

# Patient and Public Engagement and Experience Strategy

2013 - 2016



Calderdale Clinical Commissioning Group (CCCG) – Patient and Public Engagement and Experience Strategy

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# Section 1

## 1.0 Executive Summary

Calderdale Clinical Commissioning Group (CCCG) became live on 1st April 2013. We cover 26 GP practices and commission healthcare for a population of 213,000. We have a budget of £265 million.

### **Our vision is:**

'to achieve the best health and well-being for the people of Calderdale within our available resources'.

### **Our values are:**

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

This strategy will provide clear direction to our work in relation to Patient Experience and Engagement. It will be accompanied by an implementation plan containing outcomes, targets and timeframes. Our strategy will enable 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.

Dr Alan Brook  
Chair  
Calderdale Clinical Commissioning Group

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## 2.0 Purpose of the Strategy

The purpose and scope of the strategy is to ensure that the views of patients, carers, staff, stakeholders, partners and the wider community are fully represented in decisions about how services are proposed, planned and delivered as well as how they can be improved, including:

- Supporting the implementation of our Operating Plan
- Laying the foundations for a credible, effective organisation that achieves its strategic objectives and delivers on its vision and values
- Ensuring that the patient experience framework supports a whole system approach to the intentions expressed in Equity and Excellence: Liberating the NHS 2010 White paper and the Francis report.

This strategy will be implemented in line with other CCG strategies, such as equality and diversity, CCCG communications framework and PALS/Complaints delivery plan. The overarching responsibility for approval, delivery and monitoring of this strategy rests with the CCCG Governing Body. The delivery of the strategy will be outlined in the engagement and patient experience implementation plan.

Throughout this document the term 'stakeholder' has been used to mean any person or organisation whose interests are affected by, or can affect, our work to secure effective quality healthcare for the population of Calderdale. The term 'partner' refers to those with whom we have professional relationships and alliances with through collaboration and joint working. A glossary of common terms used within this document can be found in the Appendix.

### 3.0 What do we mean by the term 'Patient Experience'?

Patient experience can be defined as 'feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective views of it' (Dr Foster, The Intelligent Board 2010). Although a patient may receive appropriate clinically effective interventions along a care pathway, if these have not been delivered on time, in poor clinical environments, and not communicated in a clear manner, the patient may view this as a disappointing experience. Patient experience is a core component of clinical quality. In essence 'patient experience' is what the process of care feels like for the patient, their carer and the family.

### 4.0 What do we mean by the term 'Patient and Public Engagement'?

Patient and public engagement can be defined as the active participation of public, patients - including children and young people, carers and community representatives in the development of health services. This may also include working together with healthcare professionals as partners in their own health care. Engagement gives local people a say in how services are planned, commissioned, delivered and reviewed. It is important to recognise who to involve through our engagement activity and we will need to ensure that we provide opportunities for both individual and collective engagement.

In broad terms, our strategy will take account of three 'sets' of people:

- Those who have direct experience of services (patients, carers and their families)
- Those who represent communities including third sector and 'Health Watch' (community being defined by the common factor that brought people together e.g. shared geography, shared characteristics or issues).
- Members of the wider public.

## 5.0 Our Responsibilities

### 5.1 Legislation

#### 5.1.1 *Health and Social Care Act 2012*

The White Paper, 'Equity and excellence: Liberating the NHS', and the subsequent Health and Social Care Act 2012, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the National Health Service (NHS) will:

- put patients at the heart of everything it does
- focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals 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
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

#### 5.1.2 *The Equality Act 2010*

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. Calderdale CCG has developed an Equality and Diversity Strategy which details our approach.

### **5.1.3 The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- in the planning of healthcare services
- the development and consideration of proposals for changes in the way those services are provided, and
- in the decisions to be made affecting the operation of those services.

Apart from the legislative requirements, we have outlined our commitment to engagement in the Calderdale CCG Constitution.

## **5.2 'Securing Good Health for the Whole Population', Derek Wanless 2004**

The report sets out an assessment of the resources required to provide high-quality health services in the future. The report illustrated the considerable difference in expected cost depending upon how well our health services became more productive and how well people became fully engaged with their own health. Many of the benefits of engaging people in living healthier lives occur in the long term but there are also immediate and short-term benefits when demand for health services can be reduced. The focus of this report is on prevention and the wider determinants of health.

