

Commissioning Intentions 2016 – 17

Report on engagement activity and key issues from participants

November 2015 - January 2016



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A. Aims of the Engagement

Each year CCG's are required by NHS England to outline their plans and priorities for the coming financial year ahead.

This programme of engagement activity was undertaken to gather the views and suggestions of patients, the public and Carers to inform;

- NHS North Durham Clinical Commissioning Group's (CCG) operational plan for 2016 – 17
- Feed into a Sustainability and Transformation Plan (STP) for October 2016 – March 2021 (working with the wider health and care system)

Information from patients, public and Carers from this engagement work was combined with;

- Information and feedback from clinical leads working across the CCG
- A review all of the feedback that has been received through our engagement activities over the past year

B. North Durham Discussion Focus

A wealth of information has already been provided to NHS North Durham CCG through engagement with local people and patients during the last year (see box below), some of this in conjunction with our voluntary sector partners.

A detailed analysis of this engagement information that was available to the CCG has been undertaken to effectively utilise the time and contributions that people have shared with us.

As a result the CCG used these engagement opportunities to focus on learning about if the priorities we have had continue to be the same priority areas as members of our local population.

Previous Engagement examples

- Community Hospital Children's Centre – Chester-le-Street
- Patient Congress events
- Urgent Care Out of Hours
- CAMHS service review

By shaping the conversations in this way the CCG wanted to directly link the views and suggestions from local people into the planning and prioritising process that they were undertaking.

C. Deliberative Event

The main public event for this project took place on 26 January 2016. The event was attended by over 70 people from the local areas and included patients, residents, parish councils, Public Health, Durham County Council, People's Parliament and a wide range of representatives from voluntary and community sector organisations (including Healthwatch, Durham County Carers Support, MS Society and Breathe Easy to name a few). The event was opened by Michael Houghton, Director of Commissioning and Development, who provided an explanation of the background to the event and context for the subsequent discussions.



The large majority of the time at the event was then divide up into table discussions that focussed on each of the eight key areas of work that the CCG has been looking at:

- Cancer
- Diabetes,
- End of Life
- Learning Disability
- Mental health
- Primary Care
- Out of Hospital Care
- Urgent Care



At each of these table discussions was the relevant Clinical lead for that area of work from the CCG. Alongside staff from the CCG they presented the draft intentions to each group and opened the discussion up to hear what participants thought based on answering the following three questions:

Individual participants were asked to utilise the large coloured post it notes on the tables to ensure that their specific thoughts could be captured directly, in their own words.

Participants at the event were asked to complete a feedback and evaluation form at the end, a summary of some of the responses can be seen below.



The Commissioning Intentions event itself was well received, and members of the public and clinical leads felt the discussions were constructive. We plan to take the learning from this event into planning our process for developing our intentions for 2017/18

- *92% rated the event as 'Good' or 'Excellent'*
- *92% rated the discussions as Good' or 'Excellent'*
- *47% responded that the event had 'Definitely' made them feel more involved with the work of the NHS.*
- *97% responded that they would attend another event like this one*

Some of the comments that people gave about the event were:

- Very informative and engaging session
- Good facilitators, kept conversations going, looked for feedback positive and negative and were open about what CCG can and cannot do.
- It felt like a real experience rather than a selling exercise
- It would be useful to distribute the implementation plans in advance of the event
- Like the fact that you can have access to the leads and CCG staff who are involved in commissioning process.

D. Wider Engagement

NHS North Durham CCG recognises that one event on one day is not sufficiently providing members of our local community with the opportunities they need to participate in discussions with them.

To try to ensure that a range of opportunities and methods were available to people the following approaches were used as part of this project;

- Surveys, Paper and Electronic
- Focus groups & Drop ins
- 'Agenda Days'
- Outreach

As previously stated, the above engagement was undertaken to build on all the previous patient, public and Carer feedback obtained throughout the year.

Surveys

A set of brief questions were produced along with information about the current and possible future priorities. Copies of this information (questions shown in box below) were set up on the organisations 'Survey Monkey' account so that an electronic link

could be circulated. The link to this information was then shared through the various groups and networks;

- Our 'My NHS' membership,
- Local patient groups,
- Voluntary sector representatives and groups
- Area Action Partnerships
- Members of the public through our social media profiles (Twitter and Facebook) and the CCG public website.
- Member practice staff

1. *Which three of the existing Intentions do you feel need to continue to be key priorities for the work of NHS North Durham CCG in 2016-17?*
2. *Which three of the above proposed priorities do you think are the most important and for each, what specific change do you think would make the most difference for patients*
3. *If there are any services / issues that are not included in the proposed priorities above which you think should be, please tell us what they are and why?*

The opportunity to complete the surveys using the 'elephant kiosks' situated within member GP practices was also utilised for the first time. This alternative method of reaching individuals produced low response rates on this occasion; however it did enable people who may otherwise may not have received the information and contributed the opportunity to be involved.

