

<p>Lincolnshire East Clinical Commissioning Group Annual Patient and Public Involvement Report 2016/17</p>

1. Purpose

This report provides a summary of engagement and consultation undertaken in Lincolnshire East Clinical Commissioning Group (LECCG) during 2016/17 and provides a brief overview of planned engagement and consultation for the coming year.

2. Background

All engagement and consultation undertaken within Lincolnshire East CCG adhere to the following statutory responsibilities placed upon it and guiding principles:

- Section 242 of the Health and Social Care Act 2006 which is the statutory requirement for NHS bodies to consult with patients, the public and stakeholders in the:
 - planning and provision of services,
 - proposals for changes in the way services are provided and
 - Decisions affecting the operation of those services.

This also includes the consultation of Lincolnshire’s Health Scrutiny Committees (HSC) when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service

- Section 14Z2 which requires CCGs to involve users in the development and consideration of proposals for changes in the commissioning arrangements.
- Strengthened focus on public and patient participation in the Health and Social Care Act 2012 where CCGs have a duty to promote the involvement of patients and carers in decisions which relate to their care and treatment and ensure public involvement and consultation in the process of commissioning and commissioning decisions.
- Consultation Principles issued by the Cabinet Office in 2012 and updated in 2016, particularly relevant for formal consultations, as set out below:

Consultation Principles
• Consultations should be clear and concise
• Consultations should have a purpose
• Consultations should be informative
• Consultations are only part of a process of engagement
• Consultations should last for a proportionate amount of time
• Consultations should be targeted
• Consultations should take account of the groups being consulted
• Consultations should be agreed before publication
• Consultation should facilitate scrutiny
• Government responses to consultations should be published in a timely fashion
• Consultation exercises should not generally be launched during local or national election periods.

3. Engagement and consultation function

LECCG has an embedded engagement function which sits within the Quality Team and led by the Chief Nurse at the core of our organisation, demonstrating our commitment to putting patients and the public at the heart of our decision making. Strategic consultation and engagement advice and development is provided by the Optum Commissioning Support Service. As a key member of our Governing Body, Quality and Patient Experience Committee (QPEC) and Patient Council, our Patient and Public Involvement Lay member champions engagement at many levels of the organisation, and offers advice to the CCG from a patient perspective to influence the system

4. Engagement and consultation delivery

Important to the successful delivery of the engagement and consultation function in 2016/17 were:

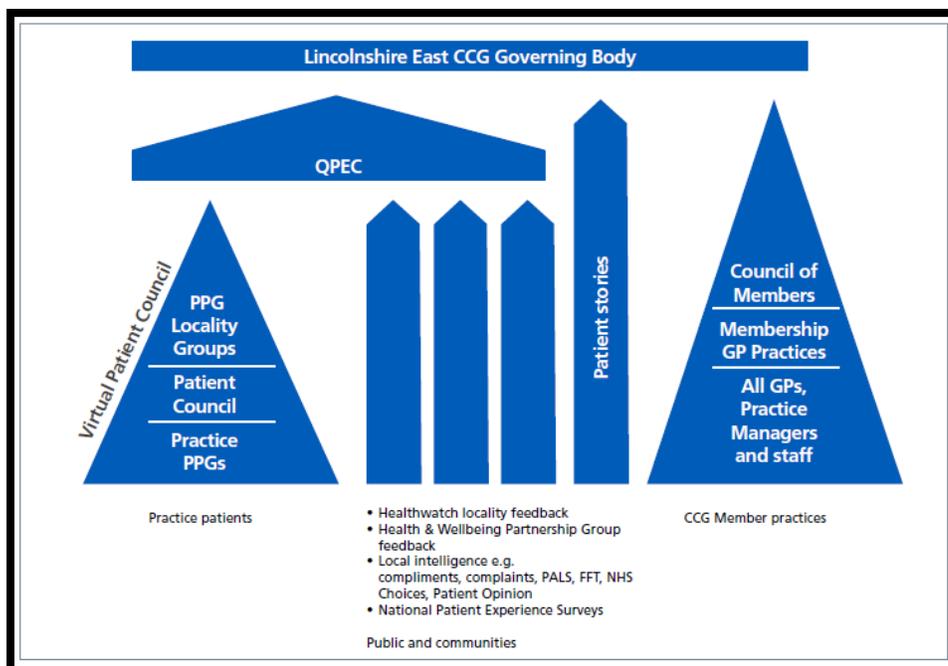
1. Strategic development of organisational infrastructure to provide governance and assurance
2. Delivery of engagement and consultation in line with statutory duties
3. Patient experience reporting

5. Strategic development of organisational infrastructure to provide governance and assurance

This is undertaken to ensure that appropriate structures and processes are in place for a continuous listening model to work in practice and to evidence the outcomes of engagement and consultation. These are listed under the below headings:

5.1 Continuous Listening Model

During 2016 / 17 The Continuous Listening Model was updated and clearly demonstrates the robust governance and assurance processes in place to ensure the CCG are able to listen to the views, opinions and experiences of our patients, public and stakeholders.