## **5.3 Key Drivers for Patient Experience**

### **5.3.1 High Quality Care for All: NHS Next Stage Review (DH, 2008)**

This review placed quality as the central organising principle behind the NHS. Quality was defined as consisting of three components: patient safety, clinical effectiveness and patient experience.

### ***5.3.2 NICE Quality standards for Patient Experience in Adult Services***

The NICE Quality standards aim to deliver the best possible experience for patients who use NHS services, high quality care should be clinically effective and safe. Launched in February 2012, this quality standard and accompanying clinical guidance, aims to ensure that patients have an excellent experience of care from the NHS.

### ***5.3.3 The Operating Framework 2013/2014***

Commissioners are expected to work with providers to put in place mechanisms for systematically providing real time feedback from patients and carers. The aim is to ensure that all NHS funded patients have the opportunity to provide feedback, real time, on any service by 2015.

### ***5.3.4 The NHS Outcomes Framework 2013/2014***

The quality of commissioning will be directly assessed by the health outcomes achieved through commissioning activity. The outcomes framework consists of five domains which reflect the three dimensions of quality. Domains one to three include outcomes relating to the effectiveness of care, domain four relates to patient experience, and domain five includes patient safety. These will act as the catalyst for driving improvement and outcome measurement and form the basis of the Commissioning Outcomes Framework.

### ***5.3.5 The Friends and Family test***

From April 2013, all patients are being asked a simple question to identify if they would recommend a particular hospital service or ward to their friends and family. The results of these 'friends and family tests' are being used to improve the experience of patients.

### ***5.3.6 'Patients First and Foremost', March 2013***

This document sets out an initial overarching response on behalf of the health and care system as a whole to the Mid Staffordshire NHS Public Inquiry and the 'Francis Report'. It details key actions to ensure patients are 'the first and foremost consideration of the system, and everyone who works in it and to return the NHS to its core humanitarian values'. It sets out a collective commitment and a plan to eradicate harm and promote excellence.

## Section 2

### 6.0 Our approach to Patient Experience and Patient and Public Engagement

The population of Calderdale is our target audience for this strategy and our approach 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.

Our approach to 'Patient Experience and Patient and Public Engagement' is also to ensure that we adopt a whole system approach to supporting this work. The approach consists of six blocks two within the communication function and four within the patient engagement function. Patient Experience intelligence will be managed in either the communication or engagement function and equality acts as a cross cutting theme.

#### 6.1 Information and Communication

How we inform and communicate with the public are the first two building blocks for good engagement. We want the people of Calderdale to feel they get the right information at the right time and in the right way. The Calderdale CCG 'Plan for Communication' explains how we will do this and we will use the available information and communication channels to deliver our patient experience and engagement activities.

#### 6.2 Equality

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 will ensure we design our patient experience and engagement processes with this in mind. We will also use equality monitoring to assess the representativeness of the views we have gathered and where there are gaps or we identify trends in opinion these will be looked into and plans made to address them.

We know from local and national research that some communities often have a poorer experience when using the NHS than others and we need to understand why this might be and establish ways to improve this when designing and commissioning future services.

As part of our decision-making processes we will use equality impact assessments to ensure that we are fully informed as to the likely impact of our decisions on the protected groups and other communities who may in the past have suffered poorer patient experiences. The information we learn from patient feedback and our engagement activities will be used to understand what people are saying and how they feel about the services we commission. This will be recorded in the assessment and used to make the best decisions we can.

Our legal duty to remain compliant with the Equality Act 2010 was outlined in 5.1.2. However our commitment is not only about legal compliance we are committed to making a real difference for the local community in how they access services, their outcomes and the experience they have while using them. This approach is detailed in our 'Equality and Diversity Strategy'.

### **6.3 Patient Experience**

The patient experience information we gather will be used to help us understand how patients feel about the services we commission, what may need to change and any improvements proposed by patients and service users. This information can be used as an evidence base to support and inform future commissioning decisions and service redesign (see section 7).

