Patient and public engagement
Annual report
April 2013 - March 2014

For longer, healthier, happier lives
# Contents

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and background</td>
<td>4</td>
</tr>
<tr>
<td>Our approach to engagement</td>
<td>4</td>
</tr>
<tr>
<td>Patient and public engagement: how to get involved</td>
<td>5</td>
</tr>
<tr>
<td>Communications &amp; engagement strategy group</td>
<td>9</td>
</tr>
<tr>
<td>Francis Report engagement</td>
<td>10</td>
</tr>
<tr>
<td>Voluntary and community sector event</td>
<td>11</td>
</tr>
<tr>
<td>Meeting the Challenge consultation</td>
<td>13</td>
</tr>
<tr>
<td>Meeting the Challenge – Business case engagement</td>
<td>16</td>
</tr>
<tr>
<td>Care homes engagement</td>
<td>18</td>
</tr>
<tr>
<td>Patient participation direct enhanced services (DES)</td>
<td>20</td>
</tr>
<tr>
<td>School House practice engagement</td>
<td>21</td>
</tr>
<tr>
<td>Call to Action engagement</td>
<td>23</td>
</tr>
<tr>
<td>Wheelchair services engagement</td>
<td>26</td>
</tr>
<tr>
<td>Commissioning intentions event</td>
<td>28</td>
</tr>
<tr>
<td>Care closer to home engagement</td>
<td>31</td>
</tr>
<tr>
<td>Voluntary sector and community engagement</td>
<td>34</td>
</tr>
<tr>
<td>Equality delivery system (EDS)</td>
<td>35</td>
</tr>
<tr>
<td>Engagement activity planned for 2014-2015</td>
<td>38</td>
</tr>
</tbody>
</table>

Appendix 1 - Legal Duties for CCGs in relation to Patient and Public Engagement

Appendix 2 – List of meetings held with voluntary and community sector groups
Acknowledgements

We would like to thank all of the individuals and organisations who have taken part in our consultation and engagement activities during 2013-2014 and shared their experiences of using local services. Your contributions have helped to inform our commissioning decisions, ensuring your local NHS continues to provide quality and responsive services.

This report gives us the opportunity to tell you what consultation and engagement activities have happened over the last year, what you told us in those consultation and engagement activities and what we have done with the comments you made.

Links to further online information about NHS North Kirklees Clinical Commissioning Group (CCG) and our engagement activities have been included in this report.
Introduction and background

NHS North Kirklees Clinical Commissioning Group (CCG) was formally established as a statutory body in April 2013. The CCG is responsible for planning and buying (commissioning) a range of local healthcare services and ensuring that people who live in North Kirklees have access to high quality health services that meet their needs.

In 2006, patient involvement was strengthened by the NHS Act. Sections 242 and 244 of the Act placed a duty on NHS organisations to involve and consult local people and stakeholders in the planning and development of services.

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners function. These amendments included two complementary duties for Clinical Commissioning Groups (CCGs) with respect to patient and public participation and also a duty to promote the NHS Constitution which was refreshed in 2013.

It is good practices for CCGs to provide ongoing and annual updates on their public involvement and engagement activity. NHS England has given CCGs the freedom to report on involvement carried out during the period between 1 April 2013 and 31 March 2014 in a way which meets their needs. However, they will be producing guidelines which reflect best practice in time for reporting on 2015/16 activity.

This report provides an overview of the involvement and engagement activities that have taken place over the past year (from 1 April 2013 until 31 March 2014) and includes a summary of what people told us, what the outcome was and where you can find further information. It also includes details of some of the consultation and engagement activities planned for 2014/15.

When reading this report you should bear in mind that in some cases, work is still ongoing. Therefore we have not been able to explain the full extent of our actions in relation to the feedback received. However, this detail will be available in a subsequent report.

Our approach to engagement

The views of patients, carers and the public matter to the NHS and to North Kirklees CCG. We want to involve them, as well as doctors, nurses, other healthcare professionals and managers in the decisions we make. By working with patients, carers, patient organisations and the public, we are able to develop services which meet the health needs of our community.

“A high-performing organisation does not see involvement as an isolated activity or a hoop to jump through. It sees its users as a valuable source of information, who are able to provide an insight into their needs and wants, and feed back on their experiences.”
We have a Communications and Engagement Strategy which sets out our plans for the next three years. The strategy demonstrates that we are committed to actively engaging with patients, the public and other key stakeholders to ensure that we commissioning (plan and buy) healthcare that meets the needs of our population. By listening to patients, and learning from their experiences we can understand what really matters to people.

We want to make sure we hear from all the people and communities in North Kirklees - everyone’s opinion matters to us. We understand that the way we ask people to share their views can make a big difference to who responds, so we have to make sure that we design our 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 will be looked into and plans made to address them.

The Annual Report for Involvement is our opportunity to present the work undertaken, catalogue our activities and present any changes undertaken as a result of this work. This report will be published on our website and circulated to all practices and key stakeholders. We also have a number of other mechanisms in place to manage our engagement activities and gather your views, these are highlighted below.

Patient and public engagement: how to get involved

If people would like to get involved in the development of new and existing services and share their experience, they can join our engagement database. We contact people on this database when an opportunity arises for them to get involved. This can range from being part of a discussion group, completing a questionnaire, joining a service user group or telling us what they think about some of the documents we produce.

There are other ways for people to share their views, for example:

**Local patient reference groups (PRGs)** - the building blocks for engagement at practice level. Each GP practice can establish a group made up of patients who are interested in engaging with their work and other registered patients.

**Patient reference group network (PRGN)** - The PRGN has been set up by NHS North Kirklees CCG as a forum to gather together representatives from each of our member practices’ patient reference groups (PRGs). The PRGN meets quarterly to learn more about our plans, consider and debate proposals and engage with us on decision making.

**Healthwatch Kirklees** - an independent, statutory organisation that was established in April 2013. It plays a role in representing the views of local people. Healthwatch Kirklees is run as a social enterprise and is independent of Kirklees Council and the NHS. Partners in the consortium which
run Healthwatch Kirklees include Barnardos, Yorkshire, Voluntary Action Kirklees, Age UK, Mencap in Kirklees, Huddersfield Mission and Cloverleaf Advocacy. You can access information about Healthwatch at www.healthwatchkirklees.co.uk

**Relationship matrix** - maintaining our database of community and voluntary groups; developed to ensure that we engage with a broad range of groups including those representing the nine protected equality characteristics.

**Communications and engagement strategy group** – our assurance group which includes representatives of local third sector organisations, who make sure we meet our statutory duty to engage.

**Meeting the Challenge patient and public advisory group** – This group was formed in 2012 specifically to have oversight of the Clinical Services Strategy and the Meeting the Challenge consultation. Individuals on this group are representative of the geography covered by Mid Yorkshire Hospitals NHS Trust and services that could be affected by the reconfiguration of hospital services.

