Public Document Pack

London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 10 February 2015

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Tuesday, 10 February 2015 at 7.30 pm.

Present: **Councillors:** Andrews, Chowdhury, Gantly, Hamitouche, Heather, Kaseki (Vice-Chair), Nicholls and Klute (Chair)

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

68 **INTRODUCTIONS (ITEM NO. 1)**
Members of the Committee introduced themselves to those present at the meeting

69 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**
Councillor Janet Burgess, Executive Member Health and Wellbeing, Councillor Kaya Comer Shwartz and Fiona McKenzie, Governor UCLH

70 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**
Councillor Nicholls stated that he was substituting for Councillor Comer Schwartz

71 **DECLARATIONS OF INTEREST (ITEM NO. 4)**
None

72 **ORDER OF BUSINESS (ITEM NO. 5)**
The Chair stated that the order of business would be as per the agenda

73 **MINUTES OF PREVIOUS MEETING (ITEM NO. 6)**
RESOLVED:
That the minutes of the meeting of the Committee held on 13 January 2015 be confirmed and the Chair be authorised to sign them

74 **MATTERS ARISING FROM THE MINUTES (ITEM NO. 7)**
None

PUBLIC QUESTIONS

The Chair outlined the procedure for Public questions and the filming and recording of meetings

75 **CHAIR'S REPORT (ITEM NO. 8)**
The Chair stated that there had been concern expressed recently in the media about the number of people being referred to Accident and Emergency and GP's through the 111 system and this was an area that may need to be looked at in the future

76 **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)**
Councillor Janet Burgess, Executive Member Health and Wellbeing was unable to be present and the Chair stated that the update on the work of the Health and Wellbeing Board would be considered at the next meeting

77 **111 SERVICE (ITEM NO. 10)**

Alison Blair, Chief Officer Islington CCG, Dr.David Davies, GP and clinical lead for the NHS 111 and out of hours re-procurement, Islington CCG, Samit Shah, Clinical lead for the NHS 111 and out of hours re-procurement for North Central London CCG's. Rebecca Kingsnorth, Head of Service Transformation, Islington CCG and Dr.Robbie Bunt, GP and Chair of the Local Medical Committee.

The Chair had also invited Dr. Nick Mann, a Hackney GP to talk to the Committee about the recent successful bid for the out of hours service in Hackney that had been tendered for successfully by a consortium of Hackney GP's

Sue Richards of Keep Our NHS Public campaign was also present.

Dr. Davies made a presentation to the Committee, a copy of which is interleaved, and during discussion of the presentation the following main points were made –

- Following the takeover of the GP Out of Hours service by Care UK in 2012 and in April 2013 LCW, not for profit, commenced contract to provide 111 for C&I
- 2013 October: Primary Care Foundation review of Harmoni/Care UK Out of Hours service. The review found the service was clinically safe and provided good care
- 2014 March: Urgent Care Review Camden and Islington
- There had been community engagement on the urgent care review
- The community wanted smooth and efficient links between NHS 111 and the OOH and a service that is easy and accessible, staff operating NHS 111 have the right knowledge and skills, easy referral into the necessary services, everyone in the community will find the service easy to use and more local knowledge of NHS 111 and OOH
- The urgent review conclusions recommend that the 111 service is commissioned across all North Central London and a combined NHS 111, GP Out of Hours service as a single whole system model, but not necessarily a single provider
- The features of the new re-procurement include – NHS 111 across five boroughs, as now, NHS 111 and GP out of hours services integrated although not necessarily under a single provider for both services, NHS 111 in line with the nationally mandated model, with local influence where possible and with GP out of hours services still providing telephone support, face to face visits, and home visits
- NHS England require a robust re-procurement process, with evidence
- Primary care will see significant other changes in the next 1-5 years
- Flexibility will be built into the new model to ensure that the service can be adapted to further change
- Related primary care developments include the funding of additional capacity in general practice- 65 additional hours per week pan Islington from2014/15, Pan Islington service under development intended to provide general practice 8 – 8, 7 days per week
- Angel Medical services contract renewed – 7 day extended access to GP appointments and agreement from all practices to develop pan Islington federation
- What is possible – one governance structure, improved response by joining NHS 111 and GP out of hours service, prescriptions via pharmacist available for earlier entry into the pathway, quicker access to help for dental problems, earlier input into the 111 pathway from health care professionals, integrated IT and direct booking of 'in hours' appointments.

- There will be public engagement on the re-procurement process from January to March and further community meetings are planned with a wide range of groups and comments on the clinical model and procurement process will be fed into the specification
- Feedback so far has been a positive experience of the use of NHS 111 and GP out of hours services, support for combining NHS 111 and out of hours services, support for NHS111 being able to book appointments directly with the patients GP, support for information sharing between services with safeguards, the suggestion that call handlers – advisors and clinicians- have training in mental health and support for GP's and other clinicians being involved earlier in the pathway
- There are a number of questions received and there will be continued engagement until April when the service specification will be finalised and the tendering process commences for the new service to start in April 2016
- Nick Mann stated that the Hackney consortium consisted of roughly a third of local GP's, a third TUPE'd across from the previous contractor HARMONI, and a third locum GP's who built up a knowledge of the area
- The CCG in Hackney had initially assisted the GP consortium bid, however the consortium had eventually had to form a company and this was a not for profit company run as a social enterprise and any monies accruing went back into patient care. The Hackney consortium is popular with patients and worked well and was focused on quality rather than cost. In addition the time commitment from local GP's in providing the out of hours service was not excessive and if GP's did not want to be involved they did not have to do so
- There were concerns about the 111 service which was operated by operator staff dealing with patients from a 'crib' sheet who were not medically trained and appeared to add to the costs involved
- The Keep NHS Public campaign stated that residents wanted a local GP out of hours service rather than a private company seeking to make a profit
- The view was expressed that the demands on GP's had grown significantly in previous years and that there appeared at present to be little enthusiasm for a GP led consortium to bid for the out of hours service in Islington
- Dr. Blunt stated that GP's in Islington felt overstretched and even if a local consortium was established it would not guarantee that the GP's servicing it would all be local. In his view it was necessary to focus on the parts of the model that could be changed effectively to deliver a better service for Islington residents. He added that central Government had directed that GP surgeries needed to open 8-8 and it was difficult enough for GP's to seek to manage this and that the Hackney model was he felt different to that which could be achieved in Islington
- Samit Shah expressed the view that there had not been an increase in the overall A&E attendance figures since the introduction of the 111 service and in fact he felt that it had assisted in coping with the recent problems with A&E attendance. In addition the call operators at 111 all received a 12 week training course and had to take 2 exams and operators followed an algorithm for assessing patients which was designed by the Royal College of GP's and there was a strong governance framework to audit calls
- A Member expressed concern at a recent press article from the CCG that appeared to preclude a bid for the out of hours service from Islington GP's and queried whether this was the case. It was stated that the contracts were coming up for re-procurement and if there was a locally led GP consortium that would be willing to tender this would be welcomed, however with the current focus on extending opening hours adding to the pressure on GP's this was felt to be not likely