### **6.4 Patient Engagement**

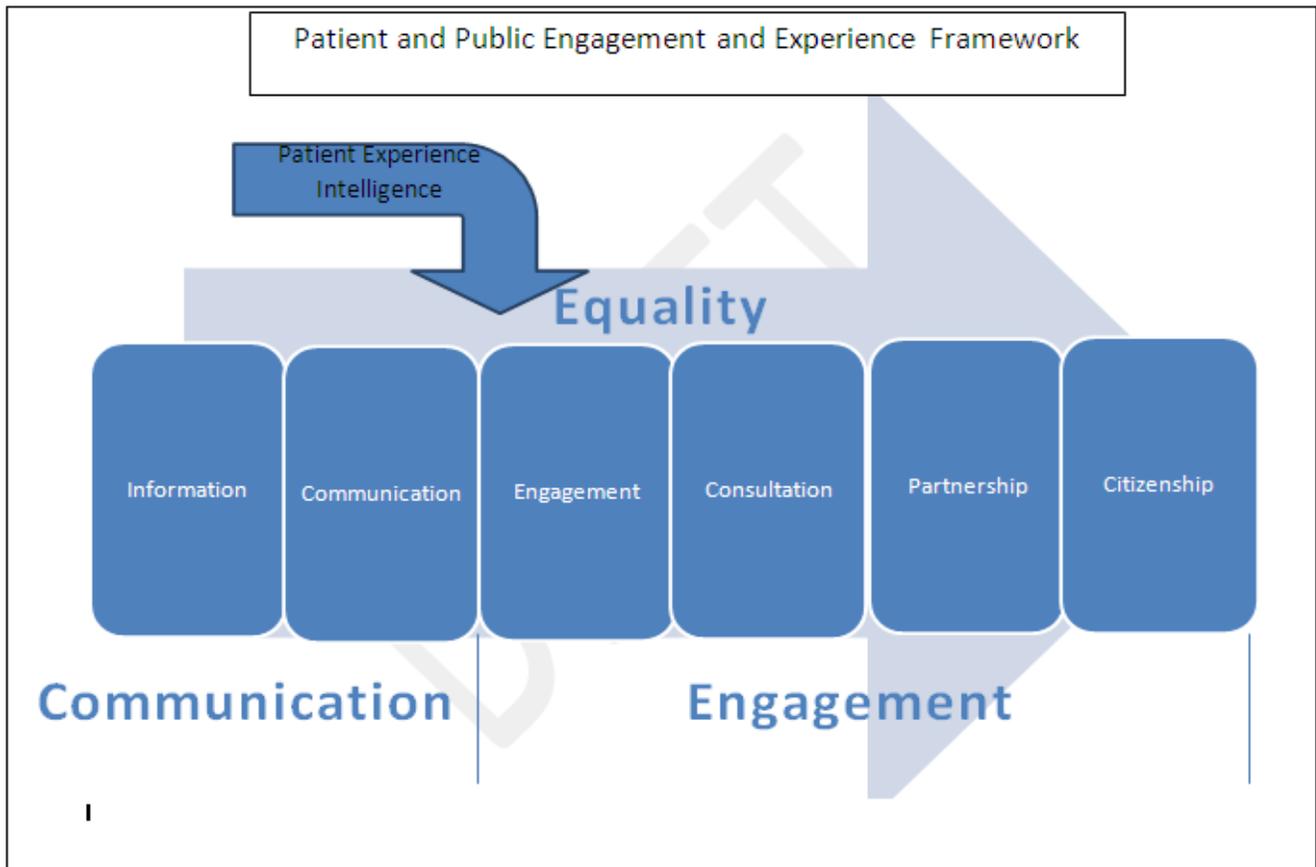
Patient engagement will be divided into four key areas. These are:

- Engagement
- Consultation
- Partnership
- Citizenship.

Each of the areas of engagement requires different methods, approaches and resources. Our approach will be to ensure that each of the areas described is properly resourced to ensure we work effectively with our population on our commissioning decisions (see section 8).

