NHS

North Kirklees
Clinical Commissioning Group

Commissioning Intentions Event Report

Contents

Purpose of the event

NHS North Kirklees Clinical Commissioning Group (CCG) invited the public and representatives of voluntary and community sector (VCS) organisations to attend an event on Wednesday 29th January 2014 at 1.30pm – 3.30pm at Batley Town Hall.

The event had been arranged as part of the North Kirklees CCG planning round for 2014/15. Delegates were informed about the proposed commissioning intentions and high level strategic plans for the following work programmes:

- Primary Care
- Care at or Closer to Home
- Planned Care

As well as hearing a presentation about the CCG's proposed future strategic planning intentions, the public and VCS were asked to participate in discussion groups focused on the work programmes above.

The purpose of the discussion groups was to gain the opinions of the public and VCS regarding the proposed plans, and to gain insight into what works well and what could be improved for each of the work areas. Delegates were also asked how the CCG could improve engagement with the public and VCS when taking the priority areas forward.

Attendance at the event

Over 50 people attended, representing over 20 organisations. In addition to representatives from the VCS there were also a number of representatives from Kirklees Council who work closely with the VCS and were also keen to hear how the CCG wanted to work with the VCS in the future. See appendix A for a full list of the organisations that attended.

Presentation

Dr David Kelly delivered a presentation on North Kirklees CCG 'Proposed Strategic Priorities and Commissioning Intentions' - discussed the proposed priority areas for the CCG and high level strategic plans for the following work programmes

- Primary Care
- Care at or Closer to Home
- Planned Care

Discussion groups

Six facilitated discussion groups took place and notes were taken of each of the discussions (see appendix B for notes for each discussion group). Two discussion groups took place for each of the work programmes discussed. Each group was asked to discuss the same three questions:

1. What currently works well?

2. What could be improved?

3. How can you support us in achieving this?

The feedback gained through these discussions has been used to inform the development of the 2 year operational plan and the 5 year strategic plan (see next steps for further details).

Evaluation of the event

All participants were provided with a feedback form asking them to comment on the event. 21 completed forms were received. As can be seen from the table below the overwhelming majority of participants rated the event as being good or very good, with participants commenting:

"Really interesting - great to see CCG engaging with us all hope it guides the service development"

"The "your health, your say" network is a useful mechanism for engaging with and involving people in the community"

	1 Very poor	2 Poor	3 Good	4 Very good	5 Excellent
Introduction and welcome	2	2	6	3	2
NKCCG Staff Presentation	2		7	4	2
Discussion Groups	2		8	3	2

Next steps

The feedback has been used to inform the development of the 2 year operational plan and 5 year strategic plan, which set out the direction of travel for the future commissioning of health care in North Kirklees.

Specifically, a number of themes emerged from the feedback received at the engagement event, the table below sets out the action we have taken as a consequence of this feedback.

Primary Care

Feedback Received	Action Taken
There is a lot of disparity between all practices about what services they offer, how are we as patients expected to know all the services provided and what they should be providing	A sub-group of the NKCCG Primary Care Strategy Group has been established to review the variation which exists in primary care. Reducing variation is a key output within the Primary Care Strategy for North Kirklees
Now mobile /tablet apps exist that make you more involved in your care, there needs to be greater ownership by patients.	Using technology as an enabler for change features in all work programmes being undertaken by NKCCG. We have recently rolled out mobile technology for hypertension and obesity via the FLO project. The concept of self care is also a key driver in the operational and strategic plans of North Kirklees CCG. We are working with colleagues in Public Health to improve this.
Access is a major issue in primary as well as secondary care. Primary care is crucial as GP's are usually the first gateway to health care	A sub-group of the NKCCG Primary Care Strategy Group has been established to review issues with access to General Practice. Improving access is a key output within the Primary Care Strategy for North Kirklees
Benefit of confederation of GP's however this was seen as very resource intensive. Many GP's work in silo and this need to be addressed by the CCG	All 30 GP practices within North Kirklees have collectively formed a federation. The CCG is fully supportive of this model and the opportunities it creates for reducing variation in working practice.
There should be less dependency on secondary care; more investment should be put into primary care to stop patients accessing urgent care services. In the long run this will help reduce costs and will help to alleviate pressure on acute hospitals	As a CCG we recoginse that primary care is fundamental to the creation of a sustainable NHS for the future. Our 2 year operational plans and 5 year strategies focus on how we plan to transform and strengthen primary care.
There should be a lead person for every older person and the family should be involved as well. It was felt that it was important have named GP and that family members should be able to discuss with them the care of their	This is a key function within the care at or closer to home model we are currently developing as a membership organisation.

