

Engagement and Experience Strategy for Local People in Calderdale

2015 – 2018



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Section 1: Background

1.0 Executive Summary

We will use this strategy to provide our organisation with direction and ensure it meets the needs of local people living in Calderdale. The strategy is about engaging real people who can provide insight at each stage of our commissioning role. This includes ideas for design right through to feedback on current services.

We are really pleased to announce that an audit on our activity for engagement and experience resulted in full compliance on every aspect of our process. This means we can spend more time getting the quality of our delivery right, ensuring that everyone benefits from the difference we can make when we listen to local people.

During the Summer of 2014 we engaged with local people on 'Right Care, Right Time, Right Place', this engagement told us that the public wanted to see our plans for community services before they could help us make a decision about hospital services. A programme of work called 'Care Closer to Home' picked up this request and continued conversations throughout 2014/15 to ensure we responded to public opinion. We want to continue listening to local people so we can get the right services for our local area, now and in the future.

From the 1st April 2015 we have been given fully delegated responsibility for commissioning GP practices in primary care, working with NHS England. This means that we will have greater opportunities to decide locally what our GP services can look like. We are starting to use what we already know and engage local people in conversations about primary care. We want to bring about real involvement directed by engagement and listening to patient's experiences. A delegated Committee has been set up to oversee delivery of the increased role.

One of our mechanisms for engaging people is the Calderdale Health Forum, which engages representatives from individual practice patient reference groups across Calderdale. As chair of the forum I have seen it grow from strength to strength. In addition our systems for reporting patient experience are getting more comprehensive ensuring that we good quality information to support our commissioning intentions.

Overall it has been a positive few years for our CCG and we want to continue to build on our achievements and continually develop our approach and processes.

Kate Smyth
Lay Member Patient and Public Involvement
Calderdale Clinical
Commissioning Group

Dr Alan Brook
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2.0 Purpose and scope of the strategy

The purpose and scope of the strategy is to describe how we will ensure that the views of patients, carers, staff, stakeholders, partners and the wider community are fully represented in decisions about health care and treatment and how services are proposed, planned and delivered in the future. The strategy will:

- Support the implementation of our operating plan.
- Support our providers in understanding what we want from them as a commissioner.
- Describe what local people can expect from our approach to engaging people.
- Describe our approach to gathering people's experience of services and how the information is used.
- Describe a vision for engaging people as a citizen of Calderdale.

This strategy will be implemented in line with our other CCG strategies, such as Equality and Diversity, and Communications. The overarching responsibility for approval, delivery and monitoring of this strategy rests with the Calderdale CCG Governing Body. The delivery of the strategy is outlined in the Engagement and Patient Experience Implementation Plan.

Throughout this document the term 'stakeholder' is 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, through collaboration and joint working. A glossary of common terms used within this document can be found in the Appendix.

3.0 Definitions

3.1 What do we mean by the term 'Patient Experience'?

Patient experience is the individual's experience and perceptions of care. These can be gathered at the point when care is received or later. Each experience of an individual patient has intrinsic importance in improving experience of care.

Systematic analysis of data can highlight trends and themes which if monitored can support broader service improvement and help us to understand whether the services we commission deliver the quality we expect.

The Beryl Institute is a recognized international authority on patient experience. Their definition is: 'The sum of all interactions, shaped by an organisations culture, that influence patient perceptions across the continuum of care.'

The following definition of patient experience is given in a recent report from the NHS National Quality Board. Improving experiences of care: Our shared understanding and ambition (January 2015)

'Experience' can be understood in the following ways:

1. What the person experiences when they receive care or treatment – for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The 'what' of people's experiences can be thought of in two ways:

- the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the 'relational' aspects of experience);*
- the processes that the person is involved in or which affect their experience, such as booking an appointment (this is known as the 'functional' aspects of experience).*

2. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.

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

Patient and public engagement is the process we use to actively listen to patients and the public, involve them and gather their views. When we describe engagement we are talking about:

- Individual engagement in any decisions about the care and treatment a person may receive
- Collective Engagement which takes account of a number of views and helps us to ensure services are planned and delivered, this can be through methods like co-production.
- Formal consultation which takes place when we need to make decisions about any changes to a service which will have a direct impact on the public.

3.3 Distinguishing Patient Experience and Patient and Public engagement

These are linked processes with engagement initiatives contributing to the gathering of patient feedback. It is important, however, to be able to distinguish between patient and carers experience and the experiences of staff, stakeholders, patient advocate groups, etc. which may also be gathered by engagement. Experiences and perceptions of patients and carers may not coincide with views expressed by other groups and may indeed be contradictory. Similarly it is important to distinguish, on the one hand, between patients' feedback on their relational and functional experiences of care and how they made them feel, and on the other hand, from opinions and ideas patients and others may express, which are not based on their experiences of care.

Put simply, it is important to distinguish 'feedback' – patients' experiences of care and their views based on them, from 'feedforward' - the opinions and ideas that patients and others may hold on the future of services, which are not based on their experiences of care.

