



**ENGAGING OUR PATIENTS
AND PUBLIC IN LONDON'S
SUSTAINABLE HEALTHCARE**

**NHS ENGLAND (LONDON) PARTICIPATION
AND ENGAGEMENT REVIEW 2016/17**



Contents



Welcome	3
Introduction	4
Involving Patients: Commissioning	7
- Primary Care	8
- Public Health Services	11
- Health in the Justice System	23
- Specialised Services	27
Involving Patients: Supporting Commissioners	30
- The Nursing Directorate	30
Involving Patients: Leadership	38
- The Clinical Senate	38
- Strategic Clinical Networks	42
- Healthy London Partnership	47
Conclusion	52
Get Involved	53

Welcome



*Oliver Shanley, Regional Chief Nurse,
NHS England (London)*

The NHS affects all of us at some point in our lives.

We've all been patients, as have our parents, our siblings, our children, our friends and other loved ones. And each of us will be patients again. This makes the care the NHS provides important to all of us. And it's why it is so vital that you and your loved ones have an opportunity to share your experiences, and to shape how care is planned, organised and delivered.

This 2016-17 Annual Participation and Engagement Review from NHS England (London), shows how we are working with you and the community to make the NHS better for patients and the public. It shines a light on examples of good practice, and identifies challenges and how we are working to improve.

Patients are at the heart of everything that we do, which is why we are committed to continuing to engage communities and patients in decisions about the future of health and care services. I hope that this review demonstrates this commitment, and shows the positive impact this year's work has been able to achieve.

Thanks to all the Londoners who worked with us this year; your ideas and support are very valued. I would also like to thank all the patient and public representatives who have worked with us in 2016/17.

Thank you.
Oliver

London' Health: An Overview



London's population continues to grow with Londoners having a wide range of health needs. Although Londoners enjoy some of the highest standards of living in the Western world, the reality is that when it comes to health and wellbeing, our city is still deeply divided.

Health challenges for Londoners

Children

- Mental Health conditions affect **1 in 8 Children**
- Emotional and behavioural problems affect **1 in 5 Children**
- **20% of 4-year-olds** are overweight or obese
- Nearly **30% of children in aged 5 years** do not achieve a good level of development.³

Adults

- Only **58% of adults** meet minimum activity levels needed for good health.
- People with severe and prolonged mental illness are at risk of dying on average **15 to 25 years earlier** than other people²
- London's air quality is dangerously poor **nearly 9,500 Londoners** dying each year with older people and those suffering from lung or heart issues particularly at risk⁴
- Cancer is the second leading cause of death across the capital with more than **200,000 people** living with and beyond cancer, this is expected to double by 2030.⁵



Living **less** years in poor health

Living **more** years in poor health

- If you are a man or woman living in the borough of Tower Hamlets you can expect to live fewer years in good health compared to the rest of London.
- Men living in the borough of Enfield can expect to live more years in good health compared to the rest of London
- Women living in the borough of Richmond Upon Thames can expect to live more years in good health than the rest of London



8.8 million live in London and the population is expected to grow to **10.78 million by 2041.**



2 million are under 18, expected to rise to **2.2 million by 2041.**¹

While all boroughs are projected to see a rise in population, Barking & Dagenham is projected to have the highest proportional growth over the period 2016 to 2041 while Kensington & Chelsea has the lowest proportional growth.

Life Expectancy

There are big differences between how long, and how well, different people live in London. The length of time that Londoners can expect to live in good health also varies widely across the city.²

Sources: **1.** GLA 2016 – Based trend Population Projections report updated July 17 **2.** Better Health For All Londoners CONSULTATION ON THE LONDON HEALTH INEQUALITIES STRATEGY August 2017 **3.** Healthy London Partnership Children & Young People's Programme Transforming care for children and young people in primary care April 25, 2017 & Public Health England, Public Health Profiles – Fingertips online data tool, fingertips.phe.org.uk/. July 2017 **4.** A city for all Londoners report – Oct 2016 **5.** NHSE Five year Cancer commissioning Strategy for London April 2014

What we do



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 with 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 and the 'Next steps on the NHS Five year Forward View (2017)' reviews progress made to date setting out a series of practical and realistic steps for the NHS to deliver a more joined-up and responsive NHS.

At NHS England (London), we have oversight and leadership for the NHS in London and commission more than



£18bn of services
for the



8.8 million people
living in the capital.

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.

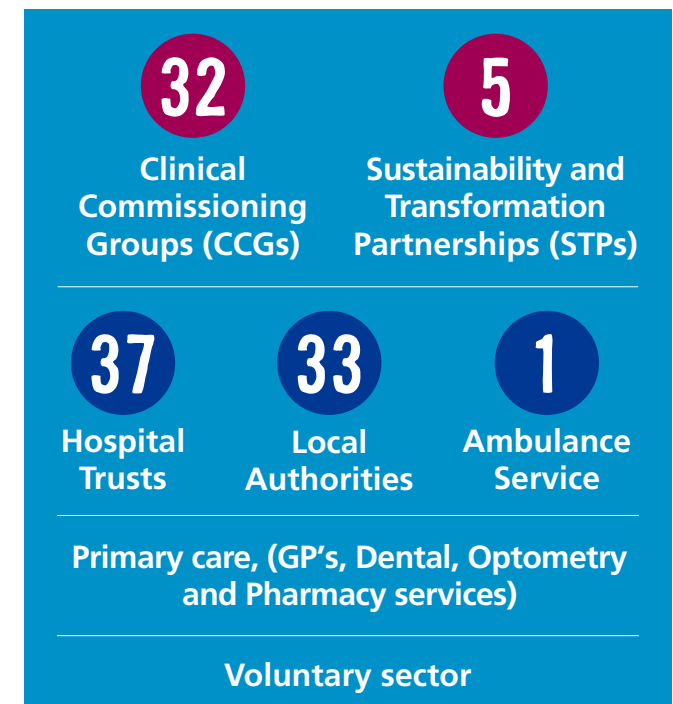
Assessment and improvement of the commissioning system: assuring and supporting local commissioners to deliver improved health outcomes and that they uphold constitutional commitments.

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.

NHS England (London)

Distribute more than **£18 billion on health and carer services** including over **140 specialised services**. We work together with the following organisations:



Placing patients at the heart of what we do



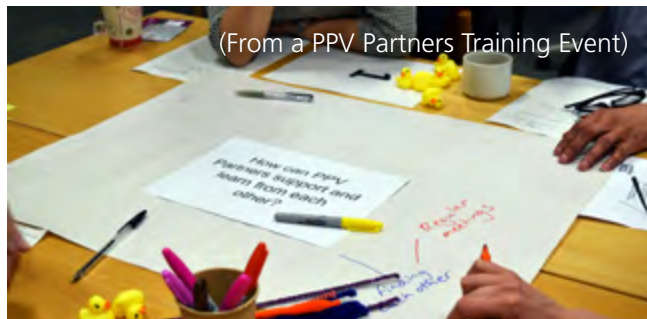
Our ambition is to place patients and the public at the heart of everything we do. To achieve this, genuine patient and public participation is essential.

What did we do in 2016/17

The NHS Five Year Forward View (2014) and Next steps on the NHS Five year Forward View (2017) 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 Health and Social Care Act 2012) NHS England has a legal duty to involve patients and the public in our commissioning processes and decisions.

This summary review highlights the work that NHS England (London) has done to involve patients and the public between 1 April 2016 and 31 March 2017 and its plans for the future.



(From a PPV Partners Training Event)

In 2016/17 our regional work focussed on:

- The development of the London Participation and Engagement Leads network. This has been very well attended and continues to grow. Speakers from national programmes and key stakeholders have presented to the network sharing good practice and learning
- CCG annual participation and engagement reports, and where relevant supporting individual CCGs to improve the effectiveness of their engagement
- Training for 220 Patient and Public Voice partners across London, including from CCGs and Patient Participation Groups
- Continuing to ensure that NHS England (London) is able to evidence compliance with the Statutory S13Q Duty in accordance with national requirements.

