

Annual Patient and Public Engagement Report

January 2017



1. Introduction

In order to shape a shared vision for the future of local healthcare, NHS East Surrey Clinical Commissioning Group (ESCCG) must listen to, understand and act on what really matters to patients and people in our communities. It is also essential to ensure the best use of public funds to deliver services that respond to patients' needs and offer the best possible experience.

As highlighted in the 'Wanless Report ¹', **meaningful** patient and public involvement supports the development of targeted interventions, increases patient satisfaction and leads to a more effective use of resources.

We therefore need to be proactive in seeking out the views and experiences of our local community, patients and carers, and especially of those less able to speak for themselves. These views and experiences are already helping to inform and shape future planning.

We believe firmly that putting patients at the heart of decision making will create a supportive climate for local change and empower ESCCG to invest in services that reflect the needs, priorities and aspirations of the local population.

A significant development over the last year has been the national drive towards creating the 44 sustainability and transformation plans (STPs). As part of the Government's 5 year forward view, changes to services are required to take place to improve health and service quality whilst delivering financial stability by 2020/21. To achieve this, organisations have been split into footprints and there are 44 STP "footprints" across England. CCG's will still remain as statutory organisations however they will work on a larger footprint in order to tackle the financial deficit. East Surrey is working with Sussex partners and we look forward to building relationships with our health and social care colleagues across Sussex over the coming years in order to make these plans a reality.

Whilst looking at larger area of working, ESCCG must not lose focus of what matters most to our patients. Patient and Public Engagement will become ever more important over the coming year to ensure that ESCCG carries out their legal duty (as set down in the Health and Social Care Act 2012) to enable **the effective participation of the public in the commissioning process itself, so that services reflect the needs of local people.**

¹ A report by Derek Wanless around improving the health of the population and reducing health inequalities, the report can be found here http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426 For the purposes of this paper the terms "engagement" and "relationships" will mean the same – an on-going and meaningful dialogue between interested parties, sharing information, opinions and ideas. The word "involvement" will be used when engaged parties become "involved" with the strategic planning, work and/or implementation of a specific project for ESCCG.

2. Patient Experience and Patient Engagement

ESCCG already uses a wide range of activities and forums to make it as easy as possible for patients to feed back their experiences with our local healthcare providers.

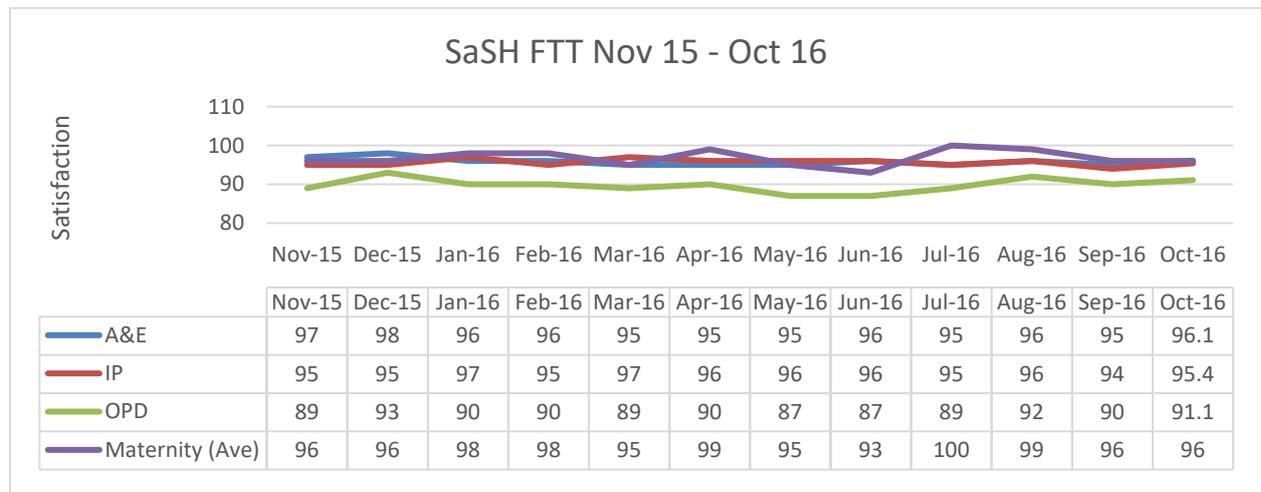
2.1.1 Friends and Families Test

Patients have an opportunity to routinely give their feedback following episodes of care through the Friends and Families Test (FFT). This test aims to assess the quality of patient experience from responses to the simple question, “Would you recommend this service to your friends and family?”

In East Surrey, we have FFT running within community, inpatient, maternity, A&E, primary care (GP practices) and mental health services. Our provider organisations also use FFT to identify areas where perhaps more detailed patient experience feedback or investigation is needed and report results monthly to our quality team.

As an example, below are the results from one of our main providers Surrey and Sussex NHS Trust (SASH)

Friends and Family Test (FFT)



Graph 1

Graph 1 above shows Friends and Family test satisfaction scores at SaSH over the past 12 months. The provider achieves consistent scores overall of more than 95%. Maternity services achieve some of the highest satisfaction scores

2.1.2 PALS and Complaints

ESCCG seeks to promote a culture of patient and public involvement throughout the organisation and there is a strong interface between Patient Advice and Liaison Service (PALS) and Complaints. Staff are empowered to manage issues before they escalate into something more serious. Feedback from service users, their Carers and relatives is welcomed and ESCCG approach all complaints in an honest and open way, with the principal aims of resolving the problem, satisfying the complainant’s concerns and learning from the experience.