3.4 What do we mean by the term 'Citizen'?

When we describe the public as citizens we aim for them to be active participants in the future of the NHS not just end users of the services they receive.

Citizens have the power to raise issues for discussion, connect with others who have the same interests, and are able to hold the CCG to account. We want to ensure that everyone living in Calderdale has the opportunity to understand what is happening in the local NHS and how they can influence decisions about services and work with others to improve services.

We want to ensure that as commissioners, we are open to listening and to learning from our citizens.

The CCG has developed a cycle of patient experience reporting to ensure that citizens can influence decisions about services and get feedback on the impact on service improvement that their influence has made.

4.0 Our Responsibilities

4.1 Legislation

4.1.1 *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.

4.1.2 *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 an Equality and Diversity Strategy.

4.1.3 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 is the right to be involved directly or through representatives:

- in the planning of healthcare services
- in 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.

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

4.1.4 Transforming Participation in Healthcare

NHS England published 'Transforming Participation In Health and Care – The NHS Belongs To Us All' in September 2013 THIS states how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality. It details six key requirements for NHS commissioners:

- To make arrangements for and promote individual participation in care and treatment through commissioning activity
- To listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management
- To engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions
- To make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people
- To publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made
- For CCGs to publish the feedback they receive from local Healthwatch about health and care services in their locality

4.1.5 Five year forward View

NHS England published in October 2014 the 'Five Year Forward View' the document sets out the future landscape for the NHS over the next five years. The review describes 'a more engaged relationship with patients, carers and citizens' and focusses on five key themes. The key areas of focus for commissioners are:

- Getting serious about prevention
- Empowering patients
- Engaging communities
- The NHS as a social movement
- New models of care

Each of the themes requires engagement and the analysis of patient experience feedback as a central part of delivery and NHS Calderdale CCG will describe how they will deliver these plans locally.

4.1.6 Everyone Counts: Planning for patients 2014/15 to 2018/19

This document sets out the ambition for the NHS and the wider care system to not only deliver the key elements in the government's mandate but also going beyond the ambitions in national thinking and unleashing the power of local systems to deliver the ambitions of their population.

This will not be a task for the NHS alone. CCGs, as the local leaders of the NHS supported by Commissioning Support Units, NHS England, and all NHS providers, will need to work closely with all the key partners on the Health and Wellbeing Boards. It will be vital that NHS commissioners work closely with Local Authorities, who have such an important part to play in securing the broader determinants of health as well as delivering high quality social care services, and Healthwatch who will ensure the patient perspective is paramount.

5.0 Key Drivers for Patient Experience

5.1 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.

5.2 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 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.

5.4 'Patients First and Foremost', March 2013

This document set 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 detailed 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 set out a collective commitment and a plan to eradicate harm and promote excellence

Section 2: Our approach

6.0 What we need to deliver

Our target audience for the strategy is the population of Calderdale 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.

The purpose of the strategy is to support commissioners to improve individual and public participation and to better understand and respond to the needs of the communities they serve. 'Everyone Counts: Planning for Patients 2013/14' outlines the incentives and levers that are used to improve services and sets out the expectations of how participation is central to achieving these improvements. NHS England published 'Transforming Participation in Health and Care – The NHS Belongs to Us All' which sets out the focus for engagement and patient experience as,

- Individual participation
- Public participation
- Insight and feedback
- Resources

Equality and diversity is also a key component to strengthening the accountability of services and driving service improvements. Engagement to address inequalities needs to ensure that:

- We reach communities with distinct health needs and those experiencing poor health outcomes.
- Ensure our protected characteristics are integral to both individual and collective engagement and patient experience
- We reach those that experience difficulties accessing health services.
- People who lack capacity are protected and empowered.

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. We will do this by embedding the public voice into everything that we do. We will ensure that we are able to distinguish the experiences of patients from those of others and the perceptions of patients based on their experiences of care from opinions and ideas they may express which are not based on their experience of care.

6.1 What will help us to deliver

6.1.1 Appropriate information and communication

The first two building blocks for good engagement are:

- How we inform the public; and
- How we communicate with the public.

Ensuring we communicate in a variety of different ways, including using plain language, easy read versions of documents and offering translations where appropriate.

'Communication and information are the building blocks that support our relationship with the public. If we inform and communicate with people, we can effectively engage on topics of conversation that will help us decide on the future of services. In addition individuals will be engaged in conversations about their own care and treatment ensuring they are a partner in their own care. We need to promote the channels for comments, compliment and complaints too and encourage feedback. This will help us to gather information that will tell us what is happening in the areas we commission.'

Communications Manager, NHS Calderdale CCG

The images and information we present will help us to engage with our diverse population and ensure that we provide messages that are relevant, clear and informative. This will range from the information and communication patients and carers receive during treatment through to the information we provide when we are asking for people's views on services'.

The stakeholders we need to target will dictate the mechanisms we use, and all engagement plans set out who the target audience will be and how information will be presented. In addition we will provide people with information on the full range of accessible methods they can use to communicate with us. As we gather feedback we must ensure our mechanisms are flexible enough to meet the needs of all our population.