In 2017/18 we look forward to working with our national PPP team and regional partners to pilot a new approach through a PPV indicator in the national CCG Improvement and Assessment Framework. Building on the success of 2016/17, focus will remain on enhancing regional engagement / PPV capabilities through training and development of staff and work with the five London STPs to support engagement activities.

“ It is great that four years on, when CCG engagement leads across London came together to help establish the network, we are still here and by the looks of it growing in strength and numbers! A key learning for us in Newham, is that the network has delivered on its aim to be a positive platform for leads to share ideas and best practice in patient and public engagement. Shared learning and collaborative working across CCGs is important for what we do. ”

(Sabeena Subba, Newham CCG lead and London Engagement network member)

“ I welcome the network as an opportunity to meet colleagues in the same roles, to share ideas, challenges and best practice and being able to influence London wide Patient and Public involvement policies. Also to share local PPI challenges (ie engaging with young people and other seldom heard groups) and see how other people are tackling these challenges. ”

(Kelly Scanlon – Bromley CCG lead and London Engagement network member)

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, Dental, Optometry and Pharmacy services)

Armed Forces healthcare

Public Health Services

Health in the Justice System

Specialised Services

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, and community and specialist dental services. In London, 30 of the 32 CCGs have co-commissioning responsibilities. This gives them greater responsibility for deciding and managing local GP services, although NHS England still holds the contracts.

How do we involve patients and the public?

For **GP services** we engage with patients, local groups and other stakeholders about the options on how services will be delivered in the future - for example, when a GP contract comes to an end. This can include letters to all registered patients, public meetings, drop-in sessions and online surveys. We also engage with patients on the specifications for new practices. We involve patients who have been trained in bid assessment skills to contribute

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

For **Dental, Optometry and Pharmacy services (DOPs)** patient engagement is undertaken through the Patient Leadership Board. The Board has evolved to support the development of optometry and pharmacy services, having been initiated in November 2014 to focus on dentistry. The Board was originally known as the Patient Advisory Board, however with the expansion of its scope, members agreed to rename the group Patient Leadership Board in March 2017. It is co-chaired by two Public Health England consultants and membership of the Board consists of appointed lay members alongside staff and other co-opted members. We encourage participation from board members in a variety of ways including correspondence, small group meetings, working groups, surveys and personal attendance at board meetings.

Looking back at 16/17 commitments

We have improved the diversity of the Patient Leadership Board in line with our previously expressed objectives, recruiting two young adults under 30 years, one mother of a young family and one adult with a learning disability (the latter occasionally joined by a colleague from MENCAP).

Patient Leadership Board members received refresher training in procurement at the Board meeting in January 2017. We aim to procure further detailed bespoke training for our members.

We also launched a quarterly DOPs newsletter mailed to all contractors and taken the first steps to include patient representatives at NHS England at contractor group meetings by including a profile of the board in its March 2017 edition. We now have a dedicated relationship manager to help improve our communications with patients and the public.



In focus

Re-procurement of GP services

During 2016/17 we engaged patients around the re-procurement of services under 21 GP contracts, covering 117,000 patients. We introduced a standard London Alternative Primary Medical Services (APMS) contract, as it increases the range of people and organisations that can run the practice and helps to drive up standard and improves access.

We used an engagement toolkit we co-developed with Healthwatch and patients.

Commissioners' plans to re-procure or merge GP contracts were shared with patients and views sought in a variety of ways, including:

- Registered patients received letters outlining the plans and inviting views
- Events were held at all affected practices to enable more detailed and direct dialogue
- A patient survey (online and paper) was conducted at each affected practice, the survey content having been reviewed by our patient reader group
- Additional engagement was undertaken in respect of three practices where relocation from existing premises was required.

The events were attended by 750 patients and 1,800 patients completed either an online or paper survey. Feedback was used to:

- Amend commissioning decisions - for example the decision to disperse one small GP list was overturned and the contract re-procured, and opening hours at another revised;
- Inform bidders of the issues of most concern to patients – only bidders able to address these specific issues were able to attain the maximum score for practice-specific questions in the Invitation to Tender.

Patient evaluators were recruited to help evaluate tender responses and sit on the panel for bidder interviews.





Looking forward – 2017/18

- This year we intend to support the development of the Patient Leadership Board by directly involving it in the procurement process. Additionally, we will be exploring the possibility of including patient representatives at meetings with contractor groups and/or to have contractor group members attend Board meetings
- We will also be engaging patients in further recommissioning of GP services where contracts are due to end. Within dentistry, Patient Leadership Members will have active involvement in the procurement of Intermediate Minor Oral Surgery (IMOS), primary care orthodontics and restorative dentistry.



Team contact details

england.lon-nw-pcc@nhs.net

North West London

england.lon-nc-pcc@nhs.net

North Central London

england.nelprimarycare@nhs.net

North East London

england.swlprimarycare@nhs.net

South West London

england.sel-primarycare@nhs.net

South East London



Public Health Services



Public health is 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 is responsible for commissioning healthcare required by the Armed Forces community, which includes mobilised reservists and some families. 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?

The London Armed Forces Network was set up in 2013 to offer ex-forces staff, reservists and their families a space to meet and help shape healthcare services. During 2016/17 the Network's aim was to reach out to more veterans and families affected by mental health and emotional trauma. We have done so by bringing in 6 new peer groups and 3 new self-support groups into our network. These new groups are now offering support to network members.

Looking back in 2016/17

- A mental health first-aiders module for primary care is currently being designed and will be delivered later in 2017
- From April 2017 we have also ensured we have stakeholder engagement from key mental health providers within our Network from across London. To further support this work we have undertaken a focus group with mental health service users and carers around access to post-trauma and Post Traumatic Stress Disorder services which will make recommendations for April 2018. This work is ongoing and we are collaborating with the national Forces Health commissioning team to undertake this project
- As part of the Mental Health transformation plans at STP-level we are reviewing drug and alcohol services access and referral processes, with clients. This work will be completed by April 2018.





In focus

Mutual support for network members

At a recent network meeting, one ex-forces Londoner from Alcoholics Anonymous gave a powerful and poignant presentation about his own journey as an alcoholic in and out of the forces. As the room fell silent, several of the members offered support which allowed him to begin putting his life back on track. He is now being supported by several voluntary organisations.

At another network meeting, one ex-forces Londoner presented about an exercise and healthy eating regime that he had established, which successfully empowered peers out of loneliness, isolation and depression. His presentation was profound and several members have since contacted him to deliver his story and exercise regime in their own organisations.





Looking forward 17/18

- Establishing a mental health subgroup, including Post Traumatic Stress Disorder and alcohol & substance misuse
- Support the substantial decant of foreign garrisons back to England through organising NHS primary care registrations (GP Registrations; NHS dentist, pharmacy, ophthalmology and audiology) and act as a signposting role for these active personnel and their families.
- National Armed Forces commissioners are planning a national patient experience survey and London will actively support this rather than create a London-only version.



Team contact details

Kenny.gibson@nhs.net

Mary.cullen4@nhs.net



Early years and immunisation



What we do

The Early Years and Immunisation team commissions services to provide vaccinations against diseases, focusing on very young children, the elderly and adults with chronic conditions. The London Immunisation Board oversees our work. We aim 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 involve patients and the public. We include parents' views in reviews of child vaccination programmes and use their input to make improvements. For example, we work with GP practices to capture patients' and parents' feedback and use these to improve their experiences of vaccinations.