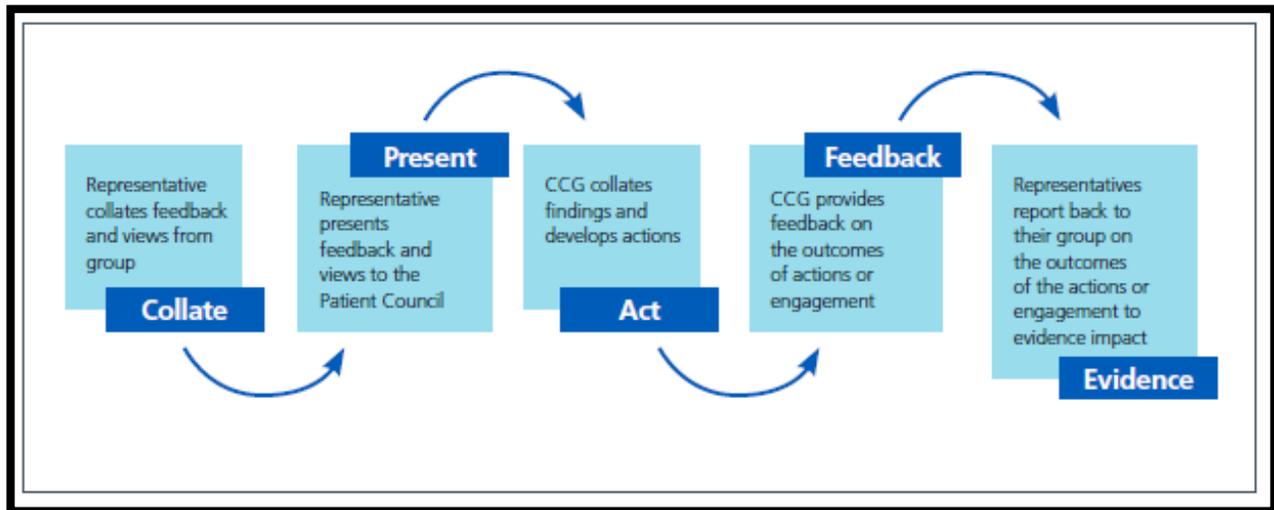
5.2 Reporting structures

Systems are in place to enable reporting of feedback to the appropriate committee or meeting to ensure relevant actions and feedback takes place. Reporting approaches have also been recently strengthened to outline engagements and consultations that have taken place and evidenced outcomes to demonstrate how patient and public views have influenced decision makings. This report also triangulates the feedback received from representative groups and partner organisations with our own findings to identify actions required.