6.1.2 Effective equality monitoring

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. Where there are gaps or we identify trends in opinion these will be looked into and plans made to address them.

'As part of our equality duty it is important that we continue to consider the needs of all our protected groups in the work that we do. We want everyone to be able to access and benefit from local services, by gathering the views of protected groups we can begin to understand if we are achieving that aim.'

Equality Manager, NHS Calderdale CCG.

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.

Our legal duty to remain compliant with the Equality Act 2010 is outlined in 4.1.2. and 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'.

6.1.3 Measuring patient experience

In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. Our approach is to use some or all of these definitions to measure quality and gather the views of direct service users using the national and local patient experience surveys:

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;
- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;
- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

By gathering information on an on-going basis we begin to understand more about the services we commission, what service users want from our services and how we need to improve services in the future.

The patient experience framework helps us to gather feedback in a systematic way so we can identify key themes and trends across a wide range of service areas. This data undergoes a rigorous content analysis to produce these themes and trends. This analysis is crosschecked with other intelligence drawn from a wide range of local, regional and national sources of quantitative data. Recommendations are drawn up based on this intelligence and the CCG works with its partners to turn these into action. Progress and outcomes of these actions to improve services will then be fed back to patients and public on a 'you said we did' basis.

The information we gather is through our service providers which includes the information gathered from the friends and family test which gathers patient views in both the hospital and GP practice.

6.1.4 Working in partnership with key stakeholders

As a CCG we are committed to working in partnership with our providers, partner organisations, staff, public, patients and carers. We already have a good relationship with a number of key stakeholders including the third sector and we want to continually work with and invest in our partnerships to help us deliver our engagement strategy.

'Healthwatch Calderdale is committed to working in partnership with the CCG, CQC along with existing voluntary and community groups to find out what matters to the residents of our community and ensure better, improved services in Calderdale. In order to determine what those matters are - working in partnership with the CCG - we will use information that we gather to highlight local issues and trends'
Development worker, Healthwatch, Calderdale.

Our providers and partners have a wealth of local knowledge and relationships as well as other partnerships in which we can tap into to ensure we reach the population of Calderdale. We know that our third sector colleagues are better placed to help us reach grass roots communities and our partners can help us reach patients and service users. We need to grow these relationships to ensure everyone contributes to the delivery of all our engagement and patient experience plans.

'NHS Calderdale CCG has shown leadership and innovation in how and why it engages its local voluntary and community sector. From investing in a local engagement champions programme via our Health Connections team through to inviting voluntary and community representatives on strategic boards and working groups. Using market place events and information the sector feels connected, included and valued as a partner and stakeholder.'
Chief Officer, Voluntary Action Calderdale.

We will develop partnerships that will help us to 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. 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 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 and relationships which already exist
- Work with local people to develop our plans and proposals for service redesign or development.
- Work with service providers commissioned by the CCG to turn recommendations based on analysis of patient experience into actions for service improvement.

We want the relationships to develop as partnerships as we acknowledge partners as co-providers of services. We need our partners to help us to support the aim of developing active citizens who feel they can participate and have a voice in the provision and design of local NHS services.

Case Study: Patient Reference Group Support Project



In April 2014 Voluntary Action Calderdale were commissioned to run the Patient Reference Group Support Project. The project was set up to offer practical support, advice and guidance to Patient Reference Groups (PRGs) across the Calderdale area. Engaging closely with members of the Calderdale Health Forum and PRGs, the project developed the Calderdale Patient Reference Group Good Practice Guide. The guide offers practical advice and guidance on running a successful Patient Reference Group and provides useful resources to enable groups to grow and develop further.

The project has engaged with groups and helped them use the tools provided in the guide to enhance their work. The areas of work have been varied and the project has undertaken intensive work with many practices. This has included:

- *setting up a new and supporting an established group to run independently*
- *supporting groups with activities to encourage new membership, and*
- *wider engagement with their communities through virtual groups and targeted recruitment*

The project has encouraged groups to look at the use of social media, health awareness talks and going out into their communities to talk about the important work they do. The project will continue to work closely with groups to help them reach their full potential.

7.0 What mechanisms do we have in place?

There are a number of mechanisms already in place which help us to engage with people these are:

- **Patient and Public Engagement and Experience (PPE&E) Steering Group**
The purpose of the Patient and Public Engagement and Experience Steering Group is to shape, steer and advise on engagement and consultation activity. This group is chaired by the NHS Calderdale CCG lay representative and members include Healthwatch and a GP Practice Manager.
- **Relationship Matrix**
Our Relationship Matrix was developed to make sure we have up to date contact details of community and voluntary groups across the district. This matrix ensures that we engage with groups representing the nine protected equality characteristics.
- **Calderdale Health Forum**
Calderdale Health Forum was set up by the CCG to gather together representatives from member practices' patient reference groups (PRGs). The forum meets on a bi-monthly basis and members are also informed of additional engagement opportunities on they arise. The forum provides patient input into key CCG priorities and potential service redesign.

