Care Partnership website:**





## West Yorkshire and Harrogate Health and Care Partnership Service Area: Stroke stakeholder event Friday 2 February 2018

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The purpose of the event was to bring together a wide range of people from across the area including colleagues working in health and social care, voluntary and community organisations, councillors, carers and people who have experienced a stroke. To seek their views on our work to date and the development of decision making criteria for specialist stroke services and allow any further contributions and considerations to be included.

### Who did we consult with and what did we ask?

The event was held at the Carlisle Business Centre in Bradford on Friday 2 February; 56 people attended the event. Stakeholders were invited by invitation and through this invitation were asked to nominate representatives to attend the event to ensure there was representation from the six areas across WY&H;

- Bradford District and Craven
- Calderdale
- Kirklees
- Harrogate
- Leeds
- Wakefield

A wide range of key stakeholders were invited to the event, this included third sector organisations with an interest in stroke, patient and carers who have lived experience of stroke and local MPs and Councillors.

Participants as part of a table discussion to consider the following questions;

- Is this what you expected? (If you were involved in the earlier consultation do you recognise the results?)
- What are your main concerns after hearing the current position?
- What do you think will be the main benefits?
- Do you feel it will affect you more than others?
- How will this impact on the area you live in?

### What did they tell us?

Key themes from the event were;

**Support** after stroke for patients, carers and families was extremely important to people. Many described how consideration needs to be given to physiological and emotional therapies, speech and language therapies and support for patients, carers and their families after discharge taking into account re-enablement. People also said they wanted quick access to rehabilitation services. It was also felt that more support is needed for stroke survivors 5 / 10 /15 years later. Many also felt it was important to recognise the different types of support that may be needed for example different cultures, wellbeing of carers and families and younger people who have had a stroke which can affect the rest of their lives and careers.

People also felt that **communication** is key. Some people thought there wasn't enough background or detail and that more clarity was needed. Some thought discussions were not clear around what the options were and the wording and language on the decision making criteria. There was mixed responses on the previous engagement, some people thought the engagement was very good whilst some wanted to know that our engagement was meaningful and that we needed to manage public understanding.

People want to see **promotion around prevention** and learning from other areas that have done this well and the impact it has had by learning from their experiences and using campaigns that already exist such as the FAST campaign to create the awareness. Promotion of the work currently being done and keeping the conversation going, promotion also around younger people having strokes. Some people also felt that education plays a big part.

People want to see more **joined up working** with other organisations such as local authorities, public health, voluntary and community sector, and primary care. People were concerned about it being NHS driven with an acute focus and other organisations not being involved therefore not reflecting the needs of a whole system. The involvement and investment of voluntary and community organisations is extremely important to people and many felt the need for more services in the community. Peer support in recovery is also important and the awareness of what services / support there is available within communities.

People want assurance around the consistency of how **data** it's collected and reported.

People were concerned with issues around **workforce**, such as retention of staff, a skilled workforce, career possibilities and staff being over worked. People also want to see recognition of the whole workforce not just specialist staff or consultants.

## What did we do?

We will continue to have conversations with staff, partners, public, communities and stakeholders to develop options to further improve stroke services from prevention to after care for people living in West Yorkshire and Harrogate.

## From listening to the feedback received the areas of focus are:

### Primary Prevention

- There is work currently underway to support the identification and diagnosis evidence based management of Atrial Fibrillation and Hypertension.
- Further work to be defined to help raise public and patient awareness, education and training

### Pre Hospital phase

Working with the Hospital Trusts and Yorkshire Ambulance service to further improve the care pathway and clinical assessments to ensure patients are treated at the right place at the right time, first time.