These aims are achieved by:

- ✓ Ensuring ease of access to the complaints process for all complainants;
- ✓ Recording, analysing and identifying trends relating to all compliments, PALS enquiries and complaints, and producing regular reports as well as an annual report to the ESCCG governing body;
- ✓ Acknowledging and responding to every contact, enquiry and complaint, whether verbal or written;
- ✓ Ensuring sensitive and flexible handling of all contacts and complaints;
- ✓ Ensuring staff and managers involved in responding to complaints are engaged throughout the process and have confidence in the fairness of the complaints procedure;
- ✓ Involving the complainant in the complaints process.
- ✓ Ensuring that complainants are not discriminated against.

Complaints against ESCCG may relate either to its own processes or to those services commissioned or contracted by it. Complaints may either be handled directly by the health agency concerned (in which case ESCCG will monitor the progress of the lead agency) or by ESCCG itself.

The table below shows the total recorded PALS enquiries and complaints received by ESCCG in 2016

2016 ESCCG PALS and complaints data

Month	PALS	Total no. new Complaints	no. new CCG Complaints	Open/ Closed	Total of ESCCG complaints
January	17	1	1	1 open	1
February	10	1	0	1 open	1
March	5	2	2	2 open	3
April	9	2	0	3 open	3
May	14	0	0	2 open	3
June	8	1	0	2 open	3
July	10	3	1	2 open	4
August	12	1	0	2 open	4
September	None recorded*	0	0	1 open	4
October	9	1	0	1 open	4
November	11	1	0	1 open	4
December	8	1	0	1 open	4
Total	70	10	4		4

It is still difficult to exactly quantify the number of PALS cases coming to the CCG, as the receiving staff may judge a call “business as usual” rather than as a PALS enquiry. CCG Business Support staff continue to offer appropriate signposting advice.

Although direct comparisons are of somewhat limited value, it would seem that the number of ESCCG PALS enquires are higher than for neighbouring CCGs (with a similar population), whilst the number of formal complaints is significantly lower.

With such low numbers of complaints reported to ESCCG it has not been possible to identify any themes.

The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure.

ESCCG has therefore decided to request regular complaints reports from providers, as complainants are far more likely to make a complaint directly to the service. Provider reports will give ESCCG a clearer idea of the issues affecting patients and their families, and an opportunity to scrutinize and monitor associated action plans.

PALS and Complaints data is reported to the Governing Body via the monthly Quality, Safety and Patient Experience Report and the Senior Management Team are apprised of any immediate concerns or emerging themes.

The ESCCG Complaints policy accords with national requirements and also reflects the reforms to the health and social care system brought about by the Health and Social Care Act 2012 and embeds the recommendations contained in the Francis Enquiry report, other reports such as Berwick, Keogh, Clywd-Hart and “My Expectations” (PHSO) as well as the Government’s response paper to the Francis Enquiry report.

PALS and Complaints were subject to an internal audit in August 2016 and achieved **Substantial Assurance**

2.1.3 Soft Intelligence

So called “soft intelligence” is referred to in the Francis² report. It can provide valuable insight into the quality of services that our patients experience. Patients and members of the public are encouraged to report their experiences (good, bad or indifferent) through the ESCCG website “Talk to Carol”. They can also use phone, text, letter or email. Patient experiences reported in this way can sometimes show a very different picture to that reported through contract and performance management data.

² The Francis Inquiry report which was published on 6 February 2013 and examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005-2009 makes 290 recommendations and can be found here <http://www.midstaffspublicinquiry.com/report>

For example:

A patient reported a poor experience as an NHS patient at a private hospital. Despite receiving a response to a formal letter of complaint, the patient did not feel that their concerns had been adequately addressed.

ESCCG accompanied complainant to a conciliation meeting. As a result of the meeting, it was agreed that the wording of pre-procedure instructions and pre-operative patient letters would be changed. The patient was happy with the outcome.

2.1.4 Pro-Active Patient Engagement

The CCG holds a record of engagement activities and the feedback is pro-actively managed to inform commissioning decisions and activity. All CCG staff can view this log which includes detailed accounts of and feedback from;

- Mental Health Safe Haven Café Co Design
- Carers Support in Mental Health
- Mid and East Surrey Mental Health Stakeholder Group
- Arthritis Care
- Tandridge Council Voluntary Services
- Tandridge Health and Well- being Board
- Disability Alliance Network`
- Patient Participation Groups
- Limpsfield Parish Council
- Healthwatch
- Carers
- Dementia Cafes and reading groups

Example

Engagement Activity (date and approximate number of attendees)		We Heard	We Did
9 th June 2016	Carers Event SASH (70)	What Carers value and what support is still needed	Use collected views to inform service specification and procurement of Carers Support Services

2.1.5 Patient Reference Group

The role of the Patient Reference Group (PRG) is to help the Governing Body of NHS East Surrey Clinical Commissioning Group (ESCCG) make decisions about the services they commission and to ensure that these services meet the health needs of the local population.

The PRG ensure that the voice of patients, their Carers and the East Surrey public is embedded within the business of ESCCG. Membership is drawn from the Patient Participation Groups of the East Surrey GP Practices.

The PRG is chaired by ESCCG Lay Member for Involvement and meets three times a year, although much work is undertaken outside of these formal meetings.