Case Study: Calderdale Health Forum:

Calderdale Health Forum was formed in 2012 and over the last three years has developed into a committed group of patients from across Calderdale who represent their practices in providing the patient voice into CCGs decisions including our key priority areas such as;

- *Care Closer to Home*
- *Diabetes Care*
- *A single point of access*
- *Patient safety and welfare*
- *Calderdale CCG prospectus, and*
- *Calderdale CCG website*

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Calderdale Health Forum meets on a quarterly basis, which allows for lively conversation and engagement opportunities. In addition members share the learning from their own practices and continue to support each other in their role as a patient representative. NHS Calderdale CCG has also invested in Voluntary Action Calderdale who employs outreach workers to support the development of individual patient reference groups.

A good practice guidance booklet has been produced to support practices to set up and run meetings, recruit patients and further develop their membership to ensure we have groups that are representative of the local area.

➤ **Calderdale CCG website (www.calderdaleccg.nhs.uk)**

Calderdale CCG has a website which provides information to the public and has a page called 'Get Involved'. As a CCG we use our website to inform of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. The website is updated on a regular basis and we regularly report on the outcomes of consultations and what we have done as a result of our engagement activity.

➤ **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 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 ensuring that people who design and manage services are aware of the issues raised
- Providing an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.

➤ **Healthwatch**

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

➤ **Health Connections**

Health Connections was set up to help the CCG engage with health-focused third sector organisations. 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. We have developed two programmes of work to build our engagement capacity in this area, these are:

- 'Engagement Champions' project: which is an asset based approach to engagement and involves training members of the voluntary and community sector as engagement leads.
- Practice Patient Reference Group: supporting practices to develop and sustain patient reference groups and encourage new members.

Case Study: Health Connections



The 'Engagement Champions' project is a key partner in supporting the delivery of our engagement activity. The project has successfully trained 34 voluntary and community sector organisations and 74 staff from those organisations to provide a service which provides:

- *A voice for local people through VCS organisations*
- *Reaching widely across Calderdale*
- *More diverse communities in Calderdale*
- *Helping the 'hard to reach' and those 'seldom heard' to have a say*

The difference the project has on our engagement activity is:

- *More Meaningful responses and higher quality results*
- *More completed surveys and questionnaires*
- *Greater reach into communities*
- *Views from seldom heard and hard to reach*
- *Reaching a greater diversity of local people*

Health Connections can support us to reach over 4,000 individuals from all over Calderdale – including the most vulnerable groups who represent those protected by the Equality Act.

➤ 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 searches these facilities by provider to identify what patients are saying about local NHS services.

➤ National and local surveys

National and local surveys take place throughout the year by 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. Calderdale CCG is able to use such surveys to understand the patient's view of services. In addition surveys can be used collectively to inform commissioning decisions.

➤ Real time feedback and 'I'd just like to say'

We work closely with our provider organisations to monitor the patient views of services as close to them receiving care as we can. These surveys are 'real time feedback' and 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.

➤ **Service redesign activities**

Throughout the year we actively promote activities for people to become involved. In addition we invite people to join our people bank so we can contact individuals directly about healthcare services.

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

Case Study: Upper Valley Event: 'Care Closer To Home'



'Care Closer to Home' is a response to the feedback from the engagement delivered in May – August 2014 on 'Right Care, Right Time, Right Place'.

The engagement told us that the public needed to understand what a service close to home would look like if we were to change services in a hospital setting. Commissioners responded and started to develop a specification for a care closer to home model.

There was continued engagement in the development of the specification which included a stakeholder event on Wednesday 4th March 2015 at Todmorden Town Hall. The purpose of the event was to engage key stakeholders in future service redesign. Key stakeholders included:

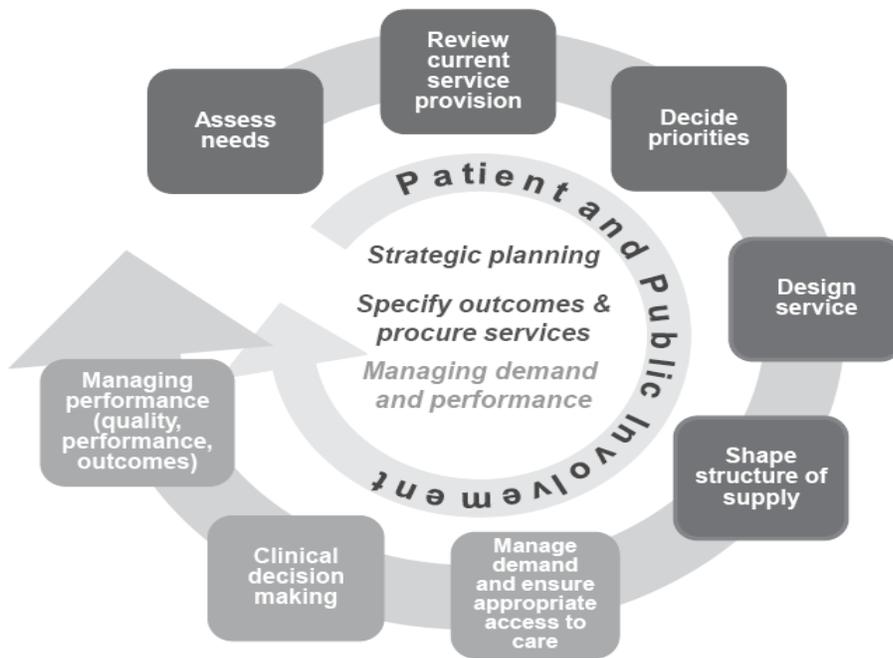
- *Local Councillors and MPs*
- *Healthwatch*
- *GP Practice 'Patient Reference Groups'*
- *The Third Sector*
- *Clinicians and staff from a number of local health and social organisations.*

