Patient and Public Engagement 2014

Our Journey So Far ....
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>3</td>
</tr>
<tr>
<td>About us</td>
<td>4</td>
</tr>
<tr>
<td><strong>Individual Participation</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Public Participation</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Insight and Feedback</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>Governance and Assurance</strong></td>
<td>13</td>
</tr>
<tr>
<td>Conclusion and Next Steps</td>
<td>14</td>
</tr>
</tbody>
</table>
Thanks to the on-going commitment and active involvement of our local people I am delighted to be able to present our Patient and Public Engagement journey so far for 2014.

In West London CCG we are strongly committed to effective Patient and Public Engagement (PPE). I believe this is about working in partnership with local people to influence how health services are planned, delivered and evaluated.

By providing information and advice, our Primary Care Navigators have made a real difference in working together with people to reduce isolation and improve the take up of planned services. Working closely with our voluntary sector partners, the active Diabetes Service User Group is growing from strength to strength, providing valuable patient and carer perspectives so that local providers and commissioners can improve services for people with diabetes.

Our Patient Participation Project, delivered in partnership with Healthwatch, has successfully seen 31 practices set up a Patient Participation Group. With so many patients getting involved locally, their feedback is helping us make sure we are focusing on the things that matter most to local people.

Bringing our Patient and Public Engagement work together in one place has helped us to recognise some early successes but it has also shown us what we need to do next to further develop and improve our approaches. I want the views and needs of local people to be embedded systematically throughout our organisation at every level and every step of the way.
About Us

NHS West London CCG is a membership organisation made up of 54 GP practices serving a registered patient population of 230,000 people in West London.

NHS West London CCG is co-terminus with the Royal Borough of Kensington and Chelsea (RBKC) and covers the Queen’s Park and Paddington area of Westminster City Council (WCC).

We manage an annual budget in the region of £342 million, across an area diverse in terms of wealth, deprivation and health. This means our GPs are making decisions about local health services using their local knowledge to shape services and target resources where the need is greatest. All of our GPs use their experience and knowledge to influence and shape the decisions the CCG makes, with some becoming more heavily involved as representatives of the CCG Council and Governing Body.

The CCG has established five **Commissioning Learning Sets** to foster collaboration and learning amongst members; sharing and benchmarking data, improving performance and spreading good practice while generating ideas for new services or improvements to existing ones.

The five Commissioning Learning Sets are:
- South West (Kensington and Chelsea)
- South East (Kensington and Chelsea)
- North West (Kensington and Chelsea)
- North Central (Kensington and Chelsea)
- North East (Queen’s Park and Paddington)

Each of the GP practices within the CCG is a member of a Commissioning Learning Set. Each Learning Set is Chaired by a GP principal or a practice manager, which helps to ensure practices are directly involved in planning, monitoring and improving services for their patients.
Our Commitment to Patient and Public Engagement

We consider ‘patient and public’ to include: patients and service users; carers, relatives and friends of patients; people living in the areas we serve; communities; patient groups and voluntary sector organisations. We engage with people as individuals and as part of groups and wider communities. We inform people, involve people and work in partnership with them.

In West London CCG we believe that PPE is the ‘active’ participation of public, patients and carers and their representatives in the development of health services and as partners in their own health care. Effective PPE gives local people real influence in how health services are planned, delivered and evaluated.

Our Goals for Patient and Public Engagement are:

✓ We will provide the opportunities, information and support people need to engage in the decisions that matter to them – ‘no decision about me without me’

✓ We will ensure that decisions taken by the organisation, including decisions regarding service delivery and development, are informed by patients and the public

✓ We will promote equality by ensuring our engagement with people who represent the diverse communities we work within; in particular making sure we are engaging effectively with those facing health inequalities

We have grouped our journey so far into four sections:

Individual Participation: people in control of their own care
Public Participation: communities with influence and control
Insight and Feedback: understanding people’s experience
Governance and Assurance: how we are accountable to the people we serve

Patients and public at the heart of care
Individual Participation

Primary Care Navigators:

Why?
The Primary Care Navigators (PCNs) have been introduced to support patients who have complex health needs and their carers, to make sure people feel in control of their own care and are able to make the best decisions and choices about their care.

