NHS England

Involving our patients and public in improving London's healthcare:

NHS England (London) participation and engagement review 2015/16

Contents

Welcome from Anne Rainsberry

Welcome to the 2015-16 Annual Participation and Engagement Review from NHS England (London). I want to thank everyone across the capital who has participated this year, in making health services across London work for everyone. We spent a large part of last year listening to your opinions and suggestions about how we can make the NHS better for patients and the public and then making sure those ideas are turned into actions.

We have all accessed NHS services at some point in our lives - as patients ourselves or as parents, siblings, carers or children of those who used our services. The NHS is committed to ensuring the level of care Londoners receive is of the highest standard and delivered with compassion, understanding and respect.

We continue to fulfil the aims of the NHS Five Year Forward View that sets out a clear vision for a new and improved relationship between patients and the NHS.

This review describes how we have been putting your words into action. It highlights what we have done over the course of the past year; how we have taken your ideas for improvement and applied them to our many strands of work. But our work continues and we need to keep listening to our patient and public voices and acting on what you tell us, creating an NHS that we are all proud of.

I hope that this review demonstrates the positive difference that engaging our communities has made and will inspire many, many more Londoners to work with us in the future so that together we can shape our NHS.

Thank you.

Anne

Anne Rainsberry
Regional Director
NHS England (London)

London's Health: an overview

We know that Londoners have a wide range of health needs and this information is vital to enable us to plan services to meet those needs. It is equally important for us when planning how to engage with patients and the public, and to encourage and welcome their participation in all aspects of our business. This is reflected in the different approaches to engagement highlighted in this review.

8.6 million live in London and the population is expected to grow to 9.8 million by 2026.

2 million are under 18, expected to rise to 2.2 million by 2026.

Life expectancy varies significantly across London:

- A girl born in 2012-14 can expect to live 86.7 years in Camden and 82.5 in Tower Hamlets.
- A boy can expect to live 83.3 years in Kensington & Chelsea and 77.6 years in Barking and Dagenham.

Children

One in seven young people aged 11-15 have been diagnosed with a long-term medical illness or disability such as asthma, diabetes, epilepsy, cancer, or physical or mental impairment. Around 13% of boys and 10% of girls aged 11-15 have mental health problems.

One in four young women (25%) and one in seven young men (14%) took at least one prescribed medicine in the previous week.

10% of children and young people have asthma which causes 12 deaths per year.

Adults

1 out of 6 Londoners aged over 18 years smoke. Londoners living in Barking and Dagenham are 2 times more likely to be smokers than those living in Richmond-upon-Thames (Public Health England 2015).

57.3% of Londoners are overweight or clinically obese, highest in Havering (67.2%) and lowest in Kensington & Chelsea (45.9%).

Nearly half of all people living with HIV in England live in London. The diagnosis rate of new sexually transmitted infections is double the national average.

39% of new TB cases were in London.

Click here for more on health inequalities in London.

What we do

NHS England leads the National Health Service (NHS) in England. Our mission is to improve health and secure high quality healthcare for the people of England, now and for future generations.

We want everyone to have greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

The NHS Five Year Forward View (2014) sets out how we will achieve this.

At NHS England (London), we have oversight and leadership for the NHS in London and commission more than £15bn of services for the 8.6 million people living in the capital.

Click here

to find out more about the Five Year Forward View

We have four main functions:

Commissioning: in simple terms, this is the process of planning, purchasing and monitoring healthcare services. We commission:

- primary care and specialised health services
- public health services, including healthcare for those in the criminal justice system
- screening and immunisation services, and
- armed forces healthcare.

Assessment and improvement of the commissioning system: assuring and supporting local commissioners to deliver improved health outcomes and that they uphold constitutional commitments.

National policy and strategy: ensuring the NHS is sustainable and identifying priorities for change and improvement. Public engagement for national policy is done nationally.

Leadership: working with national and local partners, we provide leadership to the commissioning system and help shape the future direction and transformation of the NHS.

Changes in how we commission Primary Care services

Clinical Commissioning Groups are taking an increasing role in commissioning primary care services for their area in partnership with NHS England (London). This is known as co-commissioning. It is one of a series of changes set out in the NHS Five Year Forward View. The aim is to support the development of out of hospital services based around the needs of local people. This responsibility includes operating under joint arrangements to improve patient experience.

In 2016/17, NHS England will be exploring options for the possible expansion of co-commissioning into wider primary care areas, with full and proper engagement of CCGs, NHS Clinical Commissioners and the relevant professional groups. This includes community pharmacy, where scoping work will focus on how we can strengthen partnership working between NHS England and local commissioners.

What we do

NHS England (London)

Spends more than **£18 billion** on health and care services including over **140** specialised services

We work together with the following organisations to provide world class services for present and future generations

- **32** CCGs
- **35** hospital trusts
- **19** strategic resilience groups
- **33** local authorities
- **1** ambulance service

Together, we ensure that the money we spend on running the NHS and transforming services is spent effectively for patients and for the taxpayer

Placing patients at the heart of what we do

Our ambition is to place patients and the public at the heart of everything we do. To achieve this, genuine patient and public participation is essential. The **NHS Five Year Forward View** (2014) describes a new relationship between the NHS, patients and the public, including a commitment to engage communities and citizens in decisions about the future of health.

In addition, under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) NHS England has a legal duty to involve properly patients and the public in our commissioning processes and decisions.

Click here

to find out more about the Health and Social Care Act


Health and Social Care Act 2012

This summary review highlights the work that NHS England (London) has done to involve patients and the public between 1 April 2015 and 31 March 2016 and its plans for the future.

NHS England (London) has produced an annual participation and engagement review for the past two years. The regional executive team commissioned the **Centre for Public Scrutiny** to create, recruit and train a group of Londoners to scrutinise our public involvement activity. This group, **London Patient Voice** (LPV) undertook an independent review of the extent to which we succeeded in involving and engaging patients and the public in our work for a second year in succession.

The scrutiny report for 2014/15 suggested a number of recommendations that were disseminated to all staff and it was published alongside the NHS England (London) review on the **website**.

What did we do in 2015/16?

In 2015/16 our regional work focussed on:

- the development of a champion's network of colleagues who promote and support patient and public participation in the regional office teams
- the dissemination of national guidance, and
- the planning for Patient and Public Voice (PPV) partner training.

Additionally, in our assurance role with CCGs, we reviewed all CCG annual participation and engagement reports, conducted in-depth reviews of their activity with CCG Governing Bodies and further developed the relationship with CCG engagement leads, creating a London Participation and Engagement Leads network that now involves NHS England (London) champions to share and learn together.

We contributed to national guidance, most notably a guide to **Annual Reporting on the Legal Duty to Involve Patient and the Public in Commissioning** which refers to our 2014/15 annual review in the best practice section.

London Patient Voice found that the contents of our 2014/15 review demonstrated **'a step change from 2013/14 in the embedding and implementation of the commitment to patient and public voice'**

Placing patients at the heart of what we do

and the increased value placed on patient and public voice contributors and contributions.

They found that much good practice had been **'maintained and enhanced'** citing the use of social media, partnership working with other organisations, training for our Patient and Public Voice (PPV) partners, and the range of opportunities and styles of engagement.

LPV also made a number of core recommendations highlighting PPV partner recruitment, training and remuneration, and proposed that we do more towards ensuring that the make-up of our partners reflects London's diverse population. Other recommendations suggest the continued embedding of the value of participation and shared learning with partners including the use of all methods of engagement and information gathering.

In 2016/17 we will continue to develop programmes of training for PPV partners and our staff, to embed participation and engagement across all departments in NHS England (London) as illustrated in the case studies in this review.

As we did last year, we will listen to the views of an independent volunteer reader group to ensure that this review continues to be public facing and readable. One of the reviewers last year said **'Last year's report was interesting, and I was pleased to note a quote referencing a point that I had made'** MW.

"There is clear evidence that good progress has been made in embedding the culture of public and patient voice in to the everyday working of NHS England (London) at corporate level".

"We attended a London Engagment and Participation Leads Network meeting and were impressed by the enthusisam and atmosphere of mutual support with other commissioners in the NHS structure".

London Patient Voice

Scrutinising NHS England (London)'s Participation and Engagement report 2014/15.

Involving patients: Commissioning

Health service commissioning is the process of planning, agreeing, paying for and monitoring services.

In practice, it involves a range of activities, including the health-needs assessment of a population, the clinically-based design of patient pathways, service specifications, contract negotiation and procurement, and continuous quality assessment.

NHS England directly commissions a range of services. We work collaboratively with local commissioners to design these services so that they meet the needs of communities, improve health outcomes and meet our NHS Constitution commitments.

If you're viewing this online, click on the buttons below to find out how we commission these services and how patients and the public have been involved.

Primary care
including General Practice (GPs), dentistry, optometry and pharmacy

Armed forces healthcare

Public health services

Health in the Justice system

Specialised services
including cancer, othopaedics and mental health

How patients and the public contribute to primary care

What we do

Primary care includes the care provided by GPs, community pharmacies, optometrists, dental practices, community and specialist dental services. We commission many of the primary care services in London previously commissioned by Primary Care Trusts (PCTs). Our duty is to commission services that improve quality, reduce inequalities, promote patient involvement and promote more integrated care.

Clinical Commissioning Groups (CCGs) have a responsibility to drive up the quality of primary care but we, NHS England, have responsibility for managing primary care contracts up to the point where some CCGs take on co-commissioning responsibilities. In these cases, the commissioning of GP services is delegated to CCGs to increase decision-making based on the needs of local people.

How do we involve patients and the public?

For GP contracts, this involves engagement with patients, local groups and stakeholders about the options on how services will be delivered in the future, for example, when a GP contract comes to an end. Engagement methods include a range of approaches: letters to all registered patients, public meetings, drop-in sessions and online surveys.

Primary care procurement has included engagement with patients on the specifications for new practices. Patients have been trained in bid assessment skills to take part in the associated oversight processes.

Key performance indicators for GPs have been set against areas that patients have told us are important to them.

Within the Dental, Optometry and Pharmacy function the main focus of patient engagement remains the Patient Advisory Board. The board has evolved to support the development of dental, optometry and pharmacy services in equal measure. The terms of reference of the board were reviewed and updated in March 2016 and as part of this process, the membership will be expanded to increase representation from children and young people and parents of school age children. The group will be co-chaired by a Public Health England consultant and the Dental, Optometry and Pharmacy Head of Primary Care.

Looking back: our 2015/16 commitments

The Primary Care Commissioning team has made considerable progress in its drive to embed the public voice in commissioning business:

- All Heads of Primary Care and selected team members have undertaken participation and engagement training based on their role and personal objectives
- We have used co-commissioning initiatives to support clinical commissioning groups and local authorities to involve the public and patients using their existing networks
- We have developed procedures to ensure a consistent process for patient engagement for significant changes to GP services, such as a closure or relocation of a practice, especially if it happens at short notice. A key element is to seek views and advice from patients on the impact of any changes to services. We communicate with all adults on

How patients and the public contribute to primary care

a GP practice list, and involve established Patient Participation Groups and other relevant patient or community groups.