**Our Street – virtual engagement** - Our Street is a virtual, web-based engagement tool designed to help service users and the general public understand how services will be organised in the future.

**NHS North Kirklees CCG website** - The website provides a wide range of information about our work and includes reports on all our engagement and involvement activity. You can also find out more about upcoming events and opportunities to get involved.

**Patient advice and liaison service (PALS)** - PALS helps 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 North Kirklees:

- Providing the public with information about the NHS and helping with any other health-related enquiry
- Helping resolve concerns or problems for those using the NHS
- Providing information about the NHS complaints procedure and how to obtain independent help if the person decides they want to make a complaint
- Providing information and help for example: support groups outside the NHS
- Improving the NHS by listening to concerns, suggestions and experiences ensuring that people who design and manage services are aware of the issues raised
- Providing an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.
Governing body meetings - The CCG holds regular governing body meetings and an annual general meeting (AGM). These are open to members of the public and include an opportunity for those attending to find out more about what the CCG does, hear stories from patients, and ask questions.

12 governing body meetings were held in 2013-2014. An AGM is planned for September 2014.

Papers are made available online prior to meetings and public feedback is considered in the development of future polices and wider services in the CCG.

Details of dates, venues and papers for Governing Body meetings can be found here: http://www.northkirkleesccg.nhs.uk/about-us/meet-the-governing-body/governing-body-meetings-and-papers/

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. NHS North Kirklees CCG reviews the feedback posted on these sites on a regular basis.

National and local surveys - National and local surveys take place throughout the year from various providers and local GP practices. Patients are encouraged to contribute to these surveys. The public can use surveys to have their say about current services and NHS North Kirklees CCG is able to use the findings to understand the patient’s view of services. In addition, surveys can be used collectively to inform commissioning decisions.

Service re-design and procurement activities - Throughout the year we actively promote opportunities for people to become involved in the decision making process, including taking part in procurement panels.

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

The communications and engagement strategy group was established in 2012. The primary focus in its first year was to establish the role and purpose of the group whilst supporting the CCG to develop its communications and engagement strategy and work plan.

The group meets on a quarterly basis and members are drawn from across North Kirklees to provide representation of patient views and opinions and to inform commissioning arrangements, business planning and to identify possible improvements.

The communications and engagement strategy group provides a single recognised structure to oversee the delivery of communications and engagement activity and ensure impact and change is demonstrable both internally and externally.

Who’s on the group?

Current membership includes:

- The Lay Member of the CCG Governing Body with patient and public involvement role
- Third representative
- Practice manager representative
- Kirklees Council
- Kirklees Healthwatch
- CCG officers
- Engagement Officer from the CSU Engagement Team

What did it consider?

The communications and engagement strategy group considered these areas:

- The development and ownership of the communications and engagement strategy
- Ratifying communications and engagement procedures and policies
- Oversight of the development of communications and engagement action plans and to ensure that progress is monitored and impact measured
- Ensure a patient centric focus to all commissioning decisions including the promotion of patient choice
- Receive and review periodic reports on the progress and effectiveness of communications and engagement;
- Report to the CCG on progress, activities and recommendations; providing assurance to the Board that statutory requirements are being met
- Champion engagement throughout North Kirklees and enable patient feedback to influence planning and commissioning arrangements
- Opportunities to work in partnerships with the local authority, Health and Wellbeing Board, Healthwatch, third sector organisations and other CCGs around communication and engagement of patients and the public.
**What did the Group do?**

Members of the communications and engagement strategy group provided feedback on any papers presented at the meeting as an ongoing process. Feedback is reported in the minutes, which are subsequently reported to the governing body of the CCG. An outline of the business conducted during the first two meetings is below:

November 2013 - first meeting setting up the group and agreeing terms of reference.

February 2014 – received presentations as follows

- Healthwatch
- Self care hub
- Quality strategy
- Key transformation areas
- Primary care update

**Where can you find more information on this work?**
The terms of reference for the group and the communications and engagement Strategy can be found at [http://www.northkirkleesccg.nhs.uk/get-involved/](http://www.northkirkleesccg.nhs.uk/get-involved/)

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**Francis Report engagement  April 2013**

Following the 2013 Francis 2 Report into hospital safety, North Kirklees CCG ran a public event to learn if services were considered safe from a patients/relatives perspective.

**Who did we engage / consult?**
A discussion group with members of the public was held to gain their views on how services commissioned by North Kirklees CCG could be improved.

**What did we ask?**
The event allowed NKCCG to directly ask patients/relatives about four key areas:

1. What has not worked and what are you concerns?
2. What was working?
3. What one area would they want to know more about?
4. What should NKCCG put in place to make positive differences?

**What did they tell us?**
Patients expressed concerns about the following:

- Staffing numbers and staff morale, affecting care quality
- Being put off raising concerns to staff
- Poor communication between medical professionals at different sites
- Difficulties making specific appointments
- Proximity of children and older peoples services
- Delays and poor communication in the discharge process
- Better access to information about public transport

Representatives also expressed their positive experience of community nursing.

**What did we do?**

Information and feedback from this event was directly input into reviews of services in the areas concerned and mapped against other hospitals in the area.

North Kirklees CCG developed an action plan that would evidence where it was already meeting these recommendations and also highlight where action was necessary in order to comply with the recommendations to ensure patients were safe.

**Where can you find more information on this work?**

The notes from the event can be found at [http://www.northkirkleesccg.nhs.uk/get-involved/engagement-and-consultation/] (http://www.northkirkleesccg.nhs.uk/get-involved/engagement-and-consultation/)

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**Voluntary and community sector event**  
**July 2013**

NHS North Kirklees Clinical Commissioning Group invited representatives of voluntary and community sector (VCS) organisations to attend a follow-up to the successful VCS ‘Getting to Know You’ events held in September and October 2012.

This was an opportunity for the VCS to hear about the work that the CCG had been doing, its priorities, challenges and plans for the future. The VCS were also able to hear from two VCS organisations running projects funded by the CCG.

VCS organisations were also asked to participate in discussion groups seeking their views to on how patients could be better supported to access local services.

**Who did we engage / consult?**

Over 70 people attended from over 40 organisations. In addition to VCS representatives the event was attended by representatives from Kirklees Council.

**What did we ask?**

Following presentations, eight facilitated discussion groups took place and notes were taken of each discussion. Three core areas were discussed:
1. How can the voluntary and community sector work with NKCCG to achieve its commissioning intentions, e.g. providing care closer to home and reducing the need for hospital admissions.
2. How the VCS wanted to be communicated with and about which topics
3. How patients access services and the barrier VCS organisations face.

What did we learn?