We also work with Public Health England and academic partners on how we can best capture patient experiences and public perspectives on vaccinations. By working with the public we can understand how to improve acceptability, vaccine hesitancy and on how to improve uptake.

We work with communications teams in Public Health England and NHS England (London) on how best to utilise social media to engage our public. We review quarterly the impact of social media on our campaigns and are using the findings to improve promoting flu vaccine during the winter of 2017/18. An academic review into how social media can improve uptake is being used to inform our commissioning and promotion intentions.





Looking back in 2016/17

We continue to work in partnership with our three patient and public representatives at quarterly Immunisation Boards and in-depth reviews

We delivered 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. We also have delivered the 'Serving the Underserved Populations' strategy and working alongside colleagues in Public Health England on the Screening and Immunisation Health Inequalities Delivery Framework.

We included patient and public feedback in our immunisation awareness campaign (tweets, blogs) to coincide with European/Global Immunisation week in April 2017. A life course approach was used for the week long campaign with information covering:

- 0-5 year old vaccinations i.e. having a healthy start to life
- Adolescent & Young adult vaccinations i.e. Meningitis type A,C,W,Y (Men ACWY)
- Young Adult & women of child bearing age vaccinations i.e. Measles Mumps and Rubella (MMR)
- Vaccinations for pregnant women i.e. Pertussis
- We also implemented the London Shingles campaign for London to increase uptake in the eligible population.

We worked in partnership with Health in the Justice System colleagues to improve vaccination services in prisons. This included 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.





In focus

Understanding barriers to accessing the Meningitis ACWY vaccine among young men

We conducted focus groups with 19 year old men on their experiences of accessing the vaccine. The findings included suggestions for how we could improve awareness of the vaccine and publicise its availability. These will be used to inform future campaigns.

Improving uptake of Hepatitis A vaccine among men who have sex with other men

To improve uptake of the vaccine, we conducted an online survey with men who have sex with other men on their preferred locations for receiving the jab. Together with health Protection teams, we introduced new venues in the community to receive the vaccine other than just GP surgeries. The programme is being academically evaluated





Looking forward 2017/18

- Based on feedback from the patient and public representatives on the board, we will review our governance and assurance processes so they make the best use of their involvement
- Complete an online survey of community pharmacists on the 2016 influenza campaign and use the findings to inform this year's campaign
- Continue the qualitative work into understanding the lived experiences of the Meningitis type ACWY vaccine and use findings to improve our vaccine programmes.



Team contact details

Londonimms@nhs.net



Screening



What we do

The Screening commissioning team offers:

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

We aim to ensure each programme meets the needs of those who require it. Engaging patients and their representatives in commissioning these services is essential to achieving this aim.

How do we involve patients and the public?

We now have patient representatives on nine of the ten commissioning and programme boards that oversee our work. They work with us to review coverage of screening across London, identify ways to improve uptake, develop new service models. We are increasing participation in the Diabetic Eye (DESP) and Abdominal Aortic Aneurysm screening programme (AAASP) boards through a Welcome Pack and induction.

Patient representatives also work with us to review procurements, such as for breast screening services in Central and East London, where they worked with us to develop questions for the bidders and evaluate bids. A major piece of work was the re-procurement of the Abdominal Aortic Aneurysm screening programmes. We involved patients and the public by:

- Recruiting three current service users as members of the steering group to work with us to design the proposed new service model
- Conducting a patient survey to understand the possible impact of service model changes on existing service users and highlight and address areas for improvement. See In focus section page 20

- Carrying out a Health Equity Audit to examine equity of access and uptake of the screening programme across London
- Findings have been shared with all potential providers for the new service and patient experience has been included in additional reporting requirements for the service.

For breast cancer screening, we have been working with Community Links, an innovative charity based in Newham, which delivers a wide range of community projects. It follows up with women who did not attend breast screening appointments, particularly amongst minority ethnic groups and women receiving their first invitation. Its activity and outcomes will be evaluated as part of a Health Equity report on breast cancer screening.



Looking back in 2016/17

We recruited patient representatives to cervical screening boards and a patient has also been recruited to the Pan-London bowel cancer screening performance board.

As part of our commitment to include patient feedback within our boards, all Adult Screening Programme Boards have standing agenda items on patient experience. We are working with colposcopy services to determine how patient feedback from the 'IWantGreatCare' website can be extrapolated to give relevant reports to the boards.

We have ensured that breast screening and colposcopy services report on annual patient surveys, through presentation at performance boards. We will continue to strengthen how patient experience is report by:

- Presenting an annual report on all services' patient surveys at the Pan London Breast Screening Performance Board
- Ensuring the quarterly performance group meetings for all clinical services now receive reports on patient feedback, including compliments and complaints and what action has been taken to resolve issues raised
- Running a 30-day questionnaire to all patients seen for assessment and diagnostic tests for the bowel cancer screening programme following a positive test result.





In focus

London Abdominal Aortic Aneurysm Screening Programme (AAASP) - Patient Survey

The AAASP re-procurement in 2017 will change the current model with 5 providers to 2 – one covering North London and one South London. As commissioners of the London AAASPs we have a responsibility to ensure that patients are able to contribute to the commissioning and procurement process, and that their views are considered in the design and delivery of the service.

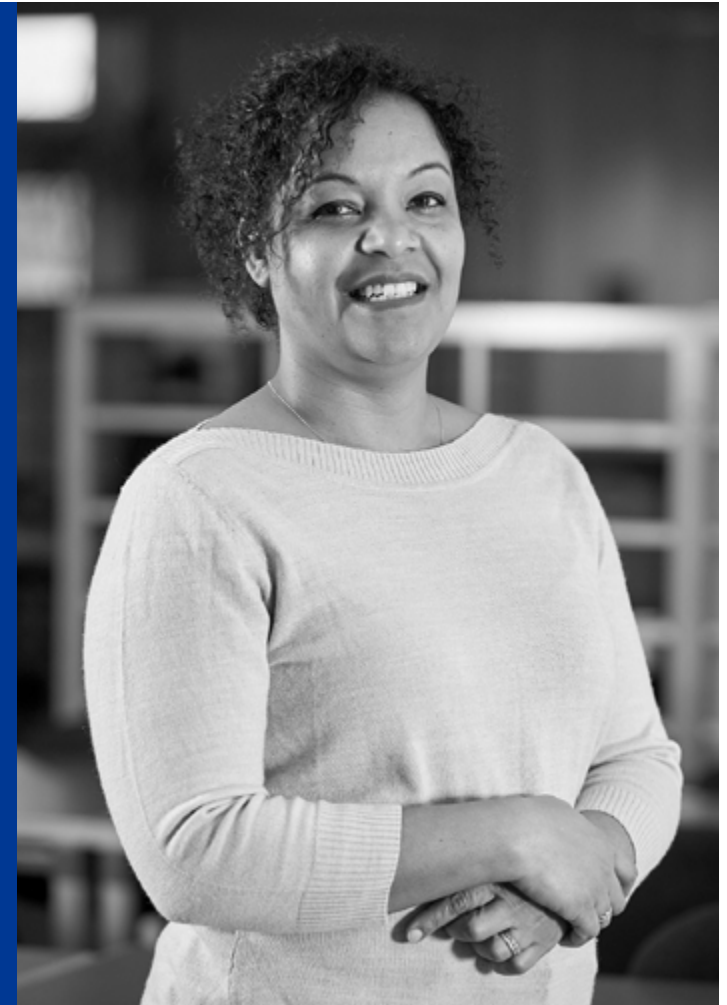
The aim of the survey was to involve existing service users in the proposed new programmes, gain insight into the experiences of men attending surveillance screening, and ensure their views are represented in the commissioning process.

The postal and online survey was conducted during Dec 2016 and Jan 2017 with men who have surveillance scans and who may therefore be affected by the potential changes. The response rate was high at 51% reflecting a good level of engagement and the value that patients place on the care.