- The Healthy London Partnership has supported the Dental, Optometry and Pharmacy team in the recruitment of new members to the Patient Advisory Board, specifically in finding adolescents and parents of young children through the Children and Young people work stream.

There were no legal challenges to commissioning activity in 2015/16.

How patients and the public contribute to primary care

In Focus

Commissioning a new GP Practice in Tottenham Hale

In 2013, NHS England (London) began receiving information from a variety of people in Haringey, raising concerns about a lack of GP services in Tottenham.

In 2014, the local Healthwatch report, 'GP Access in Tottenham Hale' highlighted a shortfall of at least 1,000 GP appointments a week in the north east of Haringey compared to the national average, and a shortfall of around 2,000 appointments a week in the borough as a whole.

Working with Healthwatch and other local partners

In response to this report, the Primary Care Commissioning team proposed a joint approach to address current and future needs and make recommendations about how to improve access and the quality of services. We set up a working group with Public Health, local planners, Healthwatch, local councillors and NHS property colleagues. It looked at current levels of quality and access, and assessed future needs to make recommendations for improvement across Haringey. It also developed specific and immediate plans to respond to the concerns about services in Tottenham Hale.

The group commissioned a report which focussed on four parts of the borough where we had concerns, namely Tottenham Hale, Northumberland Park, Noel Park and Green Lanes. The report, published in June 2015, recommended that a temporary GP service be commissioned in Tottenham Hale where there is significant population growth and a lack of GP services.

A new temporary GP practice

The temporary practice has four GPs looking after a patient list of up to 6,000 patients, offering around 500 consultations a week. This temporary arrangement has been agreed to run for 3 years from January 2016.

After this, a new permanent provider will be selected through an open and transparent process. Subject to approval of a business case they will then move into a purpose built permanent health centre in the Tottenham Hale locality.

How patients and the public contribute to primary care

In Focus

Engaging with patients to improve GP services

Alternative Provider Medical Services (APMS) are primary care services provided by non-NHS bodies such as voluntary or commercial sector providers. They are commissioned when there is an additional local need for primary care services. We reviewed APMS contracts in 33 GP practices across London and developed a standardised process to share proposed plans and commissioning intentions for each practice.

We used multiple methods to gather patients' views on issues including: 'What's good about current services?', 'What could be improved?' and 'What is needed in the future?'

To ensure as many people as possible could take part we used various engagement methods including:

- writing to all adult patients on the practice list
- hosting patient events at the practice and face to face meetings with patients
- meeting Patient Participation Groups
- paper and electronic patient surveys and placing posters in the practice

Face to face events also took place to accommodate individuals who may have needed assistance in completing questionnaires or giving their views in other ways.

Each review produced a patient engagement report which highlighted care issues that could be improved. This was publicised in the local community.

Patient opinion halts the merging of two practices onto a single site

As a result of one such report, a proposed procurement was halted. The proposal suggested merging two practices and moving the newly merged practice to a single site. However, the patient engagement report highlighted two very distinct communities utilising each practice, who did not agree with the proposal. People told us they would rather travel slightly further to the existing GP services. A new proposal was therefore developed which did not involve merging the two practices.

How patients and the public contribute to primary care

In Focus

Improving the quality and access to Community Dental Services for Londoners

A London-wide service reconfiguration of Community Dental Services (CDS) is occurring in 2016 to improve access and equity of services across London. This will involve commissioning NHS services to better meet the dental health needs of Londoners, especially children and individuals with special needs. We have undertaken this work with clear reference to the NHS Commissioning guides for Special Care Dentistry and Paediatric (children's) Dentistry, and ensures a very different approach to the commissioning and performance management of CDS contracts.

A procurement of new CDS contracts offers an opportunity to develop clear and consistent care pathways. The new contracts will ensure a comprehensive range of specialist care and children's dentistry is available in the community to patients in every borough, as well as outreach services for those who struggle to access services elsewhere. This will help reduce referrals to hospital services. The CDS will include assessment, treatment, oral health promotion and preventative services, such as fluoride application within special care schools.

Patient representatives at every step of the process

Patient representatives from the Dental Optometry and Pharmacy Patient Advisory Board have been an important part at every step in this procurement process. Individual patients were trained to review and score written responses in applications and to participate in final panel selection interviews, including scoring presentations and asking applicants an interview question.

This experience has informed how we involve patients in future procurement projects such as Minor Oral Surgery and Local Pharmaceutical Service contracts.

How patients and the public contribute to primary care

In Focus

Local Pharmaceutical Services Contracts (LPS)

In 2016 we commenced a review of Local Pharmaceutical Services (LPS) contracts across London. These are contracts where pharmaceutical services are provided for a specific health need in a local population, in addition to the usual dispensing of medications and other medical supplies. In most cases they may look and feel like a regular pharmacy but they receive additional funding to address a specific health need which is monitored to ensure this happens. The purpose of the review is to ensure these contracts provide value for money and meets the health needs of communities.

Patient representatives change the design and methods used for engagement

The experience we gained in the review of Community Dental Services has informed the design of a patient engagement questionnaire for use in hard copy or as an app. We consulted members of the Dental, Ophthalmology and Pharmacy Patient Advisory Board on the choice and wording of questions to ensure the public understood and correctly interpreted the questions to inform the review. This process resulted in significant changes in the design and wording of the questionnaire. The questionnaires were administered in the LPS premises at varying times and days, such as weekdays, evenings and weekends by the DOP team to gain as broad a view as possible of patients.

As the review progresses, we will involve our Patient Advisory Board members in an assessment of the results of the engagement questionnaire and in the overall analysis. The outcome of these assessments may trigger changes to local services, either to decommission or reform current services or commission new or alternative services.

This review is believed to be unique within the NHS and will inform the national team’s guidance of the management of LPS.

Looking forward

In 2016/17 the Primary Care Commissioning team is working on the following engagement priorities. We intend to:

- Recruit adolescents and parents to the membership of the Dental, Optometry and Pharmacy Patient Advisory Board
- Increase the number of patients trained to participate in primary care procurements to be able to score application responses and be active members of interview panels
- Include patient representatives at NHS England (London) and contractor group meetings
- Invite contractor group representatives to attend the Patient Advisory Board
- Work with patients to improve the clarity of the messages around changes in Alternative Provider Medical Services Practices
- Build proactive working relationships with colleagues in the NHS England Communications Team to improve participation and engagement messages.

Contact the team

England.lon-nw-pcc@nhs.net North West London

England.lon-ne-pcc@nhs.net North Central and East London

Nhscb.lon-sth-pcc@nhs.net South London

How patients and the public contribute to public health services

Our public health work are the things we do to improve the health of the population as a whole rather than on an individual basis. NHS England (London) public health services teams work closely with Public Health England and together we help people to stay healthy, and protect them from threats to their health.

Armed Forces healthcare

What we do

NHS England has a dedicated team of Armed Forces healthcare commissioners, who look after the planning and purchasing of the majority of services required by the Armed Forces community, which includes mobilised reservists and some families. This is carried out by NHS England's National Support Centre.

Our team at NHS England (London) serve this community through commissioning cervical screening for London Armed Forces garrisons, as well as facilitating the London Armed Forces Network.

How do we involve patients and the public?

NHS England (London) organises the London Armed Forces Network, which was established in April 2013 to offer ex-forces staff, reservists and their families a space to meet and help shape the range of services created to deliver the Armed Forces Community Covenant. We actively engage the full range of agencies and charities that support the Armed Forces, as well as welcome individuals to attend and contribute.

Looking back: our 2015/16 commitments

As part of the national Armed Forces Network mental health survey, we ran an an online survey of ex-forces and their families from the London Armed Forces Network.

Learning from the survey included the need to undertake interviews to improve the quality of feedback and to arrange training for GP practice staff to understand the issues of ex-forces and their families. Additionally it highlighted a need for guides for registering with GPs, accessing mental health crisis services and accessing family support services.

The network also supports the health and social needs of members:

- During one of our network meetings, we provided support at the meeting to one of the members who was anxious about employment and met him afterwards to give him details of a return-to-employment programme.
- A call from a wife about her husband's worsening Post-Traumatic Stress Disorder resulted in signposting him to mental health services and her to a network of self-help support groups.

Armed forces healthcare

This example has been used to discuss the lack of support with other regions and there is now going to be a national review.

Looking forward

We plan to establish an Armed Forces Network sub-group to manage our commissioning intentions with the following objectives:

1. Design and implement a mental health first-aiders module for primary care by June 2017
2. Ensure we have stakeholder engagement from key mental health providers within our Network from across London from April 2017
3. Undertake a focus group with mental health patients and carers around access to post-trauma and Post Traumatic Stress Disorder services which will make recommendations for April 2018
4. Review drug and alcohol services access and referral processes, with clients, by April 2018.

✉ **Contact the team**

kenny.gibson@nhs.net

mary.cullen4@nhs.net

Early years and immunisation

What we do

The Early Years and Immunisation team is responsible for ensuring services are commissioned to provide vaccinations against diseases, focusing on very young children, the elderly and adults with chronic conditions. **The London Immunisation Board oversees this work, which aims to:**

- Achieve the World Health Organisation goal to improve immunisation uptake and wipe out vaccine preventable diseases
- Reduce differences in outcomes between the most deprived and least deprived boroughs in London
- Promote the roll-out of new programmes and initiatives and test which of these improve access and complement the national regimes indicated by the Joint Committee on Vaccination and Immunisations (JCVI)
- Influence and engage with all stakeholders, including the national NHS England and Public Health England teams, the London Clinical Senate, London Immunisation Network, practitioners and Londoners.

How do we involve patients and the public in immunisation?

We use a variety of ways to continue to increase patient and public participation and engagement. We conducted an in-depth review on the child flu vaccination which parents attended and they have influenced our action plans for 2016/17. Parent views were captured and shared with key stakeholders.

New mothers were interviewed in relation to their experiences of pertussis vaccination and their perspectives have been included in our plans to improve uptake, including tailoring promotion campaigns.

Patient and public engagement continues to underpin our London Immunisation action plans. For the year 2016/17, we have a plan focused on improving patient experience. This includes working with GP practices to capture patient feedback and seeing how we can work with them routinely to improve patients' and parents' experiences of vaccination services.

We are also working with Public Health England and academic partners under the Evaluation, Analytics and Research sub-group of the London Immunisation Board, where there is a focus on how we best capture patient experiences and public perspectives on vaccinations. Our academic partners are all working with the public on acceptability, vaccine hesitancy and on how to improve uptake.

We are working with communications teams in Public Health England and NHS England (London) on how best to utilise social media to engage our public. This has included an evaluation of the impact of social media used to promote flu vaccine during the winter of 2015/16 and an upcoming review of academic research into how social media can improve uptake. The findings will be used to inform our commissioning and promotion intentions.

Early years and immunisation

In Focus

Working with academic partners

Discussions are in progress on how best to support research being undertaken in Hackney to improve uptake of vaccinations amongst young single parents and their children. This group advises the London Immunisation Board, which continues to have lay representation.

Looking back: our 2015/16 commitments

We have continued to progress the engagement of the public in our commissioning business.

