

NHS Leicestershire County and Rutland Duty to Report Overview for 2009-10

YOU SAID

To keep 'Ward 4' a mental health ward in Coalville Community Hospital as it works so well. A study was completed with input from doctors, nurses, carers and patients around if a mental health ward should be relocated to a private location away from other areas of the hospital.

When developing the six Locality Falls Clinics/Prevention Programmes presentations were made to CIPOP - Counties Integrated Partnership for Older People (Multi-agency Governance Group) and OPEN- Older Peoples Engagement Network. Older people raised objections to there not being a clinic available in certain localities, as funding was only available for 6 clinics.

At the Public Involvement Committee you asked for reader friendly documents to be produced.

An alternative setting required for ongoing care to reduce the length of stay in community hospitals and free up inpatient beds.

At the LOP public review the main priority to emerge was access to GPs.

WE DID

Ward 4 is staying in the Community Hospital and future recommendations for locations of Dementia/Mental Health care will be to a physical health setting where it will:

- Be locally available
- Be able to easily handle a crisis
- Meet the physical and mental health needs

Have access to well trained and highly skilled staff

It was agreed to alternate two of the clinics between two different sites – i.e. In NW Leicestershire Ashby will alternate with Coalville and in South Leicestershire Market Harborough will alternate with Wigston therefore giving a wider berth of access to the whole Leicestershire and Rutland.

The PCT now aims where possible to produce documents in an 'easy read' version as well as large print and in the top 8 languages spoken in Leicestershire and Rutland.

There will be shorter inpatient stays in all 8 community Hospitals enabled by care provided in an alternative settings to hospitals.

As a result at least 75% of GP Practices adopted extended hours, opening at weekends or one or evenings per week. The target it to achieve 100% by 2011.

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Section 17A and 24A of the NHS Act 2006 introduce a new duty for SHAs (Strategic Health Authority) and PCTs (Primary Care Trust). Both organisations have the obligation to prepare reports on consultations they have carried out that relate to any commissioning decisions during 1 April 2009 and 31 March 2010.

1. INTRODUCTION

NHS Leicestershire County and Rutland (NHS LCR) is committed to building continuous and meaningful engagement with the public and patients to shape services and improve health. During 2009-10 NHS LCR developed its engagement and consultation activities in a number of ways, including establishing a membership scheme, running regular stakeholder briefings, helping GPs develop Patient Participation Groups, and developing and implementing a 'seldom heard groups' strategy.

The engagement team is guided by a public involvement committee. This committee reports to the Trust Board and includes members from local stakeholder groups, local authorities and the voluntary sector. During 2009-10 it met three times in line with its terms of reference. Also during 2009-10 the terms of reference were extended to include oversight of the newly formed membership scheme. The public involvement committee contributed to the formation of the trust's engagement strategy, via an interactive workshop held during one of the committee meetings.

The communications and engagement strategy 'Developing Connections – Hearing the Quietest Voice' was published as part of the overall work within World Class Commissioning, and the engagement team worked to it throughout 2009-10. (insert hyper to strategy)

2. ENGAGEMENT MECHANISMS

2.1 Be healthy, be heard membership scheme

The membership scheme was set up in March 2009 and developed throughout the year to recruit members of the public who can be consulted about initiatives. A secondary function of the scheme is to be a conduit for health messages, in line with our vision. The name 'be healthy, be heard' was decided after a workshop with stakeholders and members of the public, where feedback showed what would 'sell' the idea.



'Be healthy, be heard' was launched in March 2009 and by April 2010 had more than 9,000 members. These are demographically representative. When people sign up, they receive a membership card which entitles them to local discounts, a quarterly newsletter, and opportunities to take part in engagement and consultation. They can attend 'be healthy' events such as 'Medicine for Members' talks on topics such as prostate cancer or mental health,

and the 'smoothie' workshops. Through the scheme we reached thousands of people with key health messages, and enabled thousands of people to comment if they wished on our services. All comments were fed back to inform our commissioning decisions.

The scheme has corporate as well as individual members. The idea is that corporate members can be encouraged to help their staff become healthier. For example the NHS LCR smoking cessation team are contacting the corporate members to run smoking cessation events for their staff.