Some key themes that emerged as potential areas for improvement were:

- Choice of location for appointments with text or phone reminders
- More health improvement information and signposting to support services
- Meeting the needs of men with pre-existing conditions.

The report from this survey has been shared with all current London AAASPs and submitted to all potential providers tendering for the new service to reflect in their service plans.





Some comments from the survey:

“ I don't know how the aneurism affects me and I would like to know more. I heard it was quite common ”

“ So pleased my wife picked up a leaflet in our GP surgery about aortic scanning and arranged an appointment or I would not have known I had AAA and told all our male friends about it ”

“ After each scan I receive a letter telling me the condition still needs monitoring (which one knows already). This waste of money and all that is required is to be sent a letter with your new appointment which should include the result of the previous scan. The savings could be spent in providing a yearly consultation with a nurse to evaluate condition and check if medication is appropriate ”



Looking forward – 2017/18

- Engage patient representation for the procurement of Primary human papilloma virus (HPV) testing as part of the cervical screening programme
- Continue recruitment of patient representatives to cervical screening programme boards to ensure that all have representation
- Complete Health Equity Audits of Diabetic Eye Screening and Breast Screening in London
- Increase representation of younger age ranges including 12 years upwards on Diabetic Eye Screening Programme Performance Boards
- Explore implementing patient surveys for cervical screening in primary care
- Improve access to cancer screening for people with a mental health diagnosis, including those in secure forensic units
- Improve access to diabetic eye screening, abdominal aortic aneurysm screening and bowel cancer screening for people in prisons
- Development of a report template to ensure consistent reporting of patient feedback for all cancer screening programmes
- Development of a London patient engagement strategy to support the commissioning of high quality, Adult screening programmes in London.



Team contact details

england.londonscreening-incident@nhs.net



Health in the justice system



What do we do?

We commission healthcare in London's justice system, including 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 improve access to health support for those affected by crime. We also aim to improve access for those in contact with the justice system and to help reduce re-offending and promote recovery by positively engaging them in health.

How do we involve patients and the public?

We continue to work with Inspirit Training and Development Consultancy. Inspirit supports people with experience of the criminal justice system to work alongside us when we commission and assure services. This is through a Participation sub-group of service users, and through 'Commissioning Technicians' who have been fully trained in involvement, commissioning processes, consensus decision-making and assurance work. The training is being accredited and the content is co-produced with a group of service users.

Looking back on 2016/17

The round of quality assurance visits to all London prisons and Immigration Removal Centres in the summer of 2016 was completed successfully.

Sub-group members were trained to work with GPs and nurses to visit each secure establishment. This was a challenging project to support but the service users provided valuable input to the final reports.

We had intended to expand the number of Commissioning Technicians in 16/17, however the plans for service procurement (at Her Majesty's Young Offender Institution (HMPYO) Feltham and Her Majesty's Prison's (HMP) Brixton, Pentonville and Wandsworth) were postponed. We look forward to working with them when these procurements go ahead.

One service user explained:

“ For me, this process has illustrated that there is an absolute need for this kind of work to be carried out. Not because through it we are, in some way, able to hold service providers to the level of their agreed responsibility but because we are able to forge the kinds of relationships that have the power to yield impactful change through positive dialogue and shared understanding. These are tough, often seemingly unrewarding environments that can test to breaking an individual's ability to manage themselves. In many ways, it is the staff whose sense of duty and responsibility invites the greatest levels of admiration since only the most destitute of inmate choose to enter a secure environment. This not only speaks volumes about choice and our individual perception of what that might be, but is in some ways a reflection of the general public whose privilege it is to detach themselves from this world. ”



In focus

Participation in contract reviews

Sub-group members attend all Prison and Immigration Removal Centres' quarterly contract reviews bringing their views about quality and performance as well as how the healthcare provider is managing capacity, demand and appropriate, timely access to care.

Quote from the Public and Public Participation (PPP) Sub Group member:

“ **My expectations are for commissioners and stakeholders to hold us in the same regard as other contributing partners. My wish is to provide useful insight and contribute to this process in a way which ensures that we are held in such regard with a view to achieving positive change in healthcare service as they are delivered in the justice system** ”

Showcasing participation in the justice system

The Participation sub group held an event in May 2017 to showcase the work they had completed in 2016 and the work they will be completing in 2017. Over 40 people attended from various stakeholders including healthcare providers, voluntary groups, Metropolitan Police and NHSE. It was positively

received by attendees, one feeding back: 'Just wanted to say how educational and motivational the event was yesterday'.





A Prison Healthcare Provider said:

“ My experience of the Patient and Public Participation project has been lovely. I feel as though your input has really allowed me to have an insight into how prisoners really experience healthcare services and has enabled more open user engagement which has a positive impact on developing healthcare services ”

Quote from Participation sub-group member:

“ [We can] Be a nucleus frame for communications between the patients and the establishment. As much access as needed or possible with the patients to foster a healthy trusting relationship ”



Looking forward 2017/18

- Participation sub-group training in group facilitation to support members to deliver patient forums within institutions
- Service user involvement in supporting the smoke free transition (all London prisons will be smoke-free by 1st April 2018)
- Re-modelling of SARC (Sexual Assault Referral Centres) provision in London
- Commissioning of Child House services (see page 35) for children and young people who have experienced child sexual abuse.



Team contact details

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. NHS England commissions these for eligible patients, including London residents and patients referred from across the country to London trusts.

How do we involve patients and the public?

Our 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.

However some local and smaller scale initiatives are carried out regionally. In London we use a range of methods to engage patients and the public, including one-to-one meetings, focus groups and wider public consultations. A patient representative sits on a monthly quality review meeting between ourselves and St Bartholomew's Hospital, which provides mainly specialised services. In our engagement initiatives, we work in partnership with a number of organisations

such as Clinical Commissioning Groups, Public Health England, Healthwatch and Strategic Transformation partnerships (STPs).

We also ensure that providers' contracts and some of the national service specifications include requirements to engage with patients and the public. Their compliance and progress against this standard is monitored in contract and quality meetings with providers.

Looking back on 2016/17

We continue to ensure participation and engagement is embedded in our work but recognise it needs to be developed further. We are working with our services using the framework and approach described above.

We have engaged patients and the public within our South London Transformation Programme, which aims to identify opportunities for developing a more sustainable future for services and providers initially in two clinical areas: renal and cardiac services. We have established a steering group and have patient representatives with relevant experience as members of the group. They continue to be supported in their roles. We have also engaged directly with the south east

and south west London STP patient and public advisory groups, and relevant third sector organisations including the British Heart Foundation, Kidney Care UK and local Healthwatch.

This year we have involved patients in our recent Renal Network Peer Review. The London Renal Strategic Clinical Leadership Group (SCLG) had a number of patient representatives among its membership as well as a representative from Kidney Care UK. These members were trained to take part in the peer review process and participated fully in the site visits.

Two patients living with HIV were part of a working group set up to develop and modify patient information leaflets explaining anti-retroviral switches, and also a leaflet explaining what generic drugs are and why patients are encouraged to switch to them. HIV clinicians, pharmacists, and public health specialists sat on the group alongside patients.



In focus

A case for change to improve parent engagement

The London Neonatal Operational Network has a well-established programme of parental engagement which is used to positively influence changes in the way in which the neonatal services in London operate. Part of the mechanism for doing this is the Parental Advisory Group (PAG), which produces quarterly newsletters on their work and meeting updates, which are available on units for parents to read www.londonneonatalnetwork.org.uk/parents/parent-advisory-group/.

The PAG has recently developed a case for change to improve parent engagement and involvement, through presence on neonatal ward rounds, better communication, and access to medical notes. Recommendations were developed from a body of evidence including academic journals, requirements outlined by the National Neonatal Service Specification and importantly from a recent survey of neonatal units on parent involvement.