What?
The Primary Care Navigators provide:
• Information and advice
• Support to co-ordinate care plans
• Help to reduce social isolation, and
• Improving planned take up of services

Making a difference
The PCN service was developed in response to recommendations from a group of local patients. Having started out as a pilot in one GP practice, the project is now made up of 11.5 navigators, which is approximately 1 navigator based in GP Practices across the CCG area per 20,000 population.

Connected Care:

Why?
A project to support people who have long term conditions to ensure they get the right care at the right time, close to home.

What?
Working with local charity Turning Point we recruited local people to become Community Researchers who conducted interviews with their peers by meeting and engaging with them in a variety of settings including; community centres, hostels and food banks. 145 interviews were conducted.

Making a difference
The project was able to reach and capture the views of people who are often seldom heard by commissioners. The team of Community Researchers provide an on-going resource as ambassadors and champions for their communities.

Primary Care Navigators in Action:

Mrs A is 83 and lives alone in sheltered accommodation. She moved to the area recently to be nearer her daughter, who also provides care for her. Mrs A was referred to the Primary Care Navigators in December 2013 by her GP.

An initial call to Mrs A found her very upset following her recent move and she had pain related to her current illness. She agreed to an introductory visit at home to see if there were any services that the Navigator could suggest that would help her.

During the home visit, Mrs A acknowledged that she spent a lot of time on her own as her daughter has a full-time job, and following a chat, she agreed to a referral for a Befriender. The discussion led on to the possible need for help from a private carer during the week, to take the pressure off her daughter, and provide another form of social contact Mrs A also gave consent to be referred to a new Low Vision Group being trialled by Age UK K&C. The Navigator also advised Mrs R about the local Breathe Easy group.

Mrs A has now been matched with a Befriender and is enjoying the weekly visits. She also took up the services of a local care agency and has used these visits to attend hospital appointments and visit the local supermarket and go for coffee. She was unable to attend the first Breathe Easy group in February, but has given consent for the Navigator to see if she can find another day to attend which does not clash with the day her carer comes. Whilst Mrs A does miss her old home, she is much happier now and no longer feels isolated.

People in control of their own care
**St Charles’ Health and Wellbeing Event:**

**Why?**
The event (in March 2014) was attended by over 400 people. The day offered a chance for local people to take part in fun family activities and to find out more about the services provided at the centre.

**What?**
Activities on the day included African dancing and exercise classes, gardening master classes, arts and crafts, and healthy eating advice for parents and children. The Chefs Challenge was popular which saw attendees challenge local chefs to a cook-off using local produce. The day also provided a chance to engage people in the range of health related volunteer opportunities and activities that are on offer.

**Making a difference**
Following feedback on the day, we are holding a weekly Saturday Morning Kitchen to look at healthy eating. This is linked to the community allotments on the site which work closely with the residents of the nearby Dalgano Estate.

---

**Diabetes Service User Group:**

**Why?**
The is a joint initiative across the Tri-borough area with Central London and Hammersmith and Fulham CCGs.

**What?**
The group provides a mechanism for direct patient feedback to NHS providers around diabetes care and management. Along with our partners we are committed to supporting the work that the group is undertaking and recognise it as a valuable tool for us to improve services for patients with diabetes.

**Making a difference**
We intend to commission the service from a local organisation as opposed to us hosting it directly. We believe that this will provide more robust and comprehensive support for the group and allow it to develop independently from the CCG. We have identified a host organisation that we also believe will support the group in attracting new members.

---

**Child Health GP Practice Hub:**

**Why?**
To ensure child health is linked up across all services and to promote healthy lifestyles, education and patient feedback, we have launched a child health GP practice hub.

**What?**
Working across practices in the North of the Borough, this pilot engages children and parents with a multi-disciplinary group. Sessions are held which focus on an education topic followed by a joint GP and Paediatric clinic. The hub will take place on a monthly basis.