2.2 Engagement with patient groups at practice level

In 2008 it was recognised that we needed to understand in more detail through performing a baseline audit the level of engagement with patient groups in GP Practices. Having done this we began work with the PEC GPs to decide how best to equip and support GPs to engage with their patients. During 2009-10 the engagement team held a first training course for practice managers who would like to set up patient participation groups. We were able to involve the national lead for the National Association of Patient Participation, which allowed us to highlight examples of good practice from elsewhere. Further training and support is planned, working with the Primary Care Directorate. By March 2010, 27 patient participation groups had been formed across NHS LCR.

As part of this ongoing work with the practice managers we aim to understand how to use patient feedback most effectively in primary care, including feedback on patient information leaflets. The newly formed reader panel, which now has more than 100 members, is also part of this process.

2.3 The engagement toolkit

During 2009, the engagement team put together a toolkit with a checklist of how to go about successful engagement and involvement. The toolkit explains why it is important to engage with patients and the public when developing or changing services, and described various methods.

It also signposts staff members to where they can get help, including help from the engagement team. For example, if people wish to send out a questionnaire about a particular subject, they can send it to NHS LCR members – either the whole membership, or targeted groups. The toolkit is available on NHS LCR's intranet and a programme of awareness has taken place.

2.4 Regular stakeholder briefings

In 2009-10, the engagement team established regular quarterly stakeholder briefings. At these events, NHS LCR directors briefed stakeholders on key developments, and encouraged feedback and debate. The events were well received, and developed stronger relationships with local authority and voluntary sector partners, as well as the newly established Local Involvement Networks (LINKs).

The feedback from key partners at the briefings helped with our strategic planning.

2.5 Seldom Heard Groups

In line with our seldom heard groups strategy, we focused on the development of engagement mechanisms with five seldom heard groups over the past year. They have helped inform the commissioning process and deliver key health messages. The five seldom heard groups selected for 2009/10 were:

- Young People
- The Frail Elderly
- Gypsies and Travellers
- Learning Disability
- BME

These are within the overall target group of those people who live in areas of high indicators of socio-economic disadvantage. Some of the areas of interest that were taken forward with specific groups are CVD in disadvantaged communities such as travellers, and reduction in alcohol related harm in the Young People's group. We also targeted sub-groups within the seldom heard groups, for example, smoking cessation in Coalville and diabetes in the Asian community.

An example of our work with seldom heard groups is our relationship with Charnwood Borough Council's equality, diversity and human rights team, known as *Human Rights and Equalities, Charnwood*. This team helped us to engage with the Bangladeshi community in Loughborough. During our engagement on maternity and neonatal services, the team invited us to an event for south Asian women, attended by more than 100 people – as a result we received 20 completed questionnaires from members of this community from our maternity engagement.

2.6 LINKs

During 2009/10 a joint protocol was devised for working together with Leicestershire LINK and was signed off in May 2010. The PCT also developed good relationships with Rutland LINK.

Involvement with the LINKs included inviting members to serve on key committees for example:

- World Class Commissioning Project Board
- Reader's Panel
- Community Hospital Review
- Urgent Care in Primary Care Project Board
- Pharmaceutical Needs Assessment Project Board
- Care and Dignity Review
- Patient Environment Action Team
- Maternity and Newborn Care Partnership Board

LINKs representation on a number of working groups has enabled representation of the public's views and has formed an excellent means of ongoing communication with members of the public.

Examples of this include engagement and consultation on:

- Maternity and Neonatal services
- Heart and Stroke Pathway
- Major Trauma Services
- Dementia Services

The LINKs made 18 enquiries during April 2009/2010 to the PCT invoking the statutory duty to reply. These were made in response to issues identified by LINK members. NHS LCR replied to the 18 LINKs enquiries on topics such as Parkinson's Disease, dementia, minor injury and incontinence supplies. An example of the influence of this ongoing engagement with the LINKs was the commencement of a continence products home delivery service.

2. 7 Community Forums

A representative from NHS LCR attends the community forums to update members of the district councils and members of the public along with other members of the public sector such as the police, on engagement and consultation activity, and to receive the public's feedback. There are 27 community forums across Leicestershire which take place each quarter. The community forums give NHS LCR the opportunity to have a presence at the heart of the communities in Leicestershire and provide an excellent opportunity for constant dialogue and feedback.