- The view was expressed that it was feasible to have a bid from a group of organisations, one providing the 111 service and the other providing out of hours service, as long as they could work effectively together
- The challenge was to make the 111 service as effective as possible within the system procured for the out of hours service
- Members were informed that the CCG were committed to the NHS ethos and understood the desire for a locally operated GP out of hours service
- In response to a question the CCG stated that they were holding an event in February for possible providers to offer facilitation in forming partnerships in the re-procurement process but they could not favour any particular bidder in the process
- The Keep NHS Public campaign stated that they felt that there should be a public consultation to listen to residents views and that as the NHS was not for profit it should be the most cost effective provider and residents should be asked if they wanted GP's or a private company running the out of hours service. The question should still be asked even if local GP's did not come forward to tender for the service
- The CCG stated that they were in the process of consulting and if residents had proposals/ideas they felt should be considered these could be put forward and other events could be considered to hear residents views. In addition the views of patient participation groups would be taken into account through GP practices
- The Chair indicated that it would be useful if the Committee were shown a draft of the service specification for the re-procurement of the service and an indication of the possible providers who may bid for the service

RESOLVED:
That the draft service specification for the re-procurement of the 111 and out of hours service be submitted to a future meeting of the Committee, together with details of possible interested parties in procuring the contracts that attended the provider event

The Chair thanked those who had contributed to the presentation and ensuing discussion for attending

78 **UCLH - PRESENTATION (ITEM NO. 11)**

Simon Knight and Jonathan Fielden were present for discussion of this item and made a presentation to the Committee, a copy of which is interleaved. Apologies were given for Fiona McKenzie, Governor at UCLH who could not be in attendance that evening as she was unwell.

During the presentation the following main points were made –

- Key strategic priorities for providing specialist care are cancer, neurosciences, women's health with a strong and high quality foundation in acute and emergency medicine, surgery and critical care
- Clinical priorities for 2015/16 are to reduce hospital acquired pressure ulcers, reduce cases of sepsis, reduce cardiac arrests/cases where there has been no detection of deterioration in the patient's condition, reduce medication errors, reduce hospital acquired infections and develop speciality outcome measures
- In patient satisfaction was 81.6% and patient feedback was gathered through the annual national survey and friends and families scheme either on line or in

paper format. Multiple methods of collecting information were used and these were being constantly developed

- Accident and Emergency access times were above the London average however due to the proximity of UCLH this tended to attract users who were not residents of the area, predominantly the 20-40 year old age group
- There was a 9 phase building programme for improving ambulatory care that would take until 2018 to complete. Medical record keeping had been improved and regularly checked and the system was moving over to electronic record keeping
- There were significant financial challenges which has led to a savings requirement of between £20 and £45 million each year for the past 6 years and 2015/16 will require at least the upper end of that range. Cost improvement programmes had been implemented and these are challenged for safety and clinical purposes to ensure quality of care. UCLH is strongly clinically led and this assists in this process
- Transformation systems are in place to deliver improved staff/patient experience
- UCLH has a strong focus on working closely with local CCG's and Councils to avoid unnecessary admissions to hospital and is redesigning services to focus on prevention care in community settings
- The maternity service is expanding and new capacity is planned to increase births from 6000 to 8000 per annum
- Reference was made to the fact that UCLH had a good reputation with regard to cancer care and enquired what outreach work was taking place. It was stated that UCLH were trying to get patients to present earlier and they were working with other hospitals and other organisations to obtain a smoother pathway to treatment and reduce waiting times
- Discussion took place as to the waiting time for prostate cancer and it was stated that 60% of patients were seen within 62 days, however this is sometimes due to patients wanting time to come to terms with having treatment
- In response to a question it was stated that there was working group looking at urgent care models and work was going on with both Islington and Camden in order to reduce Accident and Emergency admissions and redirect patients where appropriate to other services
- UCLH did not admit patients unless they needed to and only 12%-16% of patients presenting at Accident and Emergency were admitted to hospital, which was lower than other hospitals in London. In addition the ambulatory care service that had been introduced was an attempt to have a default model of care and UCLH were trying to ensure the Better Care Fund scheme was used in the most advantageous way possible
- It was stated that UCLH worked with the Institute of Neurology in developing a joint strategy for neurological care
- The Chair enquired whether any progress had been made in changing the age profile of patients presenting at A&E and it was stated that this would require a change culture over a number of years but this was being looked at

RESOLVED:
That UCLH provide the Committee with details of the average waiting times for patients with prostate cancer, including average time of referral to UCLH of patients coming from another Trust

The Chair thanked Simon Knight and Jonathan Fielden for attending

79 PATIENT FEEDBACK - WITNESS EVIDENCE (ITEM NO. 12)

The Chair introduced Valerie White, a resident who gave evidence in relation to concerns over the treatment she had received and the complaints process.