family member. It was noted that having access to a care navigator would be immensely helpful and clear understanding of the community matron role	

Care at or Closer to Home

Feedback Received	Action Taken
CCGs to involve 3rd sector organisations (e.g. Healthwatch) to gather feedback from community and building on existing relationships.	We are taking steps to strengthen our relationships with the 3rd sector, including Healthwatch. We aim to work with Healthwatch to gain insight into the needs of local communities to improve services for the future.
Ensuring patient has knowledge of 3rd sector organisations and statutory organisations (which would hopefully reduce the pressures on A&E)	We are working with Kirklees Council to develop a self care hub. This will include a directory of all services available to patients, inclusive of the 3rd sector. We hope that this will assist patients in navigating the system to ensure that they are seen by the most appropriate person.
Infrastructure not in place to release patients from beds, the patients don't need to be in hospital but care and facilities not in place for home care. Families believe they can facilitate but are unable to.	Through our integrated service model we aim to strengthen and enhance community services. As part of the plans for the 'Meeting the Challenge' Mid Yorkshire Clinical Services Strategy, no beds will be removed from Mid Yorkshire until the community service model is in place.

Planned Care

Feedback Received	Action Taken
Have to travel out to Pontefract for some specialist appointments, this use to be in place at Dewsbury Hospital, but they don't seem to visit there as much anymore A lot of the referrals become confusing for patients, as they will receive numerous	Through the Mid Yorkshire Clinical Services Strategy we plan to repatriate the vast majority of outpatients to Dewsbury District Hospital unless there is a very specific clinical reason i.e access to specialist equipment which prevents this.

Feedback Received	Action Taken
letters/appointments. This means that some patients who have attended appointments but were not logged as attending end up with many letters saying they missed there appointment, leaving the patient wondering whether they attended and if they need to go back in again	We are also working with Mid Yorkshire NHS Hospital Trust to improve their performance against the 18 week pathway. Their internal improvement plans include a review of their appointment booking processes.
The IT systems between the trust and general practice not talking to each other and not the right information getting across.	Improving IT communication and sharing of information between organisations is a key enabler within our future plans. We have recently met with TPP who develop SystmOne to investigate how we take this forward.
0844 number is not FREE	We have undertaken a piece of work with our GP practices to ensure that they are using local numbers instead of 0844 numbers. We have also passed this feedback to Mid Yorkshire Hospitals

One of the main themes in terms of feedback received was that you wanted more opportunities to contribute to the future plans for the CCG. As an organisation we recognise and value the importance of involving the public in developing our future plans. Therefore, we have pledged to hold regular events to inform you of the progress we are making in transforming health care locally, and to engage you in shaping the next steps. The first of these will be at our Annual General Meeting in September 2014. The dates of this event and future events will be confirmed shortly.

Another key theme from the feedback received was that local voluntary and community organisations wanted more opportunity to promote their services to local care providers and educate them on how the work they do can complement health care provision and improve outcomes for patients. We have taken this feedback on board and are increasing opportunities for voluntary and community organisations to promote their services at our GP and Nurse Forum events. In addition to the market place stands already available for organisations to book onto, we will be inviting organisations to speak at Forums, where the work they undertake fits with the other topics which will be discussed.