## 6.5 How Patient Experience, Engagement, Equality and Communication all support each other

The diagram set out below describes the interdependencies between patient experience, engagement, equality, communication and information and how we will work together to involve the local population. It shows how there are different stages for communication and engagement, how equality cuts across all that we do and where patient experience intelligence can inform decision making processes.



## 7.0 More about 'Patient Experience'

### 7.1 What mechanisms do we use?

In order to continually listen to our patients, clients and customers regarding the services we commission we have systems set up to gather information and feedback. The views of our service users are therefore collected on an on-going basis. The current systems we use are:

- Patient Advice and Liaison Service (PALS)
- Complaints
- Patient Opinion
- NHS Choices
- Local and national surveys
- Real-time feedback
- Third sector healthcare service providers
- Through member practices.

### 7.2 Aim

Our aim is to ensure that we systematically manage the information we receive, review it on a regular basis and identify any areas of concern. To do this we need to:

- Establish mechanisms to routinely collect and collate information on patient experience which includes real-time feedback
- Understand the experience of a wide variety of patients to reflect the diversity of our local population
- Work with partners and patients to deliver real improvements in patient experience
- Support and challenge providers where evidence of negative patient experience causes us concern
- Identify and share good practice
- Design and commission services to ensure a positive patient experience.

### 7.3 To achieve our aim we will:

- Identify core patient experience datasets
- Review current reporting mechanisms
- Ensure the mechanisms for collecting patient experience are accessible for all groups
- Strengthen patient experience information from our member practices
- Review and standardise contractual requirements and other specifications to ensure patient experience is monitored and contractual levers are appropriately enacted to improve experience and set targets

- Analyse and triangulate feedback from all sources to identify themes and issues
- Monitor responses to identify under-representation or trends in feedback from different groups
- Network with other NHS, CCG and local authority colleagues
- Engage with patients as routine when reviewing and redesigning services, and
- Deliver the Friends and Family test.

## 7.4 Case Study

### **Todmorden Health Centre**

A number of concerns were raised through the Practice Participation Group (PPG), The Disability Partnership and the PALS service with regard to access to the newly built health centre. In addition there were also a number of complaints about this issue.

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

All internal departments receiving issues worked together to develop an engagement action plan. The plan was shared with the Disability Partnership who were approached and asked if they could help deliver the plan.

#### **What happened as a result?**

The plan resulted in a partnership approach with the practice, estates team, disability partnership and the commissioner who all agreed to meet regularly to monitor activity and develop solutions.

The disability partnership accessed all aspects of the built environment and recommended changes or solutions. This included a full day site tour with people of varying abilities testing out access.

#### **What was the outcome?**

Some changes were made to the building and environment that all parties were happy with. The action plan was delivered as far as possible within the financial constraints. In addition the learning was shared with other developments as a bench mark for good practice.

## 8.0 More about 'Patient and Public Engagement'

Calderdale CCG does not see engagement as an isolated activity but an ongoing relationship with the local community which requires sustained effort to maintain. In addition engagement is also a pre consultation activity which requires dedicated time and resources to support specific discussions. We want engagement to be our ongoing dialogue with our local population not only on specific issues but to build up positive and meaningful relationships.

### 8.1 What mechanisms do we use?

We use a number of mechanisms to engage with the local population, including:

- Third Sector networks
- Health Forum and Patient Reference Groups (PRG)
- Health Watch
- Relationship Matrix
- Member practices.

Other mechanisms are set up depending on the subject requiring engagement and the population directly affected by any decision to plan or change the way a service is currently provided. We will set up focus groups, talk directly to patients and set up meetings in the local community. We will also attend groups and organisations on an ad hoc basis to raise our profile, talk about what we do and share our plans.

### 8.2 Aim

Our aim is to:

- Ensure that we engage with our public, patients and carers early enough throughout any process
- Be inclusive in our engagement activity and consider the needs of our local population
- Ensure that engagement is based on the right information and good communication so people feel fully informed
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence our thinking and challenge our decisions
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

### 8.3 To achieve our aim we will:

- Be clear about our plans and what the public can and can't influence and why
- Ensure the public have the right information so that all engagement can be fully informed
- Utilise our relationships with the third sector
- Make sure we engage with the right target audience and consider equality and the impact on diverse groups
- Provide an opportunity to engage with us at any time through our attendance at meetings and input into discussions when invited
- Demonstrate that we have listened to people's views in all of our plans
- Demonstrate what changes have been made as a result of engagement activity
- Provide feedback on our website, through newsletters and local media of any outcomes from engagement activity.