The public is represented at all Immunisation Boards and have participated in reviews into child flu vaccination and in 0-5 year old childhood immunisation schedules. Nine steps were identified to improve uptake, including the use of World Health Organisation Tips to better identify and work with underserved communities. There are plans for a further review on maternal vaccinations later in16/17.

We have undertaken a number of projects with parents, including a qualitative research project with 50 new mothers across London on their experiences of being offered pertussis vaccination during pregnancy.

A short review was conducted about child flu vaccination. This found that parents still did not fully understand the content of vaccines; most found the regimes very confusing and wanted reminders via a phone app. and most found access to general practice very limiting. A few parents still have little or no confidence in some vaccinations.

We conducted a study of CQC ‘outstanding’-rated GP practices. This included running focus groups with patients about immunisation at their practices to help understand how other practices can improve.

Early years and immunisation

In Focus

London parents test the electronic parent child health record

Results from parent interviews found that parents wanted reminders of their infant's vaccinations. Parents suggested a smart phone app. Following their suggestions, several parents in London are now testing the electronic parent child health record (eRedbook) which has an appointment scheduler.

Supporting carers to get their vaccinations

Through feedback from social media campaigns and our review of seasonal flu uptake, it has become clear that there is a need to support carers to get their vaccinations.

We have developed a partnership with Reaching Carers, Carers UK and other carer social media portals to develop a focused and targeted campaign, Caring for Carers.

#Shingles social media campaign

Due to the complex range of ages involved, we collaborated with Public Health England, Age UK and Dementia UK to develop a successful social media campaign focused on #Shingles.

Looking forward

In 2016/17 the Early Years and Immunisation team is working on the following engagement priorities. We intend to:

- Continue to work in partnership with patient and public representatives at quarterly Immunisation Boards and in-depth reviews
- Deliver the action plan to improve patient experience and public acceptability of vaccines across London, including the development of a routine means of engaging parents and patients on how to improve the vaccination offer and experience of services
- Deliver the ‘Serving the Underserved Populations’ strategy and action plans including focus group research with underserved populations such as Latin American and Nigerian immigrants in Southwark, on how we can best serve their needs
- Support and evaluate five immunisation campaigns including patient and public feedback
- Work in partnership with Health in the Justice System colleagues to improve vaccination services in prisons. This includes working with prisoners and the prison radio stations to find out how we can best meet their needs and what information they want around vaccines

Contact the team

Londonimms@nhs.net

Screening

What we do

The Screening commissioning team at NHS England (London) offers three groups of services:

- Antenatal and newborn screening: such as genetic tests, infectious disease tests, foetal anomaly testing
- Screening for adults and young people (excluding cancer): e.g. diabetic eye screening, abdominal aortic cardiovascular screening
- Cancer screening: breast, cervical and bowel.

Screening is an important way for individuals to assess their health and we strive to ensure each programme meets the needs of those who require it. Engaging patients and their representatives in planning and purchasing these services is essential to achieve the aims of the screening services.

This work is overseen by screening commissioning boards, meeting three to four times a year, and the pan-London Screening Programme Board, meeting twice a year. They are responsible for reviewing coverage across London and identifying ways to improve uptake.

How do we involve patients and the public?

Patient and public representatives contribute to the work of the screening team through membership of and participation in performance boards for breast and cervical screening. They are also members of the procurement steering group for breast screening services.

They provide a patient, carer or family perspective at board discussions, playing an active and equal role in workshops and meetings and sharing the sometimes complicated decision making relating to competing priorities. They are also helping us develop the role for future programmes and workgroups.

Looking back: our 2015/16 commitments

The Screening team has made good progress to achieve its participation and engagement aims set out last year.

We have recruited user representatives to Cervical Screening Programme Boards for south-east and south-west London, the Breast Screening Performance Board, Breast Screening Procurement Steering Group and the Bowel Cancer Screening Programme Board.

User involvement on the Cancer Screening Programmes has been reviewed and has resulted in clearer role descriptions which have been used in the recruitment processes.

Providers of breast screening and bowel cancer screening are required to conduct patient satisfaction surveys and provide anonymised quarterly complaint and compliment details to Programme Boards with actions taken to address the issue raised. We also require colposcopy services, which assess women with abnormal smear results, to supply the results and their actions arising from patient surveys.

The Public Health Direct Commissioning team continues to work closely with Jo’s Cervical Cancer Charity to identify and address barriers to uptake for cervical screening, particularly in women from minority ethnic groups, those whose first language is not English, and the 25 - 34 and 50 - 64 year old age groups.

Work continues with Cancer Research UK facilitators who liaise with general practice to raise awareness of breast, bowel and cervical cancer, and advise on practice systems to help increase uptake.

Screening

In Focus

Using complaints information to commission improved services

Feedback from breast screening services is now reviewed at all breast screening performance boards using a standard template. Complaints and compliments for each service are reviewed alongside actions taken by the provider to improve women's experience. Extracts from a quarterly report is shown.

Complaint themes

Communication:

- 'Opt out' request not captured
- Inappropriate comment from radiographer on likelihood of recall to assessment leading to client anxiety
- Client unhappy with how staff communicated with her

Staff attitude:

- Abrupt staff
- Discourteous service leading to client leaving without being screened (subsequently screened)
- Client reported discourteous service given to a non-English speaking client

Miscellaneous:

- Accessibility - signage at screening sites
- Premises - dusty changing room
- Infection control
- Broken window in changing room

Compliments themes

- Extremely empathetic radiographer
- Excellent care
- Warm, welcoming and friendly reception staff
- Professional service
- Friendly, professional and kind staff
- Client felt 'comfortable and reassured by staff'
- Excellent treatment and service
- Kind and helpful staff when changing appointment
- Efficient, friendly and professional staff

Actions included full investigation and response to complainants, telephoned apologies from staff, individual and team customer care training and shared learning at staff meetings.

Looking forward

In 2016/17 the Screening team is working on the following engagement priorities. We intend to:

- Recruit patient representatives to cervical screening boards in north-west, north central and north-east London
- Recruit patient representatives to the bowel cancer performance board
- Include a standing agenda item on patient feedback (complaints and compliments) and actions taken by services to the programme boards for cervical screening
- Ensure that breast screening and colposcopy services report on annual patient surveys, through presentation at performance boards

✉ **Contact the team**

england.londonscreening-incident@nhs.net

Health in the Justice System

What we do

The Health in the Justice System team commissions healthcare in a variety of settings across London. This care is delivered in prison and youth offender institutions, immigration and removal centres, initial accommodation for homeless asylum seekers, mental health liaison and diversion services and sexual assault referral centres.

We aim to prevent crime and anti-social behaviour and reduce risk (to individuals and communities) by improving access to health support for those affected by crime. We also aim to improve access and positive engagement with those in contact with the justice system to help reduce re-offending and promote recovery.

How do we involve patients and the public?

The Health in the Justice System team continues to work with Inspirit Training and Development Consultancy. The work involves supporting the existing PPV partners, in this case called Commissioning Technicians, as well as develop Patient and Public Participation sub-group, which is developing a working strategy to promote patient and public participation. By March 2016 there were 11 representatives with experience of the criminal justice system. These partners have been fully trained in involvement, commissioning processes, consensus decision-making and assurance work. These representatives continue to support the team to deliver our commissioning in prisons and very successfully joined the procurement team for the re-procurement of Her Majesty's Prison (HMP) Wormwood Scrubs.

Looking back: our 2015/16 commitments

The Health in the Justice System team has continued to deliver its participation and engagement aims set out last year.

Inspirit has developed the original commissioning technicians into a specialist Patient and Public Participation team. It is known as the Subgroup, and members are trained to lead on key tasks in order to improve patient engagement in the Health in the Justice System. The members lead on recruitment, promotions and communications.

Five new Commissioning Technicians have been now recruited and the Subgroup members co-facilitated their induction. There are currently another seven expressions of interest from ex-patients who are keen to join the team. Work on their recruitment continues.

The development of a training accreditation is in progress and is expected to be complete before the end of 2016.

Inspirit and the Subgroup have co-produced a set of standards for patient involvement with an operating model for all Health in Justice establishments.

Five of the core Subgroup members are now trained to be part of the quality assurance team. They work alongside our GPs and nurses during July and August to conduct quality assurance visits in the eight London prisons, Youth Offender Institutions and two Immigration

Health in the Justice System

and Removal Centres. This work is nearing completion, and we will evaluate the impact of the patients in the group and the impact on the establishments. Inspirit staff and the members who conducted the quality assurance visits are now making dates to meet with the involvement leads in each establishment, to work through the standards and develop an improvement plan to enhance their participation structures, processes and outcomes.

Inspirit and Subgroup members have linked with four London boroughs in the North and East to introduce the work they undertake and make links with local service user groups with the intention of improving commissioning of services.

In 2015-16, the commissioning technicians fully participated in the re-procurement programme undertaken to re-commission healthcare services in HMP Wormwood Scrubs and HMP Holloway and a member of the subgroup took part in the procurement of a health needs analysis for Section 136 Mental Health Act community pathways.

The Liaison and Diversion procurement programme has been delayed in order for the Government to agree a permanent budget, but the patient group will be involved when this can go ahead.

Last year we planned to ensure that patient representatives would actively contribute to the governance structures supporting the transfer of healthcare from police custody, however this was halted by a Government announcement in December 2015, following which the responsibility for commissioning the primary care health services in custody will remain with the Police.

Some of our prisons are changing their custodial function next financial year. That means that they will mainly be remand prisons (meaning prisoners will go to prison until a hearing). This will have an impact on the healthcare model needed to meet the higher risk and shorter based interventions. The patient group will be part of the development group to build appropriate models of care for the change of function.

We will work with providers of Liaison and Diversion services to consider how to introduce meaningful patient and public participation into this service model will be taken forward in 2016-17.

The Subgroup members attend Quality Forums. The work programme on strategic influence is a key programme to take forward in 2016 to ensure the Subgroup members are an integrated part of the team’s governance structures.

Immigration Removal Centres have been included in baseline assessment work capturing patient experience and improving involvement. Quality assurance visits will include the new standards in the operating model for improving participation which are being introduced in the centres in November 2016.

The Survivors Trust has helped set up a small group of survivors to support the work in the Sexual Assault Referral Centres. Subgroup members will present their work to the survivors group and see how they might learn and support each other going forward.

Plans to explore opportunities for greater public engagement have resulted in a number of work programmes by a small group of patients arising from the Subgroup. They have agreed plans to encourage more

Health in the Justice System

public participation and we are supporting the production of a video to demonstrate the benefits of participation and how anyone can be involved who is interested in understanding more on this area of work.

The Survivors Group has been commissioned by NHS England (London) to develop a London Survivors Forum of about fifteen survivors of sexual and domestic abuse. With NHS England (London), the group has been actively engaged with the Mayor's Office for Policing and Crime (MOPAC)'s Sexual Violence and Child Sexual Exploitation Health Needs Assessment, and has been advising on commissioning intentions.

Health in the Justice System

In Focus

Public Members: a powerful addition to the process

Six of our trained commissioning technicians fully participated in the entire process for the re-commissioning of healthcare services in HMP Wormwood Scrubs. They provided an expanded role including participation in development of procurement products, evaluation and scoring of bids. Clinical members of the panel reported that they were really impressed by the professionalism, commitment and approach to the task of the public members. Due to the training and support provided, the group was acknowledged to be a powerful addition to the process. They were able to influence the scoring of the bidders and strongly asserted their case to ensure their voices and intentions were fully considered.