The aim of this is to improve parent experience and knowledge whilst baby is in the care of a neonatal unit. This will improve neonatal care, reduce parental anxiety, and improve the development and readmission risk for their baby. The report has been endorsed by Bliss, the charity for babies born premature or sick and by the Experience of Care Lead (Maternity, Babies, Children & Young People) within NHS England.





Looking forward

- We will be extending the service transformation approach initiated in South London to North London, creating similar opportunities for patient and public involvement as well as continuing with work to encourage involvement in localities across London. We will also be working with the London Neonatal Operational Network to implement changes referred to above.



Team contact details

vinicethomas@nhs.net

Vinice Thomas, Director of Nursing
for Specialised Commissioning.



The Nursing Directorate



What we do

The Nursing Directorate is responsible for developing a strategic approach to ensuring people have a positive experience of healthcare and that people are cared for in a safe environment. We also provide professional leadership to nurses and midwives in London.

The team has a leading role in assessing the quality of our services commissioned by NHS England and Clinical Commissioning Groups. This quality role includes, among others

- **Patient safety:** ensuring that services are provided safely, avoiding harm through trips, and falls, clinical error and infections
- **Safeguarding:** making sure vulnerable adults and children are safeguarded from abuse, ensuring homicides by patients who are or have been under NHS mental health care are investigated, and that there is health sector involvement in domestic homicide reviews
- **Transforming Care programme in London:** enabling more people to live in the community with the right support, close to home

- **Continuing Healthcare (CHC):** ensuring commissioners in London have effective processes to assess CHC applications and managing independent review panels
- **Participation:** ensuring patients have good experiences of care, and that patients and public are able to participate in decision about healthcare in London.

The Patient and Public Voice team within the Nursing directorate leads on strategy and governance for patient and public participation in NHS England (London). The team supports commissioners to involve patients, their carers and the public in regional and national programmes and in the governance of our work.

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).

“ To ensure we are on track with the Patient Leadership Board’s active engagement and involvement so it is making an actual difference to the services we commission, we have welcomed the guidance of NHS England’s internal PPV Accountability Group. This has helped keep us refreshed on how we listen and act on what the Board members say. We place high value on our membership to the Group because it supports us in delivery, best practice and key requirements, the culmination of which is; services responsive to people’s needs as well as improving access and health outcomes for all groups of people. ”

(Penelope Boxall - Patient Leadership Board Administrator , NHS England (London) Dental, Optometry, Pharmacy)



How do we involve patients and the public?

- In addition to producing this annual review, the Patient and Public Voice team leads an assurance process reviewing all 32 CCGs' annual reports on their delivery of statutory involvement duties. Discussions were held with many of the CCGs that needed support to improve, though the overall trend across London is one of continued improvement. The outcomes of the review were used to inform the indicator for 'Leadership' within the CCG Improvement and Assessment Framework
- The London Transforming Care Board includes an individual with a Learning Disability to provide feedback to the board on progress and plans for Transforming Care both across London and individual Transforming Care Patients. This individual is the chair for the London Regional Forum for people with Learning Disabilities. The Transforming Care Team is also responsible for co-ordinating the Learning Disability Mortality Review. This involves ensuring the death for each person with a Learning Disability is reviewed by a trained reviewer. Each review involves engaging with the family of the individual regarding the care and treatment the individual received
- Care and Treatment Reviews (CTRs) are held for all patients who meet the criteria for Transforming Care. 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. The London Regional team recruit and co-ordinate a pool of experts-by-experience to support commissioners at each review
- We recruit lay Chairs to Continuing Healthcare(CHC) 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 five lay Chairs. Patients, families and representatives are supported to attend the panels. 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.





Looking back

- In Midwifery, having representation from lay auditors on the Local Supervising Authority was to be a key focus for this year. However, the statutory function to supervise midwives ended in April 2017 and the audits of maternity units no longer take place. However we involved lay members in the creation of the new model of supervision which is currently being implemented. Their involvement was integral to ensuring that this model retained the valuable advocacy role to support women and their choices in pregnancy and birth. We have also worked in partnership with the London maternity clinical network to set up the new Maternity Voice Partnerships
- The Patient and Public Voice team has been working with national colleagues throughout to revise the NHS England policy on engagement, and the Statutory Guidance to CCGs and NHS England on patient and public participation in commissioning health and care, both of which were published in April 2017. Recruitment to the Patient and Public Voice. Accountability Group and the Patient Safety Steering Group was put on hold to ensure that the revised policy and guidance would be complied with
- As part of the commissioning guidance development for Female Genital Mutilation (FGM) services in England we hosted a focus group on 4th April 2017 so that we can best help commissioners understand their patients. In collaboration with two experienced facilitators we involved a group of patients who reflected the wide range of needs and experiences of the women and girls who receive FGM services. The workshop prompted lots of discussion and engagement on the key themes raised in the guidance. We were able to incorporate the 'patient voice' within the guidance
- The London Transforming Care Team has held two training and support workshops for our pool of 34 experts by experience, providing training to ensure the Experts by Experience are skilled at providing the voice of the individual into the care and treatment reviews for people within the Transforming Care cohort
- The Patient and Public Voice team has worked with national and regional colleagues to assess the needs of the five London STPs for support in engagement, work that continues into 2017/18. The team were also instrumental in planning and delivering a regional event for CCG Lay Members in February 2017
- The team also worked with NHS England regional commissioners of primary care and public health services to implement a new national approach to recording the involvement of patients and the public in commissioning decisions. The team also co-produced with CCGs guidance on reimbursements for Patient Public Voice partners
- Furthermore we have published an Easy Read version of last year's review. This was launched at an event in March 2017, which enabled an opportunity to explore further the issues and challenges in engaging with and improving experience of people with learning disabilities.



In focus

Empowering patients and the public to support commissioning and service improvement in London

Patients and the public had told us they often feel that they lack the skills and confidence to take part fully in participation opportunities, whether at NHS England (London), CCGs and Patient Participation Groups (PPGs) in London. We therefore decided to develop training for patients and members of the public to support their involvement using one-year funding made available from the national Insight team.

PPV partners were involved at all stages of developing the training, including responding to a survey on training needs and preferred learning styles, and the involvement of three PPV partners in the procurement panel to select the training supplier. Following appointment, we ran a co-design session with PPV partners and engagement leads to develop the training sessions' content. Participants at this subsequently formed a virtual steering group to inform each stage of the training

development. At the end of the programme we held a learning event for NHS staff and PPV partners to reflect on how the training evaluation findings and ways to extend training opportunities.

Almost 240 PPV partners were trained face-to-face and 70 undertook online learning using modules developed as part of the project. The feedback from participants was overwhelmingly positive, with 98-100% of participants 'strongly agreeing' with a range of indicators, including that the course met expectations, that the content was useful and they could apply their learning, that they will be more effective in their role, and that they would recommend the training to others. The online training module that was developed is being rolled out nationally in 2017.



(Learning Event for NHS staff and PPV Partners)



(PPV Training event)

Participants said:

“ This training was fun. I met some interesting people and learnt a lot from them as well as the actual training. A good opportunity to network. An excellent way of building confidence. ”

“ Very clever way of delivering the training – interactive, which helped make a difficult subject and long day more interesting and you learn more. ”

“ Very comprehensive and well-presented training. I enjoyed the day and found it very beneficial. I have been involved in the NHS since 1968 and have an extensive, eclectic portfolio of PPI. ”



In focus

Child House Development

In 2016/17 the Safeguarding team from the Nursing Directorate worked with our Health in the Justice colleagues and the Mayor's Office for Policing and Crime (MOPAC) on further developing the "Child House" (CH) model. The CH will safeguard and support young survivors of sexual violence and their non-offending family members across North Central and South West London STP footprints.