Martin Machray, Islington CCG, was present and outlined the report.

During consideration of the report and the patient evidence the following main points were made –

- It was difficult to get a consensus view from patients on issues
- There were two types of patient feedback, passive feedback where a response is awaited and active feedback where responses are actively sought by going out to patients and asking them. Both types of feedback should be sought
- The Chair stated that there was a need to ensure that patient feedback was actually taking place and that methods used to collect this information were effective. He referred to the methods of patient feedback referred to in the presentation by UCLH and obtaining feedback before patients left the hospital
- Members were informed of the problem Ms.White had had with regard to dental problems that she had and with the complaints process that only had been resolved with the assistance of Healthwatch and there had been a general lack of co-ordination within the system regarding her treatment. The view was expressed that these problems would have been exacerbated if the person had mental health problems, disability problems or a learning disability
- During discussion it was stated that the PALS service offered patients a route to complain however often the Trust would try to resolve complaints in the first instance by engagement with front line staff
- It was stated that Moorfields had provided patients with a text facility if they were not happy with the treatment or service that they were receiving and a member of staff would come to see them, however they had informed the Committee that this had not been used by patients
- Members were of the view that whilst the information contained in the report was useful there was the need to investigate what types of patient feedback were currently being used by GP's and Trusts serving Islington residents. Martin Machray stated that there was information available and he would discuss with the Chair following the meeting the type of information to be provided to the next meeting
- A Member stated that patient participation groups were often held at inconvenient times for working residents and this discouraged feedback for a large percentage of people

The Chair thanked Valerie White and Martin Machray for attending

80 **BETTER CARE FUND (ITEM NO. 13)**

Clare Henderson and Simon Galczynski, Housing and Adult Social Services were present for discussion of this item and outlined the report.

During consideration of the report the following main points were made –

- The Better Care Fund is aimed at supporting integrated care across health and social care. The Council and Islington CCG worked jointly to develop plans to support the work of the integrated care programme, support the continued investment in social care services that benefit health and to support the changes in social care as a result of the Care Act, for example, a new statutory duty to assess the needs of carers

- The BCF was signed off by the local Health and Wellbeing Board in September 2014 and NHS England signed it off with support, which meant that the CCG is required to provide assurance to NHS England through its regular reviews that are being delivered on the key outcomes and that the partnership is working effectively
- A Member referred to BCF 12 and the allocation of £415k to support carers and it was stated that this funding would remain in the pooled budget and any additional requirements of carers were being scoped out. Islington personal budgets were generous and carers assessments were provided
- It was stated that models were being developed and there were additional numbers of carers coming forward and this funding, together with additional funding from the Government would be available and these figures could be provided to Members if required
- Members were informed that attempts were being made to shift resources away from hospital to community services and work was being carried out on an integrated care programme to work with GP's to support patients in navigating the system, however there was no new funding for this work
- Work was being undertaken to develop a personal health offer for social care management
- Resources were stretched both within the Council, NHS and voluntary sector and work was taking place to see how the sectors could best work in partnership
- In response to a question as to eligibility criteria it was stated that Islington retained provision for moderate needs
- It was stated that additional funding was being provided to fulfil obligations under the Care Act and that funding provided should be sufficient, however there would be challenges in 3 years time when the care cap is implemented
- It would be important in future to ensure that the pace of change was managed over a short period of time and work was being carried out to ensure that integrated care was successful but the scheme was still in it's infancy and there was limited evidence to date to assess whether it was working effectively
- It was noted that the Care Act placed additional responsibilities on Local Authorities

RESOLVED:
That the joint work that Islington is doing to develop integrated care for local people be noted

MEETING CLOSED AT 10.20P.M.

Chair

This page is intentionally left blank

NHS
Islington
Clinical Commissioning Group

Using feedback from patients and carers in health services – an overview from Islington CCG

Every part of the NHS, at every level, needs us to be engaged with the people we serve. Islington CCG has a duty to engage with its local population to ensure that services meet their needs, are providing high quality care and that people are supported to look after their own health (where appropriate).

Patient experience is everybody's business, yet evidence suggests the NHS does not consistently deliver patient-centred care. There are particular challenges in coordinating services around the needs of the patient. (Currently, the patient can feel as if they are being passed between services). Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience.

Care and treatment in the NHS should consistently include: compassion and respect for patient's preferences and expressed needs; equal access to services; good communication and information; physical comfort; emotional support; welcoming the involvement of family and friends. The NHS should seek out, listen to and act on patient feedback, ensuring the patient and carer voice is heard and directly influences improvements in NHS services.

This report provides members with an overview of:

- Why collecting feedback is important in healthcare
- The role and experience of the CCG
- Patient and Public feedback to the CCG in 2014
- Healthcare Providers and a summary of the type of feedback they receive

1 Why collecting feedback is important in healthcare

NHS England has identified a set of key areas for action. These are actions which will need to be taken forward in partnership between NHS England, Clinical Commissioning Groups across the whole commissioning system, and other partners such as local community, and HealthWatch and voluntary sector.

- Improving the experience of the most vulnerable and reducing inequality
- Commissioning for good patient experience
- Measuring patient experience for improvement
- Systematic approaches to seeking out, listening to and acting on patient feedback.

<u>Measuring patient experience for improvement</u>

A raft of national surveys, the Friends & Family Test and local approaches to evaluating the patient experience are currently employed to measure the patient experience. The information this provides gives in-depth insight into some areas of patient experience. However, overall there is an incomplete picture of the patient experience across the range of services and breadth of patient groups.