### 8.4 Case Study

#### **Calderdale and Huddersfield Strategic Review**

As part of the Calderdale and Huddersfield Strategic Review we engaged with 2,500 local people on four care stream plans: planned care, unplanned care, children's' care and long term care. We used a variety of different activities which included two events questionnaires and one to one interviews with children and young people.

In addition we researched all the information we have gathered over the past three years on all four care streams. This information provided a background to our engagement and allowed us to understand first what our communities were already telling us. By combining past and previous data we were able to fully understand the needs of local people.

We have published the result of this engagement activity on our website and circulated throughout our networks and relationships as part of our commitment to feeding back to people the results of our activity.

## 9.0 More about 'Consultation'

Consultation is the formal process of asking the public their views on any proposals to change the way a service is provided and delivered. This process is supported by our legal obligations. Any formal consultation process requires us to follow a legal process so that we can ensure local people have a voice and an opportunity to provide us with their view. Consultations will be based on what we already know and should only take place when we have already engaged with the public.

### 9.1 What mechanisms do we use?

To deliver a formal consultation we use a variety of mechanisms and formats to ensure we target our local population, especially those most likely to be affected by any proposed changes. The information and communication we provide are appropriate to the client group and provide an opportunity to offer comment in an informed way. In order to achieve this, we may undertake a number of activities including:

- Public events and meetings
- One to one interviews
- Questionnaires and surveys, both on-line and in paper format
- Focus Groups
- Presentations
- Facebook and other social media
- Easy read versions and translated versions of any document
- Third Sector circulation
- Media and press releases
- Dedicated web pages or websites.

### 9.2 Aim

Our aim is to ensure that we deliver formal consultations that reach as much of our diverse local population as possible, and that the public understands our proposals and people are able to comment on them in an informed way.

### 9.3 To achieve our aim we will:

- Make sure our methods and approaches are developed with a specific target audience in mind i.e. young people
- Identify the best ways of reaching target audiences and using them

- Always provide an easy read version of any document and offer translated versions relevant to the community
- Equality monitor participants so we ensure the views reflect the whole population
- Use different methods or specifically target communities where we become aware of under-representation
- Target our public meetings so they cover all the local geographical areas that make up Calderdale
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Purchase our resources for delivering consultation activity from the local community whenever it is possible
- Inform our partners of our consultation activity and share our plans where we can.

## 9.4 Case Study

### Extending Patient Choice of Provider (AQP)

In August 2011, the Department of Health (DH) published Operational Guidance to the NHS: Extending Patient Choice of Provider (DH, 2011) in which it outlined the Government's commitment to extending the patient choice of 'Any Qualified Provider' for appropriate services.

#### Who did we consult?

Following the guidance commissioners were asked to consult with patients, public carers and their representatives, staff and stakeholders on the service areas where choice could be extended. A survey was circulated to all groups which included an explanation letter about any qualified provider. Respondents were asked to select their preferred options for extending choice from a list of eight services.

#### What did we ask?

People were asked to select three services from a given list where they would like to see a wider choice of providers offered and rate these by priority. We also asked for their views on the benefits they felt patients would get from having wider choice of providers.

#### What did they tell us?

Across the Cluster area, feedback identified diagnostic tests and scans closer to home and adult psychological therapies as the top priorities for services to be open to more choice. As part of the feedback to the public a summary of the findings was produced and a statement of outcomes was published and distributed to local groups, participants and the media.

## 10.0 More about Working in Partnership

As a CCG we want to develop our partnerships with public, patients and carers. We have a good relationship with the third sector which will continue to build upon throughout the term of the strategy. We will develop partnerships so we can come together formally and informally to achieve some common purpose. We understand that partners don't have to be equal in skills, funds or even confidence, but what we want to develop is a mutual trust in each other and share commitment to the future of healthcare in this area, we acknowledge that building trust and commitment takes time.