## Hyper Acute and Acute Stroke Services

- Work is underway to design and implement an optimal delivery service model to ensure patients receive the right care at the right time
- Work is underway to further improve the standards and protocols to support an optimal delivery service model

## Rehabilitation / Community Services

- A working group is to be established in the next phase of this project to determine the initiatives required to be delivered

## Workforce

- There is a working group established to determine the initiatives required to address issues raised

## Where can you find more information about this work?

A report of the findings from the engagement process was produced in February 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

***Click here to download a copy of this report***



More information about stroke care across WY&H can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

**Click here to read more on the West Yorkshire and Harrogate Health and Care Partnership website:**



## West Yorkshire and Harrogate Health and Care Partnership Service Area: Stroke stakeholder workshops March 2018

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The workshops were part of a planned approach to seek the views of stakeholders in the development of stroke services to further improve stroke quality outcomes across the care pathway. And to ensure that we have listened to and gathered all the points of view we need to consider from staff, patients, carers and the public to further develop our plans for stroke service across West Yorkshire and Harrogate.

### Who did we consult with and what did we ask?

The purpose of the workshops were to bring together a range of people who were unable to attend the event in February 2018 such as health care professionals, voluntary and community organisations, and people who have experienced stroke and carers. There was a particular focus on encouraging the following to participate in the workshops;

- People who have experienced a stroke
- Carers
- Community organisations with an interest in Stroke
- Younger people who have experienced a stroke, people living in deprived and rural communities and people from black and ethnic minority communities (all were identified in our equality impact assessment work).

To seek their views on our work to date and the development of decision making criteria for specialist stroke services and allow any further contributions and considerations to be included. 48 people attended the workshops that were held across West Yorkshire and Harrogate during the week commencing 26<sup>th</sup> March 2018. Participants as part of a table discussion were asked to consider a number of questions through different activities for example;

- Feedback on previous engagement
- Any concerns after hearing the current position
- What people thought were the benefits, how it might affect them and the impact on the areas where they live
- Views about the work to date
- Have we missed anything and what else should we be looking at?
- What people thought of the draft criteria, what else is important, is there anything missing?
- Help with prioritising elements of the draft criteria and what most important

### What did they tell us?

The key messages which have emerged from across the workshops are set out below and are in no particular order;

**Raise awareness of the signs and symptoms of stroke** both with the public and health professionals. It was felt that the FAST campaign had raised awareness but that it should go further and talk about the whole pathway. Any campaign should have a co-ordinated approach across all organisations including the voluntary and community sector.

**Raise awareness with all our communities of how to prevent stroke.** Specific mention was made to the diverse population of West Yorkshire and Harrogate and how some communities have a higher risk of stroke. We need to tailor our communications to educate and raise awareness of the risks for each of our communities.

**Improve communication and support for carers.** Carers should be provided with support immediately and this should include a resource pack whilst the patient is still in hospital, setting out what is available to them, what they need to do next, FAQs, financial information, support groups, and manual handling. Carers should also be supported in being involved in discussions about the care of the person they care for. And we need to be ensuring that the information provided is accessible and appropriate for all communities.

People want to see more **joined up working** with other organisations such as local authorities, voluntary and community sector, and primary care. The involvement and investment of voluntary and community organisations is extremely important to people and many felt the need for more services in the community. Peer support in recovery is also important and the awareness of what services / support there is available within communities.

People want consistency in the quality and availability of care, treatments and ongoing support across the patch. This consistency of care should be wider than just NHS and local authority services and should include the services provided by the voluntary and community sector; they don't want a **postcode lottery**.

People praised the high level of care they had received in hospital following their stroke, and they wanted to be receiving this standard of care once they had been discharged. They wanted to be able to access **rehabilitation services** quickly. Many felt it was important to recognise the different types of support that may be needed for example different cultures, wellbeing of carers and families and younger people who have had a stroke which can affect the rest of their lives and careers.

People were concerned with issues around **workforce**, such as retention of staff, a skilled workforce, career possibilities and staff being over worked. People also want to see recognition of the whole workforce not just specialist staff or consultants.

## What did we do?

From listening to the feedback received the areas of focus are;

### Primary Prevention

- There is work currently underway to support the identification and diagnosis evidence based management of Atrial Fibrillation and Hypertension.
- Further work to be defined to help raise public and patient awareness, education and training

### Pre Hospital phase

- Working with the Hospital Trusts and Yorkshire Ambulance service to further improve the care pathway and clinical assessments to ensure patients are treated at the right place at the right time, first time.