Working together
• VCS organisations need a uniform accreditation mark of approval to give GPs the confidence to be able to refer patients to their services.
• It was acknowledged that there was a need for an organisation that could co-ordinate and support the VCS.
• VCS wanted advance notice of service and contract changes to limit impact on patients they supported.
• They wanted to know who the CCG leads were for their work areas, e.g. long term conditions.

Communication
• VCS groups varied in size and there was no ‘one size fits all’ approach to communications.
• Email and social media were the most common approaches used but there was still a need for postal information.
• VCS groups struggled to gain access to practice managers to discuss their services and there was a desire to participate in Practice Protected Time (PPT) to raise awareness of the services that VCS are able to provide.
• Events like these are very useful for having dialogues with NKCCG and some VCS would also be interested in having one to one meetings with the CCG, understanding the time commitment involved.
• Utilise existing forums / structures / processes such as Third Sector Leaders.

Patient access and barriers to access
• Funding needs to be more sustainable and over a minimum 3 year period. This is where trial and error can shape a service and lead to better measurement and evaluation, rather than short term funding.
• VCS groups often duplicate work, competing for small pots of money and there needs to be a more joined up approach with improved coordination and partnership working.
• Clarity requested about the bidding process. Groups were unsure if they could submit bids as a collective / consortium and were unsure about the assessment process.
• Struggle to have a platform to communicate with GP practices and more opportunities were needed for GP meetings, e.g. Practice Protected Time or GP newsletters to raise awareness of VCS services.
• Improved capacity building in conjunction with Greater Huddersfield CCG and Kirklees Council.
• Sensory Services commented that more work needs to be done with the hard of hearing community. Reasonable adjustments need to be taken into account when developing, delivering or procuring services.
**What did we do?**
Following the event, actions were developed to address the themes raised above. Some of this feedback has informed the engagement work plan for 2014/15.

**Where can you find more information on this work?**

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**Meeting the challenge consultation**

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<thead>
<tr>
<th>March 2013 – May 2013</th>
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<tr>
<td>Public consultation on proposals to change hospital and community services across North Kirklees and Wakefield District took place in spring 2013.</td>
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The Meeting the Challenge consultation took various forms including a postal and online consultation, public meetings, discussion groups and other activities such as roadshows, stakeholder feedback and letters. The consultation provided feedback that led to changes to the initial proposal.

In October 2013 the North Kirklees and Wakefield Joint Health Scrutiny Committee referred the plans for change to the Secretary of State for Health, asking him to review the proposals and the decisions taken. Following advice from the Independent Reconfiguration Panel, the Secretary of State for Health announced in March 2014 that the proposals should go ahead.

The consultation in North Kirklees and Wakefield focused on the reconfiguration of Mid Yorkshire Hospitals NHS Trust services to provide improved quality, meet required safety standards, and reflect national best practice and other clinical guidelines.

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**Who did we consult?**
The complexity of the changes being proposed and the extent of their impact meant that the geographical scope of the consultation was wide, covering the areas of North Kirklees, Wakefield and parts of Leeds.

During a pre-consultation phase we engaged with patients, community and voluntary groups including Local Involvement Networks (now Healthwatch) in both Wakefield and North Kirklees CCG areas. A deliberative event and phone poll were also undertaken. Other stakeholders such as Councillors and Area Forums were continuously updated and engaged. A patient and public advisory group and a ‘Your Health, Your Say’ network were both set up during this period to keep interested people informed and engaged.

During the formal consultation phase it was estimated that a minimum of 432,293 people were given the opportunity to respond and around 4,500 people were engaged. Alongside our
engagement with the public we communicated with MPs, Councillors, voluntary, community and faith sector organisations, providers and many others. There were 10 evidence sessions held with the Joint Overview and Scrutiny Committee during the consultation period.

**What information did we give?**

During the pre-consultation process, postcards were sent to some households and distributed widely to our networks.

Engagement information during the full consultation included:

- Distribution of a summary document containing a feedback questionnaire to over 241,000 homes (including Freepost address for responses)
- Full and summary consultation documents posted on a dedicated website: www.meetingthechallenge.co.uk
- Easy read, other language and large print versions made available
- Public meetings
- Roadshows across the Wakefield District and North Kirklees including two drop-in sessions
- Attendance at area forums/neighbourhood network meetings in Wakefield District
- Attendance at North Kirklees Area Committee
- Direct engagement with several local groups including those from the nine protected characteristics
- Social media activity
- Mainstream media activity
- Wide range of internal (GPs, staff etc.) engagement activity
- Responding to emails, letters and telephone calls
- Presentations/engagement with Patient Advisory Group
- Attendance at other open meetings
- Footfall survey at all three hospitals
- Direct engagement with patients/visitors in hospital wards and departments
- Focus groups
- Webchats and online polling
- Telephone survey using a stratified sample (1,013 participants)
- Meeting with Leeds ward councillors

**What did we ask?**

During the consultation, we asked for the public’s opinion on models of service for: Maternity, Urgent Care, Mental Health and Care Closer to Home. The areas we sought views on were:

- If people thought the plans would achieve our aims to save more lives, improve outcomes and patient experience
- If there were aspects of the changes that people disagreed with and if they felt there were other options that should be considered
• How important certain community services were to people and asked their opinion on community services we might invest in, specifically about emergency care and travel;
• Lastly, we asked about people’s equality monitoring information.

**What did they tell us?**
Concern about the proposals changed with geography. Where engagement had taken place face to face, concern was lower because of the quality of information given. During the consultation, many engagement methods were used to gain feedback including both qualitative and quantitative mechanisms.

**What did we do?**
Feedback received from the pre-consultation influenced the plan for a full consultation. The Mid Yorkshire Patient and Public Involvement Group, which was set up during an options appraisal phase in June 2012, continued to advise on the full consultation.

The outcomes of the consultation have been published on the CCG’s website. Following the consultation, a communications and engagement strategy was developed to ensure local people are aware of planned service changes and their impact. This included the introduction of an innovative, multiplatform resource - *Our Street* - which will help us to generate greater public awareness of the changes.

**Where can you get more information about this work?**
The consultation report summarising the approach and the deliberative report can be viewed at: [http://www.meetingthechallenge.co.uk/fileadmin/meetchal/Documents/Meeting_the_Challenge_Consultation_Final_25-6-13.pdf](http://www.meetingthechallenge.co.uk/fileadmin/meetchal/Documents/Meeting_the_Challenge_Consultation_Final_25-6-13.pdf)
or who might use them in the future. This included Maternity Services Liaison Committee, Practice Reference Groups and Carers Groups.

**What did we ask?**
Specific engagement took place during the month of September to gauge support for the models of care.

**What did we learn?**
There was specific feedback for each of the Programmes but general feedback was:

- People saw the plans as positive and felt that they “made sense”. “*Just get on with it*” was the feeling during discussions.
- People felt that many other systems would run more smoothly or not be as overburdened if it were easier to get an appointment with their GP. People also felt all of the 0844 numbers needed changing.
- They thought that more work needed to take place to improve the timing and venue of out-patient appointments. There were also comments about how long it took to get through on the telephone to make an appointment.
- There was support for the needs and inclusion of carers and advocates in the planning of care and services.
- Requests that we continue to communicate and engage with communities about developments.