A significant part of the development work was centred around involving those who work within Health, such as safeguarding named professionals, Police, Social Care and the Charity sector. There was extensive engagement with children and young people (C&YP) to hear about what they wanted out of a Child House service. While the CH team has gathered the views of C&YP continuously over the previous year, it was really important that their voice was central to the development process and that they worked with us to co-design the CH model.

Therefore, in November 2016 young people were asked to feed into initial site floor plans for the CH via consultation events and an online survey. In February/March 2017 young people were also asked to help develop the look and feel of the two CHs via consultation events.

Looking into the next phase of the CH development over 2017/18, C&YP will be asked to continuously feed into this work.





In focus

Transforming care

The Transforming Care team provide oversight, assurance and support to London Commissioners and Transforming Care Partnerships (TCPs) to deliver the Transforming Care objectives. This includes transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. A programme of work between national partners is driving system-wide change and enabling more people to live in the community, with the right support, and close to home.

This year the London Transforming Care Team commissioned Advocacy in Greenwich to develop easy read versions of Transforming Care Partnerships Transformation Funding Bids. These bids were shared with the London Region Forum for People with Learning Disabilities and a view of each bid was shared with the London Bid Review Panel to inform which TCPs had their

transformation funding bids supported by the region for an allocation of national funding.

Moving forward we will run a number of provider workshops where we will engage speakers with lived experience to present to commissioners and providers regarding their experience of care and support.





Looking forward:

- Continue to ensure that NHS England (London) is able to evidence compliance with statutory duties in relation to participation and engagement of the public (Statutory Duty S13Q) in accordance with national requirements.
- Develop good working relationships with pan London patient and public groups and work with the five London STPs to support engagement activities.
- Re-procure external scrutiny of the NHS England's regional work to engage patients
- Develop training for NHS England and London CCGs on effective participation
- Host formal patient group meetings for FGM twice a year in September 2017 and February 2018.



Team contact details

england.ldnqualityhub@nhs.net



The Clinical Senate



What we do

We are a multi-professional advisory body which brings together a broad range of health and care professionals with patients, carers and the public to consider issues which are important to the development of London's health services. We are one of twelve clinical senates in England. We support healthcare commissioners, providers and other bodies to improve health outcomes for their local communities, by providing independent and impartial strategic advice and leadership.

All of our work is carried out in partnership with our Patient and Public Voice (PPV) Group. Its 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 and oversight.

PPV members form part of the Senate Forum which meets quarterly to debate significant strategic issues for London, share views and good practice. Bringing Londoners' views and experiences directly into the Senate debates has enhanced the discussion and influenced the advice provided.

Topics in 2016/17 included:

- Better Births – improving outcomes for maternity services
- Delivering 7 Day Services
- Transforming care through innovation
- Developing high quality, value based out of hospital care

How patients and the public contribute to the London Clinical Senate

In May 2016, PPV members participated in a workshop with the Senate Council to reflect on the Senate's activities and agree a work plan going forward. The PPV Group has reviewed a set of principles agreed by the Senate Council to inform the scope of advice provided. These set out specific issues important to the delivery of safe, high quality and effective care and are always considered in the advice we provide. The PPV Group has also provided advice to the Healthy London Partnership, including advice on PPV arrangements. Individual members have been involved in other work through their Senate roles and continue to be engaged in a wide range of health and care groups and activities in their local communities, which gives members a breadth of insights and perspectives to inform the Senate's work.

The PPV group elected a new Chair and Vice Chair during the year and we will be recruiting additional members in 2017/18. PPV members have also developed

a Members' Guide. The Guide has been published and features on the Clinical Senate's website.

Our Members continue to make a significant contribution and feedback on the value of the advice provided by the Senate remains positive. PPV involvement has been an important factor in the strength of the advice we have provided. Development of Sustainability and Transformation Partnerships (STPs) to deliver the NHS Five Year Forward View will set the context for the Clinical Senate's advice over the coming years.

Looking back on 2016/17

We have improved meeting sequencing in relation to Senate Forum and Council meetings to support the PPV Group to discuss and agree their position before each forum meeting. The group now discusses the topic of the forthcoming Forum in advance so members can better influence the debate. Views are captured and shared formally to support members at the Forum and the group shares views and reflections about the Forum at the following PPV meeting.

We continue to work with PPV members to ensure topics for each Forum are agreed in advance to help facilitate involvement. Our Members would like more involvement in choosing topics, which is agreed by the Senate Council. The Council is committed to planning further ahead and there will be three meetings of the Senate Forum in 2017/18.



In focus

Reviewing and advising on proposals for elective orthopaedic care

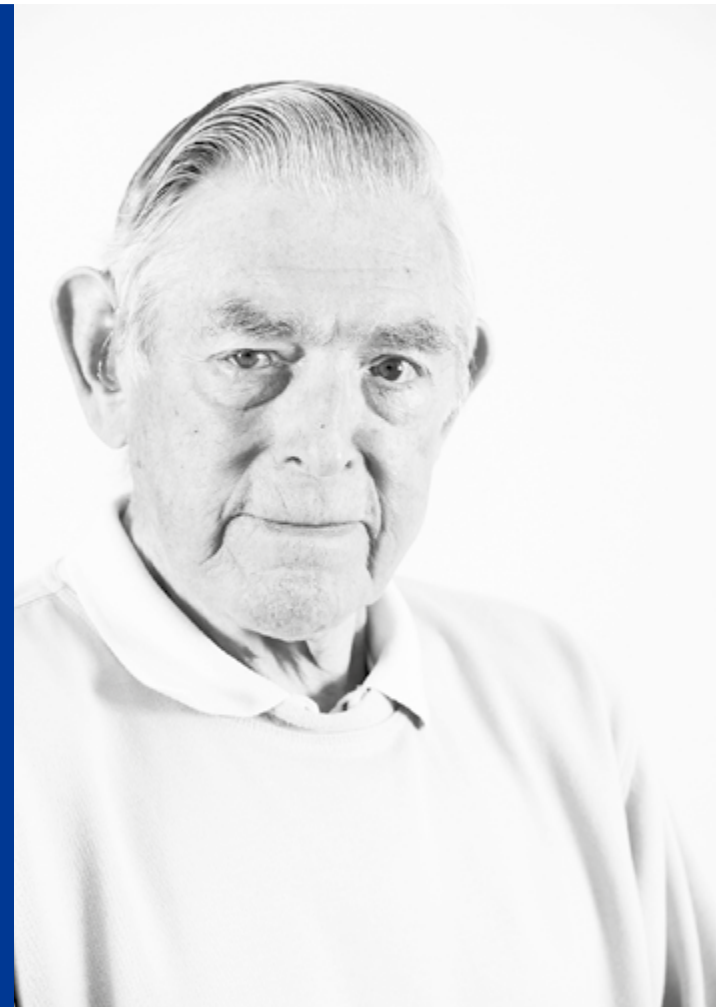
The six Clinical Commissioning Groups in south east London asked us for advice on proposals for improving elective orthopaedic care. We established a review team chaired by a Senate Council member. Membership included two of our PPV members alongside clinical experts from London and further afield. This was a substantial piece of work requiring a significant time commitment over a period of several weeks. Members initially reviewed extensive documentation relating to the proposals and later participated in a panel to discuss the proposals with a range of clinicians and a range of patients who may be affected by the proposal (the panel met 39 people in all). This allowed the review team to explore the proposals and specific issues in more depth.

Members then considered all of the information from the written submissions and discussions together and agreed the advice which would be provided. The concluding task for the team was

to review and sign off the final report which was provided to the CCGs. The experiences and perspectives that PPV members brought to the review were extremely valuable which included a strong focus on equalities.