## Hyper Acute and Acute Stroke Services

- Work is underway to design and implement an optimal delivery service model to ensure patients receive the right care at the right time
- Work is underway to further improve the standards and protocols to support an optimal delivery service model

## Rehabilitation / Community Services

- A working group is to be established in the next phase of this project to determine the initiatives required to be delivered

## Workforce

- There is a working group established to determine the initiatives required to address issues raised

A deliberation event will also place later in the year to consider the findings from the engagement event in February and the six engagement sessions in March to inform the appraisal of options for specialist stroke services. We will involve as many people as possible in these conversations so that everyone can have their say.

## Where can you find more information about this work?

A report of the findings from the engagement process was produced in March 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

***Click here to download a copy of this report***



More information about stroke care across WY&H can be found on the West Yorkshire and Harrogate Health and Care Partnership website:

**Click here to read more on the West Yorkshire and Harrogate Health and Care Partnership website:**



## 7. Healthwatch

Healthwatch Calderdale gathers and represents the views of people of all ages living or using services in Calderdale. Below is a list of work done by Healthwatch Calderdale (part of Healthwatch Kirklees) between April 2017 and March 2018:

- **Independent Health Complaints Advocacy Service**

The service helps anyone who wants to make a complaint about any NHS service; that includes hospitals, GPs, mental health services, dentists, community health services and many more. Across 2017/18, Healthwatch Calderdale supported 52 new clients to make complaints about the NHS in Calderdale, and continues to offer support to 32 clients from the previous year.

- **Autism Spectrum Conditions (ASC)**

Healthwatch Calderdale investigated issues being raised by a number of people in Calderdale with diagnosed or undiagnosed Autism Spectrum Conditions (ASC), regarding the services they were being offered. A complete report summarising the issues was published in October 2017, and has been used to influence local providers and commissioners in Calderdale and Kirklees. In Calderdale, there is now a commissioned diagnostic pathway for adults with suspected ASC and an Autism Hub is being developed by Adult Social Care.

- **Wheelchair Services**

Healthwatch Calderdale's work around wheelchair services began in 2016, but in 2017/18, we published our engagement report summarising the views of wheelchair users, parents of children and young people with complex needs, and carers. We worked with the CCG to assist them to engage service users more widely to get a clearer picture of people's experiences of wheelchair services in Calderdale and Kirklees. We have consistently supported individuals to access wheelchair services and to make complaints, and have worked with the CCG and Opcare to try to improve service quality. We are thrilled to see additional financial investment in the service to bring down waiting lists and address the need for service improvement.

- **Electronic Patient Record at CHFT**

Healthwatch Calderdale led a brief scheme of engagement speaking with patients at Calderdale Royal Hospital and Huddersfield Royal Infirmary about their experiences of arranging outpatient appointments following the Hospital Trust's implementation of a new Electronic Patient Record system. Learning was shared with the hospital trust and the CCGs.

- **Understanding the experience of Syrian refugees when accessing health services**

Healthwatch Calderdale were approached by Calderdale Council staff who were supporting Syrian refugees who had had poor experiences when accessing health care. Staff gathered 3 key case studies, one hospital based, one about a GP and one about a dentist, conveying the impact that not having an interpreter can have on the quality of care provided and received.

- **Continuing Healthcare**

After receiving a small number of concerning stories about changes to Continuing Healthcare, we have been approaching local organisations that offer support to individuals or carers who may be in receipt or eligible to receive Continuing Healthcare funding. We aim to gather a selection of patient stories that indicate the impact of changes to continuing health care on the individual receiving care.

- **Hypermobility Syndromes**

After attending regional support groups for people with hypermobility syndromes to gather feedback, it became clear that there are significant gaps around the delivery of diagnostic services and treatment for people with hypermobility syndromes. Healthwatch Calderdale is leading some Yorkshire and Humber wide work (in partnership with Healthwatch Leeds) to gather people's experiences and identify where key changes are needed.