There is also a challenge in moving the measurement of patient experience from a policy recommendation to a driver for change, with accountability for improvement of patient experience. Failure to act on feedback will jeopardise the confidence of patients. To improve patient experience, the NHS must build capacity and capability in both providers and commissioners to act on patient feedback. It must also build the skills and tools to enable

local NHS organisations to analyse different sources of feedback, identify key issues that need to be addressed and then put in place improvement plans that deliver an improved experience.

Systematic approaches to seeking out, listening to and acting on patient feedback

Following the publication of the Francis report there is heightened awareness and concern about the patient experience. This opportunity must be maximised to embed accountability for the patient experience systematically throughout organisations' commissioning and provision of NHS services. Provider organisations' executive boards should be held to account for the patient experience e.g. through existing Quality Surveillance Groups, Monitor and CQC reporting processes. Information about patient experience should also be made publically available.

2 The role and experience of the CCG

There are a number of ways that Islington CCG gathers feedback.

To engage with the local population Islington CCG's approach has been to create multiple layers of engagement and a network by which people can feedback. We have developed an approach that does not rely on those people who have the time and inclination to participate. We have created routes to reach out to as many people within the community as possible and engage with people who may not usually find a voice, delivering a targeted approach and working with our local third sector. As well as developing links for engagement we are also keen to support our local third sector in sharing best practice and learning to develop, and support, local communities to identify their needs and skills to be able to self manage. This work supports all of our major strategies and work programmes within the CCG i.e. Children's Strategy, Urgent Care, Primary Care, the Integrated Care programme and our five year plan

We use community feedback throughout the organisation and within all steps of the commissioning process. We work in a creative and innovative way.

Over the last year we have spoken to approximately 1000 people. Please note this will include some repeat people (e.g. at PPGs) and community group representatives.

Our engagement and community wellbeing work can fit into one of the below categories:

- Insight which feeds directly into our commissioning of services, evaluation of services and service improvement
- Enabling all of local community to provide insight with us (Equalities research and work)
- Role of local community as external observer and advisor – PPGs and Community members
- Community wellbeing and sustainable self-management support.

As well as the conversations that we have with local people its also important that we are aware of the experience patients have when using local health services. Positive patient experience is common in NHS. However, care is inconsistent as seen in recent examples documented in the Francis and Winterbourne View reports of wholly unacceptable care. The poorest care is often received by those least likely to make complaints, exercise choice or have family to speak up for them, and there is evidence of unequal access to care.

Patient and Public feedback to the CCG in 2014

Considering our duties, the challenges we face in and how we aim to meet these listed below are the ways in which we have involved and engaged the local community in the last year. For the year ahead we hope to build upon and strengthen this work, with more emphasis on partnership working particularly with the Council – through Public Health and the Health and Wellbeing Board. We also wish to further strengthen the way we commission patient experience and involvement within our providers.

Insight and engagement:

Patient Participation Groups (PPGs)

Islington Clinical Commissioning Group holds Locality and Islington-wide PPGs. This is where patients from across either the South, Central or North of Islington meet with other patients in their immediate local area to discuss the wider health issues important to Islington patients. The Locality PPGs then also meet altogether twice a year for an Islington wide PPGs meeting.

The CCG has developed a strong PPG structure. There are now approximately 30 people attending each Locality meeting (three across Islington: North, Central and South and 100 attending each Islington-wide meeting.

We have commissioned Voluntary Action Islington (VAI) to support the groups to promote independence and there are patient chairs for each of the Locality who are being supported by the VAI officer.

There is a yearly review of the PPGs (with all attendees) once a year in June to help them develop in line with the attendees wishes. Patients are asked to highlight topics they would like discussed (at this meeting and throughout the year.)

The meetings tend to be a mixture of information sharing and space to give feedback on key points.

Community Members (patient volunteers)

We have a community member on each of our working groups, committees or boards. We hold regular networking meetings to link the members up and share learning. Some volunteers participate in the monthly contract review meetings with our major providers.

Third sector open discussion forum

We hold quarterly meetings with the Third Sector in Islington. The Third Sector Open Discussion Forum helps to link up local third sector organisations and begin to map the ways they can support the local community, as well as building relationships with our Third Sector, this helps us reach out to those who experience barriers in accessing services.
We are also working with public health to help identify the skills which are within the voluntary sector – providing opportunities for this group to work more effectively together, bid for work and non-traditional services.

Insight projects

We carry out research and insight projects throughout the CCG's work to understand what patients' needs are, what their experiences of using the current services and system are, and service and support ideas.
We have undertaken numerous projects within the last year (and will continue to do so).

- Integrated Care and 'I statements.' As part of developing the Integrated Care Pioneer Programme we spoke with approximately 240 people with Long Term Conditions and from the local community about what they wanted from their services. This directly shaped the pioneer proposal and programme. Out of this research several key themes were identified. These were vocalised through the creation of Islington 'I Statements.' These were:
    - 'I want to be treated as a whole person and for you to recognise how disempowering being ill is'
    - 'I want my care to be coordinated and to have the same appointment systems across services'
    - 'Better access to health care through social services and vice versa"
    - 'No clear systems and processes through all healthcare services'
    - 'I want to have longer appointments with someone who is well prepared so that I do not have to tell my story again'
    - 'I want to feel supported by my community and get the most out of services available locally
    - 'I want to be listened to and be heard'
    - 'Helping people to help themselves.'
- Last Years of Life (LYoL) and Voice for Change: Voice for change is a community group that feeds directly into LYoL steering group – identifying issues that need to be looked at and discussing in depth some of the challenges which face the LYoL work programme. Two groups are held each month with a Dying Matters event held over Dying Matters week (Last year's attendance was 100).
- Urgent Care patient review: a review of urgent care services was carried out. This included 24 face to face, 132 surveyed and 180 surveyed face to face within Urgent Care Centres. Patient's feedback has directly influenced the recommendations and proposed model.
- Women's annual mental health event: for two years in a row we have held a mental health event for women who use mental health services in Islington. Through these events we have developed a strong relationship with Camden and Islington Foundation Trust's service user Women's Strategy Group.
- Self care patient review with Long Term Condition patients. 30 Long Term Condition patients were spoken with around how they would like to be supported in managing their Long Term Conditions. This feedback has helped to shape our commissioning plans for 15/16.
- Value Based Commissioning for Diabetes: As part of Value Based Commissioning, patients were engaged with to find out what patient outcomes mattered to them when using services. These are now being used to design the new commissioning pathways.
- IBUG: the mental health service user group:
  Among other things they have:
    - Challenged the clinical effectiveness and poor patient experience
    - Successfully advocated for the development of a Recovery College and the Phoenix Peer-to-Peer support model
- We also have a series of patient stories at Governing Body learning seminars.