Approved PRG minutes can be found on the ESCCG website
<http://www.eastsurreyccg.nhs.uk/Pages/Have%20your%20say/Patient-Participation-Groups.aspx>

2.1.6 ESCCG Rant ‘n Rave Soap Box Lunch

In June 2016 ESCCG held the annual “Rant ‘n Rave meeting”. This open, agendaless meeting allows anyone with an opinion about local health services or national policy to have their say and offers the CCG the opportunity to hear directly what people value most about the NHS, what is working well and what could we do better. Feedback was sent directly to attendees, published on our website and used to inform the future work of the CCG, and is appended at the back of this report (Appendix 1).

2.1.7 National GP Patient Survey

The GP Patient Survey (**GPPS**) is an England-wide survey, providing **practice-level data** about patients’ experiences of their GP practices. Ipsos MORI administer the survey on behalf of NHS England.

The data published in January 2016 showed a response rate of **41%** for ESCCG practices, which means that results can be considered to be “statistically significant”.

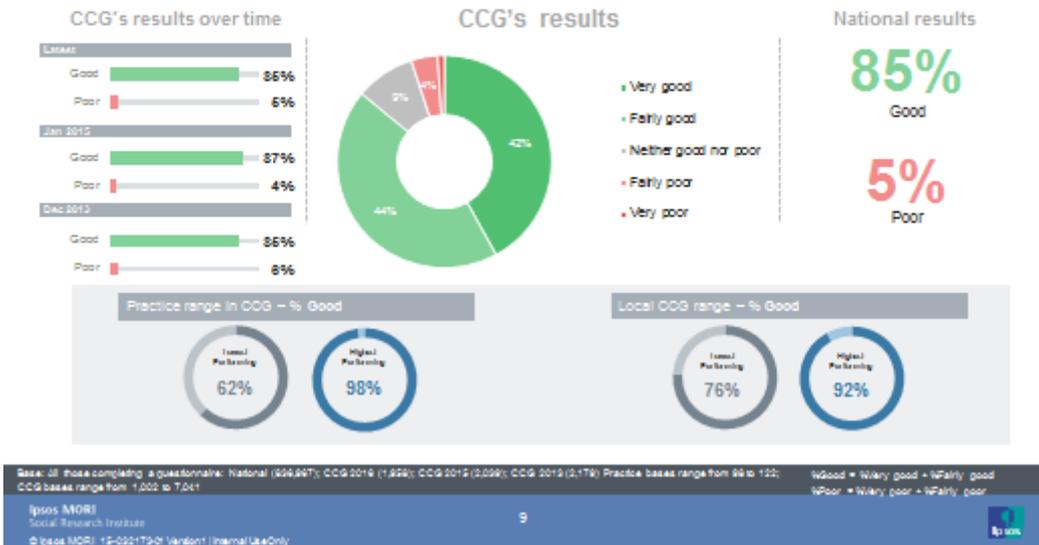
The GP Patient Survey measures patients’ experiences across a range of topics, including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services

GPPS can be used as one element of evidence that can be triangulated with other sources of feedback, such as feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys.

Overall experience of GP surgery

Overall, how would you describe your experience of your GP surgery?

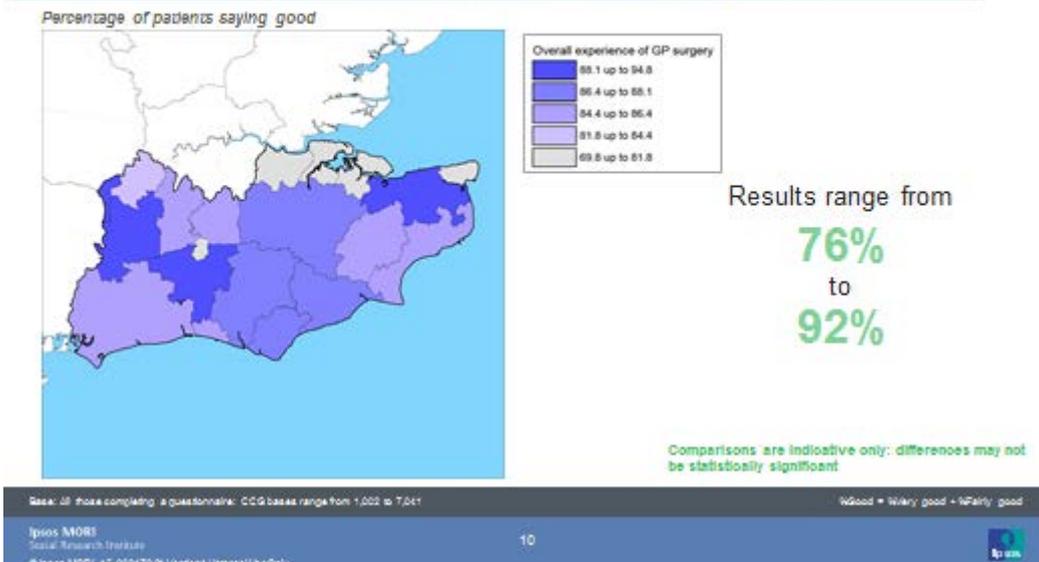


Overall positively reported experience for ESCCG was 86% against 85% nationally. Other local CCGs ranged from 76% to 92%.

And how ESCCG performs compared to neighbouring CCGs -

Overall experience: how the CCG's results compare to other local CCGs

Overall, how would you describe your experience of your GP surgery?



For more information about the survey please visit <https://gp-patient.co.uk/>

When it comes to confidence and trust in our GPs, the lowest scoring practice was 89% (higher than the national average) with the highest scoring 100%.