A member of the group said:

> "After the procurement was announced at NHS England and the concept explained to us, we were given full training by Inspirit. The preparation work we did was tough and we had to listen to the method and understand it. Then in the afternoon we had to do exercises where we broke up into small groups and did some bid-marking with real examples from previous procurements... This practice session was very difficult especially as we had to learn to compromise with each other and in each group, the facilitators did not get involved in the scoring. We scored the bids according to the scoring levels supplied by NHS England. We were then asked to talk through our reasons for each bid's score. In the end we were told who the winning bid had been in each section which was very interesting because we could then see if we were working along the right lines. We were able to correct our methods in preparation for the real thing. I loved the way we "checked in" and out at every meeting - that was completely new to me. It occurred that first day at the end of the NHS day. I thought this group is kind of caring and all equal in a way."

During the marking, group members were given space to make decisions about scores without interventions from staff but they were at hand to answer questions. The marking process took almost a week, the protected time was important as most members were marking for the first time and some of the language was unfamiliar.

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Health in the Justice System

In Focus

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It was clear that the group had an impact on the final decision and there was true collaboration in the final moderated scores, with the commissioning technicians and NHS commissioning staff both shifting their scores as part of the consensus process. The experience was confirmation of the integrity of the commissioners and the project, and the patient subgroup expressed pleasure and excitement at being part of a project that truly heard their voice. It was a catalyst for deeper involvement and stronger commitment for most of the group.

It is the nature of co-production that the patient voice has an impact on the processes during delivery as well as the impact on the initial plan and the members came up with the following list of work streams to attend to and each selected an area of either interest or current skill: Recruitment, Communications, Promotions, Quality Assurance, Training and Strategic Influence. Eventually each work stream developed their own work plan and set of tasks, updating on progress at each subgroup meeting. This increased productivity and brought some quick results.

Health in the Justice System

In Focus

Personal development through working with us

The Patient and Public Participation Subgroup has nine regular members who have met monthly for approximately 18 months.

The group has set up a blog. They have their own ID badges to ensure they are recognised as participants and report back on their progress against agreed tasks. The group is attended by two members of the Health in the Justice System team to ensure the group is informed of changes in policy that may affect their work.

A sub-group member explains:

> "Developing the Subgroup has been a very exciting and involving exercise and something that has stretched me into something quite new in my life. I have never been asked before to be part of something like the Subgroup. Also to be trusted to do things on our own has been a huge leap forward for me and I think for the others too. Without a hierarchical structure imposing how to do things, it has meant searching within myself for the tools to work in a group, sharing responsibilities. This has been refreshing and motivating. I have always felt prepared for every hurdle because of the regular meetings, training and up-skilling in the group. I enjoy the Subgroup atmosphere and the reliance we can place on the Inspirit staff, there when we need them."

Two members are now in part-time work and have completed college courses. One member will actually film the participation video as part of his portfolio for future work.

Health in the Justice System

In Focus

Patient engagement to improve how we communicate change

Subgroup members have developed a number of key areas of work to improve participation and enhance our services. Group members have presented on key areas of policy from a patient perspective. Two members presented at a recent Smoke Free conference held in London and two are part of the London Smoke Free board led by the National Offender Management Service. They have helped to advise on how to communicate change.

A Subgroup member explained:

> "This has been a difficult question to think about because it has all been valuable. I love the work-stream work and feel we were prepared for this and gradually have done more and more with help from staff, right from the beginning when they attended and facilitated our small groups. I find the training also very valuable and have learnt a considerable amount in a very short space of time in things like co-production and procurement. Also recruitment was introduced to me as needing to be done in an unusually caring and supportive way for the candidates - this is a new venture for me which I had to get my head around. I can now see the benefits of this long term. Getting to know and work alongside people in the Subgroup has been very valuable to me also. They are a unique and interesting group of people and I feel quite safe sharing in the group."

Health in the Justice System

In Focus

Developing independence using communications technology

The Subgroup decided that to be more effective they needed to communicate better. Some members did not have computers and others had no access to the internet.

A few members were quite keen on mobile technology so they set up a Whatsapp group and taught others how to use it. Inspirit staff members are delighted to witness the thoughtful, funny and smart discussions the group members have been using it for. The communications lead in the Subgroup then set up a shared Google drive and participation email for members to share and store files and documents and also a blogsite so that anyone who might be interested, may read about the activities.

PPP.hijs@gmail.com and www.ppparticipation.blogspot.co.uk

> "The outcome for me was a jump in my level of responsibility in my life in general, working with Inspirit on this project increased my ability to do the work which helped me to feel confident enough to take on more responsibility in life. It has also been about equality, feeling valued, although I am not professional like the commissioners, I really felt that my experience and knowledge counted for something."

Looking forward

The Health in the Justice team aims to achieve the following actions in 2016/17:

- To skill up Subgroup members to 'train the trainer' level
- To ensure that new commissioning technicians are trained by the previous group

Contact the team

Patricia.cadden@nhs.net

Specialised services

What we do

Specialised services are those provided in relatively few hospitals and are located in trusts where teams of staff have appropriate expertise to look after patients with complex or rare health conditions.

The commissioning of specialised services is a responsibility of NHS England. Services are commissioned for any eligible patient including London residents and patients referred from across the country.

How do we involve patients and the public?

NHS England's national Specialised Commissioning team is responsible for strategies for patient and public participation, leading on behalf of England's four regions and undertaking the recruitment of patient and public representatives.

Although the national team has the structure and resources allocated for engagement and participation, some local and smaller scale initiatives are carried out regionally. At regional level patients and the public are engaged through one-to-one meetings, focus groups and wider public consultations.

This has included work through networks, peer reviews, guidelines and pathway development, commissioning and procurement processes. In our engagement initiatives, we work in partnership with a number of organisations such as Clinical Commissioning Groups, Public Health England and Healthwatch.

In addition, we ensure that providers' contracts and some of the national service specifications include requirements to engage with patients and the public. In contract and quality meetings with providers, their compliance and progress against this standard is monitored.

During 2015/16 there have been a number of key outcomes and benefits to patients, service users and the public, including better patient experience and positive feedback, a more co-ordinated and seamless clinical pathway, and the patient voice being heard in our service development and commissioning activities.

A patient representative has been recruited to be part of the monthly Clinical Quality Review Meeting (CQRM) for the St Bartholomew's Hospital site, which provides mainly specialised care within the wider Bart's Health NHS Trust. The CQRM is a regular meeting between commissioners and the hospital in which all aspects of service quality can be examined. The patient representative has been very active and states:

"Staff and treatment excellent, professional, and caring but patients will never have a good experience until the systems are improved and are efficient, e.g. IT systems; computers are not able to talk to each other... "She feels her contribution is valued and feels an integral part of the group but recognises it could be a while before specific changes are seen.

Engaging Londoners in Specialised Commissioning:

In addition to consultations, forums and focus groups on specific services, the following are formal groups in which patient representatives play an important role.

Clinical Reference Groups

Clinical Reference Groups (CRGs) bring clinicians, commissioners and public health experts together with the patients and carers who use the those services. The CRGs are clustered around the six **national Programmes of Care**: internal medicine, cancer, mental health, trauma, women and children and blood and infection.

Members are volunteers who have a particular interest, knowledge or experience of a specific area of specialised healthcare and wish to contribute to its development.

The groups are the main source of clinical advice on the development and assurance of specialised services contracts.

In London we have recently worked with the national Specialised Commissioning team to recruit the patient and public representatives on the newly established Clinical Reference Groups and these members will undergo a rigorous induction to prepare them for their roles.

Networks

Most specialised commissioning services are based on service specifications (or descriptions) which were designed and developed by local Clinical Reference Groups. These groups have public and patient representatives who have contributed to the service specification development.

Peer review assessments

Peer review assessments of the services are undertaken by the Quality Surveillance Team, a team within the national Specialised Commissioning team. There are user representatives on the review panels who contribute to the development of the services.

Looking back: our 2015/16 commitments

The Specialised Commissioning team has progressed its participation and engagement activities throughout the last year.

To build on progress from 2014/15, there has been work by the national team on recruitment of patient representatives onto the Clinical Reference Groups with a more rigorous process around recruitment and induction. This work was commended by London Patient Voice. They said ‘The commitment to the role and acknowledgement of the contribution of public and patient voice membership is very impressive’. They highlighted the ‘time and structured effort’ put into recruitment, training and support. This work is being further strengthened through the Regional Programme of Care Managers.

We are working to ensure London patients receive the same benefits as patients elsewhere in the country. We undertake service reviews to identify whether there are gaps and where we need to address any inequality.

We said that we would continue to work with Operational Delivery Networks (ODNs) across London to develop participation and

Specialised services

engagement and embed in their governance structures in 2015-16. We have replicated the governance structures, board and steering group processes from the London Neonatal network in other ODNs. We are exploring ways to set up one for Haemaglobinopathies which will help reduce variation in practice and share best practice, especially for managing pain and supporting patients to manage their long term conditions. (Haemaglobinopathies are a group of inherited diseases in which there are specific abnormalities in the oxygen carrying molecule in blood. The group includes sickle cell patients).

The findings of peer reviews, on which there are patient representatives, are monitored in the Clinical Quality Review Meetings with providers. Further work to collate patient voice related themes is planned by working with the Quality Surveillance Team to see how best to facilitate this.

Work to showcase how patients’ comments have directly influenced the design of services and the impact they have had is to be taken forward within each locality.

Specialised services

In Focus

Burns patients choose how they will be represented on Operational Delivery Boards

The London and South East Burns Operational Delivery Network (ODN) held a patient participation and engagement stakeholder meeting in Summer 2015 to seek views about opportunities to improve patient participation and engagement. Led by an external facilitator, the event was attended by a number of people who had experience of burns services in the network and by representatives of charitable organisations that support burn survivors.

The group considered options for engagement. The overwhelming consensus following discussion at the meeting was to appoint patient representatives and lay members to the Operational Delivery Board and set up a specific participation and engagement committee that reports to the Board.

It was agreed to continue to use the network frameworks for participation and engagement to appoint three patient members to the Board. The members are drawn from current or past service users, or family members, carers or friends, members of the public with an interest and/or relevant experience, and staff or volunteers from patient groups and charities that support these groups.

Expressions of interest were welcomed from those attending the original event and three people have now been appointed. All three appointees are to be voting members of the Operational Delivery Board. They will participate in the work programme and in particular, actively canvas the views and opinions of burns survivors, through participation in the various Burns Support Groups and in collaboration with the charitable organisations.

Specialised services

In Focus

Parents and children influence how care is tailored to the specific needs of the child

Carers and families are actively invited to participate in processes for agreeing the care and treatment plan and supporting people through care pathways for patients in adult and children's services. Through their involvement they are able to influence the best care for their loved ones.