<u>Children's Commissioning:</u>

Children's services have an engagement officer who undertakes all engagement related to children and young people in health. In the last year they have undertaken:

- Involving young people in HealthWatch
- Young carers insight and photography project
- Autism review

- Self management pilot programme for young people and families with epilepsy and asthma (continuing)
- Working with young parents to find out their experiences of care and support them.
- Young mothers and fathers have been involved in providing feedback around their experiences of Family Nurse Partnership (a service for first-time young mothers) and other services available for young parents in the borough – this feedback will be used to inform service development
- You're Welcome: You're Welcome is a 'mystery shopping' programme to ensure that health services are 'young people friendly'. Six services were engaged this year including a GP practice, 3 children's centres, sexual health provision and the Tavistock and Portman
- Youth Health Forum: the forum brings together practitioners and young people to develop health and wellbeing support for young people.
- Involvement in Children's and Adolescent Mental Health Services (CAMHS): young people have been involved in all recruitment panels for new CAMHS clinicians this year. Community CAMHS have used You're Welcome recommendations to inform service development
- Tenders and Contract reviews: young service-users contributed to the development of the service specification for the Family Drug and Alcohol service

Mental Health Commissioning

Peer Support Workers - Service users are 'experts by experience' and the creation of paid peer support worker roles, in services, ensures this is recognised and utilised. They undertake the same duties and receive the same training as support workers employed through other routes, with additional support. Camden and Islington Foundation Trust (CIFT) has appointed peer support workers in local Crisis Teams.

Mental Health commissioners have procured a peer support model of 'Reablement'. This provides intensive short term support to service users with the aim of increasing their independence and reducing the need for on-going or high level services.

Recovery Colleges - Islington CCG has commissioned a Recovery College and is working with Camden & Islington Foundation Trust and the Centre for Mental Health to develop this transformational service. A recovery college will deliver comprehensive peer-led education and training programmes within Mental Health services, with strong links to psycho education for staff, patients and their carers.
The aim is for people who use MH services to become experts in their own self-care and develop the skills they need for living and working, managing their symptoms, finding a job, remaining stable, find somewhere safe to live and help them maintain supportive relationships with family and friend. It will enable large NHS organisations to take a big step on the road toward peer support and in the content and process of delivery, and breakdown stigma.

Equalities and Diversity engagement

A key part of our insight work is to engage with and listen to people within the community who can often go unheard and yet can be some of the most vulnerable group and have the highest needs. Often the experiences of using services and the system is that they are difficult to access, understand and do not meet their needs nor are supportive.
We, therefore, have a special strand to our engagement work which looks specifically at those groups who fall under the nine protected characteristics and inclusion health groups. This includes:

- An annual meeting which identifies equality issues in Islington (run in conjunction with HealthWatch)
- An Equalities rolling programme which has started in June 14. This includes workshops and focus groups with the above mentioned groups to understand in more depth their specific needs and challenges / obstacles.
- We have attended the Refugee and Migrant forum, and have made a commitment to continue attending as and when they need us to.

Through this work we have created customer care training for reception and administrative staff in GP practices, which we commissioned through the local voluntary sector organisation Body & Soul. This work is currently being evaluated and will feed into the workforce development programme. We have also worked with HealthWatch Islington to look at the quality of interpreting services within GP practice. The full report and recommendations we will be taking forward.

Meeting the Individual Participation Duty:

Through working with Islington's strong third sector we want to ensure there is a way of working which supports local people to maintain the best wellbeing, self-care and provides another route to gather very local level insight, engaging the local community to act upon this insight.

Some of the self-care projects this year are:

- Long Term Condition Locally Enhanced Services. Offer of a yearly care planning consultation for Long Term Condition patients.
- Training for health professionals in effective patient consultation coaching techniques
- Personal Health Budgets: Currently in pilot phase with:
    - Continuing Healthcare patients
    - Mental health patients, the focus is on young adults transitioning into adult services
    - Within GP practice for patients with Long Term Conditions.
- Locality Health Navigators have been created to help GPs and patients navigate wellbeing services within Islington. There will be four across Islington
- Community Wellbeing Project: through working with Help on you Doorstep, we have created a local community wellbeing project on the New River Green Estate. Help on your Doorstep (through their Good Neighbour Scheme) have worked with local residents to assess both their needs and skills. Through this insight a range of community wellbeing support has been and will be provided which the residents are involved in both participating in and providing. This includes, providing additional support to Essex Giants – a football team set up by residents to support the boys and girls who live on New River Green Estate.

Relationship Building:

Relationship building is key to all of the work we carry out: developing good relationships with the individual people we speak to and the community organisations and peer groups who help us in our work whether this be supporting research or wellbeing.
Some of the notable groups we have developed a good relationship with are:

- Women's strategy group (mental health)
- IBUG
- HealthWatch
- Body &Soul
- Voluntary Action Islington

- Diabetes UK
- Cripplegate
- Help On Your Doorstep

We continue to develop and create new relationships through our work.