“ I felt that in addition to bringing my wider experience in society I was also able to add my own personal contribution as an NHS patient, to influence recommendations in the final report. As a member of the review team I felt I had an equal voice. Not only were our views and suggestions taken on board during discussions, they were also incorporated into the final review report. ”

(Jacqueline Sealey, PPV Group Member)





In focus

Helping Smokers Quit

We published a final report from our Helping Smokers Quit programme, which developed advice and tools to capitalise on the unique opportunity of clinicians' interactions with patients to treat tobacco dependence, the greatest single cause of premature death and health inequalities. PPV members sat on the programme board and helped steer and promote the work. One PPV member has subsequently gone on to support work in their local mental health trust.

“ An important aspect of our role is participating in Clinical Senate reviews and programmes of work to give advice on specific issues. This helps to make sure that the advice provided is informed by views and experiences of patients and carers... Having a strong interest in the specific problem of people suffering with a mental illness and their predilection in smoking, especially as in-patients on mental health wards, I was able to take a big part in helping my mental health trust set up their own programme to stop smoking on their wards, drawing on the work of the Helping Smokers Quit programme. Being able to take part in clinical efforts like this is extremely rewarding. ”

(Sally Kirkpatrick, PPV Group Chair)





Looking forward 2017/18

In 2017/18 the London Clinical Senate will:

- Recruit additional members to increase current membership to at least 15 in 2017/18. The process will be led by the PPV Chair and Vice Chair
- Ensure that the planning group for each Forum meeting includes at least one PPV member and explore ways in which the whole group can contribute, commencing from October 2017
- Agree one area that the PPV Group would like to lead work on and support the group to do this.



Team contact details

England.londonclinicalsenate@nhs.net

www.londonsenate.nhs.uk



Clinical Networks



What we do

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

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 we reduce variation in services, provide clinical expertise and leadership to inform decisions and strategic planning, and encourage innovation in how services are provided now and in the future.

Networks are focussed on mental health, dementia, maternity, diabetes, cardiac, stroke and end of life care.

How do we involve patients and the public?

We are invested in the value provided by strong patient and public involvement. We include patients and the public as members within the London clinical leadership groups, chairing specific working groups, and helping review literature and information.

Because of their active participation, our work is enriched through understanding what patients want, and means our work is directly shaped by their views.

Looking back on 2016/17

The Networks continue to:

- Enable clinical engagement and patient voice to inform commissioning decisions
- Identify and drive quality improvement for better outcomes
- Reduce variation in outcomes and experiences
- Encourage innovation in how services are provided now and in the future
- Ensure the patient voice is heard and embedded within our work.



In focus

Mental health

Following on from a co-production workshop in 2016, the pan London Perinatal Mental Health Service Guidance Document was launched this year at the London Perinatal Mental Health Networks Conference. This guide provides information for commissioners on how to best align with the Five Year Forward View for mental health to support a further 30,000 women to access evidence-based specialist mental health care during the perinatal period. To support the use of this guide and improvement of perinatal mental health services over the next year, support workshops will be available and wave 2 community development fund bids will be developed by STP areas.

Service user representative and Co-chair of the Perinatal Mental Health Task and Finish Group, Emma Fox, together with Sarah Taha, Perinatal Consultant Psychiatrist, presented the launch.

In her blog, **"Keeping mum!"**, mother of two Emma explains why she's so passionate

about ensuring pregnant women and new mothers have access to high quality and timely mental health services.

Looking ahead:

- Service user platform: commissioning of a platform to recruit, train and support service users' and carers' involvement in programme activities
- Further engagement of service users throughout each Mental Health work stream
 - Primary Care Mental Health Stakeholder Event - workshop
 - Annual Perinatal Mental Health Conference
 - Commencement of Improving Access to Psychological Therapies (IAPT) programme.



(Emma Fox, Co-Chair of new CCG guide outlines its recommendations at London Perinatal Mental Health Conference)



In focus

End of Life Care

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

The London End of Life Care Clinical Network, supported by Healthy London Partnerships and delivered by ZPB Associates, developed a public engagement campaign related to ReSPECT which included:

- Interviews with a selection of Londoners to identify appetite and key messages
- Development of a brand 'logo' and posters
- Production of a public engagement campaign brief and
- Creation of short videos with Londoners to convey the essence of the ReSPECT process.

Participants were recruited through outreach into the community and a range of views were captured. These fell into three main perspectives:

- **"It's not for me"**
 - "It's not for me. I'm not ill enough or old enough or unable enough."
- **"It's for my mum"**
 - "A good time to talk about it is when you become frail. I don't want to speak about it before." -- Female, 50, pro the process and completed it for both her parents."
- **"It is for me"**
 - "This is what I want to happen to me. Not to anybody else, but to me."

The research was used in the development of public engagement materials available for local and national use (www.respectprocess.org.uk)





In focus

Maternity

The London Maternity Clinical Network has a number of service users represented at clinical group meetings where they are able to influence and voice their views on maternity services in London. For example, a London Maternity Choice workshop enabled service users from all five Local Maternity Systems (LMSs) in London to give their insight into local challenges.

The network joined forces with Kingston Hospital on the 'Nobody's Patient' project. The aim of which was to create a workshop and materials focusing on seldom heard groups of women treated by multiple departments during their maternity care and to improve multi professional working between different staff groups.

Test workshops were held in two south west London hospitals that routinely transfer mothers and babies between them. The project team produced the **'Nobody's Patient' toolkit** to support future workshops and the work was highlighted at this year's Quality Forum.

“It made me feel as if I wasn't alone.”

(Maternity service user at St George's workshop)

A new working group called the London Maternity Voice Partnership will supersede the London User Experience working group next year. The groups aim will be to provide ongoing practical advice and support for implementation of the national LMS guidance in relation to Maternity Voices Partnerships.

The network has worked with all five London LMSs to strengthen links with their Maternity Voice Partnerships (MVPs). This work included mapping out the state of current MVPs in London in order to determine how to best support the voices of women in each LMS. The network also helped co-produce the national MVP commissioning guidance.

Donna Ockenden, London Co-Clinical Director for the Maternity Network, has supported the development of a maternity bereavement insight resource to help gathering feedback from families after the death of their baby. A project team, consisting

of members from the Clinical Network, NHS England, a specialist bereavement midwife and various charities, worked together to develop a questionnaire and supporting resource.

The questionnaire was developed with a small focus group of parents that had experienced bereavement. Responses were obtained from 437 parents. An overwhelming majority felt it was appropriate for bereaved parents to feed into bereavement care service improvements. This feedback directly informed the development of this Maternity Bereavement Experience Measure (MBEM) questionnaire and accompanying resource aimed at professionals in maternity care. This was piloted with bereaved families to ensure it will effectively and sensitively capture the experiences of bereaved parents.





Looking forward 2017/18

In 2017/18 the London Clinical Senate will:

- Ensure that engagement with maternity service users remains a priority with continuous participation for their voices to be heard and acted upon at regional and local levels
- Continue to support Maternity Voice Partnerships (MVPs) to ensure they have maximum impact, on services in London
- Engage with vulnerable women and those from ethnic minority groups across London.



Team contact details

England.london-scn@nhs.net

www.londonscn.nhs.uk

twitter.com/NHSLondonSCN



Healthy London Partnership



What we do

Healthy London Partnership brings together the NHS in London and our partners to deliver better health and care for all Londoners. Our partners include the Mayor of London, Greater London Authority, Public Health England, London Councils and Health Education England. We believe that collectively we can make London the healthiest global city in the world by uniting London to deliver the ambitions set out in **Better Health for London: Next Steps** and the national **Five Year Forward View**.