**What did we do?**
These business cases gained approval by NHS North Kirklees CCG and the Trust Development Authority in December 2013. Aspects of these will come to fruition over the next 3 years but certain services such as Psychiatric Liaison is already in place.

The *Our Street* communications tool which includes a website and animated video stories was developed to communicate changes and developments to the public. *Our Street* is based on feedback from the Meeting the Challenge consultation when people told us ‘don’t tell us about strategies and services – tell us stories’. The concept was agreed by Board representatives in September 2013.

Its purpose is:

- To be a flexible, interactive communications mechanism, helping explain to the public the benefits and features of proposed and actual health and social care changes across North Kirklees and Wakefield.
- Providing an engaging mechanism to involve the public in discussions about care and their preferences.
The Our Street concept is now in place, has been audience tested and has 14 initial characters from 3 family groups. The website launched in July 2014 with stories focusing on proposed changes to:

- Care Closer to Home
- Urgent/unplanned Care
- Social prescribing

The website can be found at: [http://thisisourstreet.com/](http://thisisourstreet.com/)

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**Care homes engagement**

**June - July 2013**

West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU) Communications and Engagement team facilitated an engagement exercise with care home residents and key stakeholders.

This was to inform North Kirklees CCG proposals to introduce a new service for care homes which will combine normal GP cover with services to routinely assess the health care needs of residents. The aim of the service would be to build on the current care residents are receiving.

The purpose of the engagement was to build on previously collated data by gaining the views of care home residents/carers/managers/staff, provider organisations, healthcare providers and voluntary and community sector organisations on the proposal.

An engagement plan supporting this work was developed and approved by the CCG. The proposal was also sent to Healthwatch Kirklees for information and feedback. The plan involved visiting care homes and voluntary and community sector organisations to present the proposal and gain feedback.

**Who did we engage / consult?**

An online and paper based survey was designed for the target groups who were invited to help shape the initial proposals and consider what new services might additionally be offered.
Sixty nine people completed the survey. These included care home residents/ carers/ managers/ staff, provider organisations, healthcare providers and voluntary and community sector organisations.

We also analysed existing data from PALS, complaints and previous engagement exercises to form part of this engagement process for any issues relating to care homes.

**What did we ask?**
We asked about:
- Concerns about the proposed new services
- Perception of how proposals would improve care home services
- What additional services could be provided

**What did we learn?**
The main themes taken from this engagement are:

<table>
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<tr>
<th>A lack of understanding of what the proposals were and what they meant for them. As a result some people felt they could not give an informed opinion and stated that they required more information first.</th>
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<tr>
<td>Some felt that they didn’t really understand what was being proposed so didn’t really feel able to give an opinion and requested that more information be made available.</td>
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<tr>
<td>Most felt that the service was already working and as such couldn’t see how it could be improved.</td>
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<tr>
<td>It was felt that it could improve communication about, and access to, services which would lead to a more planned and proactive approach to care than perceived at present</td>
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<tr>
<td>Residents should stay with their own GPs to ensure continuity of care and queried how 1 or 2 GP practices could provide care across such a large area.</td>
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<tr>
<td>Concern was expressed that if residents were able to stay with their own GP this could lead to duplication of care / over investigation / conflicting opinions as residents would be under the care of 2 GPs.</td>
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<tr>
<td>Patients and carers made further suggestions about how services could be improved:</td>
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<td>One multi-disciplinary team to cover all care homes</td>
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<tr>
<td>Have SystmOne in all care homes to enable GPs to access patient records and utilise electronic prescribing</td>
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<tr>
<td>Allocate individual care homes to the GP practice closest to the home</td>
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<tr>
<td>Specialist nurses attached to each home seeing patients in conjunction with GP</td>
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• Improve access to chiropody, physiotherapy, dental checks, sensory room and increase GP availability
• Use charity and community and voluntary sector organisations more

**What did we do?**
This engagement process provided a snapshot of the views from residents, family / carers, care home managers, GPs and other healthcare providers on the proposed changes. The report on the event was made public and feedback given to respondents who requested it.

**Where can you find more information on this work?**

**School House walk-in engagement October - December 2013**

In 2008/09, each Primary Care Trust was asked to commission at least one GP health centre in their area, open 8.00 am to 8.00 pm, 7 days a week. The purpose of the centres was to reduce pressure in hospital Accident and Emergency departments.

NHS North Kirklees Clinical Commissioning Group asked West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU) to undertake a review of the provision at the School House Practice walk-in for unregistered patients and to develop recommendations for future service provision.

As part of that review, it was agreed to gain the views of the public, key stakeholders and voluntary and community sector organisations on whether they were aware of the walk-in centre and if they had used it, what their experience was.

**Who did we engage / consult?**
Engagement targeted members of the general public, key stakeholders and voluntary and community sector organisations. Surveys were developed to target:

• People who had used the walk-in centre
• People who had heard of the walk-in centre but had not used it
• People who had not heard of the walk-in centre

Overall, 427 surveys were completed. No responses were received from any key stakeholders or voluntary and community groups. Surveys were made available online, by freepost and on the local authority INVOLVE database.
**What did we learn?**

The surveys questioned awareness of the walk-in centre and rationale for use. 84% of those surveyed were aware of and had used the service.

The main themes emerging from this engagement and a review of previous findings are:

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<tr>
<th>Only half of those who used the service had tried to get an appointment with their GP.</th>
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<tr>
<td>This was primarily due to the convenience of being able to attend the walk-in centre at a time that suited them and with the knowledge that they would be able see someone the same day. Some reported that because of this, they preferred attending the walk-in centre rather than going to their own GP.</td>
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<thead>
<tr>
<th>Those who had tried to get an appointment with their own GP reported that they found it difficult to book appointments.</th>
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<tr>
<td>Concerns expressed about their GPs included the difficulty of getting through on the phone, lack of appointments available, long waiting times for appointments and appointments not being available at a time that was convenient to them.</td>
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<th>If the walk-in centre had not been available, the majority of respondents stated that they would have gone to A&amp;E / hospital, even though, their condition was unlikely to have necessitated this level of care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents did not want to have to wait until they could get an appointment with their own GP; they wanted their condition to be treated as soon possible at a time and location that was convenient to them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondents who had used the service felt that the walk-in centre provided an excellent service, in a good location with convenient opening times. It was a service that they would use again and recommend to others.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns were raised that the walk-in centre may close and the impact that this would have on people who are not registered with a GP, are visiting the area, or not able to access GP services during evenings and weekends. Should the walk-in centre close, the majority felt that the only alternative would be to attend A&amp;E.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Respondents who hadn’t used the walk-in centre but expressed an interest in it stated that this was primarily due to being unable to get an appointment with their own GP and the walk-in centre having the provision to see people the same day.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The respondents who hadn’t used the service stated that this was due to the location not being</td>
</tr>
</tbody>
</table>
convenient for them and / or preferred to be treated by their own GP.

