

Our Healthier South East London “You said...we did” Engagement summary February - July 2016

This report summarises the engagement and patient participation in the Our Healthier South East London strategy during the first half of 2016. This includes the development of the STP (Sustainability and Transformation Plan) and the plans and ideas being discussed in the clinical leadership groups, specifically the development of proposals around the development of an Elective Orthopaedic Centre.¹ Our main engagement routes in this period were our on-going Patient and Public Voice (PPV) programme and a specially convened Planned Care Reference Group (PCRG).

Public and Patient Voices

We continued with our programme of informed patients (called public and patient voices, or PPVs), who, alongside Healthwatch representatives, sit on all our working and governance groups and have done since we began this work.

PPVs and Healthwatch representatives comment and make suggestions within the working groups and meetings they attend, which are not separately recorded. PPVs and Healthwatch come together as the Patient and Public Involvement Group (PPAG) which meets every six-eight weeks and considers proposals and ideas as a collective. Feedback from this group is recorded in our engagement log.

PPAG have also formed a smaller Reading Group which reviews public-facing material to ensure clarity and readability.

Planned Care Reference Group (PCRG)

We held two PCRG meetings to test our potential proposals for elective orthopaedic centres with a wider group of voluntary and community sector stakeholders, service users and the organisations representing them.

¹ The report does not cover the Transforming Care Partnership (TCP), which is dealt with by a separate project team.

The PCRG met for the first time on 25/1/16. Thirty-six people from across the six south east London boroughs registered for the meeting, with twenty-three people attending on the day. There were representatives from each borough and from each of the groups likely to be most affected by any change to planned care services. The meeting focused on the case for change and the initial ideas for service improvement, with feedback from the room about both these topics. Overall, participants agreed that their experiences, or the experiences of the people that they support/work with, matched the challenges highlighted during the presentation. However, there was a desire to know more about the evidence behind the challenges and to understand the scale of the problem and whether similar models, used elsewhere, work. There was support for a centralised model but it was noted that we need to be clear how the quality of care will be improved.

A second meeting was held on March 16, with 21 patients and representatives attending. This meeting aimed to:

- provide more detail about the challenges we are facing and evidence behind the suggested solutions
- discuss the South West London Elective Orthopaedic Centre (SWLEOC) – how it was planned; how it works in practice to improve quality and patient experience
- provide more information about how decisions will be made.

There was recognition from the meeting that this was an important project and the work should continue. Feedback on evaluation was collated and taken forward for consideration at the Committee in Common meeting held the following day.

You Said...We Did

Below we summarise some of the themes and feedback we have received during this period ('You said...') and our response to this ('We did...'). We collate and analyse all the feedback from our engagement and share this to ensure that it is noted and included in the development of strategy and ideas.

Elective orthopaedic centre - travel times, impacts and accessibility

A number of people raised the importance of travel times to any new centres, in relation to the proposals for elective orthopaedic centres and as a general note for future resource planning.

You said...

- "I am in favour of places of excellence but it must be a cared-for experience with good outcomes. And must include good each way transport throughout treatment where needed."
- "There will be understandable worries about travel arrangements and access on the part of quite a few patients and their families"
- "I always think about the geography of our sub-region as north-south, like the evaluation criteria do. But there is also the east-west dimension that we cannot overlook."
- South east London has a huge population, and the current configuration of services is concentrated into central London. It would be important, in future, to have services easily accessible for those in the outer boroughs.
- Providing taxis/ transport is essential when thinking about centralising a service... Access will be a big issue with any elective site to avoid difficult journeys and excessive costs.

We did...

Accessibility and transport to sites is a key element of the evaluation and planning in our proposals for an elective orthopaedic centre.

The criteria being used to evaluate potential sites include specific references to travel and access:

- Hurdle (pass/fail) criteria number 3 - Patient Experience – specifies that where there is a multi-site option, sites are distributed between inner and outer south east London to be accessible to south east London patients (e.g. an option does not have two sites both inner).
- Evaluation criteria 6 refers specifically to travel and access and the impact of each site on potential total transport times. An independent transport analysis was commissioned so that the evaluation panel could accurately assess this. This looked at the travel times for patients by car and public transport, including average travel times by mode of transport, and proximity to public transport. The transport analysis enabled the panel to see the affect of travel times both from inner and outer south east London as well as across the area (east/west).