Healthcare Providers and the feedback they receive

As well as the work which Islington CCG undertakes, every NHS organisation and those commissioned to deliver NHS services are expected to collect and publish patient feedback. Islington CCG monitors this data through the Quality and Performance Committee. It provides an early warning mechanism to organisations of problems, recognises good practice and gives potential patients insight that help make choices of care.

There are many quantitative and qualitative ways in which they do this including:

- Friends and Family Test for service users and staff
- Complaints, comments and compliments, PALs
- Publishing information such as safer staffing levels, falls and mixed sex wards breaches
- Public Board meetings
- Qualitative research
- Local and national surveys

Below is given a brief description of some of these tools but a more comprehensive study of how patient experience can be gathered is provided by the Health Foundation in their report of 2013. This can be found at:
http://www.health.org.uk/public/cms/75/76/313/4300/Measuring%20patient%20experience.pdf?realName=7qM8Wm.pdf

Friends and Family Test (FFT):

The Friends and Family Test (FFT) for patients is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. It was initially for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from A&E (type 1 & 2) from April 2013. As of 1st October 2013 the survey was extended to include women of any age who use NHS funded maternity services.
From April 2014 the Staff FFT was introduced to allow staff feedback on NHS Services based on recent experience. Staff are asked to respond to two questions. The 'Care' question asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The 'Work' question asks how likely staff would be to recommend the NHS service they work in to friends and family as a place to work. Staff FFT is conducted on a quarterly basis

Complaints, comments and compliments, PALs

All NHS organisations are expected to encourage feedback, be that of significant concerns or suggestions for minor changes. The Whittington's website is typical of how Trusts might promote this:

> *Comments, Compliments, Concerns and Complaints*
> *The PALS (Patient Advice and Liaison) and Complaints Service are here to support you.*

- *If you have a question - ask us*
- *When we do something right - compliment us*
- *If you have a comment - tell us*
- *When things do not go well - raise your concern or complaint with us*

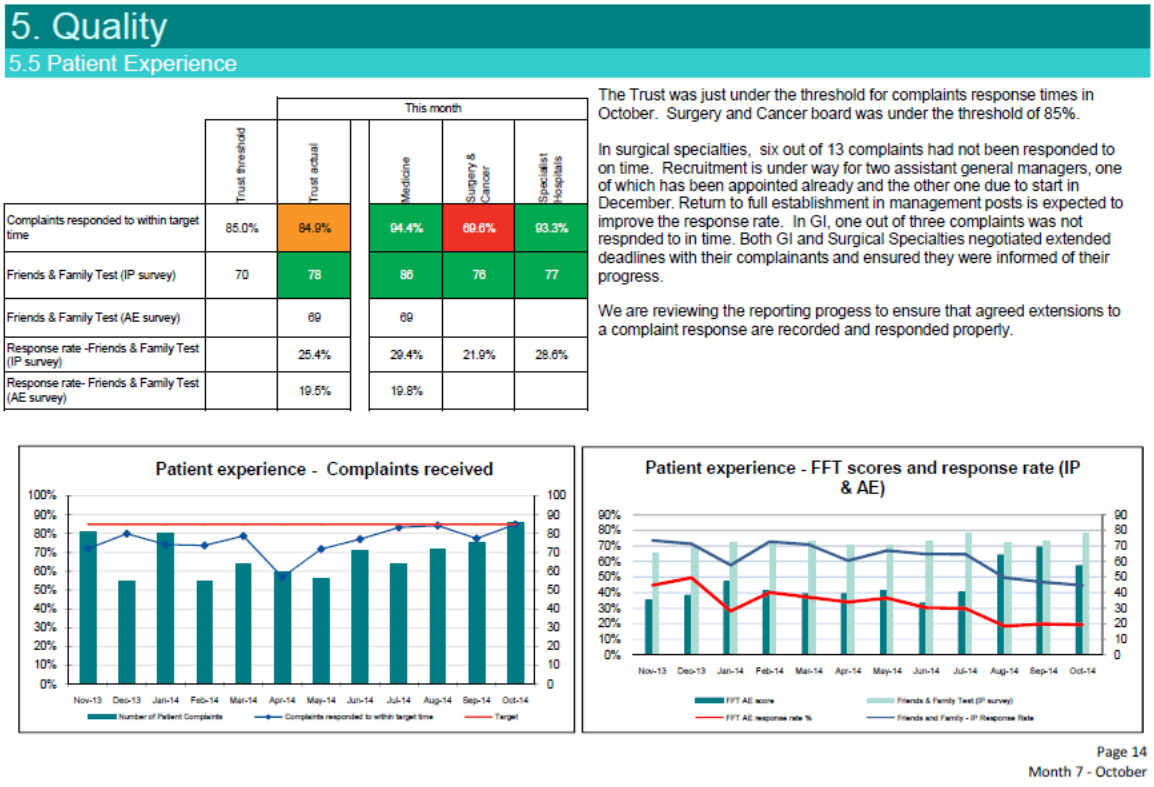
We will listen and learn from the feedback we receive.
To tell us about your experience you can:

- *Speak directly to the people providing services to you. This is often the best way of resolving any problems or*
- *Contact our PALS and Complaints Service - We will pass on compliments and comments, investigate concerns and sort out any problems as quickly as possible.*

Contact us
Please feel free to call, write or come and talk to us:
Chief Executive, Executive Offices, Whittington Health, Magdala Avenue, London, N19 5NF.
t: 020 7288 5551
e: whh-tr.whitthealthPALS@nhs.net

Commissioners review the themes and trends that emerge from this through the contract review process. The CCG also reviews the responsiveness of the Trust in terms of speed of their response and whether complaints are upheld. Trust's publish their performance on their websites (see below).

An example of the type of information received by Trust Boards regarding feedback is drawn from the December Board of UCLH in figure 1 below.