The purpose of the event was to share ideas on care closer to home and listen to stakeholder's ideas and suggestions for the local area. The event generated 18 key themes as a focus for change and a number of quick wins which could start to improve service delivery and care closer to home.

8.0 How will our approach support commissioning?

This strategy is central in helping NHS Calderdale to achieve its commissioning function so that we can ensure that we place patients and the public at the centre of all our commissioning decisions. We need to ensure that our commissioning cycle (diagram 1) builds in patient and public engagement and experience at each stage.

Diagram 1: The Commissioning Cycle



Assess needs: As part of our assessment of any service we use a number of data sources including feedback from service users and carers. Existing feedback is used to help us understand the requirements of future services.

Review current service provision: Service user and carer feedback forms part of the information required when we are reviewing a service. Engagement in service redesign is considered as a key part of any plans to develop future services.

Decide priorities: We want all our stakeholders to help us decide our priorities, this means we will share and engage on our plans and where necessary formally consult on any changes to the way a service is currently provided or delivered.

Design services: We want patients, carers, staff and service users at the centre of all our service redesign. This means co-producing solutions together or using engagement to help us design appropriate services.

Shape structure of supply: Service specification will be developed with the information we gather from our engagement and patient experience activities and service users will help us to shape specifications so they deliver the right service for service users.

Manage demand and ensure appropriate access to care: Using patient views we will gather patient experiences of service to help us understand how appropriate services are and if there are specific areas we need to focus on for improvements.

Clinical decision making: Supporting lay representatives to engage in clinical decisions and providing information from service users to support decisions are an important part of ensuring clinical decisions are representative. Patient stories and real time feedback ensure clinicians are kept up to date with service user views.

9.0 What we are aiming to achieve

We want to reach a point where we can ensure that every person in Calderdale is given the opportunity to have a voice in the decisions that are made to commission services and have an opportunity to provide feedback and comments on the services we commission. We will ensure that people are made aware of the impacts of their influence on the improvement of services. We want to ensure that as citizen's people feel communicated with and informed and can engage in a meaningful way.

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 want to make sure that the public can influence the services we commission, input into the services we provide and help us to jointly develop specifications for services.

'Having the voice of the public in all aspects of our commissioning work is vital - it ensures that we put local people at the centre of everything we do. We want to work with the public to design services that really do meet their needs. This is a key part of our job, and we are trying hard to find new ways to actively engage people in planning the services they are their families will access, both now and in the future.'

Debbie Graham, Head of service improvement, NHS Calderdale CCG

Section 3: Our process

10.0 Introduction

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.

The 'Patient and Public Engagement and Experience Strategy' sets out our plans for the next three years and enable us to put in place a whole system approach to supporting this work.

The 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 will 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 with the 'Annual Report for Involvement' being 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.

11. How we engage

We know that local people want to be fully engaged in making positive choices about their own health and lifestyles. This means we need to ensure that local people can participate in the shaping and development of health and care services and feel able to choose which health services they can use and how to access them.

We know that the public want a much greater say in how health services are organised, and we know that patients and their carers want much more say in how their personal care is delivered. We also know that patients and the public want much more and better information about how they can stay well or help to manage their own illness and to have greater access to information, communication and technology to support this.

How we engage people in their own care and treatment and on the services we commission requires us to ensure we follow a number of actions which will assure our process, these actions are to:

- Ensure the public understand the services we are responsible for commissioning through appropriate information and clear communication
- Ensure that when we review our services we will engage with appropriate stakeholders and service users whilst utilising current, focused patient experience intelligence to inform our decisions
- Make sure 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
- 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
- Use our patient experience mechanisms to listen to patients views on the service we have commissioned
- Work in partnership with patients, staff and carers to ensure that the service meets their needs through service redesign and procurement
- Continue to engage with our partners and use their networks and relationships to reach people.
- Use the commissioning cycle to drive our decision-making process so that the public is at the centre of everything we do.

11.1 Our process for engaging people on services

Engaging people on service change is not just a legal requirement we are committed to engaging people on any changes to the way a service is currently provided or delivered and in the development stage of any proposals. A good engagement process will ensure the organisation is enabled to make better commissioning decisions based on the views of local people. We use a number of processes to support this engagement work:

- Engagement – gathering views through a number of approaches
- Co-production – developing solutions together
- Pre-engagement – ensuring we have had the right conversations before formal decisions are made about options for formal consultation.