The proposed model for elective orthopaedic centres ensures that transport will be available for patients that need it. Members of the PCRG were invited to test the transport offered by the SWLEOC centre, which uses a model similar to that outlined in our proposals. Feedback from testers was very positive – one PPV noted: “I cannot speak highly enough of this [the patient transport].”

Elective orthopaedic centre - evaluation criteria

You Said....

- Transport should be considered in light of the individual needs of the patient and their family members/carers. There was recognition that a single specialist centre would increase travel times.
- Social care before and after any operations needs to be integral to our thinking because inevitably there would be several boroughs’ social care departments linked to the planned care centre.
- This project must not destabilise other local hospitals – they must remain sustainable.
- Change must demonstrate a strong financial case, and be capable of being delivered in a reasonable time.
- Finance should not trump quality when taking decisions.

We did...

These recommendations were verbally presented to the Committee in Common for their consideration by Paul Minton, Independent Chair, on March 17 which was formally agreeing the evaluation criteria. The criteria and the comments made are available on our website

<http://www.ourhealthiersel.nhs.uk/Downloads/Meetings/CiC/Ciii%20-%20Evaluation%20Criteria%20Elective%20orthopaedic%20centre%20-%20Draft%20Criteria%20v7.pdf>

Sustainability and Transformation Plan – patient involvement

You said...

- “The lack of real Patient Participation needs to be registered at every opportunity”
- “I am concerned at the way this important document is being pushed through without what appears to be adequate scrutiny - either by the bodies affected[even if they are not being asked formally to approve it], or by the public.”

We did...

The south east London STP is based on the Our Healthier South East London strategy, on which we have had a process of continuous engagement over the last two years. For example – publishing and engaging on the issues paper, running public events and conducting local engagement work. The outputs from all of these activities have informed the work of OHSEL and the development of the STP.

We also have patient and public voices on the work streams and strategic groups – ensuring that patients and the public have direct influence in developing our thinking and plans. PPV and Healthwatch representatives were also part of the governance groups discussing and agreeing the STP document as it was drafted and had an early opportunity to comment on it. Our patient involvement group received drafts of the STP and commented on it. Throughout our work we have regularly updated key bodies, including Health and Wellbeing Boards and Joint Health Overview and Scrutiny Committees (JHOSCs) – and will continue to do so.

The STP was not formally published during this period in line with NHS England guidance that the STPs are draft and subject to change. However the full document has been shared with stakeholders and a detailed summary of the STP was shared widely and published online to ensure the public were aware and in a position to comment on the plans.

Workforce

Workforce issues were highlighted in feedback to the STP document and during discussions around a potential proposal for an elective orthopaedic care centre.

You Said...

- Staffing numbers and retention are both issues, especially in London. This is not helped by the lack of affordable housing. Outer boroughs also do not pay inner London weighting, which makes it more difficult to recruit.
- “Everyone agrees that the NHS workforce... is going to be crucial to the success of the programme. Staffing changes and development seem likely to require a lot of time and effort to introduce successfully. It will be important for management to take staff along with them in this challenging enterprise. I’m afraid it all sounds a bit too top down in the draft at the moment - staff having things done to them, rather than participating in change. That said , it’s good to see proposals for tackling the excessive cost of agency staff.”

We did...

Workforce is one of the supporting strategies of the Our Healthier South East London programme. We are working across south London and with national bodies such as Health Education England to ensure that we are developing our workforce appropriately and that they are part of the solution to the challenges we face.

Communications

You said....

- The programme needs to be explicit and frank about the costs of proposals, so that patients and the public do not see them as simply cost cutting exercises.
- Use of case studies/patient journeys could help explain any change in service delivery.

We did....

We continued to use our PPAG Reading Group to comment on our materials, both on the language used and on the content. This helps us make sure that our materials are appropriate and answer all the questions people may have.

We are exploring using lots of different ways of explaining changes – using presentations, leaflets, posters, films and online materials, which include patient case studies, 'I' statements and pictorial infographics. We also provide key documents in Easy Read. Our material on the STP and on the proposals for the elective care centre are frank and transparent about finance. We are also, through a period of pre-consultation engagement, asking local residents and staff about how best we can communicate with them during a consultation.