Appendix A

List of organisations represented at the event

1	Action on Hearing Loss
2	Albion Mount Surgery
3	Alzheimers Society
4	Arthritis Care
5	Community Partnerships
6	Growing Works
7	HealthWatch Kirklees
8	Home Group
9	Kirklees C&A
10	Kirklees Council
11	Legacy Sport
12	Lifeline Kirklees
13	North Kirklees NHS Support Group
14	Mears Home Improvements
15	P.J's Health and Fitness
16	RCCC
17	Richmond Fellowship
18	Stroke Association
19	S2R
20	United Response
21	Women Centre Kirklees
22	Yorkshire Children's Centre

Table 1 - Primary Care

Viv Nicholson (NKCCG), Dr Nadeem Ghafoor (NKCCG GP Member), Zubair Mayet (WSYBCSU), 2x Richmond Fellowship, 2x Legacy Sport CIC, Kirklees Council (Young People Service), 3 x members of public

What currently works well?

- In partnership with my local GP I have run a very successful pilot in Cleckheaton where patients can be referred onto Slimming World. This has helped a high number of patients to lose weight and has helped in improving their health and well being. However once we started charging for the service when the funding runs out, attendance dramatically reduced. More support is need in sustaining projects like these beyond its year duration.
- Practice websites are a very good portal of information for GP Practices, however more support is needed for the elderly and vulnerable that doesn't always have access to computers or are unable to finance the required equipment. For patients with limited access to IT they need more information in hard paper copies.
- More practices are offering extended late night and opening hours.
- NKCCG are currently in discussion of commissioning a 24/7 primary care hub in North Kirklees, this will be an ideal central point and would reduce pressure on secondary care.
- I have had difficulty getting an appointment with my GP, this is more so when I want to see a particular GP. The concept of a named GP for the over 75's is a step in the right direction
- Many practices have utilised Dr First, this is an ideal start.

What could be improved?

- There is a lot of disparity between all practices about what services they offer, how are we as patients expected to know all the services provided and what they should be providing.
- I need to know more about what GP services can offer, they need to advertise the range of services. This can be done through various ways, ranging from posters to marketing services on their practice website
- Schemes that NKCCG commission such as the PALS Scheme, how are they evaluated?
- Now mobile /tablet apps exist that make you more involved in your care, there needs to be greater ownership by patients.
- Information needs to be accessible, timely and greater consideration should be given to different needs of communities.
- Getting GP's to work in a different way is very challenging with the same resources. Also in reality there is a cut in funding with ageing population and increase in price of technology.
- Access is a major issue in primary as well as secondary care. Primary care is crucial as GP's are usually the first gateway to health care

- There When commissioning this 24/7 primary care service , access should be considered as a priority and how easy it is to get to via public transport as well as car
- was a discussion on benefit of confederation of GP's however this was seen as very resource intensive. Many GP's work in silo and this need to be addressed by the CCG
- Access to dentist is a major issue; this is locally as well as nationally.
- The Information systems in NHS need to talk to each other, System One is a good system but there are barriers. When sharing information between NHS departments due diligence should be given to Data Protection and Confidentiality
- Patients should be kept informed about choices in the NHS. More information should be provided about alternative non emergency services such as pharmacies, walk in centres and so forth.
- There is not enough use of social media in the NHS, I understand it has pitfalls but it is an ideal mechanism for reaching out to a wider population.
- Nowadays you can have telephone consultations with your GP's this all helps in reducing pressure as well as being flexible for the patients. This is especially popular for young people who don't always access the appropriate services
- There should be less dependency on secondary care; more investment should be put into primary care to stop patients accessing urgent care services. In the long run this will help reduce costs and will help to alleviate pressure on acute hospitals
- Reception staff act as gate keepers to getting appointments, they often ask probing questions that are not appropriate to be discussed.
- I was not aware my practice has a patient reference group, CCG's should promote patient groups more and how they feed into the CCG.
- There are barriers to registering with GP as many patients find it to complicated and onerous.
- A culture shift needs to exist in patients and professionals. You cannot have one size fits for all in the NHS; more bespoke services are needed and should be provided accordingly.

How could you support us in achieving this?