During the year, the trust responded to a number of queries on local issues generated at the forums.

3. ENGAGEMENT AND CONSULTATION

During 2009-10 we carried out engagement and consultation on a number of subjects.

We engaged with the public and key stakeholders on:

- Maternity and neonates (NHS LCR led this across Leicester, Leicestershire and Rutland)
- Urgent care in primary care
- Major trauma
- Stroke and heart attack
- The NHS Constitution
- Dental Services
- Long Term Care Plans – My Personalised Care Plan
- Ward 4
- Genetic Dysmorphia
- Spending Priorities

The case study below gives a snapshot of the typical methods used to carry out engagement and consultation. We use this approach with all our work, targeted appropriately depending on the subject.

3.1 Case study – maternity and neonates engagement

The engagement process for the Next Stage Review – Leicester, Leicestershire and Rutland maternity and neonatal services took place throughout November 2009.

NHS LCR uses a variety of methods to carry out all engagement and consultation. These include presentations at community forums and other community meetings; a web based briefing and questionnaire; targeted letters and questionnaires (in this case, to 1600 new mothers); public events (in this case 3 deliberative events); questionnaires (in this case, sent to all children's centres in Leicester, Leicestershire and Rutland); briefings for local LINKs and OSCs; an email inviting members to respond to the questionnaire and attend the events; briefings to seldom heard groups including gypsy travelers, people with learning disabilities, young mothers; people in rural areas of Rutland; asylum seekers.

More than 100 people attended the public events, and thousands of people were made aware of the questionnaire via the media and the distribution processes described. Members of the membership scheme received information about the questionnaire and were invited to attend the events.

The questionnaire was available in an easy read version and this was particularly used with the seldom heard groups. More than 100 people attended the public events, and ultimately more than 800 questionnaires were completed. These, together with the feedback from the events, were sent to De Montfort University for independent analysis, including analysis of demographic representation. The resulting report was used to help inform decisions about the future of maternity services and was published on the website and publicised in the local media.

As a result of this consultation the NHS health community covering Leicester, Leicestershire and Rutland has improved early access to maternity services with new support workers and specialist midwives. We have been recruiting additional midwives and aim to establish more frequent appointments. A number of other options have been developed for the future of maternity and newborn care in Leicester, Leicestershire and Rutland. These will go to the trust boards of University Hospitals Leicester, NHS Leicestershire County and Rutland and NHS Leicester City during 2010.

3.2 Urgent Care

The engagement on urgent care took place during December and January. Similar methods were used to engage with people, and almost 4,000 questionnaires were completed. As well as making the information available online, briefings were made to the following groups:

- All GP 'locality' groups during January
- Leicestershire and Rutland OSCs
- Leicestershire and Rutland LINKs
- Community forums held during January
- Community Hospital staff

- Seldom heard groups including:
 - travellers
 - people in north west Leicestershire
 - young people
 - older people's forum
- Letters with questionnaires to MPs, site groups and stakeholder groups in localities
- Letters with questionnaires to NHS LCR members
- Publicity via the media and trust newsletters

Once again, this information was and is still being used in helping to determine the future of urgent care.

3.3 Major Trauma

NHS Leicestershire County and Rutland carried out engagement on major trauma as part of the East Midlands wide engagement on major trauma.

There are about 660 cases a year in the East Midlands of Major Trauma. Patients and the public were consulted to inform the development of a high quality, safe and effective major trauma system with 24-hour access to a major trauma team.

Engagement and consultation took place as summarised in the table below:

Activity	Timescales
Public engagement events inc patient and public rep groups, local LINKs, local authority, NHS staff, PCT members – am NHS Leicestershire and Rutland, pm Leicester City	5 August
Engagement event LINKs Leicester and LINKs Leicestershire and Rutland	27 August
Presentation to JOSc Leicestershire, Leicester and Rutland	14 September 2009
Web information on all LLR NHS organisations' websites directing to electronic questionnaire uploaded onto Leicester City website to enable Survey Monkey to assess number of questionnaires completed locally	September, October
Email to all members who have expressed an interest in NSR requesting completion of electronic questionnaire	September
Engagement event with multifaith group organised, but cancelled due to lack of interest. Details of electronic questionnaire circulated.	23 September
Article in newsletter, with hard copy questionnaire to 300 members of Leicestershire and Rutland Bridleways Association newsletter	12 October
Engagement event – Leicestershire and Rutland Bridleways Association, Coalville	21 October
Engagement event/wishlist workshop, Leicestershire and Rutland Bridleways Association, Manton	26 October
Engagement event – Leicester City cyclists club	27 October
Engagement event – Leicestershire and Rutland Bridleways Assoc, Oadby	2 November