Support for parents and carers is an important part of the service provision at Ellern Mede Ridgeway (a specialist unit helping young people with eating disorders) as we recognise the essential role they play in young people's recovery. We involve parents and carers in many ways including:

- Parents and carers are invited to send weekly feedback which is discussed by the Multi-Disciplinary Team (MDT). The MDT includes clinicians and other professionals looking after the patients. Information from review meetings is also included in the MDT report. Any parents not submitting feedback are called to ask if they would like to submit feedback. Weekly MDT reports are sent out to parents and carers.
- Care plan review meetings are held 4-6 weeks after admission and every 10-12 weeks. All parents are invited to attend. A full care plan review report is sent out to all parents & carers.
- Family therapy is offered to all parents, carers and family, including Skype sessions for those unable to attend in person.
- A carers support group runs up to 9 times per year offering support, discussion or training on topics of interest as well as offering parents opportunity to meet each other and share their experiences and concerns. And there are courses of mindfulness sessions free of charge for parents and carers.

Feedback from parents and carers is very good. According to one family member: "Family therapists listened to us, picked out issues we may not have been conscious of and came up with lots of advice we have used. I would also like to say we laughed a lot in the sessions and that was great. The Parents Group/lectures & Mindfulness sessions we found very helpful in educating us to the illness, sharing experiences with other parents and receiving advice was invaluable."

Specialised services

In Focus

Patients, carers and families have their say about adult secure mental health services

We fund the national user-led Recovery and Outcomes Network, which holds regular events and meetings in provider services across London to enable the attendance of patients, their carers and families who have their voices heard and are able to influence care development. The Chair of the Recovery and Outcome Group (ROG) was originally admitted to secure services on a Section 37/41 of the Mental Health Act (a Court Order that a patient needs treatment in hospital for their own health or safety or to protect other people). Following discharge he is also now working for Rethink, and is an advocate and an inspiration to service users.

Recovery through work

Another example of positive patient involvement through the Recovery and Outcomes Network, was demonstrated in a presentation by service users about a painting and decorating project at River House (South London & Maudsley NHS Foundation Trust) called ‘Recover’. Service users are engaged to provide a decorating service which seeks paid contracts. The salaries for the service users are paid for out of the commissions for the decorating service. The service users work 2 x 5 hour days per week, earning £8 per hour. It was evident how motivated and enthused patients were with the outcome of their efforts, and what started as a project developed into full time employment for some of them. According to one participant ‘I’m feeling a bit better, this has given me something to do, self-esteem/self-worth, it makes me feel worthwhile’; and another, ‘Little by little, back to responsibility’.

Looking forward

The Specialised Commissioning team aims to strengthen patient and public engagement across all their areas of responsibility in 2016/17. Specifically we will:

- Ensure participation and engagement is embedded in the newly formed localities
- Communicate opportunities for engagement and participation as a result of the Transformational Service programme. Service reviews and redesign of some services are likely to include HIV, and neuro rehabilitation and paediatric (child) transport.

The Nursing Directorate

What we do

The Nursing team provides leadership for the nursing and midwifery professions across London and plays a leading role in ensuring that the health services planned, commissioned and provided in London are of a very high quality.

The Patient Experience and Patient & Public Voice team within the nursing directorate lead on strategy and governance for patient and public engagement and participation in NHS England (London). The team ensures that patients and carers in London are involved in regional and national programmes and in governance related to our business. We provide leadership and support to colleagues within the regional team and across all 32 London CCGs. We do this through the London Engagement and Participation Leads Network (for NHS England and CCG colleagues) and the Patient and Public Voice Accountability Group (NHS England only). It also works with the national Patients and Information team on strategy and policy.

In 2015/16 professional leadership has included leading the final phase of the national Compassion in Practice programme for nurses, midwives and care staff, and planning its successor programme. Additionally the Local Supervising Authority (LSA) oversees the requirements for Statutory Supervision within 19 maternity services at 29 sites in London and for over 6,300 midwives who have submitted their intention to practice midwifery in London.

The Nursing team has a leading role in the monitoring and assessment of quality for both directly commissioned services and others which are planned and purchased by other organisations such as CCGs. This quality role includes, amongst others:

- ensuring that services are provided safely, avoiding harm through, for example, trips and falls, clinical errors and healthcare-acquired infections
- ensuring that patients have a good experience of care and that patients and public are properly able to participate in decisions about healthcare in London
- ensuring that vulnerable adults and children are safeguarded from abuse
- ensuring that homicides by patients who are or have recently been under NHS mental health care are properly investigated and that there is health sector involvement in domestic homicide reviews
- managing the Transforming Care programme in London, which seeks to enable more people to live in the community, with the right support, close to home
- ensuring that commissioners across London have effective processes for assessing applications for Continuing Healthcare (CHC) and managing independent review panels.

How do we involve patients and the public?

We have involved patients and the public in many and varied ways, including:

- Hosting an event in London in November 2015 where patient representatives were able to give their opinions about the priorities for nurses and midwives, therefore contributing to the next phase of leadership improvement called 'Leading Change, Adding Value'.
- Annual training of seven lay auditors, recruited in 2012, who support the Local Supervising Authority to bring a fresh user perspective to audits and an ability to recognise how service delivery impacts on women's experience of maternity care (see case study below). Their participation helps to ensure that women's experience and views are central to the way services are delivered. Lay auditors attended all maternity service audits during 2015-16 to speak to recent service users, tour the maternity service and gather information about how the organisations collects feedback from women who have used the service.
- Care and Treatment Reviews (CTRs) held for all learning disability (LD) patents who do not have a discharge date or where additional support is required to make a discharge date realistic. The patient, advocate and family are invited to discuss the best care and treatment options available, so that their views are fully understood and can be factored into care planning. In addition, at least one expert-by-experience also attends to provide a non-clinical view which is nevertheless informed by experience of LD services.
- Recruiting lay Chairs to Continuing Healthcare Independent Review Panels. Panels consider challenges from families to decisions made by Clinical Commissioning Groups about whether a patient is eligible to receive packages of care. The Chairs are independent and not employed by health or social care organisations. NHS England (London) currently has three lay chairs and is in the process of recruiting and training two more. Patients, families and representatives are supported to attend the panels (see case study). An online survey tool has also been developed to help assess whether CHC services in CCGs provide a good experience and whether help is needed to deliver improvement.
- The Patient Safety team advises commissioners on the statutory Duty of Candour and being open with patients, ensuring that after an incident the patient, family and carers have an explanation about what went wrong and an apology where appropriate. The team has also recruited a patient representative to the NHS England (London) Independent Investigation Review Group, which has oversight of Independent Investigations, commissioned to obtain learning from certain categories of harmful incidents.
- Seeking out the views of individual patients and carers when undertaking quality assurance visits to commissioned services, as part of the assessment of quality of provision. Safeguarding leads talk to patients and staff about their experiences of care and this information is used to assess risks to the delivery of safe and compassionate care. Results are fed into assurance and quality meetings where monitoring of plans happens. The following example is typical of this type of engagement with individual patients and their carers.

The Nursing Directorate

On a quality assurance visit to one of our commissioned services, patient care was directly observed and the patient engaged in discussions about their care. Listening to the patient and the multidisciplinary team led to the immediate review of the patient's care plans. This resulted in an increased level of observations, reasonable adjustments being made around their activities in the service and an evaluation of the communication techniques used to support the patient. Monitoring of the plan has been undertaken at future visits to ensure these quality improvements are maintained.

- A review by the regional infection control lead nurse is undertaken for cases of MRSA bacteraemia (an infection in the bloodstream) reported in services directly commissioned by NHS England. Cases are forwarded for arbitration of the post-infection review carried out by the healthcare provider. A key element of the review is to check that patients and carers have been involved in the review process.
- The Transforming Care Team holds a database of 24 people with learning disabilities or Autism and family/carers who support Care and Treatment Reviews. Their role is to share the 'voice' of a person with lived experience with the review panel to help them reach a decision about the appropriate treatment and care setting needed for the patient. In 2015/16 the London region undertook 250 Care and Treatment reviews for individuals in hospital.
- The regional Continuing Healthcare (CHC) Lead has been working with spinal injury stakeholders, including the Spinal Injury Association to improve delayed discharges relating to CHC assessments in spinal injury centres. A best practice document has been developed and will be launched nationally.
- In addition to producing this annual review, the Patient & Public Voice team leads an assurance process reviewing all 32 CCGs' annual reports on their delivery of statutory involvement duties. For 2015/16, 24 CCGs were assured as good, 4 as outstanding, and 4 as 'requires support'. Post assurance discussions were held with many of the CCGs including those needing further support to improve. In its 15/16 report, London Patient Voice commented that it "was impressed with the level of commitment that NHS England (London) has demonstrated in its engagement with the assurance programme for Clinical Commissioning Groups."

> **"The Nursing Patient and Public Voice Team have gone well beyond the bare bones specified in legislation and have committed a serious amount of resources and staff time, including offering support visits for those Clinical Commissioning Groups 'requiring improvement'."**
>
> London Patient Voice
>
> Scrutinising NHS England (London)'s Participation and Engagement report 2014/15.

Challenging advocates - London's Local Supervising Authority lay auditors complete 100 audits

By the end of 2016, London Local Supervising Authority (LSA) lay auditors will have taken part in 100 audits of London maternity units and spoken to over 600 women about their experiences of Supervisors of Midwifery (SoM) and maternity services more generally. They have been involved in the recruitment of student Supervisors, participated in shortlisting panels for annual awards and delivered workshops and presentations at pan-London conferences and meetings.

They have provided an impartial perspective and independent challenge on the work of the each Supervisory team and the experience that London's maternity services offer women. They commonly question the policies on the criteria for using birth centres and the birthing environment in labour wards and birth centres. They have challenged Supervisory teams on how they seek to assert influence on these issues. The breadth of lay auditors' experiences across London's maternity services has enabled them to actively share lessons and examples of good practice across Supervisory teams.

London's lay auditors have also become advocates for women and moved beyond the boundaries of the London LSA. In doing so, they have given women a voice in strategic discussions about the shape of London's maternity service. Their roles have included attendance at London's maternity strategic clinical network, involvement in the development of pan-London commissioning guidelines and membership of the work streams developing the new model of midwifery supervision in England.

'I still get very excited whenever I step into a hospital with the LSA Audit team because I know it's an opportunity to celebrate the excellent work being carried out by Supervisors of Midwives and to share my learning. The most important thing maternity services need is for midwives, including SoMs, to be able to support women in giving birth in an environment that places importance on normality in childbirth, evidence-based practice; women centred care; pro-choices for women and adequate resource to deliver this'.

Ruth Adekoya, LSA Lay Auditor.

The Nursing Directorate

In Focus

Family involvement in the search for ways to prevent suicide

> An attendee from a family affected by suicide noted in the event report, **“This was a great day and topic. More events please - well organised and a chance to consider and reflect on practice.”**

In the last year the Patient Safety team held an event focussing on suicide prevention, which centred on the views of families who have lost loved ones who have taken their own lives. More than 100 people gathered to share emerging practice in suicide prevention and explore how to work in partnership to embed learning from critical incidents across London. Together they agreed on some key themes where a collaborative approach could really make a difference in preventing suicide, one of which was family and ‘significant other’ involvement. This was accompanied by a careful consideration of medical confidentiality and involvement of families.