We were set up to deliver the transformation of London's healthcare, from strategy and planning through to commissioning and delivery. We:

- Work across London to deliver on national, London and local aspirations aiming to make London the healthiest city in the world
- Bring together political drive, academic research and delivery networks to make sure change is taken forward at every level
- Attract additional funding to London for transformation work – in 2017/18 London will benefit from up to £18 million of extra funding
- Summarise and share best practice, evaluations, data and policy to make sure London's health and care system has access to the most up to date information

- Bring together and facilitate London-wide networks to build consistent standards of care so all Londoners have access to the best possible health and care services
- Work on 'once for London' projects where this is the most efficient and economic model for improving health and care for Londoners.

How do we involve patients and the public?

Our approach to patient and public engagement aims to complement and support the work that NHS England, Clinical Commissioning Groups (CCGs) and Sustainability and Transformation Partnerships (STP) already undertake and 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 has two lay members. All our programmes have recruited members of the public or services users to their steering groups and/boards.

Looking back on 2016/17

Crisis care

The vivid first-hand accounts of more than 300 Londoners who have experienced a mental health crisis contributed to the development of new standards for mental health crisis care which launched in December 2016. Their views were sought at a series of workshops covering London's five STP areas, as well as through interviews and surveys. Both adults and children were involved as were services users from black and minority ethnic groups. The standards will ensure vulnerable Londoners detained under section 136 of the Mental Health Act are offered timely, high-quality care, in an appropriate location, that puts their needs first.

In future, they should receive a more respectful, more responsive and less fragmented experience from all agencies involved, from the police and ambulance services, to NHS A&E departments and social and mental health services.



Great weight debate

The Great Weight Debate was designed as a conversation to raise awareness of London's childhood obesity epidemic and engage Londoners in finding solutions that would help children lead healthier lives. London has more overweight and obese children than New York, Sydney, Paris or Madrid. More than a third of London's children are overweight or obese by the time they leave primary school. The Great Weight Debate reached 2.1 million Londoners with 2,765 responding to an online survey that sought their views on what they thought would help children lead healthier lives.

A launch event in May saw 110 members of the public join professionals to discuss how to tackle childhood obesity in London. We supported boroughs and other local groups to hold more than 100 engagement events in their communities, including an event in Tower Hamlets to reach the Bangladeshi community.

Great Weight Debate roadshows, which invited people to complete the survey and shared information about childhood obesity and ways families could live healthier lives, were held in nine London boroughs and reached 2,500 people. The survey and events were supported by advertising on Facebook, Mumsnet and Netmums

as well as social media campaigns. Letters were sent to all London schools with a number of school newsletters and many council websites and newsletters featuring articles about the Great Weight Debate

To ensure the voices of young Londoners were heard, a hackathon was held at City Hall where 60 teenagers brainstormed ideas on how to make London a healthier city to live in. London boroughs are now considering the recommendations as part of their strategic plans on childhood obesity.

 **What the children thought (video)**

 **event (video)**

Feeding back on NHS Go

The NHS Go app was designed by young people to give young Londoners better access to health care services and health advice and information. The app has had over 45,000 downloads and 400,000 page views with more than 16,000 young people following the NHS Go Facebook page. Young people sit on the quarterly NHS

Go steering group where they can advise, feedback and make suggestions about content. They also have a Facebook group to keep them involved between meetings. A poll was conducted with steering group members on which health topics to focus on which informed our landing page content for the year.

NHS 111 Patient Relationship Manager System

The Patient Relationship Manager (PRM) is a cloud-based system designed to improve patients' experience of NHS 111. It links up patients and clinicians including out-of-hours GPs and the London Ambulance Service with the most up-to-date data in real time. It means a better experience for all and ever increasingly integrated care for Londoners. More than 2,500 people in London have participated in sharing their experiences of calling NHS 111 as part of a national evaluation of the PRM. Their experiences will be linked with data from across the Urgent & Emergency Care system to evaluate the impact of the PRM on patient experience and outcomes to help support continued improvements of the service. The evaluation will be published in Autumn 2017.



In focus

Thrive LDN

Leaders from Greater London Authority (GLA), London Councils, the NHS and Public Health, working with charities and others have launched Thrive LDN to bring Londoners and organisations together to help make our capital a happier healthier place to live and work.

Londoners, experts, academics, clinicians and businesses have developed Thrive LDN. HLP are inviting everyone in London to join us in making mental health a priority for our city. The aim is to widen involvement and invite a greater range of organisations from both public and private sectors to work together to change and improve London life.

To date we have identified areas where evidence shows citywide action can help improve mental health. We have agreed initial steps and a number of actions and aspirations to address some of the day to day challenges Londoners face that negatively impact on their mental health. Thrive LDN held a series of focus groups in March to test its visual identity, this helped shape the design of our materials ensuring they were inclusive.

The focus groups were demographically diverse consisted of 23 adults and 31 children.

Additionally Thrive LDN held an event for children and young people with representation from different backgrounds across London. The event offered training to help support young people to become 'Thrive LDN champions', providing them with knowledge and skills to help spread some of the Thrive LDN key messages. Training sessions included facilitation skills, effective participation, setting outcomes and developing a plan, as well as a series of open discussions in regards to Thrive LDN and mental health.





In focus

Improving the care of people who are experiencing homelessness in London

The voice of people experiencing homelessness is rarely heard in public consultation. Healthy London Partnership's London Homeless Health Programme commissioned homeless charity Groundswell to carry out a peer-led consultation project to talk to people experiencing homelessness. The views and experiences shared in the **report** played a significant role in shaping the programme's **commissioning guidance** for CCGs. People who are homeless explained how strict access requirements – such as being asked to provide proof of address and ID - are a key barrier to them accessing primary health care in GP practices.

The programme worked with homeless health charity Pathway to produce **online training** for GP receptionists and practice managers to improve the care and experience of people who are experiencing homelessness in London. The training included a film, slides and interactive quiz.

The programme also worked with Groundswell to develop **'My right to access healthcare'** cards to help people who are homeless to register and receive treatment at GP practices. 30,000 cards have been delivered to shelters, day centres, food banks, drop in centres and other organisations across London.

 **Homeless (video)**





Looking forward 2017/18

In 2017/18 the London Clinical Senate will:

- Continue work on Thrive Ldn: a conversation with London on mental health in the capital
- NHS Go app evaluation: working with Kingston and Loughborough universities to evaluate the app and seek the views of 14-25 year-olds in London
- London's Health Inequalities Strategy: working with the Mayor's office to engage Londoners in reducing health inequalities across the capital
- Health based places of safety: engaging people who have lived through a mental health crisis in the work happening to improve crisis care services for Londoners
- Focus groups with cancer patients to involve them more in improving their care in London.



Team contact details

kim.boyle@nhs.net



Conclusion



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

We have all been patients at some point in our lives having different experiences of the care we or our loved ones have received. It is therefore important that together we have the opportunity to shape how that care is planned, organised and delivered. We know that people share our ambition to improve services continually into the future.

Although we have seen significant changes in the NHS across the capital this past year, this review demonstrates clearly the continued commitment, energy and enthusiasm of staff and Patient and Public partners in improving the way we involve Londoners to shape better healthcare. It is therefore our intention to continue this work to improve services across all health settings and to get better at demonstrating the difference we can really make.

Last year we reported how we had engaged with people in all areas of our work. This year we hope we have described the impact of this and how that engagement has made a difference to the NHS in the capital. The review highlights 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 needs of the population change, we will continue to work with communities, groups and individuals to establish how best to meet new challenges.

Next year's review will focus on further improvements in how we engage and act on what patients and the public are telling us, including work to engage Londoners in the next phase of Sustainability and Transformation Partnerships (STPs). We are committed to using the reflections from this year to help ensure we can do things even better in years to come.

Finally we would like to thank all the Patient and Public partners who have worked with us in 2016/2017 to help achieve our goals.



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.

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We hope this review has 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.

There are always opportunities arising for interested individuals to become more involved and 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. 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