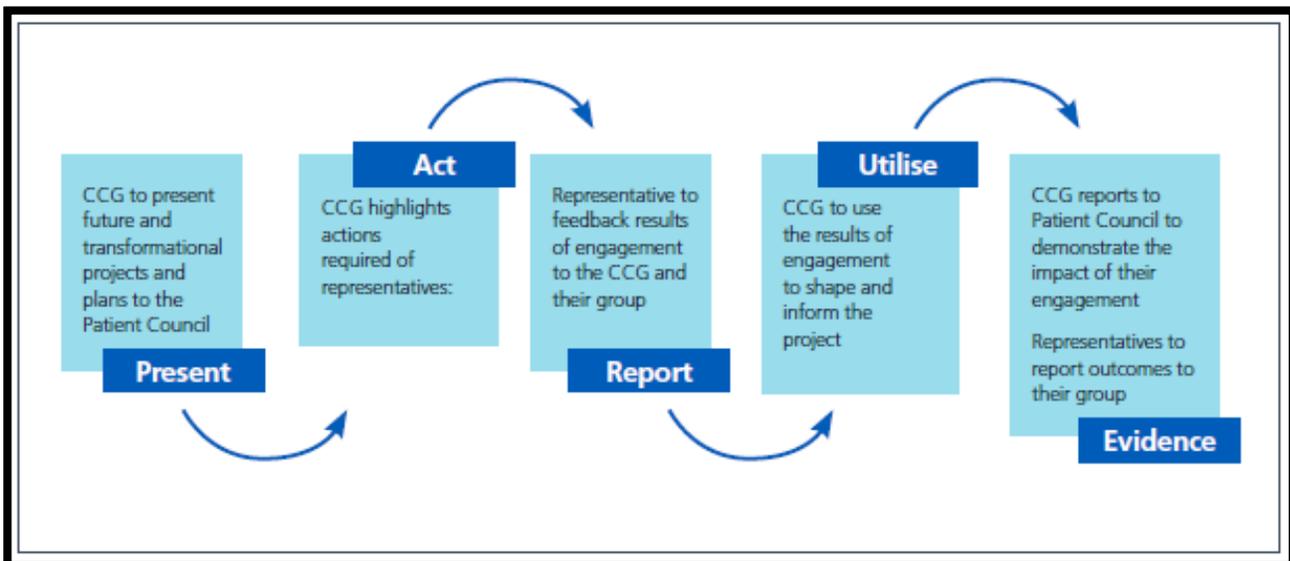
5.3 Patient Council Model

During 2016/17 we have further developed the patient council to ensure the representative patient voice is strengthened and their role in shaping commissioning decisions in the CCG is clear. The new model below demonstrates the 2 way role of the patient representative and CCG in the Patient Council and how this is escalated and utilised within the CCG.

1. Patient representative role in LECG Patient Council



2. CCG role in LECG Patient Council



5.4 Virtual Patient Council

Our Virtual Patient Council is available on the “get involved” section of our website is inclusive and open to all of our patients, stakeholders and members of the public who want to get involved but are unable to attend the meetings. During 2016/17 this has been developed further on our website and contains all of the meeting papers, minutes and opportunities for involvement. The VPC has not been utilised as much as anticipated and so alternative methods of engaging with those unable to attend the Patient Council meetings are being explored. In addition, the representatives at the meeting will receive refresher training on accessing and using the Virtual Patient Council to support their wider groups to utilize this resource.

6. Delivery of engagement and consultation in line with statutory duties

This ensures that the CCG fulfils its statutory duties around patient and public involvement and is undertaken to capture patient, stakeholder and public feedback, opinion and experience.

The CCG recognises that there is no ‘one size fits all’ approach to engagement and involvement. We use a variety of ways to review and listen to how patients, carers and service users feel about the health services they have used. This patient experience data is monitored via the CCG’s Quality and Patient Experience Committee (QPEC), and is used to influence the CCG’s commissioning plans and decisions.

Some of the ways we have listened to and involved patients, carers, stakeholders, partners and our community during 2016/17 are outlined below:

- Local and national patient experience surveys
- Practice listening clinics
- Disability Listening event
- Patient council
- Lincolnshire Show
- Patient experience dashboard
- Quality visits
- The utilization of complaints, concerns and compliments
- Patient stories
- Results of the national 360 stakeholder survey
- Specific engagement and consultation projects

Some examples of these are:

6.1 Listening Clinics - To support the continuous listening model, during 2016/17 we have undertaken primary care listening clinics to enable the CCG to listen directly to patients registered at their member practices. The attending team encourage patients to feedback their experiences of local health services in their own words and feedback is given to practice management to feedback to staff and assist with quality improvement in real time.

6.2 Disability Listening Event - In December 2016, the CCG hosted an ‘Appreciative Enquiry’ event to find out the experiences of disabled people and their carers when accessing health services and to promote the Accessible Information Standard. A total of 33 people attended; these were a combination of patients, carers

and representatives of groups which exist to support disabled people or carers. During the event there was an opportunity for the participants to have their say on their positive experiences of using the NHS, followed by the areas that they felt needed improvement. Feedback from the event was very positive and the CCG are working with primary care and service providers to improve the patient experience of people with learning disabilities, their families and carers, as well as ensuring that information meets the required standard.

6.3 Patient Stories - A programme of patient stories are presented to the Governing Body to ensure that the CCG is able to listen to, and connect with the patient experience across the health services we commission. Patient stories are a powerful way of bringing experiences to life and enable us to focus on the patients overall experience as a whole person, helping us to understand what is important to people, what works well and what can be improved.

6.4 Adult Hearing Loss Service Review - The Lincolnshire East CCG's Adult Hearing Loss Service Review was commissioned in response to the 142% national rise in audiology service activity over the last 10 years, and in recognition of the estimated 3.8 million people in England with unmet hearing needs. As part of the review an engagement exercise was undertaken to understand patient satisfaction, with a particular focus on access and patient choice. The engagement focused on adults, over the age of 50, however all patients and members of the public were welcome to take part through an online survey. Our patients told us that audiology referral times were too long, and patients were often not given a choice of location. People told us that they would prefer more choice of where they can access the service so it can be received closer to home. Patient feedback has shaped a new service specification for a new adult hearing loss service which is currently out to procurement.