What does good look like? Planning for co-production of Learning Disability and Autism services

The Transforming Care team commissioned Advocacy in Greenwich to undertake engagement with people with lived experience to get their views on what ‘good’ would look like around co-production and engagement, when Transforming Care Partnerships (TCPs) across London are developing their plans to redesign the services for people with Learning Disabilities and Autism. Representatives from advocacy groups in nine London boroughs attended. The report produced has been used to support plan development and assurance.

The Nursing Directorate

In Focus

Ensuring that CCGs are putting the individual and their views at the centre of decision-making

The Safeguarding team carried out a 'deep dive' to obtain assurance about how CCGs are delivering their duties to safeguard adults and children. Making Safeguarding Personal (which puts the individual and their views at the centre of decision-making) and patient and public voice were included as a deep dive theme. The vast majority of London CCGs, 29 out of 32, were assessed as 'good' on this theme.

The sequel to our film on the Independent Review Process has been adapted as a national public information film receiving 1500 views on YouTube

The NHS Continuing Healthcare DVD (production of which was included in last year's report) which portrays a family's experience of going through the Independent Review Process, is now sent out prior to all Independent Review Panels. It has also been shared with all national advocacy groups and **available on YouTube**. Feedback is positive - e.g. Beacon specialist CHC advocates wrote: "From our experience of attending over 100 Independent Review Panels in recent years as advocates, I can say that this film closely resembles our experience of the professional format and tone of such panels. This video should prove to be a helpful guide for families who are often daunted by the thought of attending a formal panel." The film is also used in training of CHC assessors.

The regional Continuing Healthcare (CHC) Lead has also worked closely with NHS Greenwich on a second information film which aims to explain CHC to individuals and their families as an easy but comprehensive guide. The information is portrayed in pictures, written text and a voiceover and has been very well received. This work has involved stakeholders in South East London, including patients and has been adapted as a national public information film receiving 1500 views on YouTube.

The Nursing Directorate

In Focus

The London Engagement and Participation Leads Network is born

In 2015/16 a new group was formed, merging membership of the CCG Engagement leads meeting and the NHS England (London) PPV Steering group, made up of PPV champions in each of our directorate areas. The agreed Terms of Reference have an emphasis on sharing good practice, learning from the experiences of established participation and engagement leads, and helping those starting out in this sphere of practice.

The mix of business items relating to CCG assurance, new policy, guidance documents and planning for annual reports with good practice in engagement has seen interest in the network grow to around 60 members with all CCGs and regional departments being represented.

Presentations in the good practice section of the meeting have included (amongst many others);

- Good practice in PPGs including practice level monitoring, from a Patient Participation Group chair
- Leadership and engagement - new models, from a director at Turning Point
- Engagement of children and young people, from Healthy London Partnership and a CCG engagement lead
- Framework for engagement in Primary care commissioning, from the Head of Dental, Optometry and Pharmacy commissioning.

Benefits and opportunities

The benefits of the network are already apparent with members from all settings learning from each other and offering information and advice. This has included:

- The provision of ideas for the recruitment of young people and parents onto NHS England London Dental Commissioning Board
- Sharing advertisements for engagement and participation leads throughout London
- Forming a working group to look at reimbursement of patient representatives with the intention of producing a set of principles that reduce the inequity across organisations.

London Patient Voice attended the meeting on 17 May 2016 as part of their scrutiny of our activities. They said ‘We attended a London Engagement and Participation Leads Network meeting and were impressed by the enthusiasm and atmosphere of mutual support with other commissioners in the NHS structure’

London Patient Voice also encouraged us to ‘find innovative ways to develop and expand and invigorate the London engagement and participation Leads network’, which is our intention going forward.

The Nursing Directorate

In Focus

Children and young people play a leading role in what the new Child Houses will be like

We are working with the Mayor's Office for Policing and Crime to deliver two Child Houses in London. The Houses, one in north and one in south London, will support children, young people and their non-offending families following child sexual abuse (CSA) and safeguard them from further harm. They will be modelled on the Child Advocacy Centre international model of best practice specially looking at the Icelandic model. Adult and child survivors of CSA and youth parliaments are helping inform the design of the Houses (including the colour and themes of the rooms, the furniture, the activities/toys/objects that will be available to children and young people). A wide range of patients and the public have already been consulted on what the Houses should look like and how they could best support survivors and families.

Engagement took place with 187 members of the public, including children and young people, in a range of Health, Justice and Third Sector settings:

- 2 adult survivors of CSA through individual interviews
- 7 participants adult survivors of CSA in a focus group
- 5 young people that had suffered abuse through the NSPCC Force for Change Group (the ages were between 12-17 years)
- 4 girls in a CSA support group (the ages were between 13-15 years)
- 8 young people as part of Children in Care Councils (the ages were between13-21 years)
- 10 young people as part of CAMHS participation groups (the ages were between 13-17 years)
- 3 young offenders
- 108 young people through youth parliaments/councils (the ages were between 10-17 years)
- 40 Young People's Advocates from Empower Safer London

Improve the design and service specification

One of the themes that emerged strongly was that calling the centre a "Child House" was not an accurate representation of the ages it would serve and could imply that children are inpatients there when they are not. There have been suggestions for other names, but at the time of publication, the name for the service has not been decided.

They also came up with several ideas for the Child House, such as having a space to grow a communal garden, write stories and poetry and "tell their secrets" in a safe space. They also suggested that soothing music be played all the time through speakers and for a film night to be hosted by the Child House. Children and young people have been instrumental in the development of the Child House service specification and design. They will also help to continually inform the way it operates as the Houses will have clear processes for feedback from children, young people and their non-offending families once in operation from 2016/17.

Looking forward

Specific plans for progressing work in participation and engagement within the Nursing Directorate includes:

- LSA Lay Auditor membership of the NHSE Maternity Taskforce that will implement a non-statutory model of Supervision of Midwifery to be implemented from April 2017
- LSA Lay Auditor representation at each of the 20 LSA Audits of Maternity Services 2016-17
- Recruitment of patient and public representatives onto the Patient and Public Voice Accountability group and the Patient Safety Group
- The procurement and delivery of training for up to 350 PPV partners working across London with Patient Participation Groups, CCGs and NHS England (London).

The Clinical Senate

How patients and the public contribute to the London Clinical Senate

The London Clinical Senate is a multi-professional advisory body which brings together a broad range of health and social care professionals with patients, carers and the public to consider issues that are key to the development of London's health services. It has an important role to play in supporting the transformation of health and health care in London. The London Clinical Senate is one of twelve Clinical Senates in England.

The London Clinical Senate supports commissioners, providers of healthcare and other bodies to improve outcomes and make the best decisions about health care for their local communities, by providing independent and impartial strategic advice and leadership.

All of the Senate's work is carried out in partnership with our Patient and Public Voice (PPV) Group. We believe the advice which the senate provides is stronger and has greater impact if patients and the public are involved in developing and support it.

PPV group members have strong links with their local communities, including through Healthwatch, and draw on these wider views to inform the senate's work. The PPV chair and vice chair, appointed by the members, sit on the Senate Council, which provides overall leadership for the senate and oversees its work.

All PPV members are part of the Senate Forum which meets quarterly to debate significant strategic issues. Topics in 2015/16 were:

- the transformation of cancer and urgent and emergency care services
- delivering high value healthcare in London (a PPV member was part of the discussion panel)
- the workforce implications of delivering NHS RightCare, a national approach to supporting healthcare transformation.

Our experience is that bringing Londoners' views and experiences directly into the senate debates has enhanced the discussion and influenced the advice provided.

In 2015/16 the Senate Council set up two programmes to take forward areas identified through Forum meetings, as these were seen to be vital to improving health and contributing to the future sustainability of health services:

- **Self-care for young adults with long term conditions**

  We produced a framework for commissioners to support young adults with long term conditions to self-care. The Senate Forum identified this population as a gap and the programme scope was developed by the PPV Group. The programme board responsible for overseeing delivery included two PPV Group members. The approach included four community engagement events which young adults were trained to co-facilitate. The young adults also validated the draft report to ensure the final recommendations reflected the points made at the engagement events, to ensure true co-production by those they were aiming to support.

The Clinical Senate

- **Tobacco dependence**

  We developed a programme of work which promotes the unique opportunity of clinicians' interactions with patients to treat tobacco dependence, which is the greatest single cause of premature death and health inequalities. Two of our PPV members sit on the programme board and help to steer and promote the work.

During 2015/16 the Senate was also asked to provide advice on other strategic issues, including:

- Plans for the transition of paediatric (children's) services from Ealing Hospital following the Senate's previous advice on improving paediatric services in North West London
- Proposals to improve quality, safety and sustainability of emergency care services across Barking and Dagenham, Havering and Redbridge.

Every review team includes PPV members. They have a specific role in exploring how providers and commissioners of services being reviewed have engaged and responded to people affected by their proposals. They ensure issues important to patients, carers and the public are considered and that the impact of the senate's advice on patients and carers is considered and reflected in review recommendations.

Patients, service users and carers involved in the proposals or plans being reviewed may also be interviewed by review teams to hear their views on specific issues. Two PPV Group members were part of the interview panel for the selection of new clinical members of the Senate Council in December 2015.

Feedback on the value of the advice provided by the Senate remains positive. PPV involvement has been an important factor in the strength of all the advice we provide.

Looking forward

In 2016/17 the London Clinical Senate will:

- Support the PPV Group to discuss and agree their position before each Forum meeting, so members can better influence the debate
- Ensure that the planning group for each Forum meeting will include a PPV member.

Contact the team

England.londonclinicalsenate@nhs.net

www.londonsenate.nhs.uk

The Clinical Senate
In Focus

Best practice in recruitment of PPV members

The London Clinical Senate recruited seven new members of its PPV group in 2015/16.

An advert and application form were circulated widely across London with a request for onwards circulation, including through Healthwatch, Senate Forum members and Clinical Commissioning Group engagement leads. The supporting information included a personal reflection from the PPV chair on the role of the PPV in supporting the Senate's work. The selection panel (including the current PPV Group chair) shortlisted applications against the criteria specified in the advert.

Shortlisted applicants were invited to meet with current PPV Group members for an opportunity to hear about their role and experiences. The applicants then participated with clinical and PPV members of the Senate in a group discussion so the panel members could observe them. All shortlisted applicants were interviewed by the panel. They were assessed for their suitability for the role and gaps in knowledge were identified so that the group's development could be supported.

Both the newly appointed and existing members attended training on patient leadership and the NHS's duties around equality and inclusion. To provide peer support and benefit from their experience, all review teams were made up of a new and existing member.

Strategic Clinical Networks

What we do

The London Clinic Networks bring together those who use, provide and commission services to improve quality and equity of care and outcomes using an integrated, whole systems approach.

Hosted by NHS England, clinical networks work across the boundaries of commissioner, provider, and voluntary organisations as a vehicle for improvement for patients, carers and the public. In this way, clinical networks will reduce variation in services, provide clinical advice and leadership to inform decisions and strategic planning, and encourage innovation in how services are provided now and in the future.

The London Clinical Networks are focused on cardiovascular (including cardiac and vascular, stroke, renal and diabetes) mental health, dementia, neurosciences and maternity. Further clinical networks exist for end of life care and respiratory.