As part of our process for delivering any engagement activity we will always:

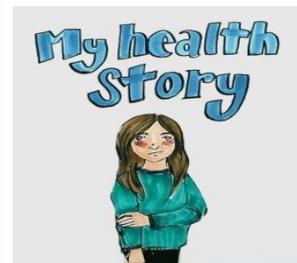
- Complete an internal assurance tool which sets out what the service is, the impact and what the change will be.
- Review any existing information we already hold on peoples' views, based on their experiences of service use, including individual comments raised through our patient experience systems.
- Develop a clear plan which sets our plans for engagement, including who will be engaged and how with an accompanying action plan.
- Deliver our engagement activity within a 6-8 week timeframe depending on the service.
- Write a report of findings from our engagement activity
- Consider the findings and provide an appropriate time for consideration.
- Provide feedback on our findings from our engagement process and describe the next steps.

In addition we will always follow a number of principles in the delivery of our collective engagement activity so that the public know what to reasonably expect from our commissioners and providers. Our principles are 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.
- We are clear about our plans and what the public can and can't influence and why
- We make sure we engage with the right target audience and consider equality and the impact on diverse groups
- We can demonstrate that we have listened to people's views in all of our plans
- We will provide feedback on our website, through newsletters and local media of any outcomes from engagement activity.

Case Study: Care Closer to Home

CARE CLOSER TO HOME The Future of Health and Social Care Services IN Calderdale



The 'Care Closer to Home' project has used the findings from the previous three years of engagement on a range of service areas to develop a service specification. The specification supports the delivery of Care Closer to Home in Calderdale. In order to engage the audience, in discussions about the future service model, cartoon graphics were used. The project used real patient stories from people living across Calderdale to present a view of the current service from a service user and present future models and ideas. Megan's story is one of these stories which brought to life as a cartoon. (Add link on upload)

In addition the overarching direction of travel for Care Closer to Home was captured in a similar way using a story board. This vision of the future allowed people to engage in conversations that would help the future design of services. The cartoons were used at two stakeholder events, one for the public and key stakeholders and one for staff. (Add link on upload)

11.2 Our process for formal 'Consultation'

This process is supported by our legal obligations and the requirement to make decisions on options that have been developed as part of any engagement stage. Formal consultations are always delivered once the engagement process has been completed. Consultations help commissioners make final decisions on any options.

As part of our process for delivering any formal consultation we will always:

- Develop our options based on what people have already told us.
- Develop a clear plan which sets our plans for formal consultation with an accompanying action plan.
- Develop a clear communication plan to support our consultation process.
- Deliver a formal consultation within a 12 week timeframe using a variety of methods and approaches.

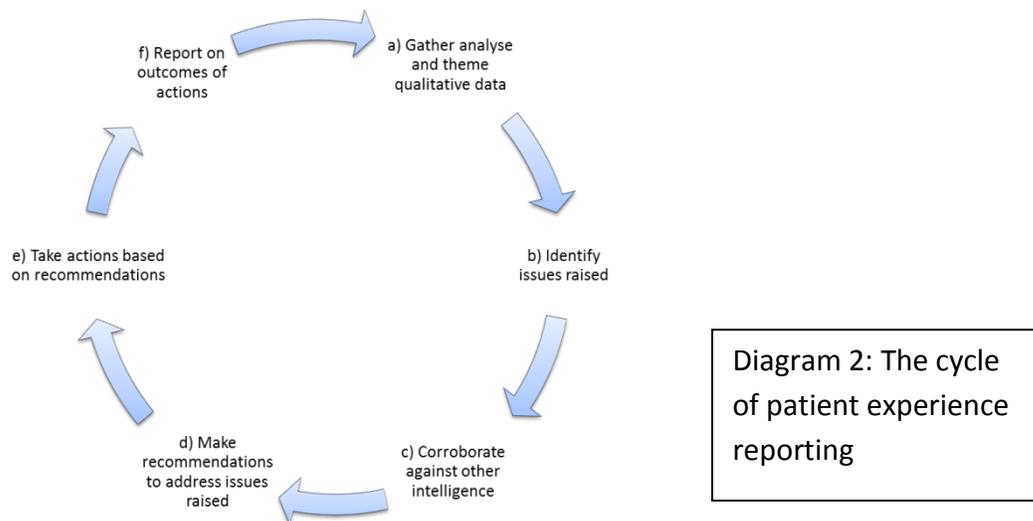
- Write a report of findings from the formal consultation.
- Consider the findings and provide an appropriate time for making a decision.
- Provide feedback on our decision and describe the next steps.

11.3 Our process for gathering patient experience

What we mean by gathering patient experience is the way we listen to patients, families and carers during or after a course of care and treatment by systematically gathering their views and providing opportunities to provide feedback. When we talk about individual engagement we are talking about:

- The individual’s direct experience of any care or treatment received
- The individual’s opportunity to participate in decisions about care and treatment
- Personalised care and the opportunity to influence the care they receive as a co-producer of care.