### 10.1 What mechanisms do we use?

We will use a number of mechanisms to develop partnerships;

- We will work collaboratively on specific projects and ensure membership is reflective of the local population, drawing on the expertise of those members
- Continue to have one to one discussions with partner agencies, patient groups and communities to build up trust and confidence
- Look to the local community when we want to talk to local people and invest in the skills that already exist
- Work with local people to develop our plans and any proposals for service redesign or development.

In addition we have already invested in the third sector through a number of grant schemes and business planning. Voluntary Action Calderdale will help us to strengthen the relationships we have with groups who are already providing support to healthcare. We want the relationships to develop as partnerships and future service providers.

### 10.2 Aim

Our aim is to develop meaningful partnerships in Calderdale, so that we can work closely with our partners, public, patients and stakeholders to ensure the best outcomes for our local population.

### 10.3 To achieve our aim we will:

- Manage the grant and business planning support to the Third Sector
- Work closely with Voluntary Action Calderdale on the capacity building and sustainability of health groups in the local area
- Develop and contribute to a shared engagement calendar across Calderdale to ensure a coordinated approach to engagement

- Build on the resources in the local community when we want to engage or consult with the public
- Work in partnership with other local providers on areas of work requiring a joined-up approach
- Further develop and support the Calderdale CCG Relationship matrix.

## 10.4 Case Study

### **‘Grant for Health Scheme’**

We worked with our local partners to deliver a grant scheme for the third sector in Calderdale. The scheme was a partnership between Voluntary Action Calderdale, Community Foundation for Calderdale and the CCG.

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

We set up a meeting to initiate a project to offer small grants between £5,000 and £10,000 to the third sector. The grant scheme was hosted by the Community Foundation as they had a robust system for delivering grants, with a GP being co-opted onto the grants panel for the purpose of the scheme. Voluntary Action Calderdale provided organisations receiving a grant with a health check, advice and training.

All grants offered to third sector organisations were subject to them meeting the priorities of the CCG and attending training and the health check sessions.

#### **What happened as a result?**

Grants were allocated to groups who were providing a health focus. These groups aligned their delivery to the priorities of the CCG and demonstrated how they were meeting the health needs of their target audience.

Groups also managed to develop their internal systems and processes through a health check. This ensured they had the right governance in place to become business ready for the future. This included staff training in safeguarding.

#### **What was the outcome?**

The outcome was that some of the smaller groups were able to apply for larger grants and other groups could bid for contracts or apply through business planning. In addition groups were developing their own capacity to become a provider, understanding more about commissioning and bidding for contracts.

## 11.0 More about 'Citizenship'

In terms of engagement, citizenship is about ensuring that every person has a voice in the decisions that are made and can involve themselves fully in the decision making process. Calderdale CCG wants to create a system that allows for everyone who has a stake in healthcare services the opportunity to have a voice. We are working closely with Patient Reference Groups (PRGs) to provide a platform for patients to understand more about what we do and what they can influence. This can range from the information we publish to how we engage people in discussions.

### 11.1 Case Studies

#### **Calderdale Health Forum**

The forum was set up in 2012 to engage with patient representatives from our member practices.

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

Calderdale CCG arranged two meetings of the Health Forum in July 2012 and January 2013. At least two representatives from each local practice were invited to attend. At these meetings we presented our business plans and identified health needs in the local areas.

#### **What happened as a result?**

Individuals attending the meeting wanted to have more of a voice in the decisions that were being taken and wanted to understand how they could further be involved in our commissioning decisions.

#### **What is the outcome?**

We continue to engage with representatives from our member practices and provide a platform that can support their involvement in decision making. Calderdale CCG are to extend the meetings to run on a quarterly basis, develop clear 'Terms of Reference' and strengthen the governance of the group which we aim to become an important tool in representing our member practices in decision-making.