- As a provider of community care services, more opportunities should be provided to network with GP's and promotes our service. Having a stand at Practice Protected Time is an ideal opportunity but these only occur bi monthly and there is only slots for two organisations on the day
- There is a crucial role for the community and voluntary sector in the provision of care closer to home agenda.
- How do organisations become approved providers, CCG's need to offer guidance on this and the process to follow to become Any Qualified Providers?
- CCG's need to look at different services that are provided in the local area and need to promote them if it helps to achieve their commissioning priorities.

- We as organisations need to work better at demonstrating our impact on how our service helps to achieve prevention of hospital admissions and keeping people healthier.
- There are patients that access health care services that do not need to be seen so frequently, the 'worried well' all add pressure on the system. There needs to be shift in entitlement culture

Table 2 – Primary Care

The facilitator gave an overview of various projects and schemes that North Kirklees CCG was planning to undertake or had undertaken and asked the group to comment:

- ***GP Extended opening hours scheme:*** group members were concerned about the monitoring and evaluation process. They wanted to know what equality and diversity monitoring had been undertaken in order to understand who had accessed the service and whether there were any gaps. They were concerned that some people may not have been able to access the service and used Accident and Emergency instead. Representatives from the RNID and Hear to Help this was particularly relevant for people who were deaf as they felt that members of their community often accessed A & E rather than their GP because of communication difficulties. The facilitator explained that they would only be assessing numbers but that it was a good suggestion regarding the equality monitoring that they may need to look at. Group members want to know whether the evaluation report would be made available to the public.

  Someone within the group asked what was the difference in patient experience for deaf people between accessing the GP or A&E? It was explained that A&E usually has loop system, interpreters and all translators available. They are more likely to get an interpreter in A&E than at their GP.

  They felt it would be useful to be able to have video phone service available at GP practices as this would reduce A & E attendance.

  - The facilitator also mentioned cluster working, multi-disciplinary team meetings, care planning, reviews, and health checks. No one had any comments to make.

What currently works well?

The sharing of electronic information between services works very well. A member of the group had received excellent care from the walk-in centre. They felt that the GP and walk-in centre communicated very well making sure that they had received good continuity of care. Using text other communication tool for appointments was considered an excellent way of communication as well and should be used more often. The group also liked the extended opening hours at GP practices but felt it should have been extended to more practices.

What could be improved?

- The group felt that the GP extended opening hours scheme was very well advertised by Greater Huddersfield CCG but could have been advertised better in North Kirklees. The facilitator explained that there was only a small number who are able to provide the service for 12 of the 13 weeks that the scheme had to run. Due to short timescales the advertising could have been improved but was left to the practices to do. Some of the group felt that extended opening hours was a priority.
- Other members felt that it was often unclear as to where someone should take their health condition, should it be the GP, A&E, walk-in centre or the local pharmacy? It was felt that the availability of GP services is an issue. A member of the group said that this might improve as they were going to introduce an improved triage system at Dewsbury Hospital and a different way of working around the walk-in centre and A&E.
- There needs to be a better way of producing appointment letters from hospital for follow-up appointments. The standard letter does not inform a deaf person or anyone else whether an Interpreter has been booked, this needs to change. Consequently some people who require an interpreter may not attend appointments because they have no way of knowing if one will be provided. The current system apparently will not allow such information to be added. There is also a long delay for BSL interpreters to be booked. Consequently family members are often relied upon to interpret. Hard of hearing people are who are usually older people need a loop system, clear pronunciation and face-to-face communication. There also needs to be better signposting to support services from GPs and a better understanding of the needs of deaf and hard of hearing people. Healthwatch commented that they had undertaken some work recently regarding the deaf community and access to health. The representatives from RNID pointed out that their 'Hear to Meet' service could support education and advice around such issues.
- The discussion was had about what people felt primary-care so itself as doing. The responses were: anything that is not an emergency or requires hospital treatment that that 24-hour seven-day week primary-care/GP services was impossible, managing conditions, teaching people how to look after their own health and meeting individual needs.
- It was suggested that there should be GP champions who champion long-term conditions and train other GPs about these conditions.
- There should be a lead person for every older person and the family should be involved as well. It was felt that it was important have named GP and that family members should be able to discuss with them the care of their family member.
- It was noted that having access to a care navigator would be immensely helpful and clear understanding of the community matron role.