What did we do?
The existing data and survey outcomes were analysed and a report produced. The views and opinions were used to inform the development of the CCG’s approach to urgent care services locally.

Where can you find more information on this work?
Further information on this engagement activity can be found at www.northkirkleesccg.nhs.uk/get-involved/engagement-and-consultation/school-house-practice-walk-in-centre/

Call to action engagement September – December 2013

NHS England launched its public facing “A Call to Action” in July 2013 with the aim of driving a national debate on the future challenges of the NHS. Every CCG was expected to play an active role in encouraging local people to participate in the ‘Call to Action’.

The purpose of this engagement was to build on the data that had already been collated from the recent Meeting the Challenge consultation and to use existing engagement processes to gain the views of the public, key stakeholders and voluntary and community sector organisations on their experiences of NHS services in Kirklees and their suggestions about how the services could be improved.

The aims of the locally applied engagement were to:

- Build a common understanding about the need to renew our vision of the health care service, particularly to meet the challenges of the future;
- Give people an opportunity to tell us how the values that underpin the health service can be maintained in the face of future pressures;
- Gather ideas and potential solutions that inform and enable CCGs to develop 3-5 year commissioning plan; and
- Gather ideas and potential solutions to inform and develop national plans, including levers and incentives for the next 5 – 10 years.

In turn the outcomes would inform and enable the CCG to develop its 3-5 year commissioning plans.
Who did we consult?
Twenty-four surveys were completed online and by participants at a West Yorkshire wide event held for people with a Learning Disability called ‘It’s My Health Day’.

What did we ask?
The National Call to Action asked the public to give their views on four broad but fundamental questions, these questions were:

- How can we improve the quality of NHS care?
- How can we meet everyone’s healthcare needs?
- How can we maintain financial sustainability?
- What must we do to build an excellent NHS now and for future generations?

As these general questions had a very broad scope, they were broken down into 14 more specific questions. The detailed questions were used to engage with local people so they could respond to questions that were more relevant to individual experiences to drive better engagement. An online and paper survey was produced.

The Patient Reference Group network was made aware of the Call to Action work at their October meeting and members asked to complete the survey. Information about Call to Action was included on the NHS North Kirklees Clinical Commissioning Group website, including a background to the project with a link to national information from NHS England, links to the online survey and the printable copy along with alternative contact details for further information.

‘It’s My Health Day’ is a West Yorkshire wide event held for people with a Learning Disability. Staff from the Engagement team at NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit attended the event with an adapted, easy read version of the ‘Call to Action’ survey. Seventeen responses were received from the event. Postcode and equality monitoring information was not captured using this survey.

What did people say and what did we do?
The 24 surveys were analysed and a report provided. The main themes and issues were:

| Prioritise prevention and self-care management by actively supporting patients through targeted health promotion and education that is delivered in a variety of accessible ways. |
| Make use of more telehealth options to manage long term conditions within the home and use alternative methods to communicate with or inform patients about test results e.g. Email, Skype. |
| Ensure there is an effective discharge process from hospital with a clear joined-up after-care plan if required which covers recovery, follow up care and rehabilitation. |
| Support transformation programmes aimed at delivering care closer to or at home and invest in |
resources within the community to support this, including increasing access to GPs, home visits, and basing specialist clinicians and clinics in the community.

Ensure that patient records are shared between organisations to enable greater continuity of care and avoid duplication or confusion.

Actively involve patients, carers and members of the public from all communities in the planning, shaping and development of health care services.

Provide specialist education and training for health professionals to enable them to have a better understanding of individual care needs and be able to provide patient centred care for all.

Ensure there is a comprehensive, transparent and effective set of standards, inspection and regulatory system which involves patients and is externally and independently monitored.

There should be a safe and secure independent mechanism for reporting abuse, advocacy services should be made available to patients, and safeguarding training should be mandatory for all staff.

Improve communication mechanisms between organisations, work towards shared goals and have more joint services.

Adopt a holistic approach to patient care by providing regular check-ups, 24/7 support with a single point of contact, improve care planning and multidisciplinary working to avoid duplication.

Where can you find more information on this work?
Further information on this activity can be found at: [http://www.northkirkleessccg.nhs.uk/get-involved/engagement-and-consultation/](http://www.northkirkleessccg.nhs.uk/get-involved/engagement-and-consultation/)

Wheelchair services engagement November - December 2013

NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit Communications (WSYBCSU) and Engagement team, delivered a plan for engagement with the public and key stakeholders over a six week period on behalf of North Kirklees, Calderdale and Greater Huddersfield CCGs.

Two events were conducted to gain the views of the public, key stakeholders and voluntary and community sector organisations on their experiences of wheelchair services in Calderdale and Kirklees and their suggestions about how services could be improved.
The engagement plan also explained how the team would offer the voluntary and community sector the opportunity to have representatives visit them to gain feedback. Details were also sent to key stakeholders, such as Healthwatch Kirklees for information and feedback.

Who did we engage with and what did we ask?
The purpose of the engagement was to build on the data that had already been collated, by gaining the views of the public, key stakeholders and voluntary and community sector organisations on their experiences of wheelchair services in Kirklees and their suggestions about how the services could be improved.

Two events were held, one in Calderdale and one in Kirklees. Attendees included wheelchair users, carers, Healthwatch Kirklees and staff who support wheelchair users in the community e.g. Locala, social workers and learning disability support workers.

The events consisted of a brief presentation which provided an overview of the current review of wheelchair services and the proposals for a new model. The event asked participants to discuss in their groups their views on the following questions:

- What is working well?
- What is working not so well?
- Are there any gaps in the service?
- Is there anything else the CCGs need to change?

A survey was circulated widely through community and voluntary sector organisations, stakeholders and partners.

Existing data held by WSYBCSU on behalf of the three CCGs was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to wheelchair services, equipment or aids via the Patient Advice and Liaison Service (PALS) and complaints.

In addition to data from PALS and Complaints, data from previous engagement exercises and patient experience reports were also analysed for any issues relating to wheelchair services, equipment or aids.

What did they tell us?
27 people attended the events, with 13 people at the Kirklees event and 14 at the Calderdale event and 21 surveys were completed.

The main themes taken from the existing data and the engagement were:

- For some, the service was described as being quick and responsive with knowledgeable and
professional staff. However, concern was expressed by many with regards to the waiting times for assessments and the provision and repair of wheelchairs.