## 12.0 How will our approach support commissioning?

We will ensure that we place patients and the public at the centre of our commissioning decisions. We will equally ensure that:

- Public and patients understand the services we are responsible for commissioning through appropriate information and clear communication
- When we review our services we will engage with appropriate stakeholders and service users whilst utilising existing patient experience intelligence to inform our decisions
- We will equality impact assess our commissioning intentions and decisions and assess if we need to take mitigating actions or change our plans to ensure we meet our legal duties
- We will decide our priorities by formally consulting with public, patients and carers using a wide range of methods which take into account the needs of our local population
- We will use our patient experience mechanisms to listen to patients views on the service we have commissioned
- We will work in partnership with patients to ensure that the service meets their needs through service redesign and procurement
- We will continue to use Voluntary Action Calderdale and it's relationships with health related third sector groups to engage with organisations
- We will use the commissioning cycle (diagram below) to drive our decision-making process so that the public is at the centre of everything we do.



## 13.0 How well are we doing? How will we monitor what we do?

### 13.1 Governance - 'making sure we deliver on our plans'

To ensure we are delivering on our plans we have a number of mechanisms in place. These are:

#### 13.1.1 Quality Committee

The Quality Committee will oversee progress against the Patient Experience and Patient and Public Engagement agenda.

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

The purpose of the Patient Experience and Patient and Public Engagement Steering Group has four main components within Calderdale CCG;

- **Shaping** – to develop, initiate and co-ordinate the patient and public engagement and experience activities ensuring specific work streams within Calderdale CCG are informed by stakeholder views
- **Steering** – to provide direction for Calderdale CCG regarding patient and public engagement and experience strategy and activity
- **Advising** – to provide advice regarding approaches to patient and public engagement and experience
- **Monitoring** – to monitor intelligence gathered from patient and public engagement and experience activities in order to inform Calderdale CCG and providers of patients opinions, feedback and suggestions, and to identify areas of concern.

We will do this by ensuring that:

- We oversee the implementation of the Patient Experience and Patient and Public Engagement Strategy for 2013/16 supported by an annual implementation plan
- We determine actions required to fulfil the Patient Experience and Patient and Public Engagement strategy
- We develop and co-ordinate the mechanisms supporting the delivery of engagement, consultation and patient experience.

### 13.2 Telling the public about our plans, what we have done and what we are doing

#### 13.2.1 Annual Report for Involvement

The Annual Report for Involvement will be our opportunity to present the work undertaken, catalogue our activities and present any changes as a result of this work. The report will be

published in September each year. This report will be published on our website, circulated to all practices and key stakeholders.

### ***13.2.2 Calderdale CCG website***

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.

### ***13.2.3 Media and press releases***

We will ensure that we use the media and press to keep the public informed of our plans and proactively respond to letters and articles as part of media monitoring in the communication framework.

## **13.3 Tell us 'How was it for you?'**

### ***13.3.1 Complaints***

Calderdale CCG has a complaints service. In addition complaints can also be raised through individual GP Practices, services we commission and through NHS England. The CCG proactively responds to complaints made directly to the CCG and any information collected from complaints is used anonymously to monitor our services.

### ***13.3.2 Patient Advice and Liaison Service (PALS)***

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

### **13.3.3 Health Watch**

Healthwatch is the new 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.

### **13.4 Patient Opinion and NHS Choices**

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

### **13.5 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.

### **13.6 Real time feedback and 'I'd just like to say'**

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

### 13.7 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.

## 14.0 Next Steps

The strategy will allow us to take the next steps which are to:

- Refresh our patient experience framework to ensure that it is fit for purpose
- Align the strategy with the Communications plan and Equality and Diversity Strategy
- Develop an annual implementation plan to reflect delivery of the strategy which details activities, outcomes and targets.

As an organisation we are keen to ensure that listening and learning from past experience together with understanding what is important to people when developing services runs throughout the way we commission services. This strategy will be used as a tool to assist us in realising this vision. Our implementation plan will clearly set out our intentions for each year the strategy is in place and be reviewed on an annual basis.