Following the engagement process a multi agency/professional programme board has been established to steer this initiative. This includes an air ambulance representative. There are various subgroups established that then take specific pieces of work forward. In addition there are two appointed joint clinical leads who support the programme. Work has been underway to identify the right configuration of services that will enable patients to access the right service at the right time. This includes considering the plans of other health regions for major trauma service development.

In order to do this NHS East Midlands is working with hospitals, the voluntary sector, patients and public, primary care trusts, health overview and scrutiny committees and local clinicians, to finalise details taking into account public comment.

The timescale the programme is working to is as follows:

- June-September 2010 – finalise proposals for a major trauma system for the East Midlands and the recommended configuration of services including designating Nottingham University Hospitals as a major trauma centre.
- September/October 2010 – present the final proposals to Overview and Scrutiny Committees.
- October 2010 – NHS commissioning organisations to approve the major trauma system for the East Midlands, approve the designation of Nottingham University Hospitals as the region’s major trauma centre and decide on the configuration of major trauma units.
- December 2010 -the system and network management processes to be in place and service improvements implemented.
- April 2011 – the major trauma system is in place and beginning to treat patients.

3.4 Stroke and Heart Attack

NHS Leicestershire County and Rutland carried out engagement on stroke and heart attack as part of the East Midlands wide engagement on major trauma.

Activity	Timescales
Web information on all LLR NHS organisations’ websites directing to electronic questionnaire uploaded on Leicester City website to enable Survey Monkey to assess number of questionnaires completed locally	October
Engagement event for Leicester, Leicestershire and Rutland LINKs	October/November
Email to all members who had expressed an interest in NSR, stroke or heart attack requesting completion of electronic questionnaire	October/November
Engagement with multifaith group.	October/November
Presentation to JOSC Leicestershire, Leicester and Rutland	21 December

Following this engagement, improvement work is now underway in prevention, acute

care, rehabilitation and long-term self-management for patients with cardiovascular disease. These plans will also ensure 'care closer to home' by providing continuing care and rehabilitation in the community. The pathway for transient ischaemic attacks (also known as 'mini strokes') in Leicester, Leicestershire and Rutland has been redesigned to provide a seven-day, one-stop service and 24/7 treatment to tackle blood clots.

Specialist centres are being developed across the East Midlands, offering patients vital assessment and treatment for stroke and heart attack. Stroke services at Leicester General Hospital are being relocated close to the A&E unit at the Leicester Royal Infirmary, where patients will be admitted directly to a specialist stroke unit.

The proposals for the East Midlands region also mean that services will be enhanced for heart attack patients by the increased availability of highly specialist care. A treatment, which unblocks the artery carrying blood to the heart, is being extended. The service will be offered 24 hours a day, seven days a week, with direct admission to the cardiac unit at Glenfield Hospital, Leicester. Work has already begun on these developments.

3.5 NHS Constitution

NHS LCR carried out engagement and consultation on the NHS Constitution. This included:

- Initial literature available on website
- Provider arm staff briefing includes constitution consultation – briefing cascaded throughout provider arm
- Specific consultation literature available on website and highlighted on home page
- Web based questionnaire set up using questions suggested by DH
- Emails to stakeholders, including individuals and key organisations, and MPs
- Media release
- Agenda item at the trust AGM
- Article in PCT News. Readership includes PCT staff and selected stakeholders
- DOH leaflets and booklets given to all staff
- Agenda item on all staff team briefings
- Information on the consultation provided at all community events

All results were collated and fed back to the East Midlands Strategic Health Authority and the Department of Health. These were then used by the Department of Health to help ongoing development and implementation of the NHS Constitution.