The need for staff to receive training on:

- Disabilities /conditions to ensure that they understand the progressive nature of disabilities / conditions and how patient needs may change.
- Customer services training to ensure staff actively listen and respond to service users.
- Assessment and referral process to ensure that there is consistency in the application of the eligibility criteria.

It was felt that the current service does not cater for the needs of those who work or have other commitments during office hours. Respondents wanted a service that would meet the needs of everyone, including those who work. Suggestions were made to have a one-stop shop that was accessible seven days a week.

The need for additional staffing and budget, including the provision of wheelchair therapists and an increase in technical support to meet demand and reduce waiting times.

Poor communication between services and with service users which impacted negatively on the service that they received. Service users wanted to be kept up to date on the progress of their case, receive information on types of wheelchairs available and to have an easy read guide and or charter.

People wanted the ability to have a wheelchair that meets their needs. Concerns were raised that they were unable to access a powered wheelchair for outside use, choice of equipment being limited by cost rather than suitability and the difficulties in obtaining a non-standard wheelchair and adaptations.

**What did we do?**

Service specifications were developed around the views collated through the engagement. This led to a procurement process. Those people who had been invited to participate in the engagement were also given the opportunity to be part of the procurement process. Two lay representatives were recruited to be part of the procurement panel and were involved throughout the process.

**Where can you find more information about this work?**

A report of the findings from the engagement process was produced in December 2013, which includes a copy of the engagement plan. This report can be found on this website: [http://www.northkirkleesccg.nhs.uk/get-involved/engagement-and-consultation/](http://www.northkirkleesccg.nhs.uk/get-involved/engagement-and-consultation/)
Commissioning intentions event

NHS North Kirklees Clinical Commissioning Group (CCG) invited the public and representatives of voluntary and community sector (VCS) organisations to attend an event 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

The purpose of the discussion groups was to gain the opinions of the public and community and voluntary sector 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.

Who did we consult?

Over 50 representatives attended from 20 organisations. There were also representatives from Kirklees Council who work closely with the community and voluntary sector and were keen to hear how the CCG wanted to work with the VCS in the future.

What did we learn?

Six facilitated discussion groups took place and notes were taken of each of the discussions. Two discussion groups took place for each of the work programmes. Each group was asked to discuss the same three questions across primary care, care at, or closer to home and planned care:

1. What currently works well?
2. What could be improved?
3. How can you support us in achieving this?

The table below also reflects the action taken, linked to the findings:

<table>
<thead>
<tr>
<th>Feedback Received</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a disparity between all practices about what services they offer, what they should be providing and how patients are expected to know all the services provided</td>
<td>A sub-group of the CCG 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</td>
</tr>
<tr>
<td>Now mobile/tablet apps exist that make you more involved in your care, there needs to be greater ownership of this care by patients.</td>
<td>Using technology as an enabler for change features in all work programmes being undertaken by North Kirklees CCG. We have</td>
</tr>
<tr>
<td>Feedback Received</td>
<td>Action Taken</td>
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<td>-------------------</td>
<td>-------------</td>
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<tr>
<td><strong>Primary Care</strong></td>
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<tr>
<td>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.</td>
<td></td>
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<tr>
<td><strong>Access</strong></td>
<td></td>
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<tr>
<td>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</td>
<td>A sub-group of the CCG’s 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</td>
</tr>
<tr>
<td><strong>Benefit</strong></td>
<td></td>
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<tr>
<td>of federation of GPs, however this was seen as very resource intensive. Many GPs work in silo and this needs to be addressed by the CCG</td>
<td>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.</td>
</tr>
<tr>
<td><strong>There should be</strong></td>
<td></td>
</tr>
<tr>
<td>less dependency on Secondary Care; with more investment 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</td>
<td>As a CCG we recognise 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.</td>
</tr>
<tr>
<td><strong>There should be a</strong></td>
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<tr>
<td>lead person for every older person and the family should be involved as well. It is important to have a 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</td>
<td>This is a key function within the care at or closer to home model we are currently developing as a membership organisation.</td>
</tr>
<tr>
<td><strong>Care at or Closer to Home</strong></td>
<td></td>
</tr>
<tr>
<td>CCGs to involve third sector organisations (e.g. Healthwatch) to gather feedback from community and build on existing relationships.</td>
<td>We are taking steps to strengthen our relationships with the third sector. We aim to work with Healthwatch to gain insight into the needs of local communities to improve services for the future.</td>
</tr>
<tr>
<td>Ensuring patient has knowledge of third sector organisations and statutory</td>
<td>We are working with Kirklees Council to develop a self-care hub, including a directory of all</td>
</tr>
<tr>
<td>Feedback Received</td>
<td>Action Taken</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>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.</td>
</tr>
<tr>
<td>organisations (which would hopefully reduce the pressures on A&amp;E)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
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</table>

**Planned Care**

| 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. | Through the Mid Yorkshire Clinical Services Strategy we plan to repatriate the vast majority of outpatients to Dewsbury and District Hospital unless there is a very specific clinical reason i.e. access to specialist equipment which prevents this. 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. |
| A lot of the referrals become confusing for patients, as they 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 their appointment, leaving the patient wondering whether they attended and if they need to go back in again. |

**What did we do?**
The feedback has also been used to inform the development of the two year operational plan and five year strategic plan, which set out the direction of travel for the future commissioning of health care in North Kirklees.

**Where can you find more information on this work?**
Care closer to home engagement  December 2013 – March 2014

Care closer to home is one of North Kirklees CCG’s transformation programmes. A strategic case setting out a vision for the development of integrated (joined up) services in North Kirklees has been produced which explains how we want services to be delivered in the future.

The CCG undertook public and stakeholder engagement and reviewed data from previous activities. A range of engagement was also undertaken with GPs, practice and community based staff.

Who did we consult?

Engagement with the public and key stakeholders
From December 2013 – February 2014 we engaged with the public and stakeholders, including an event with 60 people.

What did we ask?

Facilitated discussion groups looked at:

- Supported care and prevention
- Diagnosis and care planning
- Preventing admission to hospital
- Discharge planning

The outcomes were recorded and analysed. An additional survey was developed based on the event questions and this was circulated via existing communication channels.

North Kirklees CCG GP Forum
The CCG is a membership organisation made up of 29 GP practices. The GP Forum is bi-monthly event which bring together representatives from each practice to focus on key commissioning priorities. The forum provides an opportunity for continuing engagement with member practices. Care at or Closer to Home has been an ongoing theme at the GP Forum.

The event in March 2014 focused on working with GP practices to facilitate a better understanding of the fundamental role of primary care within the integrated service model and help to further develop proposals.