**Making a difference**
A range of prevention and education materials have been developed including an Oyster card holder, insert and poster. In addition, all GPs have agreed to use a standard letter that is sent out following any non-emergency A&E attendance, to check on the patient, promote GP services and to gather patient feedback.
Carers Navigators:
Why?
You told us that family, friends and neighbours who act as carers often don’t get the support they need to keep themselves healthy and well.
What?
We developed a service to make sure carers are identified at the GP practice so that appropriate support can be identified and put in place.
Making a difference
The service is now being rolled out across the tri-borough of Kensington and Chelsea, Westminster and Hammersmith and Fulham.

Feedback from carers highlighted that a quarter of carers feel unable to access basic services with some feeling that it was a risk to their health.

WLCCG Governing Body report in Oct 2012 highlighted the need to enable carers to remain physically and emotionally well.

Recommendations put forward in the Carers Action Plan in Nov 2012 to provide free gym membership for carers across WLCCG.

Recommendations and issues are referred to the Finance and Performance Sub-Committee in March 2013 to identify resources.

The recommendations are discussed with the proposed provider and with the local authority, June 2013.

Feedback to Carers through Carers Forum and Carers Newsletter, June and July 2013.
To help us with our **plans for 2014 and 2015** we wanted to find out from the local population what the biggest priorities are and what ideas they had on on how to tackle these issues.

Together with local people, we identified the following priorities:

- Urgent Care
- Primary Care
- Patient Education and Support
- Integrated Care
- Mental Health and Substance Misuse

### Improving Access to Psychological Therapies (IAPT):

**Why?**

Originally, access was by GP referral only and this was creating a barrier for some local communities. People reported that they didn’t have access, didn’t want to speak to the GP or had concerns about being stigmatized.

**What?**

Feedback indicated interest in being able to go direct to the service. As a result there is now a self-referral pathway and more outreach taking place with the IAPT team.

**Making a difference**

Work done with The Forum at the Muslim Cultural Heritage Centre has really helped to inform this work, specifically looking at the needs of the Somali and Arabic communities. We are now developing training sessions for community groups and leaders to help them to understand what mental health is, to identify mental health needs and to develop systems and tools to help people who have a mental health condition.

### Partnerships with the Third Sector:

Working with the Third Sector is an important element of our approach to Patient and Public Engagement. We have commissioned support from a local Third Sector Forum and have a range of Third Sector partners on the Patient Reference Group to represent specific local and community interests.

Specifically, we have a good working relationship with Kensington and Chelsea Social Council, a local umbrella group who contribute to and support a number of our patient and public engagement initiatives. We have also commissioned support from them to run the West London Stakeholder group for the third sector that includes representation from Queens Park and Paddington.

### Mental health service user involvement:

The Commissioning Support Unit and West London Mental Health Trust are reviewing how best to support user involvement as we move forward; we have taken part in the process and highlighted good practice models to inform thinking. A member of the Patient Reference Group continues to attend the service user group meetings.
Public Participation

Patient Participation Groups:
Why?
By supporting local GP practices to set up a Patient Participation Group, we can make sure that local people can influence how their GP practice provides its service as well as seek feedback from all the practices to help us plan and commission the right services for local people.

What?
We have worked in partnership with Healthwatch Central West London to establish a project to develop our Patient Participation Group (PPG) network.

Making a difference
GP Practices in Kensington & Chelsea and Queens Park and Paddington have been meeting with their Patient Participation Groups. 31 practices have now produced a report for 2014/15 – each report includes a review of the good work practices have been doing with their PPGs over the last year, the views of their wider population, and the actions and changes they have agreed to take forward, following the patient feedback they have received. A specific need coming through from our work with Patient Participation Groups, as well as from our wider engagement with local people on what we should prioritise this year, was access to GP services. We have now rolled out our 7 Day Access service. A report on their developments has been created and includes some excellent learning that we plan to take forward.