Is there anything you can do to help this?

- We would like to be involved in the procurement and tendering processes to ensure that they are accessible. Accessibility needs should be put into contracts of providers and patients should be involved in the whole process.
- Members of the group felt that there was a lack of information about how to join their practice reference groups. Someone asked if Healthwatch could run them? It was explained that there are a variety of ways for patients to be involved either with their practices or with NKCCG. It was also explained that this was already supported by West and South Yorkshire and Bassetlaw Commissioning Support Unit
- The RNID representative felt that the Audiology services needed additional support. They said that often people had problems with their hearing aids so didn't use them and that there needs to be time to explain how to use them. Their group Hear to Help could provide that support to enable people to use a hearing aid is better, provide support through lip reading classes and provide after-care. However they needed funding and there was no formal referral process at moment.

Additional comments made about the need to:

- improve communication about services/signposting;
- improve joined up services discharge from hospital and accident and emergency;
- Provide care closer to home; and
- Be able to provide recommendations of alternative therapies including things such as bibliotherapy. Do GPs know what kind of alternative support groups et cetera they could send patients to?

Table 3 – Care at or Closer to Home

What currently works well?

- Voluntary sector- there are good network of services among voluntary organisations e.g. forums etc.
- CCGs are small so are localized and are working by keeping patients at the heart of all decisions.
- Some GPs in NK triaging patients via web or phone to determine the patient's condition.
- PRGs currently functioning within surgeries and can be a navigation tool.

What could be improved?

- Not everyone is aware of PRGs, every surgery should have a poster showing what it means and how someone can get involved.
- Not all people would be confident enough to raise issues in their practice PRG, so alternatively they can provide feedback to Healthwatch.

- Exploring ways to get constructive feedback from the patients to find out in which manner they can be supported. This should involve all the GPs in the area.
- CCGs to involve 3rd sector organisations (e.g. Healthwatch) to gather feedback from community and building on existing relationships.
- Use resources of all organisations and work in integration.
- Providing low cost preventative work for overall money saving. Intervention by the right agency helps all and save time and money for emergency services. For example, if someone fall in their own home and are not hurt, rather than an ambulance going to assist the person and then taking them to hospital, Assistive technology (Kirklees Council) can visit them and provide support.
- Better communication among services especially within same hospital to reduce waiting times and to provide a better service.
- Patient needs to have confidence in the service and feel protected.
- More representations like Doris's story- better day to day support at home.
- Better management of how services are provided.
- If people have multiple issues, it is difficult to provide support therefore more integration of services is required.
- Ensuring patient has knowledge of 3rd sector organisations and statuary organisations (which would hopefully reduce the pressures on A&E)
- All GPs to get involved in events of other health organisations and have understanding of voluntary sector services and how they can be used to provide better care for the patient. This could mean that patient receive the support they require closer to home and would in return reduce waiting times for people who need the care in hospital.

How could you support us in achieving this?

- 'Better in Kirklees', similar to community partnership organisation can support people to be active and get involved in community. It has three hubs within North Kirklees- Batley, Ravensthorpe and Dewsbury. This can be used by all organisations and would reduce number of people turning up at GP surgeries.
  http://www.kirklees.gov.uk/community/money/communityfunding/communitypartnerships.shtml

- Collective working among GPs and other health and social organisations. Due to bureaucracy within surgeries, it is difficult for voluntary sector organisations to represent themselves to the GPs without going through receptionist, practice manager etc.

- Care navigation- Care navigators should be brought in who come from voluntary sector and be assigned to a GP practice. GP would then be able to make referrals into the voluntary sector.

This will allow a more holistic assessment for the patient and will reduce people missing through the net. It will also free up GP time.

Group identified three major avenues which should be explored by the CCG, they were:

- Care navigation- for holistic assessment of patients
- CCGs using existing organisations (voluntary) for feedback from service users.
- Exploration of new technology e.g. assistive technology.