5. Quality

5.5 Patient Experience

		This month			
	Trust threshold	Trust actual	Medicine	Surgery & Cancer	Specialist Hospitals
Complaints responded to within target time	85.0%	84.9%	94.4%	69.6%	93.3%
Friends & Family Test (IP survey)	70	78	86	76	77
Friends & Family Test (AE survey)		69	69		
Response rate -Friends & Family Test (IP survey)		25.4%	29.4%	21.9%	28.6%
Response rate- Friends & Family Test (AE survey)		19.5%	19.8%		

The Trust was just under the threshold for complaints response times in October. Surgery and Cancer board was under the threshold of 85%.

In surgical specialties, six out of 13 complaints had not been responded to on time. Recruitment is under way for two assistant general managers, one of which has been appointed already and the other one due to start in December. Return to full establishment in management posts is expected to improve the response rate. In GI, one out of three complaints was not respnded to in time. Both GI and Surgical Specialties negotiated extended deadlines with their complainants and ensured they were informed of their progress.

We are reviewing the reporting progess to ensure that agreed extensions to a complaint response are recorded and responded properly.

Page 14
Month 7 - October

Figure 1

Publishing Information at Ward Level

Trusts are now encouraged to tell people about the key measures of quality by displaying performance figures in prominent places in the clinical area. This has proved successful in encouraging patients and visitors to raise issues that they might not previously. All inpatient areas are now encouraged to share information about:

Nurse staffing levels - The Safer Staffing information supports the implementation of the requirements set out in the National Quality Board (NQB) report 'How to ensure the right people, with the right skills, are in the right place at the right time'. From April 2014 all hospitals publish information about the number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

Mixed sex accommodation – this is another marker of patient experience. The aim is that everyone is able to stay on a same sex ward and should feel empowered to expect this.

Falls – one of the most common incidents reported in an inpatient setting has been falls and much work has been done in recent years to avoid these. Wards often declare how many days since the last reported fall to build confidence in patients' expectations.

Trust Boards

All NHS Bodies should meet in public and actively encourage participation and questions from the general public. Trusts have to appoint non-executive directors, primarily from their catchment area, to take a majority position on their Boards. Many have an agenda item dedicated to hearing directly from patients. This is the case locally. Foundation trusts are also expected to have governor and membership structures in place through which interested members of the public can "join" the trust and give their feedback directly to the senior management of the organisation. Whilst Whittington Health is not a Foundation Trust it does have an active membership.

An example of how trusts work with Governors is drawn from Camden & Islington Foundation Trust's website in figure 2.

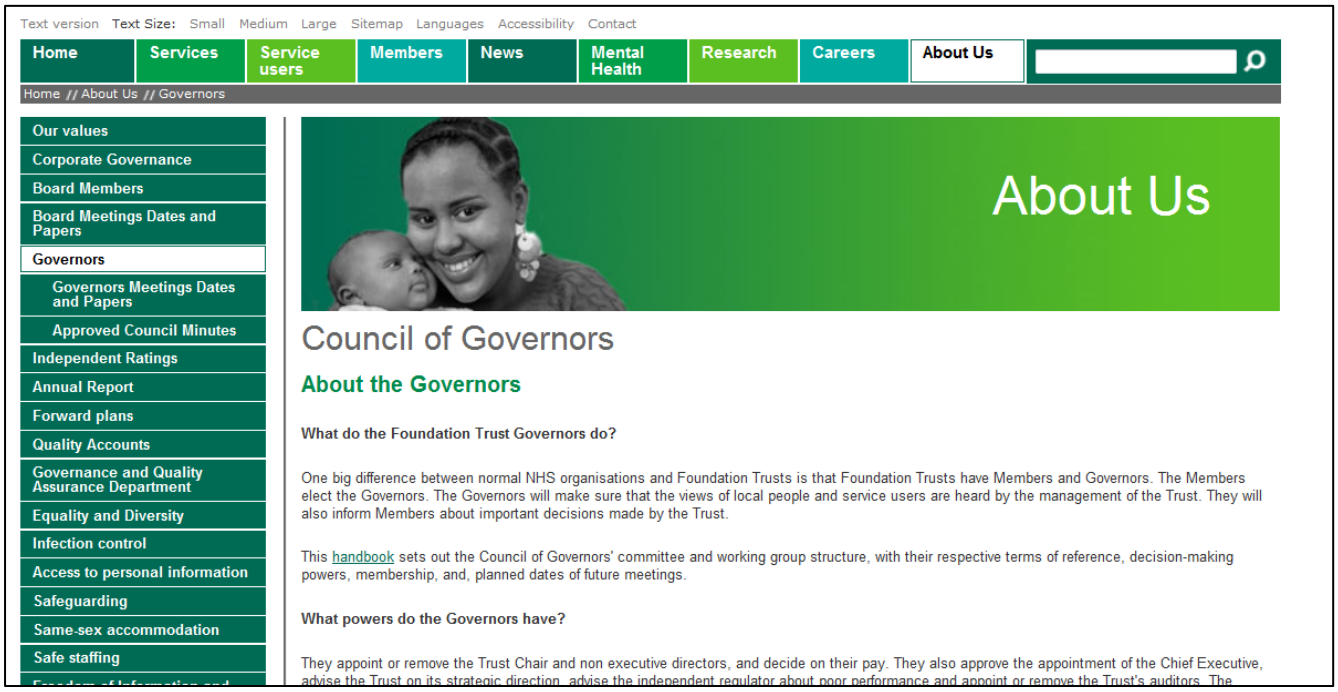


Figure 2

National and local surveys

As well as the Friends and Family Test, providers use surveys to gain information from their service users. Many of these are locally designed and maybe very specific to a service issue or problem. However there are national surveys undertaken the results of which are published and comparisons between providers can be drawn. The Care Quality Commission co-ordinate surveys to collect feedback on the experiences of people using a range of health care services provided by the NHS. The results are used in a range of ways, including the assessment of NHS performance as well as in regulatory activities such as registration, monitoring ongoing compliance and reviews. They include:

Accident and emergency survey 2014 - This survey collected information on the experiences of almost 40,000 patients who had received care from an accident and emergency department at the beginning of 2014.