How do we involve patients and the public?

Patient and public members are recruited through a variety of medium to work with the clinical networks. Their involvement includes membership of the London clinical leadership groups, chairing specific working groups, and helping review literature and information.

Contact the team

England.london-scn@nhs.net

@nhslondonscn

www.londonscn.nhs.uk

Strategic Clinical Networks

In Focus

Renal Clinical Network

In 2015/16 the London Renal Clinical Network carried out a patient experience survey of 450 haemodialysis patients and 80 peritoneal dialysis patients across London. The survey questionnaire was co-designed by lay members of the renal patient experience working group, who helped distribute and promote the questionnaires locally, provided support to patients who were unable to complete the questionnaire by themselves.

The renal patient experience working group is made up mostly of lay members and service users as they have a firm understanding of these services and understand that measurement of patient experience is crucial; it improves the care that is delivered and demonstrates the delivery of high quality care.

Dr Neil Ashman, Clinical Director, commented, "A positive patient experience is a key priority area for us as a London network. I am thrilled that so many patients took the time to complete the questionnaire and tell us what they think. Now we need to act on those comments."

While there were a number of positives documented by patients, there were naturally areas for improvement. Each renal unit received a tailored report of its own results, along with results for the whole of London. Key themes across London were of a generally good experience of care with 92% of those who responded, agreed that 'my kidney team treats me with care and compassion'. However,

- 53% of people are not aware of having a written plan for their care
- 41% do not recall having 'leaflets, books or computers' when making decisions
- 67% do not know how to access peer support
- Only 28% agree that 'patients help decide how services are run in my kidney unit'

Themes from free text comments included: strong praise for staff, concerns about low numbers of staff on dialysis units, criticism of transport and dissatisfaction with environments for dialysis.

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Strategic Clinical Networks

In Focus

continued from previous page

Trusts were asked to review their individual reports and communicate results to dialysis patients. They were asked to identify three key themes and make changes based on "You said, we did".

David Myers, an expert patient / lay member of the renal patient experience working group, was able to use the survey data at a local level to enable change.

"Our Royal Free renal team reviewed the patient responses very carefully. The lead dialysis consultant, Jenny Cross, came back quickly to me to agree all of the areas for response by the team. Whilst overall the survey showed that patients were very happy with the care and treatment they receive at the Royal Free, it was clear that some areas of communication with patients could be improved. A fresh approach to discussions of patient health issues was agreed. I am sure that the insight from the questionnaire has motivated our team to continue to improve the patient experience and to adapt to patient needs."

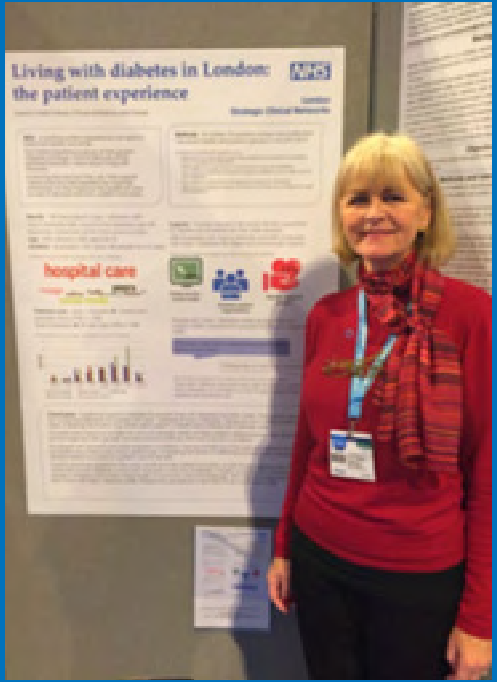
The Royal Free Hospital produced a local report based on the survey results, 'Improving experience for kidney patients in London'.

Improving experience for kidney patients in London

By David Myers, Member of the London Renal Strategic Clinical Network

Strategic Clinical Networks

In Focus



Diabetes Clinical Network

Building on last year's 'Living with diabetes in London' programme, Lis Warren, co-chair of the Diabetes Clinical Network patient experience working group, was supported by the network to attend the Diabetes UK national conference, to present the findings to the delegates. The poster stimulated a lot of interest, questions and positive dialogue. Lis is a strong advocate of patient and public engagement and partnership working.

"Over the past year I've had a very positive experience of patients' views being sought, listened to and acted upon when contributing to different strands of the Network's programme. At a time when some [local commissioners] are still getting started on patient engagement, it's been great to see a strong lead from NHS England (London) and the Clinical Networks, which I hope will spread to all of the NHS's many nooks and crannies!"

Picture:
Lis Warren presents the patient experience work at the Diabetes UK conference on behalf of the Diabetes Clinical Network.

Strategic Clinical Networks

In Focus

London Mental Health Clinical Network - Perinatal mental health

A perinatal mental health commissioning workshop in 2015 was attended by people with lived experience and commissioners and professionals who work with women and their families when they experience perinatal mental illness. They came together to discuss how to support and influence the development of services across London.

Information from this workshop helped inform the animation **Building better perinatal mental health services**, to raise awareness and help commissioners and staff who provide care, to understand the complexity of the perinatal mental health care pathway. The film featured personal accounts of participants' experiences, including a mother with bipolar disorder and a father whose wife experienced post-natal depression. Both provided a powerful message about the importance in getting the right care to aid their recovery.

Healthcare professionals also described their services and what they felt should be in place along the pathway. The film was made in collaboration with a wide variety of health professionals, people with lived experience and the voluntary sector.

Strategic Clinical Networks

In Focus

London Maternity Clinical Network

Kingston Hospital NHS Foundation Trust successfully bid for funding from the Maternity Challenge Fund to expand the learning and implementation of action plans from the 'Whose Shoes' programme. The Maternity Clinical Network has a role in the engagement of maternity services and spreading this learning to all maternity units across the capital.

"Seldom heard groups" refers to people who may be under-represented or who may experience barriers in accessing services. Building on the maternity initiatives at Kingston Hospital NHS Foundation Trust, they have launched 'Nobody's patient', a six month project which is focused on areas for further development as identified in an earlier maternity experience project. Workshops will be held at Kingston and St George's hospitals and involve patients and carers to bring more feedback and real experiences to the project.

The 'wall' shows Whose Shoes? work undertaken by Lewisham and Greenwich NHS Trust, another London Trust working to improve maternity care under the Whose Shoes? initiative.

Strategic Clinical Networks

In Focus

London Mental Health Clinical Network - Perinatal mental health: Review of a pan London perinatal mental health service specification guide

In January 2016, a co-production workshop reviewed the pan-London perinatal mental health service specification guide in order to develop the template for London. Clair Rees, Executive Director for Parents Infant Partnerships UK (PIP), facilitated the event with a varied audience that included health experts from mental health, maternity, social care, public health, commissioners and people with lived experience.

Presentations set the scene with a father talking about his experience when his wife developed postpartum psychosis after having their third child.

Delegates worked together using "I" statements to express what they wanted to see and experience within a service and provided information which focussed on what matters most within the perinatal mental health care pathway.

This information informed the service specification which was distributed for consultation (Feb-Mar 2016) with publication planned for September 2016. The result will be a guide for commissioners aligning to the **Five year forward view for mental health** recommendation that 30,000 more women will access evidence-based specialist mental health care during the perinatal period. The guide will enable commissioners to either develop a perinatal mental health service for their locality or build on their existing service to ensure women and their families in London get the right treatment from the right services at the right time.

Healthy London Partnership

What we do

Healthy London Partnership is a collaboration between health and social care organisations to support the delivery of better health in London. It formed in April 2015 and has been working with the Greater London Authority, Public Health England, NHS England, London councils, Clinical Commissioning Groups (CCGs), and Health Education England. The partners have come together with the aim of achieving a healthier, more liveable global city by 2020. Its **13 programmes are:** cancer, children and young people, digital, homeless, the Improvement Collaborative (a platform to enhance quality improvement), mental health, NHS estate, personalisation, prevention, primary care, specialised care, urgent and emergency, and workforce. It receives funding from a number of sources, with core funding from London's 32 CCGs and NHS England (London).

How do we involve patients and the public?

The Healthy London Partnership was set up to provide ongoing support for the transformation of London's healthcare, from strategy and planning through to commissioning and delivery. Part of this means developing a consistent approach to delivering activities that are common across all CCGs, including outcome measures, standards and benchmarking. A 'once-for-London' approach has the potential to minimise duplication and streamline quality improvement.

Our approach to patient and public engagement aims to complement and further support the work that CCGs already undertake, builds upon the **London Health Commission's** engagement achievements and recommendations. This means engaging Londoners through events, surveys, interviews and focus groups, roadshows and evidence hearing sessions, taking into consideration the diversity of London's population.

The London Transformation Group steers the Partnership's priorities and there is one member of the public on this group. All our programmes have recruited members of the public/services users (or their advocates) to their steering groups and/or boards. Specific patient and public engagement activities also take place to inform the individual programmes as required, targeted at the relevant population groups in London.

Healthy London Partnership

In Focus

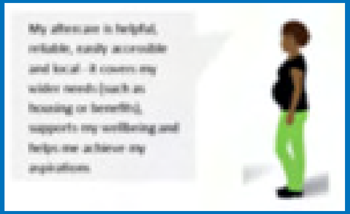
Stolen Years - part of our mental health programme:

The Stolen Years programme is a citywide initiative to support improvements in the physical health of individuals living with serious mental illness. These individuals are well known to have poorer health outcomes and are at risk of dying earlier than those without mental ill health. A range of participation initiatives have been undertaken in partnership with the National Survivor User Network (NSUN) and RETHINK since the start of the programme in November 2015. This work will continue to at least the end of 2016.

Service users are at the heart of the programme

Many forms of conventional physical health care provision have failed to reach or meet the needs of individuals living with mental ill health. It is therefore essential that those with lived experience guide this agenda and inform what changes are recommended.

The programme's priorities, work streams and recommendations have been developed from service user research, consultation on programme documents and large surveys. Two full day workshops called 'Healthy Lives' were held where a dynamic group of experts by experience debated the challenges and possible solutions in this area. They worked together to draw up key recommendations and priorities for providers and commissioners.



Example recommendations included:

- Give increased priority to whole life approaches in physical health
- Provide more information about the side effects of medication
- Ensure better information-sharing between professionals and improved coordination between physical, mental health and allied services
- Specifically address physical health issues experienced by further disadvantaged groups
- Put a greater emphasis on creative strengths-based approaches
- Involve people with lived experience in training and pay increased regard to the valuable roles peers, friends, family and carers can play in supporting physical heath needs

These will now be incorporated with other service user and carer feedback into an implementation tool kit for London to support commissioners to lead on delivering changes in partnership with service users and carers.

Participants at the Healthy Lives workshop volunteered one word about the experiences shared over the days:

'Generosity, hopeful, influential, obvious, colourful, inspired, learned, mind-opening, enjoyed, enriching, encouraged, potential, privilege'.