We also scored well with Out of Hours GP services – better than the national average for speed of care and advice (66% vs 62%) and confidence and trust (88% vs 86%)

Where we fell down was on satisfaction with opening hours and wait to be seen – issues that will be addressed and further explored within the on-going primary care developments (results from all patient feedback will be used in these developments – not just the National Patient Survey).

It is anticipated that all ESCCG practices will benefit from the joint working of the developing Alliance (Alliance for Better Care) and emerging GP Networks. Patients will in turn see longer opening hours, improved access and decreased length of time waiting to be seen.

Those falling below the ESCCG average for patient satisfaction are practices with issues that we are already aware about through CQC, FFT, soft intelligence or self-reporting and many already have action plans in place that include; recruitment, workflow optimisation and the introduction of Well Being Advisors and Dementia Navigators .

3. How we use the messages that we have heard

3.1.1 The Engagement Cycle

We use feedback gathered through engagement activities, views, comments and opinions to inform our work at all stages of the Engagement Cycle.



The Engagement Cycle is a useful strategic tool that helps ESCCG staff understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

The Engagement Cycle identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

1. Community and stakeholder engagement to **identify needs** and aspirations.
2. Public engagement to **develop priorities, strategies and plans**.
3. Patient and carer engagement to **improve services**.
4. Patient, carer and public engagement to **procure services**.
5. Patient and carer engagement to **monitor services**

4. Patient Involvement

4.1.1 Patient Reference Group

Integral to our work is the role of the Patient Reference Group, constituted of nominated representatives from individual Practice Participation Groups. The Terms of Reference is reviewed annually and in time may extend to voluntary community and faith sector organisations, support groups and individual representative patients.

These key partners ensure that the patient and public voice is represented and heard in the development and commissioning of local health services and contribute to stages 1 and 2 of the Engagement cycle;

1. Community and stakeholder engagement to **identify needs** and aspirations.
2. Public engagement to **develop priorities, strategies and plans**.

The group meets quarterly and over the past year contributed to;

- Stroke prevention
- Development of Primary Care Networks
- Support the Frailty Unit
- Practice websites
- Out of Hospital Strategy
- National Diabetes Prevention Programme
- Technology Integrated health Management for Dementia
- Encouraging the effective use of the NHS Accessible Information Standard

4.1.2 Improving and Procuring Services

As we can see stages 3 and 4 of the Engagement Cycle advocates;

3. Patient and carer engagement to **improve services**.
4. Patient, carer and public engagement to **procure services**.

2016 has seen opportunities for patients to become more involved with proposing service improvements (through Service Specification within new contracts) and throughout the procurement process from bid evaluation to contract award.

ESCCG patients and Carers have been involved with the Non- Emergency Patient Transport Service re-procurement, new Children and Adolescent Mental Health Service implementation, informing service specification and re-procurement of Carers Support Services.

4.1.3 Representative Patients

There is a pleasing number of patient representatives involved with CCG work, drawn primarily, but not exclusively, from the ESCCG Patient Reference Group. These “Experts by Experience” are actively involved with and contribute to;

- Langley Green Hospital Quality Assurance Visits - includes service users and carers
- First Community Health and Care Community Forum
- SASH Emergency Department Clinical Governance Group
- Chair of Mid and East Surrey Mental Health Stakeholder Group
- Review of the muscular- skeletal service
- Review of the Chronic Obstructive Airway Disease patient pathway
- Surrey Stroke Review

This work accords with Patient and carer engagement to **monitor services** (the 5th element of the engagement cycle).

5. Wider Stakeholder Engagement

Clinical Commissioning Groups (CCGs) need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. These relationships provide CCGs with on-going information, advice and knowledge to help them make the best possible commissioning decisions. ESCCG already works collaboratively with key stakeholders in order to serve all of the people within our area; to help them look after themselves and to invest in and innovate the best possible health care.

ESCCG has worked closely with wider stakeholders over the past year including;

- Neighbouring CCGs
- Surrey Clinical Commissioning Group collaborative (the six CCGs across Surrey)
- Surrey County Council including Public Health and Adult Social Care
- Borough and District Councils
- Tandridge Health and Well Being Board
- Reigate and Banstead Health Partnership
- Surrey Health and Wellbeing Board
- Patient and community groups
- Commissioned service providers
- NHS England
- MPs
- Member practices and GPs
- CCG's Patient Reference Group
- Provider organisations (including third sector/voluntary organisations)
- Healthwatch Surrey

Collaborative working increasingly involves multiple partners and every member of ESCCG staff plays a part in helping to join up services and address gaps in service within the local system.

5.1.1 360 Degree Stakeholder Survey

The CCG 360° stakeholder survey is a key part of ensuring these strong relationships are in place. The survey allows stakeholders (including patient and communities) to provide feedback on working relationships with CCGs. The results from the survey will serve two purposes:

1. To provide a wealth of data for CCGs to help with their on-going organisational development, enabling them to continue to build strong and productive relationships with stakeholders.
2. To form part of the evidence used to assess whether stakeholder relationships continue to be central to the effective commissioning of services by CCGs, and in doing so, improve quality and outcomes for patients.

Summary of 2016 results

Although initially disappointed with the response rate, this was a higher response rate than the previous year and ESCCG achieved improvements to every question except 1 (How much would you say you know about the CCG's plans and priorities? 65% reported knowing a "great deal/fair amount" in 2016 against 68% in 2015). This was the only area where an improvement was not reported.