The themes for change arising from the work with Patient Participation Groups are:
- Reduce waiting times
- Extended opening hours
- Patient information
- Improving customer service
- Community services promotion
- Online access to appointment booking
Patient and Public Engagement Toolkit:

Why?
To improve awareness of the benefits of PPE and help to embed PPE in the CCG. To provide commissioners with checklists and guides to make the right choices about the type and level of PPE activities that are needed in different situations.

What?
The Toolkit provides the CCG and CSU commissioners and others with the right understanding and tools to deliver effective Patient and Public Engagement (PPE) at the right level in all commissioning activities.

Making a difference
By using the Toolkit our commissioners can:
✓ Make services more accessible and appropriate to West London CCG’s diverse community.
✓ Improve patient and public understanding of commissioning and decision-making processes.
✓ Review and evaluate approaches to PPE.
✓ Improve dialogue and strengthen relationships between health practitioners and other partner agencies.

Training:

Why?
Enabling our local patients to understand what we do and how to get involved continues to be a priority for us. We have worked across the West London CCG Collaborative to joint commission a second series of training events.

What?
Based on the successful programme delivered in 2013, we hope to engage new faces as well as people who have been working with us for some time. By providing consistent training across the five Boroughs in the collaborative, we hope to develop skill and expertise across our patient and public communities to assist us in how we commission services.

Making a difference
People who have taken part in the training have learnt about the New NHS Landscape, Designing Services to Meet Local Need, Patient Involvement in Procurement, Measuring and Monitoring Services and Being a Patient Representative.

Small Grants

Why?
To support focused pieces of engagement about health needs with specific communities who are easily excluded from mainstream engagement activity.

What?
We received 36 applications from which 6 were chosen. These focus on people with Learning Disabilities, Young People, people with Long Term Conditions, people with Dementia and Migrant and Refugee communities.

Making a difference
The findings from the discussions in the groups are being used to inform planning for commissioning in partnership.
### Patient Experience Feedback:

**Why?**
Part of our requirement for authorisation was to implement a systematic method of patient feedback at practice level to inform our work on Quality and Safety.

**What?**
This has been built into the Commissioning Learning Sets and reports are made on a quarterly basis. Using a standardised patient feedback form, information is captured at GP practice level and passed to the Commissioning Learning Set facilitator. The facilitator compiles the information across the whole of the learning set area, with the findings sent to the locality manager for analysis. To close the loop, these key issues are reported to the Patient and Public Engagement Committee and the Healthwatch representative provides independent.

**Making a difference**
Key themes and trends are identified for the quarterly report that is sent to the Quality and Safety committee. The last two quarters have identified concerns with:
- Musculoskeletal Services and
- Podiatry

Providers have been asked to look into the issues and report back.

### User Involvement in the Procurement of New Care Homes:

**Why?**
A group made up of service users, relatives, next of kin, and representatives from other patient representative organisations met 4 times in 2013.

**What?**
They looked at what works well in care homes and what works less well and what future care should be like.

**Making a difference**
What the group said helped shape the Care Service Specification for the procurement process. Members of the group have since made site visits to the shortlisted bidders care homes with a representative from the Specialist Housing Strategy Team to help make sure the best service provider is selected.

### Complaints:
Complaints about services providers are an important source of feedback about the services we commission and how we commission those services. Feedback and reports about complaints go to the Quality and Safety committee and updates are provided at the PPE Committee to close the information and feedback loop to ensure actions and outcomes are pursued and implemented.
Clinical Commissioning Group Governing Body
Ultimately the role of governance of Patient and Public Engagement (PPE) sits with the Governing Body where we have Lay Members, (one with specific responsibility for PPE), a Patient Representative and Clinical Leads with a dedicated remit. The Governing Body meets in public. Members of the public can attend and contribute.

The PPE Committee
This Committee works across the CCG and engages with other CCG Committees and Groups to scrutinise and sanction PPE activity. Specifically the PPE committee has a link to the Quality, Patient Safety and Risk committee and there is an overlap in membership to ensure cross over and learning from patient experience in assessing and managing safety and risk. The Equalities Reference Group which works across the collaborative, reports to the PPE committee locally via the Engagement Officer.