The CCG has developed a cycle of patient experience reporting (see diagram 2) to ensure that citizens can influence decisions about services and get feedback on the impact on service improvement that there influence has made.



The cycle of patient experience reporting:

- a) Feedback on what patients are saying about their experiences of service use is gathered from a wide range of sources and analysed using the themes of the NHS patient experience framework.

- b) This analysis identifies areas where services might be in need of improvement.
- c) This analysis is crosschecked with other available intelligence, monitoring local NHS service delivery. This helps underline where efforts for improvement can be focused to most effect.
- d) Recommendations are then drawn up based on what we have learned from what patients have told us and the context of other available intelligence.
- e) The CCG then works in partnership with service providers to turn these recommendations into effective actions.
- f) The progress and outcomes from these actions will be recorded and then fed back to patients in a 'you said we did' format.

Finally, and critically, the learning from this process will inform the next cycle of information gathering for improving patients' experience of the services they receive.

11.4 What process 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 and reported quarterly to the relevant committees of the CCG. The current sources of 'patient voice' qualitative data we use are:

- Patient Advice and Liaison Service (PALS)
- Engagement initiatives, surveys, etc.
- Complaints
- Patient Opinion
- NHS Choices
- Healthwatch reports and survey responses
- reports from providers

These are analysed and crosschecked with quantitative data from a variety of sources including:

- Local and national surveys, e.g. National GP Survey
- Friends and Family Test data
- Provider reports
- Real-time feedback
- Third sector healthcare service providers
- Through member practices
- Engagement activity

Our aim is to ensure that we analyse the information we receive, review it on a regular basis, identify any areas of concern, and develop recommendations on which to base actions in partnership with providers for the improvement of services. We currently receive a quarterly dashboard patient experience report which gathers and triangulates information received from all our main providers; this report is received at the CCG PEE and quality committees. The feedback used to inform the dashboard reports is reflective of all data sources listed above.

Case Study: Patient Experience reporting

Patient experience reports are received on a Quarterly basis through NHS Calderdale CCG Quality Committee. The reports gather together the intelligence from each of the main providers, GP Practices, Yorkshire Ambulance Service (YAS), South West Yorkshire Partnership Foundation Trust (SYWPFT) and Calderdale and Huddersfield Foundation Trust (CHFT).

The aim of the report is to triangulate all the patient experience gathered in each quarter into one report. The front page sets out the overarching themes for the previous quarter and a recommendation tracker in the report ensures actions are delegated an action owner. This approach provides the organisation with assurance that patient's views are being considered and acted upon.

Patient Experience Summary – Calderdale CCG Quarter 4 2014-2015
3

This page shows the overarching themes and recommendations from intelligence analysed regarding all the main providers – see pages 4-8 for details

1a. Patient voice - POSITIVE. Examples of patient comments:

"The nurses in this department are fantastic, nothing is too much trouble. They really do care about their patients."

"All was explained very clearly before and particularly during the procedure when talk on my part was just a nod of the head."

"An exceptional turnaround for an appointment – seen by GP on Friday, got a call the following Monday to let me know I had an outpatient appointment the Wednesday."

Patients most frequently commented staff had helped them maintain a good quality of life and they felt treated with respect. Comments showed staff shared information to help patients understand and plan ahead. Some patients also felt they had clean, comfortable surroundings. Appointment waiting times were not felt to be excessive.

1b. Patient voice - NEGATIVE. Examples of patient comments:

"The attitude of the staff was very poor. He just watched me struggle and tried to hurry me up, he didn't want to help me he was very reluctant."

"The consultant did not really engage in discussion or want to answer my questions."

"We are sent a letter asking us to call the hospital appointments line to make an appointment. This is a month after the initial visit, what an absolute waste of time."

Patients commented most frequently that they felt they had not had needs met, or that they had not been treated with respect by staff. Comments also indicated that information about care had not been shared. Some patients also commented that they had experienced long waits for appointments.

1c. Overarching issues raised

During Quarter 4 patients most frequently reported negative experiences are identified in the table below (1c).

'Respect for patient control, values, preferences, and expressed needs' and 'Information, communication, and education' have now featured in the most frequently reported negative patient feedback themes in all four quarters of 2014-15 for all providers across the CCG.

1d. Sources of other intelligence

A range of other sources of intelligence were used to corroborate issues raised by analysis of qualitative feedback. These were obtained from local and national sources. Sources of other intelligence are listed on page 9 of this report.