Each of the surveyed areas;

Overall Engagement

Commissioning services

Overall leadership of the CCG

Monitoring and reviewing services

Clinical leadership of the CCG

Plans and priorities

...showed improvements overall. The greatest improvements were with the **Overall leadership of the CCG and Clinical leadership of the CCG** which saw increased satisfaction and confidence of between 12% - 31%.

As well as the year on year improvements ESCCG has performed well when compared to national and CCG cluster bases. ESCCG exceeded the National CCG average for positive responses in 2016 for 15 out of 25 questions.

6. Engagement Strategy

ESCCG's Engagement Strategy was approved by the Governing Body in public (January 2015) and is available on our website;

<http://www.eastsurreyccg.nhs.uk/docsPolicies/Public%20Engagement%20Strategy.pdf>

This strategy describes the vision of ESCCG in developing proactive engagement with our patients, carers, partners and public and has been developed from ESCCG's previous Communication and Engagement strategy.

Although the strategy envisages actions and plans until 2018, the ever changing NHS landscape suggests that a complete review and refresh will be required early 2017.

For instance, engagement will be integral to the more local, place-based planning that will be undertaken for the population surrounding Surrey and Sussex Healthcare NHS Trust, working most closely with Crawley and Horsham and Mid Sussex CCGs as joint commissioners. ESCCG engagement plans will need to reflect those of the place based plans and the wider STP footprint communications.

7). Communications

The CCG Website

The website has been continually refreshed, incorporating suggestions from the Patient Reference Group (who have previously been involved in testing the site for ease of navigation) and public feedback. The website's facility for people to register with us to receive additional information has proved to be popular and we now have a database of interested and registered people with whom we regularly communicate.

The website continues to attract around 1000 visitors a month (with just over half of these being new visitors) and provides ESCCG with a fresh and valuable way of engaging with a wider audience.

Your Health Matters

ESCCG produces Your Health Matters, a quarterly newsletter for patients and the public. This is distributed through member practices' Patient Participation Groups, voluntary, community and faith sector organisations. The content includes information about engagement opportunities, news, patient stories as well as being a valuable vehicle for delivering health messages and local updates. The Patient Reference Group critique the newsletter and continue to make recommendations and suggestions regarding format, content and frequency of publication.

CCG Update

The CCG also produces a monthly e-newsletter for member practices and for staff, including a message from the Chair and updates on the CCG's main commissioning initiatives and decisions. This helps to ensure all GP practice colleagues as well as the central management team are fully informed about the CCG's latest position.

8. "You Said/We Did"

In order to keep interested parties engaged, it is important to communicate any changes that they have helped to influence.

ESCCG regularly publish on their website and in “Your Health Matters” examples of how the patient and public voice have contributed to improve services.

You Said

“The non-urgent Patient Transport Services do not fully meet the needs of their service users. The eligibility criteria should be more strictly followed”

We Did

Ensure that feedback and pro-actively sought views were used to influence the new PTS contract and that a patient representative was integral throughout the procurement process.

You Said

“We are worried about the future of South Park Medical Practice”

We Did

Hold 2 listening events and ensured that the views of the community were shared with NHS England for consideration.

You Said

“I keep being sent letters by the hospital but I can’t read them as I am blind”

We Did

Ensure that the hospital are aware of their obligations under the NHS Accessible Information Standards. Patients should have any special communication needs recorded on their electronic records.

[9. The year ahead](#)

ESCCG has established some good relationships with key community groups, and needs to ensure that others are developed further, particularly across the county borders.

We will also be looking at opportunities make contact with local businesses to try and reach one of our “harder to reach” groups, the working age adult.

ESCCG is committed to reaching a wide range of people and will continue to focus specific efforts on those groups or individuals that may not ordinarily be reached by traditional routes e.g. formal meetings.

By using existing groups, forums and networks, we aim to identify patients, Carers and others at a time when they feel supported, comfortable and confident within their own environment.

We will continue to work closely with local Borough and District Councils, Surrey County Council and community, voluntary and faith sector organisations, who help us to reach many of the “seldom heard” communities. This partnership working makes engagement more cost efficient and prevents so called “consultation fatigue”.

The Patient Reference Group will become an increasingly important forum for ESCCG to explore more ways of engaging with and involving patients and for ensuring the public voice really contributes to our work over the next year.

Through the continual development of relationships, we will work together to support the vision of a truly patient-centred local health service.



Patients at the heart

APPENDIX 1

Minutes from ESCCG Rant 'n' Rave meeting

Patient Reference Group Meeting
Thursday 13th October 16
Nutfield Lodge, Redhill

Minutes

1. Welcome and introduction to the meeting – Nici Jupp, Lay Member Patient and Public Involvement

Nici Jupp welcomed everyone to the meeting and spoke briefly about what her role as Lay member for patient and public involvement involves. She explained that as a lay member, she attends CCG meetings as a member of the public and when decisions are made by the Governing Body; part of her role is to challenge these decisions, to ensure that they are in the best interest of the patient.

2. Declarations of Interests – Nici Jupp, Lay Member Patient and Public Involvement

Don Illman declared his role at Surrey & Borders Foundation Trust and his position as co-chair of the Surrey Mental Health Partnership Board.

3. Quality Update from Director of Quality & Nursing – Karen Devanny, ESCCG
(See slides)

Karen spoke about the quality improvements that have been made in-year at the CCG. Among these are how the CCG approaches serious incidents and complaints and Emergency Planning. At a recent audit carried out, the CCG received the grading 'substantial' in both these areas which is very positive for the CCG.