Contact the Stolen Years team: **mary.docherty@kcl.ac.uk**

Healthy London Partnership

In Focus

NHS Go - a website and mobile app for young people

Children and young people told us in 2013-2014 that they find navigating the NHS challenging and they want better access to services. In response to this, our children and young people programme team worked with 16-24 year olds to develop a new way to get them the health information they need. From January to April 2016, around 500 young people that live and study in London took part in surveys and focus groups that lead to the design and development of NHS Go - a website and mobile app designed for tablets and phones that sources information from NHS Choices. Their feedback determined how it would look and function, plus the health topics and how information was presented. Young people sit on the steering group that meets quarterly and there is a Facebook group to keep them involved in between.

Making it relevant

They stressed the importance of using language young people would understand and relate to and making sure information was easily accessible while on the go. Some of the topics they chose included mental and sexual health, stress, sleep, body image and where and how to access services.

We launched NHS Go with a short promo film starring some of London's best known young YouTubers encouraging young people in London to give it a go. The film has been watched around 300,000 times and the app downloaded over 3,500 times. Join in the conversation on Twitter using **#nhsgo**.

A young person involved in this work said:

> "My health issues are personal and having something that is just for young people makes me feel important"

Contact Children and Young People team: **francescawhite@nhs.net**

Healthy London Partnership

In Focus

Patient and Public Voice Champions

The London Digital, Personalisation and Self-Care Programmes have recruited Patient and Public Voice (PPV) Champions to represent patients and the public, articulate important views, bring perspective and challenge whilst championing a service user, patient and carer/family viewpoint.

Representation at all levels

The programmes aimed to ensure that a patient/public perspective is embedded into all levels of the programme's work and that outputs are developed with patient and public involvement. The Champions will share the responsibility for driving and assuring the programme deliverables as well as being the public face of the programmes.

Encouraging involvement

The job description and person specification were created with input from the personalisation design group which contains PPV representation. In an attempt to broaden the scope of potential applicants and attract applicants with high level corporate experience, this position was advertised in the Metro and Evening Standard in addition to being promoted through London Voluntary Service Council, Healthwatch, CCGs and other networks.

Three PPV Champions have successfully been appointed bringing a wealth of experience and knowledge. The Champions have spent time familiarising themselves with the programmes and will have significant input into various projects, project briefs and role assignments, mobilising community assets and the development of care plans for personal health budgets are currently being finalised.

Contact the personalisation team: **charlotte.owen6@nhs.net**

Healthy London Partnership

In Focus

Improving London’s urgent and emergency care

We undertook extensive engagement with patients and members of the public to understand their views and expectations of local urgent and emergency care services and support transformation of services across London. We surveyed 1,000 people and interviewed over 800 patients attending emergency departments in five London trusts.

The survey of Londoners revealed varied awareness and confusion of alternatives to A&Es. 46% of Londoners have not heard of GP out-of-hours services; and three in five Londoners find urgent care services confusing and don’t know the difference between ‘Urgent Care Centres’, ‘Walk in Centres’, ‘Minor Injury Units’ and ‘GP led health centres’. This is summarised by Londoners description of the Urgent and Emergency Care system (UEC) as ‘Confusing, ‘Delayed’, and characterised by ‘Queues’.

Londoners emphasised that they expect UEC services that:

- Are available with shorter waiting times, longer opening hours and efficient coordinated systems
- Are consistent in their service offering and across the seven days of the week, and
- Are clear and instil confidence by being seen by the right clinical expert at the right time.

In response to the engagement, commissioners and clinical leaders across the health and social care setting in London worked together to shape the future ambition for London.

Identifying priority areas for improvement

Based on the survey and interview findings, we identified key priority areas, developing:

- urgent and emergency care networks to provide overarching coordination and accountability for the urgent and emergency care system
- a facilities specification to ensure consistency and reduce public confusion
- responsive and effective personalised care with ‘NHS 111’ as the front door.

Our urgent and emergency care clinical leadership group has since led the development of the London urgent and emergency care specification using the insights gathered. Read the complete report: ‘**Coordinated, consistent and clear urgent and emergency care**’

Contact the Urgent and Emergency Care team:
seher.ipek@nhs.net

Healthy London Partnership

In Focus

The Transforming Cancer Services Team

The Pan London Cancer User Partnership (PLCUP) is the patient advisory group of the Transforming Cancer Services Team (TCST). The partnership meets every two months and has 12 members.

Members of the group inform and advise the Transforming Cancer Services Team and London commissioners of cancer services on all aspects of their work.

In the past year the members of the Partnership have worked closely with the ‘Living With And Beyond Cancer Board’ advising on and contributing to the Cancer Care Review document. They have attended the Rehabilitation workshop and a service user has been a member of the Lymphoedema working group developing the Lymphoedema strategy.

A focus group with PLCUP members was held working with the National Patient Experience team in developing the 2015 Cancer Patient Experience Survey.

Recruitment takes place several times a year using appropriate recruitment documentation and processes. The TCST is committed to recruiting from the diverse population of London to ensure the membership reflects the community as a whole. Criteria such as gender, age and ethnicity are therefore considered in the recruitment process, also where in London applicants live, to ensure a broad geographical spread.

Training has been held for members of the PLCUP and the invitation was extended to service users on the five Cancer Strategic Planning Groups in London. Four Strategic Planning Group service users attended the training in May.

The TCST has formed a working partnership with cancer specific charities meeting every two months to share information regarding patient experience. This group enables the TCST to gain an understanding of the patient experience issues at a cancer specific level.

Contact the Transforming Cancer Services for London team: **b.gallagher@nhs.net**

Looking forward

The teams working within the Healthy London Partnership will be working on the following issues in 2016/17:

- Crisis care: We are holding more workshops in 2016-17 to explore issues in more detail with over 50 service users and carers and will continue to involve service users through implementation of changes.
- Great weight debate: Engagement with Londoners via public meetings and online panels
- Feeding back on NHS Go from its first year, to ensure its information is right for young people
- Mental health road map: An initiative by the Mayor of London, Sadiq Khan, to improve the mental health of Londoners; close the treatment gap; reduce the prevalence of mental illness. Engagement activities will take place with service users and the public to identify areas for improvement
- NHS 111 Patient Relationship Manager system evaluation due December 2016. The evaluation will be informed by a survey of callers who have recently contacted 111 across London

Contact the team

kim.boyle@nhs.net

maria.vidal-read@nhs.net

(Communications team working across all programmes)

Conclusion

The past year has seen significant changes in the NHS across London. We are constantly being told how grateful people are that they have an NHS that is there for them and their families when they need it most. However we also know that people share our ambition to improve services continually into the future. This review demonstrates that across a whole range of services and settings how health and health services have benefitted from the input from patients and carers.

NHS England in London is tasked with a number of different roles: from directly commissioning the services, to ensuring that local health and care plans are designed to meet the need of local communities. This review provides a broad spectrum of examples of how we have worked with service users, carers, families and others in carrying out our responsibilities.

In the previous year we reported how we had engaged with people in all areas of our work. This year we are able to more comprehensively describe how that engagement has made a tangible difference to the NHS in the capital. The review gives some very real examples of how the quality of services and the priorities we set are not just influenced by people but truly shaped by what they want. Where people have felt let down by the NHS we have tried to put things right, both for those people and others who will use the service in the future. As the population's needs have changed we have worked with groups and individuals to work out how best to meet these new challenges.

This review summarises how we have continued to improve the way we engage with Londoners. We know however that there is more to do.

We are confident that next year's review will show further improvements in both how we engage and act on what patients and the public tell us, including work to engage Londoners in the new Sustainability and Transformation Plans (STPs). We are committed to using the reflections from the year just gone to do things even better in the years to come. Together, we know, we can continue to deliver improvement in the NHS.

Glossary

Alternative Provider Medical Services (APMS)
Primary care services provided by non-NHS bodies such as voluntary or commercial sector providers. They are commissioned when there is an additional local need for primary care services.

Clinical Commissioning Groups (CCGs)
NHS bodies responsible for the planning and commissioning of health care services for their local area. They were created following the Health and Social Care Act in 2012 and took over from Primary Care Trusts. There are 32 in London.

Commissioning
The process of planning, purchasing and monitoring healthcare services. it involves a range of activities, including the health-needs assessment of a population, the clinically-based design of patient pathways, service specifications, contract negotiation and procurement, and continuous quality assessment.

Community Dental Services (CDS)
Special care dentistry for people who find it difficult to access a general dental practitioner, or who require specialist treatment on referral.

Continuing Healthcare (CHC)
Care provided outside of hospital that is arranged and funded by the NHS. It can be delivered in a range of settings including at home or in a registered care home. The care is for adults and eligibility is assessed on the basis of need.

Co-production
The principle of staff working together in an equal partnership with patients, families and the public to design services.

Clinical Reference Groups (CRGs)
Groups that provide advice and expertise on the best ways that the NHS should provide clinical services. They are made up of clinicians, commissioners and public health experts together with the patients and carers who use the those services.

Health in the Justice System
Healthcare delivered in prison and youth offender institutions, immigration and removal centres, initial accommodation for homeless asylum seekers, mental health liaison and diversion services and sexual assault referral centres.

Healthwatch
The national consumer champion in health and care. Each local area has its own Healthwatch with significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Glossary

Local Pharmaceutical Services (LPS)
Additional services delivered through community pharmacies alongside a traditional dispensing service. These can include services in areas that are currently under-served, or running monitoring clinics for patients with specific conditions such as asthma, diabetes or heart disease.

Local Supervising Authority (LSA)
This is the regulatory authority for midwives. It provides statutory supervision to enhance public protection and to support midwives to provide a high standard of care.

NHS Five Year Forward View
Published in 2014, it sets out a new shared vision for the future of the NHS based around the new models of care. It describes how the NHS needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

Patient Participation Groups (PPGs)
A group based around a GP practice made of patients and staff. The group considers ways of making a positive contribution to the services and facilities offered by their practice to patients. From April 2016, it has been a contractual requirement for all practices in England to form a PPG and to make efforts for this to be representative of the practice population.

Patient Public Voice (PPV)
This refers to various ways of ensuring that the voices of patients, carers, families and the wider public are heard in the decision-making process for health services. Activities that promote PPV can include reference groups, workshops, surveys and consultations.

Primary care
The care provided by GPs, community pharmacies, optometrists, dental practices, community and specialist dental services.

Specialised services
Those provided in relatively few hospitals and are located in trusts where teams of staff have appropriate expertise to look after patients with complex or rare health conditions.

Sustainability and Transformation Plans (STP)
These set out how local healthcare services will work together to become sustainable and deliver the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency. There are five STPs in London.

Get involved

NHS England considers working in partnership with patients, carers, service users and the public to be central to the way that we work.

Hopefully this review will have outlined the range of participation and involvement activity that is taking place in NHS England (London) and how important it is to everyone who lives or works in our capital city.

We are committed to ensuring that public and patient voices are at the heart of shaping our healthcare services. There are always opportunities arising for interested individuals to become more involved.

You can find out more at the new **Involvement Hub**. It supports patients, carers, staff and the public who want to find out more about participation across NHS England- both how to do it and how to get involved.

It is a source of information and resources which will help people to develop their knowledge, skills and confidence to get involved in the design and delivery of health services.

You can also find out more about how you can participate by contacting us directly.

Get in touch

england.LDNqualityhub.nhs.net

@nhsenglandLDN