

Our Healthier South East London “You said...we did” March – July 2015

Since November 2013, the six south east London NHS Clinical Commissioning Groups (CCGs) (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and NHS England (London) have been working in partnership with local councils, hospitals, mental health, primary and community care services, Healthwatch organisations, local people and patients on the south east London five year commissioning strategy, *Our Healthier South East London*.

Through the strategy, we aim to improve the health of people in south east London, to reduce health inequalities and to deliver a health care system which is clinically and financially sustainable. There is a strong focus on public engagement. This report summarises engagement and feedback from March to July 2015

Responses and feedback on the ‘issues paper’: *Help us improve your local NHS: Issues Paper*, published in March are not included. Engagement from June onwards has been focused on this document and the issues it raises with six deliberative events and comprehensive local engagement. A full report on the engagement and the responses to the document, and how this feedback has been used will be published in November 2015.

The period covered in this document includes the 2015 General Election and the six week purdah period prior to the election (April - May 2015). This requires public organisations such as the NHS to adhere to guidelines not to publish information or make announcements about any new initiatives which could be seen to be advantageous to any candidates or parties in forthcoming elections. We continued with the usual engagement and communications activity throughout this period with, for instance our Public and Patient Advisory Group, but there were no wider or additional engagement activities or organised events.



Patient and Public Voices

Our Healthier South East London has involved patients and local people directly in the clinical design and shaping of the overall strategy since the early stages of the development work. Patient and public voices (PPVs) have been recruited to the six Clinical Leadership Groups and three strategic groups (Clinical Executive Group, Partnership Group and Clinical Commissioning Board). PPVs come together to form the Patient and Public Advisory Group (PPAG), where some of the overarching themes of the strategy are examined, often in detail during 'deep dive' sessions. PPVs continue to be recruited to the programme where there are gaps in representation.

The majority of engagement in this period was through the PPVs and PPAG. Much of the opinion and comment from PPVs is made in the working groups and meetings, within committees and in the Clinical Leadership Groups (CLGs). This ensures that patient and public voices are embedded within the development of the strategy. This feedback is not specifically recorded; in the main discussion within these groups is wide ranging

PPVs are supported by the CLG Project Managers and an Engagement team to ensure that they are able to provide input and feel that their voices are heard.

Feedback from PPVs around other specific issues or what is received outside organised meetings, is fed back to appropriate groups and managers for action. This, and any subsequent response, is recorded in the programme Engagement Log.

Reading Group

A number of our Patient and Public Voices advise the programme through a Reading Group. This helps edit, checks and comments on public-facing programme material. The group helps us make sure that our written materials are as easy to understand as possible. The group also helps find terms and explanations for the complex and sometimes abstract themes that are included in our strategy documents.

We receive specific feedback on the language, layout and format of a number of our products, including publications, event outlines, presentations and engagement materials. Members of PPAG Reading Group were also on an advisory group developing a brief for two introductory films and took part in the filming, giving (alongside other patients and local clinicians) their own views on the Our Healthier South East London programme and their experiences of the NHS. The films are available on the programme website www.ourhealthiersel.nhs.uk

Option Appraisal

Most of the planned changes (interventions) that are being put forward and developed by the programme build on best practice and do not require major or significant service change. Implementation work on these has begun in some areas (such as the development of Local Care Networks) and planning on others is underway.

Some developments and interventions may require significant service change and will need further consideration and evaluation. This will be done through an Option Appraisal process, with two phases:

- **Hurdle Criteria**

Where an intervention has been identified as potentially leading to significant service change, it must first pass the 'hurdle criteria', a pass or fail test, a checklist which reviews the full list of options to determine which are feasible. The list includes hurdles based on cost and safety.

- **Evaluation criteria**

Interventions that have passed the hurdle test must then be evaluated to develop a shortlist of options which can go forward to full consultation. The criteria used for evaluation need to assess all the possible options in terms of impact and feasibility. These have been grouped under the headings:

- Quality of care
- Access to care
- Value for money
- Deliverability
- Research and education

Transparency and consistency of all the criteria and the way they are applied is vital to this process. Partners, stakeholders, patients and the public have been involved in developing the criteria through

- A Care Summit: this brought together 90 clinicians who have previously been involved in the Clinical Leadership Groups (CLGs) and workshops
- The Partnership group: this is one of our regular committees, which includes representatives from partner organisations including hospital Trusts, Local Authorities, voluntary sector, community providers, and others
- A dedicated PPAG session
- A South east London-wide stakeholder event, with a total of 32 participants, aiming to engage patient and voluntary sector stakeholders in the development of the options evaluation criteria to ensure a fair and transparent process; inform participants in detail about the process for deciding which options for change to take forward; and discuss the draft evaluation criteria.

There was no Bexley stakeholder participation at this event. NHS Bexley CCG discussed the feedback from this event with the CCG Patient Council in September 2015 and their views are being used to help continue develop this process.

Comments and feedback from all of these groups have been collated and are helping to shape both the hurdle and the evaluation criteria. A full report on the stakeholder event on the option evaluation criteria is available at www.ourhealthier.nhs.uk/Feedback. We are currently drafting a full programme response to this and this will be published on the website during October.

Feedback

Below is a selection of feedback (comment and suggestions) received through engagement, including participatory events, local engagement and from our Patient and Public Voices. These are examples of things we have heard and what we have done about them. Much of this is very specific, some more general. All feedback and responses to the programme are logged centrally and shared with the appropriate groups for action and response.