3.6 Dental Services

NHS LCR needed to understand why members of the public were not taking up extra dental appointments commissioned.

NHS LCR members were invited to complete an online questionnaire. LINKs also asked their members to complete the questionnaire.

Once the results had been collated it was possible to see by locality the area where the least appointments had been taken up. In response to findings the engagement team organised a 'community medicine for members' meeting on dental access and the importance of dental health and hygiene. The event was held in an area of high health inequality. Appointments were made available to those who attended.

3.7 Long Term Care Plans – My Personalised Care Plan

A questionnaire was sent out to the public of Leicestershire and Rutland through NHS Leicestershire County and Rutland's website, the membership scheme, UHL membership and through a press release. An email of the questionnaire link was also sent to GP Practices business managers to upload onto the surgery's website.

The public were given three weeks to go online and answer a simple survey about what they think personalised care plans should look like and how they would like these to be delivered.

An engagement workshop was also held with Leicestershire LINK members.

Feedback informed the development and delivery of long term care plans.

Please see below examples of how feedback informed the development of long term care plans:

You said	We did
Personalised care plans should be delivered by a specialist provider or my GP	We are targeting the specialist nurses and community matrons to deliver the plans as well as GP practices
Plans should be a paper version which you own and are trusted to look after and take with you to appointments	Personal Wellbeing Plans are an A4 flexible folder which is owned by the patient. Nothing is recorded electronically so patients are responsible to share the information as they feel is appropriate
We have received a lot of feedback asking for more local contact pages, especially for those living in North West Leicestershire where some of the local amenities are not in Leicestershire	We are in the progress of creating local contact pages for each of our seven localities

3.8 Ward 4

Mental health services have been provided at Ward 4 Coalville Community Hospital for over 20 years and locally people have raised funds for the development of the

hospital on an ongoing basis. There is a high degree of local ownership and interest in the local hospital provision.

Most patients have dementia and some form of challenging behaviour. The ward deals with a range of mental health problems including people who have had bipolar disorders or schizophrenia who have gone on to develop dementia. Further, given the age range of people on the ward, staff deal with many chronic diseases such as heart disease and diabetes.

In June 2009 a review had been commissioned by NHS LCR to look at whether or not Ward 4 was the most appropriate place for the provision of care for patients with such complex needs.

An arrangement for the transfer of the management of Ward 4 staff to Leicestershire Partnership Trust by October 2008 and then April 2009 was postponed in order to ensure that the commissioning strategy for this client group was clearly defined.

Carer involvement was central to understanding the key issues of concern in relation to any potential changes to the way services were to be delivered for patients at Ward 4. Involvement included:

- Carer representation at the Project Group through the Alzheimer's Society and carer's group chair.
- Carers meeting on 14 July 2009
- Carer involvement in quality review
- Carer involvement in Equality Impact Assessment and first stage of option appraisal.
- Request from carers to present patient stories as part of baseline
- Feed back was also gathered from patients, doctors, nurses and patient.

Feed back demonstrated to the Trust Board the important role that Ward 4 played in managing both the physical and mental health challenges of dementia and the Trust Board agreed that the provision of care should remain at Ward 4.

3.9 Gender Dysphoria

Gender dysphoria is a condition where a person feels that they are trapped within a body of the wrong sex. The condition is also sometimes known as: gender identity disorder; gender incongruence, or transgenderism . People with long-lasting and extreme gender dysphoria are known as transsexuals.

The East Midlands Specialised Commissioning Group (EMSCG) ran the consultation on Gender Dysphoria for 12 weeks from 27 April to 27 July 2009.

The EMSCG is hosted by NHS Leicestershire County and Rutland (PCT) and works on behalf of the nine Primary Care Trusts (PCT's) in the East Midlands

The aim of the consultation was to identify amendments which needed to be made to EMSCG's policies and service specifications.

The engagement was mainly sent out via e mail and also posted on the internet. As the EMSCG is hosted by NHS Leicestershire County and Rutland (PCT) and works on behalf of the nine Primary Care Trusts (PCT's) in the East Midlands, the information was sent out to Patient and Public Involvement (PPI) Groups and also Local Involvement Networks (LINKs) leads, to engage with service users and their representatives in this process. Easy read versions of the policy were also sent out to groups in order to make it easier for both the facilitators and the patients themselves to understand the policy in order to make informed comments or recommendations.