On-going improvements are being made in the following areas:

- **Mental Health** - Around Parity of esteem and having better services and support in place for children and adults
- **Maternity** – Looking at improving choice and in particular for Mental Health patients
- **Cancer** – Improving survival rates and the length of time between diagnosis and treatment
- **Diabetes** – Improving support and educating people to manage their condition

The majority of providers in the area are doing well but there are concerns around the current ambulance service. South East Coast Ambulance Service (SECamb) recently had their CQC inspection which came back poor. The main areas that require improvement are Governance, Leadership and performance targets. Commissioners have collectively pulled

together a recovery plan with SECamb and feedback will be given to the PRG on improvements that have been made as things move forward.

Questions and Answers

Q – Is the Frailty Unit (Pendleton Assessment Unit) being utilised fully now?

A – The Commissioners aren't aware that the unit is open yet, however as feedback from the meeting today suggests that it is, Karen agreed to investigate this and feedback. She explained that it's possible the ward is being used as spill over from the A+E department.

Feedback from Karen: The Unit is open and indeed being used to support A & E. This is a good example of patient representative feedback

Q – We have been told that the Ambulance Service contract is up for renewal at the end of September and different providers will be taking over. Has a contract been signed and if so with whom?

A – There has been a collaborative agreement put in place between South Central Ambulance Service and South East Coast Ambulance Service to collaboratively work together to improve the service provided to our patients. A host CCG (North West Surrey CCG) looks after the Ambulance Service contract on behalf of the Surrey CCG's and there are already some improvements that have been made within the Leadership at SECamb. Karen agreed to confirm the length of the collaborative agreement that has been put in place

Q – Please could Sepsis be added to the list of On-going Improvements?

A – Karen confirmed that Sepsis is already incorporated within the Quality Improvement Plan.

4. Special Measures and Future of ESCCG – Dr Elango Vijaykumar, Clinical Chair, ESCCG

(See Slides)

At the last PRG meeting in June, Dr Vijaykumar informed the group that the CCG has been placed in Special Measures by NHS England. The CCG is listed very highly in terms of the Quality of services it commissions however the finances are going in the wrong direction. Because the CCG is in special measures, permission needs to be sought from NHS England before most decisions can be made.

Elaine Jackson (Chief Officer) and Richard Bates (Chief Finance Officer) left the organisation in July as they felt the time was right for them to step down. NHS England has supported the CCG at this time by drafting in Ian Ayres, Chief Officer at West Kent CCG, to provide Interim Support to the CCG. West Kent CCG are in a very different position to East Surrey as they are 3 times the size which means they have more money to spend on man power. Ray Davey has been appointed, with the support of NHSE, as Interim Chief Finance Officer.

The role of the Governing Body is to ensure that Quality stays at the top of the agenda despite the financial difficulties that the CCG faces

Q – Does West Kent CCG get the same amount of money per head?

A – East Surrey CCG has had an up-lift this year in terms of the amount of money it gets per head but it is still not on a level playing field with other CCG's.

Q – How long will it take the CCG to get past this financial deficit?

A – East Surrey Hospital is a very successful hospital which is commissioned by East Surrey CCG and Crawley, Horsham and Mid-Sussex CCGs. NHS England has agreed to have a shared leadership between the commissioners which will mean that all pathways will be the same for Crawley & East Surrey patients. This is a positive step forward and will make things much easier for everyone.

STP and Place Based Plan

As part of the Governments 5 year forward view, changes to services are required to take place to improve health and service quality whilst delivering financial stability by 2020/21. To achieve this, organisations have been split into footprints and there are 44 STP footprints across England. CCG's will still remain as statutory organisations however they will work on a larger footprint in order to tackle the financial deficit. The footprints will be asked to tackle the following gaps:

- Health and Wellbeing Gap
- Care and Quality Gap
- Finance and Efficiency Gap

Locally, the following areas have been identified as needing improvement:

- cancer (early diagnosis and patient experience)
- stroke outcomes
- mental health detection, access and outcomes
- long term condition management, prevention and support
- support to frail and complex patients
- maternity and children's services

At the moment everyone is working as individual organisations and the plan is to have the CCG's working as one group together.

The Sussex and East Surrey Sustainability Transformation Plan (STP) footprint is made up of 23 partner organisations and is divided into three place based areas, with each area having their own plan. (See map within slides for the three areas)

East Surrey CCG falls within the 'Central Sussex and East Surrey Collaborative' Place Based area. Within the Place Based Plan for this area, local gaps within the system are being addressed. Specific areas can be found within the slides.

The Plan incorporates moving towards an organisational form called a Multispecialty Community Provider (MCP). The MCP model arranges care around the person and integrates out-of-hospital services across primary care and the community, with some integration with acute services.

Q – Where do you see the cost savings?

A – At the moment, the majority of money is spent on Acute Care, where the vast majority of care is delivered out in the Community. The forward plan is to move those services which can safely be delivered in the Community, out of the hospital. These services will then cost the system a lot less money so over time this will create a huge cost saving.

Q – Will current schemes that are being piloted, such as the Well-being Advisors scheme, be stopped because of the CCG being put in Special Measures?

A – Vijay explained that he hopes those schemes that are already in place will continue. He stressed that the CCG will make the case to NHSE if it's believed a particular scheme will benefit patients and keep them from being admitted to hospital.