Focus groups and Drop-ins

Through the existing work programme of our engagement partners (Durham Community Action) a series of focus groups and drop in discussions sessions were delivered during November, December 2015 and January 2016. The same set of questions as the above survey were utilised for these sessions.

Through these sessions a wide range of community groups and individuals who would not necessarily have otherwise participated were able to share their views. These include; Bowburn Community Centre, Just for Women Centre,(Stanley), Willowburn Hospice (Lanchester) and St Marys and St Cuthbert Parish Centre (Chester-le-street)

'Agenda Days'

A planning session was undertaken with young people from the Investing in Children 'Health Group in January 2016. Members of this group were then responsible for taking their own discussions (based on the above survey questions) out to three academic sites in North Durham. Through these three sessions, approximately 60 young people were directly engaged in the discussions by their peers, with the

intention of enabling honest and open discussions about the topics and issues that matter most to this audience.

Outreach

Working on conjunction with Healthwatch County Durham Staff from North Durham CCG attended the prearranged outreach that they were undertaking. This provided an alternative method opportunity to

E. Key Issues

Through the diverse engagement methods outlined above, wide ranging information and views about the future priorities were collected. A brief selection of key / common issues that were raised can be seen below under each of the eight priority work areas.

Cancer

- Information provided for patients (and carers) at point of diagnosis and signposting to appropriate support.
- *“More proactive screening and greater numbers of scanner and analysis to ensure quick diagnosis which often leads to better outcomes”*
- *“Affects patients across the spectrum and we need to improve outcomes”*
- Working across various teams and services (inc Primary care and Pharmacies) to help early diagnosis

Diabetes

- Prevention needs to be included and specifically targeting those parts of the community who might be ‘hard to reach’ with traditional messaging and routes to information.
- Empowering patients with information and the tools to help self-manage and take responsibility for their own health.
- Collaborative working with public health and align programmes with Diabetes national framework

End of Life Care

- Ageing population and challenges to maintain high standards on EOL care, combined with feeling that there are a lack of hospice / hospital beds
- Support for carers of EOL patients in relation to view there is a lack of CHC nursing resources / carers to support patients.
- Neurology gap – MS nurse

Learning Disability

- Barriers to accessing services include, availability of escorts to appointments and the language used is confusing
- Recognition of the role that (unpaid) carers / family members play, but need to reduce the reliance on these individuals.
- Focus on individual, and their individual needs with better use of community resources (which need to be better promoted and communicated) to help build resilience and reduce isolation.

Mental Health

- *“Mental health care impacts on most other forms of healthcare and is poorly resourced”*
- The use of voluntary sector projects and providers was particularly reference in relation to low-level interventions to prevent admissions and the onset/ increase of conditions.
- The problems that can arise for individuals when transitioning from Children’s to Adults Mental Health services was also an area of concern for participants.

Out of Hospital Care

- *“Access to digital records to allow more effective treatment of conditions rather than just admitting to A&E”*
- *“Providing this service should be as standard anyway... Knowing this cover is available gives the general public the confidence that the NHS is there for them...”*
- Support regarding Immediate care plus from participants. Identified, quickly getting the right services to older people

Primary Care

- Continuity and access to information featured highly.
- Suggestions about the use of technology to be able to widen access – although consideration must be given to how this would potentially disadvantage those who do not.
- However people did recognise that for some patients (chronic / LTC) continuity of staff was important.

Urgent Care

- Continues to be confusion about the various different NHS ‘brands’ and when each of them should be used
- Models for the future were felt to need practices opening for longer (into the early evening) would be a good idea in order to meet the out of hours demand
- People would prefer care closer to home, suggestions future service be based on activity levels – or there was a risk that we could increase activity by having more centres open

F. Next Steps

Our commissioning intentions set out what plan to take forward in 2016/17 to work towards delivering our vision of “*better health for the people of North Durham*”.

We are taking feedback from this event (as well as feedback we have received via other mechanisms) to help us develop work plans to deliver our commissioning intentions. Clinical leads and management leads for each area are reviewing the detailed comments received and mapping against proposed workstreams to enable this. Where there are gaps, this will feed into informing the development of future intentions.

We are committed to ensuring that patient and public engagement is embedded into all of our work programmes. We will be continuing with our programme of engagement work for 2016/17 and as part of this, there will be future opportunities for more detailed discussions on particular areas of our plan. To find out details of these opportunities as they become available please visit the ‘Involve me’ section of our website, www.northdurhamccg.nhs.uk/involve-me/