What did we ask?
An interactive session helped shape thinking around key areas such as the care navigator, the function of a ‘hub’ and how teams made up of different staff functions may be ‘wrapped around’ practices in groups or clusters with the patient/individual and their carers.
Area Committee Engagement
Ongoing discussions have been held with local councillors at Area Committees, to update on progress and inform plans

Urgent and Integrated Care Symposium
This event, shared with NHS Wakefield CCG Mid Yorkshire Hospitals NHS Trust, introduced Professor Keith Willett, NHS England’s National Director for Acute Episodes of Care, and gave the opportunity to hear more about the national vision for urgent and emergency care, and what it means for us in North Kirklees, Wakefield and across the Mid Yorkshire Hospitals footprint.

One of the four concurrent workshops held focused on the ongoing proposals for care at or closer to home and the emerging integrated service model across North Kirklees. The event was open to clinicians, managers, practice staff, community based staff and third sector organisations.

What did we learn?
The main themes taken from the engagement were:

Overarching themes that emerged across more than one healthcare area
- Regular reviews, follow ups and ongoing support provided at home or closer to home.
- Ongoing involvement of patients and their families / carers throughout their care enabling them to make informed choices and ensuring that they are provided with information that they are able to understand.
- Doing the right thing for patients and their families
- Provision of care navigators
- To be able to access the right services at the right time with more services available in the evening and at the weekend
- Ability for services and patients to access their patient record
- Provision of a seamless / integrated services staffed by a skilled and flexible workforce that wraps around the needs of the patient
- Improve and increase the use of technology, such as telemedicine, self-care hub, assistive technology

Self-care and prevention specific themes
- To be supported in being healthy and to be encouraged to self-care by providing access to information, advice and support with regards to diet, exercise, support groups / networks and who to contact for ongoing support
- Individuals supported to take responsibility for their own health and wellbeing
- Provision of local, affordable gym and exercise / sport
- Early intervention through better identification of patients at risk and targeted support
Diagnosis and care planning specific themes

- Individualised care plan held electronically that can be accessed by patient and professionals – plan needs to be outcome focused not just based on medical needs, refreshed regularly and with a holistic approach to care while improving safety and quality

Preventing admission to hospital specific themes

- Ensuring patients are fully involved in the development of their care plan and informed, so they know what to expect, who to contact, provision of ongoing care / support and regular reviews to help reduce the chance of a crisis occurring
- Improve staffing at care homes – increase staffing, ensure staff receive appropriate training and support to improve care and prevent high turnover of staff. Consider an increase in bed provision
- Greater innovation and use of technology to improve outcomes and transformation

Discharge planning specific themes

- To involve patients and their families throughout the planning of their discharge. To enable them to make an informed choice, they should be advised on what services are available and what their options are. The approach needs to be holistic and flexible to meet the individual needs of the patient. This should be done early enough, to ensure that the appropriate services can be put in place. Upon discharge, patients need to know what to expect and who to contact should they require any further advice or support
- Greater integration of care across pathways which break down traditional barriers in primary, community, secondary and social care
- Terminology needs to change from discharge to transfer of care. It was felt that discharge implies that no longer receiving care; however, in most cases the care transfers to another provider, this transfer needs to be seamless.

What did we do?
This engagement was part of an ongoing process of engagement to gain the views of the key stakeholders, providers and voluntary and community sector organisations on the proposed model for delivering care closer to home.

Where can you find more information on this work?
Further information on these engagement activities can be found at:
http://www.northkirkleesccg.nhs.uk/get-involved/engagement-and-consultation/

Voluntary sector and community engagement Sept 2013 – to date

The CCG has undertaken a mapping exercise to identify voluntary sector and community (VCS) organisations operating within North Kirklees. By working closely with these organisations we are developing our knowledge and understanding of the local VCS landscape, listening to their views
and concerns, and identifying ways in which we can work together more effectively to improve healthcare locally.

**Who did we engage / consult?**

Governing Body members play a key role in developing and enhancing the CCG’s relationships with VCS organisations and this has resulted in an innovative engagement programme.

Since November 2013, Governing Body members have been meeting with VCS organisations across North Kirklees to develop and improve relationships, share information, and identify areas of common interest. The overarching aim of this VCS engagement was initially aimed at ‘getting to know’ each other. However, this work will provide many longer term benefits to the CCG including a better understanding of the role and extent of the local VCS and an identification of opportunities for collaborative working.

In addition to the meetings being held with the VCS, we are working with neighbouring Greater Huddersfield CCG and Kirklees Council to deliver Community Partnership Grants. Grants provide funding and development support to organisations working with people who have health and social care needs. In line with the CCG’s corporate objectives, we are particularly keen to support projects that help people to remain independent and avoid hospital admissions.

**What did we do?**

We keep a record of our meetings with VCS organisations and any actions / outcomes, as well as attendance at events and activities. We use this to ensure that we are reaching the widest possible audience and identify any gaps in our relationships and make efforts to resolve any issues.

**Where can you find more information on this work?**

See appendix 2, which details the organisations that the CCG has met with during this period.

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**Equality delivery system (EDS)**

The Equality delivery system (EDS) has been designed by the Department of Health to help NHS organisations measure their equality performance and understand how driving equality improvements can strengthen the accountability of services to patients and the public.

It was used to support NHS North Kirklees Clinical Commissioning Group (CCG) to identify local needs and priorities, particularly any unmet needs of populations, and assist in the commissioning of services to deliver better health outcomes. It also helped to demonstrate compliance with the Equality Act 2010. At the heart of the EDS is a set of eighteen outcomes grouped into four goals;

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

Who did we engage with and what did we ask?
One of the features of the EDS is that it relies on organisations working with local interests to assess organisational performance. This engagement strengthened existing relationships and built new ones, ensuring that patients and the public have a voice in the grading and setting of objectives for the organisation.

The engagement focused on the following goals with local interests:

1. Better health outcomes for all
2. Improved patient access and experience

An interactive event using electronic voting and discussions was devised and delivered. Invites were sent to local community and voluntary organisations through:

- Relationship Matrix – E-mail, letter and telephone
- People database - E-mail, letter and telephone
- Community newsletters and bulletins

Those attending were asked to identify their particular area of interest or the client group they represented based on the nine protected characteristics below:

- Age
- Disability
- Sexual Orientation
- Religion & Belief
- Race
- Pregnancy & Maternity
- Marriage & Civil Partnership
- Sex (gender)
- Transgender

Interactive event
Facilitated discussion took place and an interactive voting system used to assess views. Throughout the event, participants were asked to take into account their own, or their service users’ experiences of the services commissioned by the CCG.

To be able to understand in more detail the potential impact of membership of a protected group on perceptions, those attending were asked to identify their personal characteristics at the start of the event.
We also reviewed and analysed existing data locally and nationally to inform conclusions to support EDS objective setting.

**What did they tell us?**
Participants told us the following areas needed further consideration in terms of meeting our EDS requirements:

1. Reducing local health inequalities
2. Improved health needs assessment
3. Services being provided appropriately and effectively, and
4. Transitions between services
5. Access to services
6. Complaint handling

**What did we do?**
In conclusion the CCG has used the available data, has engaged the public and its staff, considered national and local experience resources and local strategic priorities to support the development of three equality objectives for the next four years. The objectives focus on measurable improved outcomes.