Communicating the programme

You said:

- Revise language and ensure that our publications are jargon-free where possible
- The Consolidated Strategy uses a lot of management terms and mantras making it less accessible to external audiences
- There is a need to ensure diversity, for instance in case studies produced for the programme and in programme films

We did:

Wherever possible, we continue to write public-facing documents in clear English. To help us do this, we pass the majority of our public-facing documents through the Reading Group. We will also consider using the Plain English campaign. We have published *Help us improve your local NHS: Emerging models and further thinking* which includes the information from the Consolidated Strategy in a format that is accessible and more easily understood by people who are not familiar with the programme. Both this and the full Consolidated Strategy, which brings together all our thinking and ideas up to its publication, are available on our website www.ourhealthier.nhs.uk.

We will ensure that further case studies and films reflect the diverse background of people who live in south east London by exploring other and new avenues for identifying people who are willing to take part. We will also continue to ensure that pictures we use in publications also reflect our populations.

Option Appraisal

You said - on hurdle criteria:

- In relation to the range of services required to provide safe coverage, we need to be clearer on the definition of safe and safety.
- Regarding the criteria around appropriate setting to deliver high quality care, does this apply even if care is provided at home; and is there also something regarding increased volume of activity in the community and availability of appropriate care settings?

- When talking about fixed point analysis and sites that have had recent significant capital investment, you need to explicitly state that this is about estates.
- Clarity on whether the London Quality Standards fit into the hurdle criteria

We did:

A number of these points are made clear where they are already within the criteria - for instance the London Quality Standards input. Where points of clarification are needed, they are being made in documentation to ensure a proper understanding of what is meant. For instance, ensuring the use of a wide range of criteria to determine safety; and ensuring we use the term 'estate' rather than 'site' where we refer to sites that have had recent significant capital investment.

More information on the London Quality Standards (LQS) here

<https://www.england.nhs.uk/london/our-work/quality-standards/>

You said – on evaluation criteria:

- Availability of a joined up IT (Information Technology) system is key
- Do the criteria support quality systems and learning?
- Ensuring continuity of care – transfers between services need to be seamless and comparable
- More adequate provision of information for family and carers
- Need to be clearer with some definitions and language
- Staff retention and satisfaction is crucial
- Include waiting times
- Review equalities impact for those with physical disabilities, sensory disabilities, and mental health conditions
- Consider impact on and around those for whom English is not their first language.

We did:

We clarified where work is already underway – for instance, the use of computing and access to information through IT is being addressed through a supporting workstream on Information Management and Technology (IM&T). A number of the points raised are covered within the draft criteria or elsewhere in the programme (such as support for quality systems and learning; ensuring continuity of care; staff engagement) and these were highlighted.

Following this feedback, new criteria have been added on staff retention and satisfaction under *Quality of Care* and on waiting times under *Access to Care*. Impacts on people with disabilities, mental health conditions or for those for whom English is not their first language will be considered under equality considerations within the *Access to care* evaluation criteria.

You Said – on the process for option evaluation:

- The voluntary and community sector (VCS) should be involved in the options appraisal process, because the options for future service models are likely to extend beyond NHS providers and to involve non-statutory partners. Involving the voluntary and community sector (VCS) is also a good way to support involvement of their service users.

We did:

Considerations of how to involve the VCS in the options appraisal process are still ongoing – including discussion with the south east London Stakeholder Reference Group (SRG). This group includes representatives from local voluntary sector organisations, local authority Councilors and officers, and Healthwatch.

Planned care

You said:

- The case for an elective care centre needs to be convincing, not just financially.

We did:

A range of evidence is being collated from sources in London and nationally, which will feed into the options evaluation process where the case for an elective care centre or centres will be explored. The case needs to be based on a variety of measures including clinical safety, improved health outcomes and value for money.

Urgent and Emergency Care

You said:

- Urgent and emergency care is of particular concern and continuing interest to Lewisham residents and there is no one on the Clinical Leadership Group (CLG) from Lewisham

We did:

We have now recruited a patient voice to sit on this CLG.

Mental health

You said:

- It is crucial to ensure that mental health is covered by all workstreams, and to ensure that services do not discriminate against people with mental health issues
- How can we improve integrated care for people with mental health and long term conditions?

We did:

We are taking an integrated approach to mental and physical health. The Strategy and all CLGs are dealing with and including Mental Health as part of their remit. We have held two specific mental health workshops to test whether what we have developed so far does properly include mental health, whether the pathways are clear and appropriate and that mental as well as physical health is sufficiently visible in the strategy. The workshops also helped us gain further insights and ideas about opportunities and challenges in mental health and look at how we could apply these insights and learning to the care models, whole system model and outcomes.

Work is continuing to ensure that mental health is given *parity of esteem* (an equal priority) and the strategy has a focus on all elements that contribute the health and wellbeing of all individuals within our population. Patient and public voices have been represented at these workshops and will continue to be included in future.

Workforce

You Said:

- Need to define some of the terms and roles that are referred to in the strategy, for instance:
 - The Physician Associate role – is this a clinical or administrative process? Is the role new in south east London?
 - What is a care navigator - is this a specific role?

We did:

We clarified these roles, for instance, the Physician Associate role – this is a nationally recognized clinical role. People with science degrees or working in some healthcare roles may enter a formal two year training enabling them to work with and under the direction of doctors. They typically take medical histories, perform examinations, diagnose illnesses and develop care plans. The role is established in the UK generally and in London.

The function and role of a care navigator is more fluid and is being discussed at further length in a PPAG deep dive session. The care navigator is a generic term for people whose role is to ensure that patients' care is joined up through the several delivery systems. We will provide more information in a later "You Said We Did"