Table 4 – Care at or Closer to Home

Sarah Bow (NKCCG), Kirsty Wayman (WSYBCSU), Mears Home Improvements x 2, Growing Works, Women's Centre, United Response, Honeyz Diabetes Support Group, S2R, Kirklees Community Partnership and a member of the public.

4 main issues were:

- People struggling to access / know about services.
- Funding provided to VCS by NKCCG has changed and the new system seems to be limiting opportunity. Need to ensure VCS receive clarification on funding opportunities.
- Appears to be a lack of awareness from the commissioner with regards to the services that currently exists which is leading to duplication of services.
- NKCCG are one of the best CCGs for involving, engaging with communities.

What currently works well?

Gateway to Care, Physical Activity Leisure Service and Care Navigators.

Once access a service it works well, the difficulty is accessing them and knowing about them.

NKCCG are one of the best CCGs for involving, engaging with communities. The CCG listens and gives the VCS opportunities to give feedback and is significantly better than other CCGs.

What could be improved?

Lack of awareness of existing support groups, groups even struggle to raise awareness of their own organisations.

People arrive at services quite late, when their problems are worse and if they had had accessed services sooner the support could have been more preventative. GPs don't share information about support available, GPs need to realise that need a holistic approach to support / help, it doesn't have to be a medical response.

GP is the gatekeeper to other services and this isn't working it needs to be someone else signposting and supporting. Can't expect GPs to know everything. Funding is reduced and the focus is on the front line care therefore need middle / link person / care navigator to direct patients to the right organisations.

CCG leads could have responsibility to champion groups that support their area of interest, could have PPT condition specific events with relevant VCS attending.

Funding provided by NKCCG for the VCS has changed. There is uncertainty as to whether the new system is an improvement but does feel like they are worse off as now only have one pot of money to bid for with limited scope. The larger projects can no longer be funded, where do VCS go now for funding for larger projects?

How could you support us in achieving this?
VCS would be really keen to be involved in condition specific events / engagement to help develop plans and give views. In turn the VCS can ensure that they look at developing services that meet the needs for the CCG. But how do the VCS know what the gaps in the market are?

Questions

- Does the CCG publish an annual procurement programme for the forthcoming year to enable groups to know what opportunities are coming up?
- How do VCS find out about tender opportunities?
- Who looks at what is already provided to ensure that don't duplicate services?
- VCS collating clinical evidence but don't feel can feed this back to CCG to demonstrate clinical evidence / difference that has been made. Would CCG consider commissioning focused local research to support outcomes?

Table 5 – Planned Care

What currently works well?

- Care for stroke within the area is excellent – The consultant has to be involved with all areas of care for that patient
- The 'Ambulatory Care' work that's in place are having great feedback and would be encouraged to expand and continue with this
- The talk of there being the possibility of video calls to patients is very encouraging
- In some cases doctors have called patients to speak to them directly, this is very reassuring as it means the information is not passed on through specialist/junior doctor/nurse meaning that information is not lost(i.e. leaving the carer unclear as to what conditions a patient has)

What could be improved?

- Unclear as to how the planned action will be put in to practice
- There is a need for more 'Admiral Nurses', only 4 are commissioned at the moment, Which means they can only spend 30/60mins with patient (Around Dementia)
- A lot of minor issues are becoming worse as the patient is being moved around facilities but not being treated straight away
- Have to travel out to Pontefract for some specialist appointments, this use to be in place at Dewsbury Hospital, but they don't seem to visit there as much anymore
- Infrastructure not in place to release patients from beds, the patients don't need to be in hospital but care and facilities not in place for home care. Families believe they can facilitate but are unable to
- More local services (local Practice), having to go out of there way for care
- Services are not always clear as to what's available, i.e. After a bereavement, signposting as to where there is support not clear, needs to be more low level support (signposting/therapy)
- More referrals to other specialist GP's locally
- A lot of the referrals become confusing for patients, as they will receive numerous letters/appointments. This means that some patients who have attended appointments but were not logged as attending end up with many letters saying they missed there appointment, leaving the patient wondering whether they attended and if they need to go back in again
- When ringing in through phone lines it's very difficult to get through and also becomes quite costly if left waiting on the line for a while
- Not all information is passed from one carer to another this can result in appointments overlapping