The CWHHE Collaborative
This is a working arrangement across the 5 CCGs in the North West London area. We aim to work to deliver Patient and Public Engagement projects across the Collaborative wherever possible and meet regularly to ensure this happens. We are now working across all five areas to deliver the same training for patients and patient representatives.
The Patient Reference Group:

This is an important part of the way we assure ourselves that we are truly listening to, learning from and acting on what is most important to our local population. Membership is broadly representative across the West London CCG area and includes registered patients or employees of voluntary and community sector partners who are experienced in the field of public involvement and participation. The role of the group is to:

- Act as a voice for representatives of patients, voluntary sector organisations and relevant interest groups
- Provide advice on how best to reflect the diversity of the population in engagement activities
- Share knowledge of best practice approaches in engagement and communication
- Provide a link to the practice level Patient Participation Groups

What our partners have said

“Healthwatch CWL has been pleased to work in collaboration with West London CCG on a number of initiatives that embed the patient voice in commissioning health services for local people. We are involved in a number of ways across the organisation which helps us to ensure we can independently champion the voice of the consumer, directly influencing how services are commissioned on behalf of local people.” Christine Vigars, Chair of the Board of Healthwatch Central West London

“The Primary Care Navigators Scheme started as a small scale pilot, jointly commissioned by the Council and the Primary Care Trust back in 2010. It was hoped that if the service model worked well it would later attract GP support and the schemes striking success in delivering clearly evidenced health benefits has made this a reality. Working with the CCG in commissioning the roll-out now taking place means that older people in all parts of the borough will be able to benefit from this valuable and empowering service, with a real impact on improving lives across the whole community.” Toni Camp, Service Developments and Projects Manager, Royal Borough of Kensington and Chelsea

“I am wholly committed to patients and carers being at the heart and centre of all that the CCG does and think it is essential that patients are consistently part of decision-making. I think we are making progress with this goal in West London. Our public involvement is developing trust between patients, those representing them, voluntary sector organisations, clinicians and managers is vital and we need to continue to be transparent and open. We are working together more and the public engagement is growing.” Sonia Richardson, Patient Representative

“Meaningful patient and public engagement at such a crucial time is essential if we’re serious about putting the patient first. AgeUK Kensington and Chelsea has welcomed its involvement with West London CCG in forums where we can share our front line experience with decision makers at an early stage.” Cynthia Dize, Chief Officer, AgeUK K&C

Our working relationship with West London CCG has gone from strength to strength. I believe the value of the work we have done in collaboration demonstrates a commitment to the voluntary sector. My hope is that as the relationship continues to grow the strategic role of the voluntary sector as a key partner in the design and delivery of services will flourish. Angela Spence, CEO, Kensington and Chelsea Social Council
Conclusion and Next Steps

Whilst we are generally pleased with our progress in relation to Patient and Public Engagement, we recognise that there is always more to be done.

There are a number of steps we would like to take to help us to move further on our journey.

We plan to review our PPE strategy, so that we have a clear, coherent and evidence based approach that enables us to commission better services in a fully accountable way to local people.

Develop a clear plan of action. We are proud of much of what we have achieved so far, but some of our success has been ad hoc and incidental rather than planned.

We recognise and value the role our staff have to play in being champions for and on behalf of our patients and the public. We also value our staff as members of the public and patients of our commissioned services too.

We also see that good Patient and Public Engagement can be difficult to undertake and that skill and confidence is required across our staff and our patients and patient representatives if we are to follow through on our ambition of having the patient at the heart of all that we do.

We will look to ensure the people who work with us are able to learn and develop in their confidence to undertake PPE. We will model good practice and share this across and beyond our organisation.

Lastly, we are keen to develop an evaluation process so that we can be held to account by our patients, our public, our staff and other stakeholders, for the way in which we engage and the extent to which the engagement we undertake is genuine, meaningful and making a difference to the way we commission services. We will look to establish some good practice benchmarks against which we can measure and evaluate how well we are doing.