- **Work around dentistry**

Access to NHS dentistry in West Yorkshire remains a significant issue for Healthwatch across the patch. At the start of March 2018, there was only 1 out of 280 practices in West Yorkshire advertising that they were taking on NHS patients. We continue to gather people's views and experiences of using or attempting to access dentists, and to deliver work around patient recall rates to increase availability.

## Where can you find more information about this work?

Reports from the engagement are available and this can be found on the Healthwatch Calderdale website:

**Click here to read more on the Healthwatch Calderdale website:**





## **8. Projects planned for 2018 – 2019**

### **Hospital service**

To support the delivery of Right Care, Right Time, Right Place programme to provide advice and support as requested and develop and deliver an action plan for engagement and equality following recommendations from the Travel and Transport Working Group.

### **West Yorkshire and Harrogate Health Care Partnership:**

Continue to provide advice and support to the programme office on all aspects of engagement and consultation. Develop a strategy for engagement and liaise with partners across the local footprint. To continue to develop composite reports for all work streams in partnership with Healthwatch to ensure the local voice continues to be reflected.

### **It's Everyone's NHS and we are not going to waste it'**

Continue to provide engagement advice and support to the programme and deliver engagement and consultation activity on all recovery plans.

### **Primary care engagement and consultation**

To work with GP practices to support the delivery of engagement and consultation processes to inform any future service developments or changes.

### **Urgent care**

Provide insight from all engagement and consultation activity to inform the development of a model for urgent care.

### **Rehabilitation and Recovery in Mental Health**

Identify the next steps required to support an understanding of a model to support rehabilitation and Recovery services across Calderdale.

## **Wheelchair services**

Deliver pre-consultation engagement to help develop a model for wheelchair services. To identify if a future model requires significant service change and manage a process to support this. Work with the programme lead to support the development of a service specification to procure a service in 2018/19.

## **Equality Objectives 2018/19**

To deliver an action plan for equality which will help to identify methods and approaches to reaching groups or individuals covered by the Equality Act 2010, and ensure the CCG increase reach into these communities by 2019/20.

## **Psychological therapies**

Identify the next steps required to support an understanding of a model to support rehabilitation and Recovery services across Calderdale.

## **Community Services**

We will continue to engage where needed on the specific requirements of some services that are closer to home. The information we hold for all community will be written into a composite report to inform a future service specification.

# 7. Calderdale CCG Contact Details

## NHS Calderdale CCG Contact Details

If you are interested in finding out more about getting involved in the work of NHS Calderdale CCG or would like to share your views on local health services, please contact us via the following contact details;

### Address

NHS Calderdale Clinical Commissioning Group  
5th floor  
F Mill  
Dean Clough  
Halifax  
HX3 5AX

Tel: 01422 281300

Email: [CCG.FEEDBACK@calderdale.nhs.uk](mailto:CCG.FEEDBACK@calderdale.nhs.uk)

**Please note that this email address should NOT be used if your message contains patient/personal information.**

### Facebook

NHS Calderdale CCG

### Twitter

@calderdaleccg

### Website

[www.calderdaleccg.nhs.uk](http://www.calderdaleccg.nhs.uk)

### Care Opinion

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

You can share your views and experiences of the healthcare you have received locally by visiting [www.patientopinion.org.uk](http://www.patientopinion.org.uk)

# Appendix 1

## Legal duties in relation to Patient and Public Engagement

### Section 14P -Duty to promote NHS Constitution

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

### Section 14U - Duty to promote involvement of each patient

- (1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to:

- (a) The prevention or diagnosis of illness in the patients, or
- (b) Their care or treatment.

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

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

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

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

### NHS Constitution (Refreshed March 2013)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve,

together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

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

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient's Rights Section.

## **Principle Four**

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

## **Patient Rights - Involvement in your healthcare and in the NHS**

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- To work in partnership with you, your family, carers and representatives (pledge);
- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