Questions

- Are patients able to ring up and find out if beds are available?
- There are Sure Start centres that are up for review, they are worried that they may now close

Table 6 – Planned Care

<u>Planned Care</u>

- People are not aware of the services; need someone to monitor this and find out what is working well and having awareness of what's out there
- Have one lead partner between voluntary/ 3rd sector organisations
- Need to look at those that are not engaging and get them engaged
- Getting services closer to home due to patients finding it difficult to access, not liking the hospital and parking being an issue

- A lot more appointments made for North Kirklees patients at Pinderfields
- Realistic appointment times
- Needs to be a culture change and education to the public around their care
- Send a booklets/leaflet to patients for those with appointments advising on the problems
- The IT systems between the trust and general practice not talking to each other and not the right information getting across.
- Issue with different individual needs e.g. deaf/blind – cannot read a letter, hear the doorbell/ambulance
- Care records not being updated between trust and general practice
- A system to be in place for PALS at the hospital
- 0844 number is not FREE
- Social aspect – patients wanting someone to talk to
- Telephone follow up appointments rather than face to face
- Telephone appointments to check how patients are

Main issues that arose:

- Transport
- Languages/disabilities
- Appointment centre
- Telephone number
- Clarity of services communication
- IT systems

Appendix C

Evaluation of the event

Please tell us, on a scale of 1-5 how you rate the event:

	1 Very poor	2 Poor	3 Good	4 Very good	5 Excellent
Introduction and welcome	2	2	6	3	2
NKCCG Staff Presentation	2		7	4	2
Discussion Groups	2		8	3	2

If you have any further comments to make about the event please use the space below.

- Really interesting - great to see CCG engaging with us all hope it guides the service development.
- The "your health, your say" network is a useful mechanism for engaging with and involving people in the community
- My first involvement this didn't feel as involved as I would like to be. I hope continue attending engagement events however, topics discussed where very positive
- Speedy feedback to volunteers/ orgs. and this discussion as it unfolds potential funding/ commissioned process
- Useful, but must be more
- This should be much more widely publicised there was a large voluntary sector/ business representative this needs to be balanced with more members of the general public
- How can you evaluate the services that are put in place because it will involve going into people's houses to monitor care or one to one interactions, care home & care business staff sometimes abuse the situations e.g. Using clients phones/time to book other sifts with managers etc.
- Good ideas discussed it would be nice if they could be achieved.
- We need more NHS dentists
- Robertown has neither a pharmacy or a GP surgery (people have to travel to the lower end of Liversedge – surprising for such a populated area)
- Choices vary widely between GPs & there needs to be some parity of provision
- As patients (and businesses!) we need to know what services individual practices offer & how to access them – suggested that posters should be placed in each surgery, outlining what those services are – so we could visit doctors/nurses with prior information (& differentiate between the two – so as not to 'waste' a doctor appointment unnecessarily)

- We were informed of how effective PJs Gym & Slimming World were as services & about how they could be more used; the representative of these two businesses was seeking to develop this link
- There was much discussion about how other interested businesses could get involved/funded to also provide services e.g. gyms
- The need for some kind of quality assurance/regulation of outside/new providers (see above two points) was raised several times
- One thing we didn't discuss was what access such 'providers' (see above two points) would have to a patient's medical records – very much a 'live' concern at the moment – we very much objected to open access to our records in the other contexts which were discussed

If you did not get a chance to discuss your question(s) or want a written response, then please use the space below to ask?

- How much will this be passed on to SWYT who are currently undertaking transformation events some points are relevant to all changes
- Further clarification on application for commissioned activities through CCG not community partnership
- Is there a GP lead or group for mental health?
- Recent commissioning from Kirklees is focused on people on CPA (care programme approach) - this is likely to leave people without support if they are not on CPA. This seems important for prevention that support is available early, rather than waiting until depression/anxiety etc become more serious. It would be good to find out what GP's see as being useful services from the 3rd sector. What else is needed? What Works?
- Timing needs re-thinking to include the wider community who work etc. advertise in local paper.