5. National Diabetes Prevention Programme (NDPP) – Janet Spratt and Claire Thorne, Ingeus

(See slides)

Janet gave a brief over-view of the work of Ingeus and explained that the company delivers large-scale complex services across health, employment, skills and rehabilitation.

'Healthier You' Programme

The 'Healthier You' programme is a national prevention programme led by NHS England, Public Health England and Diabetes UK.

Diabetes is a very expensive condition to treat and evidence has shown that supporting behavioural change early on can prevent people from going on to develop Type 2 Diabetes.

About the programme

- Eligible to patients with HbA1c of 42-47 mmol/mol (6.0 to 6.4%) who are 18 years and over.
- Runs over a period of 10 months – Daytime and evening sessions available
- Each session is 90 minutes in length. The first 4 sessions are held weekly and after this they are held once a month
- A Diabetes hand-out pack will be issued and this contains a booklet for specific goals to be written in during each session
- Pedometers are issued to monitor the amount of steps per day
- Link to community and voluntary sector organisations to provide further support outside of the sessions

(More information on what the sessions will include can be found within the slides)

The programme is due to go live in Surrey in the new-year and GP practices have been given a template referral form for the service.

Q – People with Mental Health are quite prevalent with Type 2 Diabetes. Is this programme open to these people?

A – The programme is open to all, however there will be specific sessions available and Mental Health assessments will be carried out

Q – Will the Desmond Course still be available? (An education course to help people self-manage Type 2 Diabetes)

A – The 'Healthier You' programme compliments the Desmond Course. Currently this programme is only for people aged 18 years and over. If the course were to be opened up to children it would need to be run very differently.

Q – Who has commissioned this programme?

A – NHS England has funded this programme and if it successful it will reduce the burden on the NHS and incur cost savings.

Q – Do you think that people will be willing to attend a 10 month programme?

A – It is proven that intense, long-term intervention is more successful and the hope is that enough encouragement will be given that people will want to attend a make a change in their lives.

There are shorter courses available but this one can help people achieve their long term goals.

Q – How do you plan to pick up people with early Diabetes?

A – As a starting point, most people will be picked up via GP's referring patients into the scheme however Patients can also be identified through NHS Health checks.

Q – Will there be on-going support once the programme has ended?

A – During the programme, patients will be introduced to relevant local voluntary organisations which will continue following the 10 months.

6. Technology Integrated Health Management for Dementia Trial – Francesca Markland, Alzheimer's Society

The Alzheimer's Society have been working with NHSE and Innovate to develop the Technology Integrated Health Management for Dementia Trial. The trial is around using technology to improve the quality of life for people living with Dementia and the objective is to keep people in their own homes and out of hospital for as long as possible.

The Two-year clinical trial involves installing devices such as sensors, apps and trackers in the homes of people living with dementia. An app will be used to build a picture of what is 'normal' for a person and the devices will monitor the persons' wellbeing by sending data to a monitoring centre which will be manned 24/7. Any change in wellbeing will be flagged to clinical staff and action will be taken accordingly.

The trial will run alongside any existing health and social care support participants are already receiving.

At the end of the trial, proposals will be made on how technology can be more widely applied to benefit other long term physical and mental health conditions.

Currently the trial is in phase 2 and is recruiting participants and volunteers who will support the participants. The Carer of the participant will be required to sign up to the trial as well, as

the impact the trial has on the carer will also be monitored. The Carer does not have to be living with the participant.

The participant will be signed up to the trial for 6 months and will be given the results at the end of the trial.

Q – The average age of someone living with Dementia is between 65/70years. I am concerned that this cohort of patient will not be confident in using the technology that is provided.

A – It will be agreed with the participant which of the devices are most suitable for them and they will be supported throughout the whole process. Some of the devices are sensors so they won't require the patient to do anything, they will just be present in their home. The carer of the participant may be able to help with some of the elements as well, for example the blood pressure monitoring.

Q – How do you plan to manage effectiveness?

A – The trial will be looking at the overall well-being of the participant and their carer. Early diagnosis is key and the aim is for the devices to pick up problems before they become worse. It will also be looking into whether there is a reduction in hospital admissions.

Q – What happens at the end of the trial?

A – At the end of the trial the participant will be given the results but unfortunately it won't be able to be replicated following this. However, if the trial is proven to be successful, it will be a model of how healthcare will work in the future.

Q – Is this the same as telehealth?

A – It is similar to telehealth but this trial gathers data and monitors behaviours and the persons' well-being

Q – I am confused as to how this trial will actually help the patient. If the patient is confused, will all these devices being installed cause more anxiety to the patient?

A – The trial will be carefully managed at all times to ensure that it is not being intrusive and causing any anxiety to the participant. After the initial set-up period there won't be lots of people entering the participant's home. During the consenting stage, a cognitive test will be carried out on the participant and it will be agreed together what technology is best suited. The Alzheimer's Society will also help support the participant throughout the trial.

7. Around the PPG's – Nici Jupp, Lay Member Patient and Public Involvement ESCCG

This part of the meeting was to hear from PPG members about what has happened in their Practice PPG since the last meeting.