1e. Overarching themes

	697 comments	Positive	Negative
Respect for patient control, values, preferences, and expressed needs		11%	11%
Coordination and integration of care		0%	1%
Information, communication, and education		7%	2%
Physical contact		1%	1%
Emotional support and alleviation of fear and anxiety		1%	1%
Welcoming involvement of family and friends, on whom patients and service users rely		1%	1%
Transition and continuity		0%	0%
Access to care		1%	0%

1f. Recommendations (Taken from recommendations made for each provider)

- Encourage providers to share FFT free text for qualitative analysis in monitoring patient experience.
- Data from newly available FFT data on GP practice, mental health and community health services should be given consideration from now in monitoring patient experience

Recommendations from previous reports remain relevant:

- Ensure providers have suitable training programmes around Patient Experience. This report highlights that this may be of particular benefit in CHFT and Primary Care (GP).
- Cultivate multi-agency information sharing. This would benefit the wider patient experience.
- Continue to monitor patient experience and triangulate against other quality measures

12. Insight and Feedback

As part of our decision-making processes we use insight and feedback to continually learn from our local population. Insight and feedback supports a whole system approach in helping us identify how services may need to change and the aspects of a service that require redesign.

We are using more patient stories, gathering case studies and building in insight into our communications. The organisation has improved how we listen and learn from the insight and feedback we gather and we continue to evidence how information is used in a much more robust manner. Our audit trail of evidence is strengthened by the information we gather and using this information we can demonstrate how the views of patients, carers and staff have influenced our commissioning decisions. This is a key part of upholding our legal requirement and ensuring we have taken the time to consider all insights and feedback.

How we feedback to people as part of our process for engagement will involve a number of communication methods and approaches depending on the target audience. The mechanisms we use are:

- Calderdale CCG and Calderdale Engage websites; and wider partner websites where appropriate.
- Directly in the form of presentations and conversations to the people who contributed.
- Through our partners organisations such as the 'Engagement Champions' and 'Calderdale Health Forum'.
- Through media stories and press releases.
- By producing an annual report of our engagement activity in October each year.

13.0 How will we monitor what we do?

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

The governing bodies' role is to ensure that we uphold the approach set out in this strategy and that evidence of assurance is provided by commissioning managers regarding public engagement and patient experience activity in any proposed plans to change the way services are provided, delivered or commissioned in the future.

In addition the governing body role we have a number of mechanisms in place to support the approach, delivery and audit all of engagement activity. 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 2015/2016 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 Statement of involvement

The statement of 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.

14.0 Next Steps

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

- Develop an annual implementation plan to reflect delivery of the strategy which details activities, outcomes and targets.

Appendix: Glossary of Terms

Term	Definition
Calderdale and Huddersfield Foundation NHS Trust	NHS hospital trust covering the Calderdale and Huddersfield areas
CCG	See Clinical Commissioning Group
CHFT	See Calderdale and Huddersfield Foundation Trust
Clinical Commissioning Group	New local NHS commissioning organisation consisting of clinical management and a membership of constituent GP practices
commissioning cycle	Process for effective commissioning including assessing needs, reviewing services, contract implementation and managing provider performance. To be treated as a constant cyclical process.
commissioning support units/services	Organisations set up to provide commissioning and administrative support for Clinical Commissioning Groups
constituent practices	The individual GP Practices that fall within a Clinical Commissioning Group's membership
Constitution	A set of fundamental principles stating how the organisation will be governed.
CCCG	See Calderdale Clinical Commissioning Group
Calderdale Clinical Commissioning Group	The Clinical Commissioning Group covering the Calderdale area
Health and Wellbeing Board	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.
HealthWatch	HealthWatch will be the new consumer champion for both health and adult social care, superseding Local Involvement Networks at a local level
LA	See Local Authority
LDC	See Local Dental Committee
LMC	See Local Medical Committee
LOC	See Local Optical Committee
Local Dental Committee	Statutory Body that represents contractors and performers providing general dental services in a defined locality
Local Medical Committee	Statutory Body that represents contractors and performers providing general medical services in a defined locality
Local Optical Committee	Statutory Body that represents contractors and performers providing general ophthalmic services in a defined locality
Local Pharmaceutical Committee	Statutory Body that represents all NHS pharmacy contractors and performers in a defined locality
LPC	See Local Pharmaceutical Committee
Monitor	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

NHS brand	Guidelines protecting the use and placement of the NHS logo and colours.
NHS England	An independent, statutory body from October 2012 with overall responsibility for the NHS budget, allocating the majority directly to Clinical Commissioning Groups
NHS Constitution	Document which sets out rights and pledges for patients, public and NHS staff
Overview and Scrutiny Committee	Committee which is composed of councilors who are not on the Executive Committee of the local authority, which looks into issues that affect local people and services
PALS	See Patient Advice and Liaison Service
Patient Advice and Liaison Service	Service within current Primary Care Trusts and hospital trusts which offers confidential advice, support and information on health-related matters
Patient Reference Group	An official group of registered patients which offers feedback to GP practices about their services
Public Health England	National body within the Department of Health responsible for Public Health functions and campaigns
QIPP	Quality, Innovation, Productivity and Prevention. A large scale transformational programme for the NHS involving all NHS staff, clinicians, patients and the voluntary sector
social media	Web-based and mobile based technologies which are used to turn communication into interactive dialogue between organizations, communities, and individuals.
stakeholder	Any person or organisation whose interests are affected by, or can affect, the organisation's work.
White Paper	Authoritative report or guide that helps solve a problem, usually linked with formal consultation about its content