In selecting only three areas the CCG recognises that other work will be ongoing across its strategic priorities to ensure progress on equality and improved access, outcomes and experience for all protected groups.

The objectives are:
1. Improve access to psychological therapies (IAPT) for Black and Minority Ethnic people (BME)
2. Improving the access, experience and outcomes of older women with Chronic obstructive pulmonary disease (COPD)
3. Improve access, experience and outcomes of South Asian patients with diabetes

Action plans supporting the delivery of these objectives have been produced, including measures of success.

**Where can you find more information about this work?**
A report of the findings from the engagement process can be found at: [http://www.northkirklesccg.nhs.uk/resources/key-publications/](http://www.northkirklesccg.nhs.uk/resources/key-publications/)
Engagement activity planned for 2014-2015

A range of engagement activities are planned for 2014/15. These include:

Meeting the challenge
As Mid Yorkshire Hospitals NHS Trust implement service change as part of the Meeting the Challenge programme, we will continue to involve, engage and communicate with local people to help them understand how changes will impact on them. Specific action plans will be developed as appropriate. To support our efforts to communicate these changes, we will continue to develop and use Our Street as a tool. You can find out more at [http://www.thisisourstreet.co.uk/](http://www.thisisourstreet.co.uk/)

Termination of pregnancy services
We are engaging with people who have used termination of pregnancy services in Kirklees, to identify what they thought of the way services were provided as part of a review to improve provision.

Musculoskeletal engagement (MSK)
A communications and engagement plan has been developed in conjunction with Greater Huddersfield and Calderdale CCGs with the aim of gaining the views of current users of the service and examining what works, what doesn’t work and what people would like us to improve.

Voluntary sector and community engagement (VCS)
We will continue to engage with the VCS audience, both in their role, as service providers directly, and as influencers with the public as changes are planned in the North Kirklees service provision.

Anticoagulation
We will engage with current users of the service as part of a review of anticoagulation services in our area.

Care closer to home
Engagement has taken place throughout the project to support and shape the development of service models. Further events are planned in 2014 to continue this work and ensure that services are developed with the input of local people.

Autism spectrum disorder
Working with Calderdale and Greater Huddersfield Clinical Commissioning Groups we will engage with patients, carers, and other stakeholders in relation to current service provision and areas for improvement.
Appendix 1 – Legal duties in relation to Patient and Public Engagement

Section 14P - Duty to promote NHS Constitution
(1) Each clinical commissioning group must, in the exercise of its functions—
(a) Act with a view to securing that health services are provided in a way which promotes the NHS Constitution

Section 14U - Duty to promote involvement of each patient
(1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—
(a) The prevention or diagnosis of illness in the patients, or
(b) Their care or treatment.

Section 14Z2 - Public involvement and consultation by clinical commissioning groups
(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
(a) In the planning of the commissioning arrangements by the group,
(b) In the development and consideration of proposals by the group 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
(c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

NHS Constitution (Refreshed March 2013)
The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

A copy of the refreshed NHS Constitution and supporting handbook can be accessed via the following link;

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient’s Rights Section.

**Principle Four**
The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

**Patient Rights - Involvement in your healthcare and in the NHS:**
You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- To work in partnership with you, your family, carers and representatives (pledge);
- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).
### Appendix 2 – List of meetings held with the voluntary and community sector

<table>
<thead>
<tr>
<th>Date</th>
<th>Organisation</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/11/13</td>
<td>Indian Muslim Welfare Society</td>
<td>Al Hikmah Centre</td>
</tr>
<tr>
<td>13/11/13</td>
<td>North Kirklees PRG Network</td>
<td>Batley Health Centre</td>
</tr>
<tr>
<td>18/11/13</td>
<td>Kirklees Faith Forum AGM</td>
<td>Dewsbury Town Hall</td>
</tr>
<tr>
<td>19/11/13</td>
<td>North Kirklees MSLC</td>
<td>Auntie Pams</td>
</tr>
<tr>
<td>21/11/13</td>
<td>Launch of Health Grant</td>
<td>Dewsbury Town Hall</td>
</tr>
<tr>
<td>14/1/14</td>
<td>North Kirklees MSLC</td>
<td>Auntie Pams</td>
</tr>
<tr>
<td>23/1/14</td>
<td>Indian Muslim Welfare Society</td>
<td>Al Hikmah Centre</td>
</tr>
<tr>
<td>24/1/14</td>
<td>Ravensthorpe Community Centre Ltd</td>
<td>Ravensthorpe Community Centre</td>
</tr>
<tr>
<td>29/1/14</td>
<td>Commissioning intentions event</td>
<td>Batley Town Hall</td>
</tr>
<tr>
<td>12/2/14</td>
<td>NKCCG Patient Reference Group Network</td>
<td>Batley Town Hall</td>
</tr>
<tr>
<td>27/3/14</td>
<td>Al Hikmah</td>
<td>Al Hikmah</td>
</tr>
<tr>
<td>1/4/14</td>
<td>Spen Valley Mothers Union</td>
<td>Scholes Centre</td>
</tr>
<tr>
<td>3/4/14</td>
<td>Horton Housing</td>
<td>Broad Lea House</td>
</tr>
<tr>
<td>4/4/14</td>
<td>Home Group</td>
<td>Broad Lea House</td>
</tr>
<tr>
<td>15/4/14</td>
<td>Royal Voluntary Service</td>
<td>Broad Lea House</td>
</tr>
<tr>
<td>30/4/14</td>
<td>Northorpe Hall, Child and Family Trust</td>
<td>Broad Lea House</td>
</tr>
<tr>
<td>23/05/14</td>
<td>Stroke Association</td>
<td>Empire House</td>
</tr>
<tr>
<td>14/05/14</td>
<td>'Women's Well Being Hub’ in Ravensthorpe</td>
<td>Women’s Centre</td>
</tr>
<tr>
<td>10/06/14</td>
<td>St Anne’s Community Services</td>
<td>Empire House</td>
</tr>
<tr>
<td>10/06/2014</td>
<td>Pakistan and Kashmir Association</td>
<td>Empire House</td>
</tr>
</tbody>
</table>
Get in touch | Contact details

If you would like to be involved in the future work of North Kirklees Clinical Commissioning Group or would like to share your views on local health services, please contact us in any of the following ways:

Go online:  www.northkirkleessccg.nhs.uk

Call us on:  Telephone  01924 504900

Email us at:  ask@northkirkleessccg.nhs.uk

Write to us at:

NHS North Kirklees Clinical Commissioning Group
4th Floor, Empire House
Wakefield Old Road
Dewsbury
WF12 8DJ

If you need this report in another format, for example, Large Print, audio tape or in another language, please call our Communications Team on 01484 464072