A number of key people to contact with the engagement documents, both internally and externally was identified, and an internet search was conducted to obtain contact details for Lesbian, Gay, Bisexual and Transgender (LGBT) and other transsexual interest and support groups across the East Midlands and nationally.

People were asked, based on their experience of care services, to identify issues and gaps in provision in the range of care services for people with gender dysphoria. There was no prescribed list of topics for participants to comment upon, and the engagement process was left open ended.

As a result of the consultation key amendments have been made to the policy and service specification for this group.

3.10 Spending Plans - Local priorities for 2010/11

People were asked in January and February to complete an online survey, rating in order of importance what the local health priorities should be for the trust. In total 136 people took part, giving their views on what they considered to be their most important healthcare needs.

The trust buys healthcare services from GPs, dentists, pharmacists and optometrists, as well as other local trusts such as University Hospitals of Leicester, Leicestershire Partnership NHS Trust and its own Community Health Services.

The aim of the survey was to find out what priorities were the most important to people, which will help the trust to make decisions on which services it starts to develop or commissions (buys) in the coming year, and where it should invest less.

The survey results were as follows:

1. Reducing health inequalities (11.71 per cent)
2. Improving cancer care (10.76)
3. Improving cardiovascular (heart) care (10.71)
4. Improving diabetes care (10.21)
5. Improving dementia care (9.96)
6. Improving the health and wellbeing of patients with learning disabilities (9.63)
7. Better patient experience (9.47)
8. Services for older people (9.39)
9. Personal care plans for all patients with long-term conditions (8.49)
10. Improving access to psychological therapies (8.17)

11. Improving obesity/physical activity programmes (8.11)
12. Reducing the number of smokers (7.46)
13. Increasing the choice of place of death (7.38)
14. Aiming High for disabled children (6.56)
15. Improving community-based help for people with alcohol problems (4.66)
16. Improving the health and wellbeing of prisoners (3.33)

The results of the survey helped NHS Leicestershire County and Rutland to put together its Local Operating Plan, which was approved at the public board meeting in April 2010.

3.11 Loughborough Walk-In Centre

In the public consultation in 2008 about the future of community health services in Leicestershire and Rutland, concern was expressed by local people about the proposed closure of the Walk-In Centre in Loughborough. The paper to trust board February 2010, stated the following:

In January 2009, the vision for Loughborough included the relocation of the Walk-inCentre to the Loughborough Hospital site. The rationale for this being a model of co-location that enabled the clinical services to be more efficiently delivered on a single site.

Since this time, there has been a change to the planned clinical model for Loughborough, closely linked with the development of Urgent Care in Primary Care proposals, which would see the service need for overnight medical cover at the Walk-in-Centre changing. As a consequence, the primary benefit of relocation to the hospital site no longer applies.

In addition to this, a Travel and Accessibility Survey identified that the Walk-in-Centre is the most accessible site in Loughborough with circa 65,000 footfalls per annum (as opposed to circa 74,000 at the hospital), with more attendees travelling there by foot or bus.

Previously, local GP practices had looked into plans for a joint development on the Pinfold Gate Walk in Centre site. These general practices have been confirmed as priorities for primary care development and have since confirmed that they wish to proceed on the basis of individual developments. This improves the potential to leave the Walk-In Centre on the Pinfold Gate site.

In light of the above, and the strong public feeling on this issue, it is proposed to retain the Walk-In Centre on the Pinfold Gate site.

4. Conclusion

NHS Leicestershire County and Rutland would like to take this opportunity to thank all our 'Be healthy, be heard members', stakeholders, colleagues and members of the public for the contribution they have made to the continuous improvement of health service provision for patients during 2009/10.

Your views and feedback have been invaluable to the commissioning process and have ensured that services commissioned are 'fit for purpose' for the people who use local health services.

If you would like to become a member of NHS Leicestershire County and Rutland please visit www.nhslcrmembership.org or telephone 0300 55 5345

For any further information please contact Andrea Clark, Head of Engagement at NHS Leicestershire County and Rutland, tel. 0116 295 7655, email andrea.clark@lcr.nhs.uk