Oxted Health Centre

- One of the younger PPG members has now gone to University to train to be a GP
- The PPG now has two 16/17 year olds

- Had two patient talks recently which were sponsored by anaesthetists. They paid for the hall costs and provided a good speaker. One of the GP's at the Oxted Health Centre did a talk on the Stomach and the Digestive system which was attended by 50/60 people

Whyteleafe Surgery

- The practice has an effective PPG which meets every 3-4 months
- The PPG has 12 members
- The PPG has a 5 year action plan which covers a number of areas on how it will support the practice

Birchwood Medical Practice

- Has recently produced another newsletter
- Had a talk on Stroke and Emergency Services
- New housing in the Horley area is a real problem as all GP lists within the area are now closed which is quite a concern. The Practice has also become aware that new flats are going to be built on a car park nearby and although these concerns have been raised with the Council it is proving difficult to do anything about it.
- Have heard a new Practice is being built in the Horley area but the CCG confirmed that there has been no news of this.

Hawthorns

- It was questioned why the Practice does not have a Well-being advisor like other Practices? *Dr Vijaykumar said that he would take this up with the CCG but explained that there is no plan to extend the pilot further this year*
- Currently only the Practice Manager attends the PPG; no GP attends.

Warlingham Green

- Would like to see examples of other PPG newsletters to help develop our own (**Action - Rhianna Hills to co-ordinate**)

Wall House Surgery

- The practice had their CQC inspection in August which members of the PPG took part in. The Practice was given an overall rating of 'good'.
- The Practice is re-building their premises and will be moving into Porto cabins very shortly

Don Illman – Representing Mental Health

- Crisis House is being well used and people from Crawley and Croydon are now using it too.
- Redhill based in-patient services have still not been put in place even though this was promised a long time ago. The closest is Langley Green which is Sussex based.

8. Adult Social Care Information and Advice Strategy – Natalie Gordon, Surrey County Council

(See slides)

It can be overwhelming with all the information and Advice that is available to the public, so part of Natalie's role is to co-ordinate all the information that is out there into one place.

As part of the Care Act, Surrey County Council is required to produce a universal information and advice service to all.

Natalie is keen to work with the PRG to identify barriers and improve what is already available.

Surrey Information Point <https://www.surreyinformationpoint.org.uk/> is a way of accessing 400 providers via one website and is the go to place to identify what services are available. Natalie and the Surrey County Council Team are working on making this more accessible as feedback has shown that the website is not very well known. There was an initial campaign which included radio adverts and posters. **Action** - Natalie agreed to find out specifically where these posters were displayed. Surrey Information Point is currently going through a re-launch and Natalie agreed to share with the group how this will be advertised.

Currently SCC are working with North West Surrey CCG to Develop an area-based local action plan which will improve information and advice in health settings, and greater access to community support. Work will be done with East Surrey soon to develop a local action plan and patient involvement will be sought.

It is recognized that a lot of information on local services are online based and so SCC are working on building peoples skills to access information online. During 'get online week' the Council will be working with al libraries across Surrey.

Q – Is the information in an accessible format for all?

A – The NHS Accessible Information Standard affects all health and social care providers. The Standard requires all providers to communicate in a way that the patient will understand and that additional support is provided when needed.

To help advertise the support and resources that are available, Natalie volunteered to write an article for the PPG newsletters – **Action Natalie**

9. Healthwatch Surrey – Jacquie Pond, Engagement Officer, Healthwatch Surrey (See slides)

Jacquie presented to the group Healthwatch Surrey's Q2 highlights.

In September Healthwatch Surrey held their first 'Let's Celebrate' event for the Community Cash Fund 15/16. The Community Cash Fund is available for small organisations to apply for a grant to help get themselves up and running. The 'Let's Celebrate' event was held to congratulate those organisations who have been awarded the grant. In July the 16/17 Community Cash Fund was launched and winning schemes include 'come knit with me' which is a knitting session for carers of people with Dementia and a film on understanding Autism and caring for children with Autism.

Q – Where does the Community Cash Fund money come from?

A –The Community Cash Fund is funded jointly by the Government and Surrey County Council.

During the Summer, a Listening Tour was carried out across the County. The purpose of the tour was to gather information from people on their experiences on accessing healthcare

services. All this information has been collated and will help to inform future priorities for Healthwatch Surrey.

This quarter, Healthwatch Surrey has worked closely with BSL Healthy Minds to try and get a view of how easy it is to access healthcare and BSL services.

In the last year, 2068 individual experiences were reported to Healthwatch Surrey. The services with the highest proportion of negative experiences are:

- Ophthalmology
- Mental Health (child & adolescent)
- Nursing/Care Homes

These experiences are shared with local decision makers, for example the CCG, Adult Social Care and CQC.

Healthwatch Surrey is embarking on a new planned programme for 16/17 which involves carrying out 'enter and view' visits within 52 Care Homes. These visits are being held to talk to residents of the Care Homes to understand their experience of being in the home. Families will also be included where possible. So far 10 Care Homes have been visited and this has already resulted in an issue being escalated, prompting a visit by CQC and regulatory action against the provider. A full report on the findings will be available in early 2017.

Q – Are Enter and View visits carried out on Mental Health sights?

A –If a consistent large number of negative experiences are received on a particular Provider, Healthwatch Surrey do have the power to carry out an 'enter and view' visit. Once the Care Home visits have taken place, using the feedback received throughout the year and at the Summer Listening Tour, Healthwatch will evaluate what area will be concentrated on next year.

There are many opportunities to become a volunteer for Healthwatch. To find out more please contact:

Tel: 0303 303 0023

Email: enquiries@healthwatchsurrey.co.uk

Text: 07592 787533

10. Patient Reference Group Terms of Reference

The PRG approved the TOR for 2016/17 and it will be re-visited next in October 2017.

11. Date of the next Meeting

Thursday 23rd February 2017, 19.00-21.30pm, Nutfield Lodge Redhill.