6.5 Dementia Action Alliance - The CCG are a member of the East Lindsey, Boston, and Skegness and Coast Dementia Action Alliances (DAA) whose key objective is to support the local community to become a Dementia friendly. Patients and carers are key members of the alliance, and are central to discussions to understand their key areas of need; including what is most important to them or where support can be focused to help them maintain their independence in the community. A Dementia Friendly Business Event was hosted by public health and supported by the CCG to support local businesses to become Dementia friendly. During the event all delegates received Dementia Friends training.

6.6 National Diabetes Prevention Programme - LECCG were accepted to take part in this programme as one of six CCG's working together with Public Health across Greater Lincolnshire. So far LECCG have managed to generate in excess of 290 referrals, and we are currently meeting our monthly targets for referrals. As part of the programme patients can receive tailored lifestyle support around diet and exercise if they meet the requirements of the service (pre-diabetic HbA1c range of 42-47mmol). 19 of our 29 practices are currently referring to the programme, and whilst the majority of the referrals have been generated by our practices, Independent Clinical Services, Health and Wellbeing and the Lincolnshire CVS have been attending groups across our patch to allow people to undertake a simple assessment to highlight their risk score of getting diabetes, and invite them to be part of the programme. In just six months the scheme has really begun to gain momentum, with initial assessments taking place across the patch, and our first group going live in Boston. As part of the work being undertaken around diabetes we also attended one of the local diabetes group meetings in Boston to discuss areas of development in diabetes, and to ask people what was important to them regarding their care.

6.7 Over the counter medications - We undertook an extensive county wide consultation with the other Lincolnshire CCGs to review what products are prescribed in Lincolnshire. Over 1400 responses were received

and a social media reach of 22,500 was achieved, supporting the proposals to restrict prescription of over the counter medications for short term conditions, gluten free products, baby milks and formula and oral nutritional supplements. This will ensure that the health budget for Lincolnshire is spent as effectively as possible, minimising waste, promoting self-care to its population who will be empowered to take control of their health as well as reducing inequalities across other health conditions.

6.8 STP – Over the past year we have been talking to and engaging with as many Lincolnshire residents as possible to inform the development of the new five-year health plan, the Sustainability and Transformation Plan (STP) with other health organisations in the county and with input from key local partners. All of this feedback from the engagement has directly informed the options for the STP and ongoing development of our plan.

7. Patient experience reporting

This ensures that local patient experiences from regional and national patient surveys are interpreted and fed back to the CCG to provide vital intelligence and triangulation with other engagement results.

Throughout 2016/17 increasing emphasis has been placed on ensuring we capture information about patient's experiences across all of our providers and reviewing the experiences reported from the regional and national CQC patient experience surveys. Results of these experiences are fed into our Quality and Patient Experience Committee (QPEC) to ensure patient views feed into our decision making and influence our plans and commissioning decisions. Feedback from the Patient Participation Groups (PPGs) via the reporting processes of the Patient Council, Listening Clinics, Patient Opinion, Friends and Family Test, complaints and compliments all contribute to our understanding of patient's experiences.

The following regional and national CQC surveys enable the CCG to monitor any quality issues with Provider organisations, especially when triangulated with other feedback and intelligence:

- CQC National Community Mental Health Services Survey
- CQC National Cancer Patient Survey
- CQC National Accident and Emergency Patient Survey
- CQC National Inpatient Survey
- GP Patient Survey analysis

8. Engagement and consultation plans for 2017/18

The planner in Appendix 1 outlines our key engagement and consultation activities for the coming year. The early identification of projects and the engagement or consultation requirements of these enables effective engagement planning and successful influence of feedback on decision making in the CCG.

Some examples of engagement and consultation planned in 2017/18 are:

- **STP** - Looking forward we will continue to engage on the development of the STP in preparation for the launch of a public consultation on the major areas where services need to change.
- **Listening events** – an event in each locality is planned to listen to patient and public experiences of healthcare in Lincolnshire
- **ADHD**
- **GP Practice proposed mergers**

- **Engagement for Children with Special Education Needs and Disability** – Lincolnshire East are leading a project to ensure that the four CCGs in Lincolnshire fulfill their engagement responsibilities as identified in the SEND engagement audit tool; to support the CCG to fulfil its statutory duties for SEND as mandated under the Children's & Families Act 2014.
- **Engagement Programme to engage with underrepresented groups**