## Appendix: Glossary of Terms

<b>Term</b>	<b>Definition</b>
<b>Calderdale and Huddersfield Foundation NHS Trust</b>	NHS hospital trust covering the Calderdale and Huddersfield areas
<b>CCG</b>	See Clinical Commissioning Group
<b>CHFT</b>	See Calderdale and Huddersfield Foundation Trust
<b>Clinical Commissioning Group</b>	New local NHS commissioning organisation consisting of clinical management and a membership of constituent GP practices
<b>commissioning cycle</b>	Process for effective commissioning including assessing needs, reviewing services, contract implementation and managing provider performance. To be treated as a constant cyclical process.
<b>commissioning support services</b>	New organisations that will provide commissioning and administrative support for Clinical Commissioning Groups
<b>constituent practices</b>	The individual GP Practices that fall within a Clinical Commissioning Group's membership
<b>Constitution</b>	A set of fundamental principles stating how the organisation will be governed.
<b>Deaneries</b>	The deaneries are responsible for the management and delivery of postgraduate medical education and for the continuing professional development of all doctors and dentists
<b>GHCCG</b>	See Greater Huddersfield Clinical Commissioning Group
<b>Greater Huddersfield Clinical Commissioning Group</b>	The Clinical Commissioning Group covering the Greater Huddersfield area
<b>Health and Wellbeing Board</b>	Forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.
<b>Health Strategy Refresh</b>	
<b>HealthWatch</b>	HealthWatch will be the new consumer champion for both health and adult social care, superseding Local Involvement Networks at a local level
<b>LA</b>	See Local Authority
<b>LDC</b>	See Local Dental Committee
<b>LINK</b>	Local Involvement Network
<b>LMC</b>	See Local Medical Committee
<b>LOC</b>	See Local Optical Committee
<b>Local Dental Committee</b>	Statutory Body that represents contractors and performers providing general dental services in a defined locality
<b>Local Involvement Network</b>	Network run by local individuals and groups and independently supported. The role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account.
<b>Local Medical Committee</b>	Statutory Body that represents contractors and performers providing general medical services in a defined locality
<b>Local Optical Committee</b>	Statutory Body that represents contractors and performers providing general ophthalmic services in a defined locality
<b>Local Pharmaceutical Committee</b>	Statutory Body that represents all NHS pharmacy contractors and performers in a defined locality
<b>LPC</b>	See Local Pharmaceutical Committee
<b>Monitor</b>	Non-departmental public body with a duty to protect and promote

	patients' interests as well as continuing role to authorise and regulate NHS foundation trusts
<b>NHS brand</b>	Guidelines protecting the use and placement of the NHS logo and colours.
<b>NHS Commissioning Board</b>	An independent, statutory body from October 2012 with overall responsibility for the NHS budget, allocating the majority directly to Clinical Commissioning Groups
<b>NHS Constitution</b>	Document which sets out rights and pledges for patients, public and NHS staff
<b>Overview and Scrutiny Committee</b>	Committee which is composed of councillors who are not on the Executive Committee of the local authority, which looks into issues that affect local people and services
<b>PALS</b>	See Patient Advice and Liaison Service
<b>Patient Advice and Liaison Service</b>	Service within current Primary Care Trusts and hospital trusts which offers confidential advice, support and information on health-related matters
<b>Patient Reference Group</b>	An official group of registered patients which offers feedback to GP practices about their services
<b>PCT</b>	See Primary Care Trust
<b>Primary Care Trust</b>	Current NHS commissioning organisation abolished in April 2013
<b>Public Health England</b>	National body within the Department of Health responsible for Public Health functions and campaigns
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention. A large scale transformational programme for the NHS involving all NHS staff, clinicians, patients and the voluntary sector
<b>SHA</b>	See Strategic Health Authority
<b>social media</b>	Web-based and mobile based technologies which are used to turn communication into interactive dialogue between organizations, communities, and individuals.
<b>stakeholder</b>	Any person or organisation whose interests are affected by, or can affect, the organisation's work.
<b>Strategic Health Authority</b>	Regional NHS structures responsible for enacting directives and implementing fiscal policy from Department of Health. To be abolished in April 2013
<b>Vocational Training Scheme</b>	Provider of Care and Childcare Apprenticeship and NVQ programmes
<b>VTS</b>	See Vocational Training Scheme
<b>White Paper</b>	Authoritative report or guide that helps solve a problem, usually linked with formal consultation about its content