Community mental health survey 2014 - This survey collected information from over 13,500 people who received community mental health services.

Ambulance survey of 'Hear and Treat' callers 2013/14 - This survey looked at the experiences of over 2,900 people who called an ambulance service in December 2013 and January 2014.

Inpatient survey 2013 - This survey gathered the experiences of over 62,00 people who were admitted to hospital with at least one overnight stay.

Maternity services survey 2013 - This survey collected the experiences of over 23,000 women who had a live birth between January - March 2013.

Outpatient survey 2011 - This survey collected patients' experiences of their most recent visit to an outpatient department

Other national patient feedback and experience collections include:

Patient Recorded Outcome Measures (PROMs) - PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery. Information on results is available from the Health and Social Care Information Centre at http://www.hscic.gov.uk/proms

Patient-led assessments of the care environment (PLACE) - This is the system for assessing the quality of the hospital environment, which replaced Patient Environment Action Team (PEAT) inspections from April 2013. PLACE assessments apply to all hospitals delivering NHS-funded care, including day treatment centres and hospices. PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviour.

Websites:

NHS Choices (www.nhs.uk) is an excellent resource for patients who want to compare local services or leave feedback for others to see. An example is shown below using Whittington Health to demonstrate in figure 3 below.

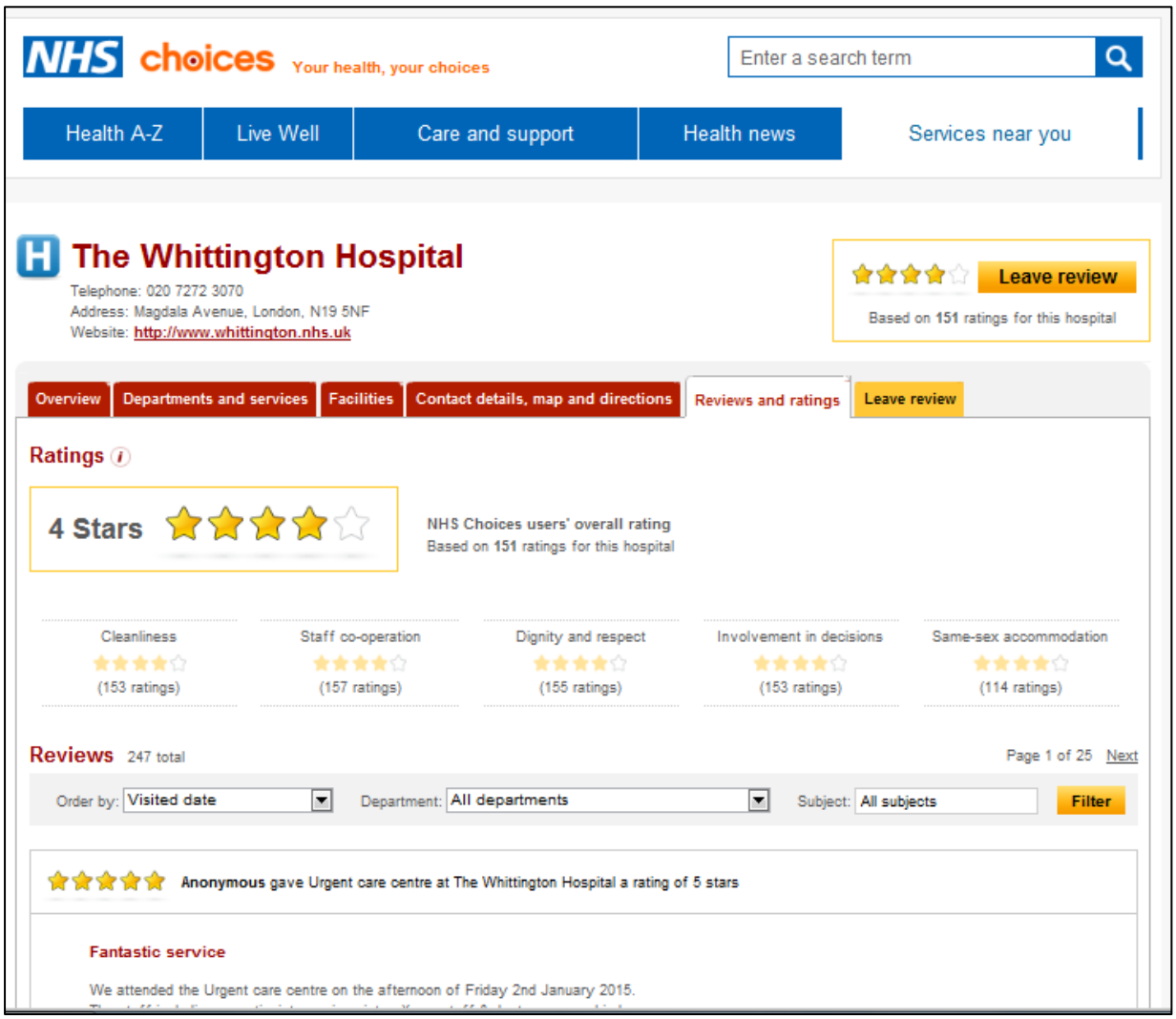


Figure 3

As members will note towards the bottom of the picture there is an opportunity for people to leave their reviews, giving comments and awarding up to five stars. This facility is also provided by NHS Choices for other services including GP and Dental practices. An example of this is given for a few of Islington's practices in figure 4 below.

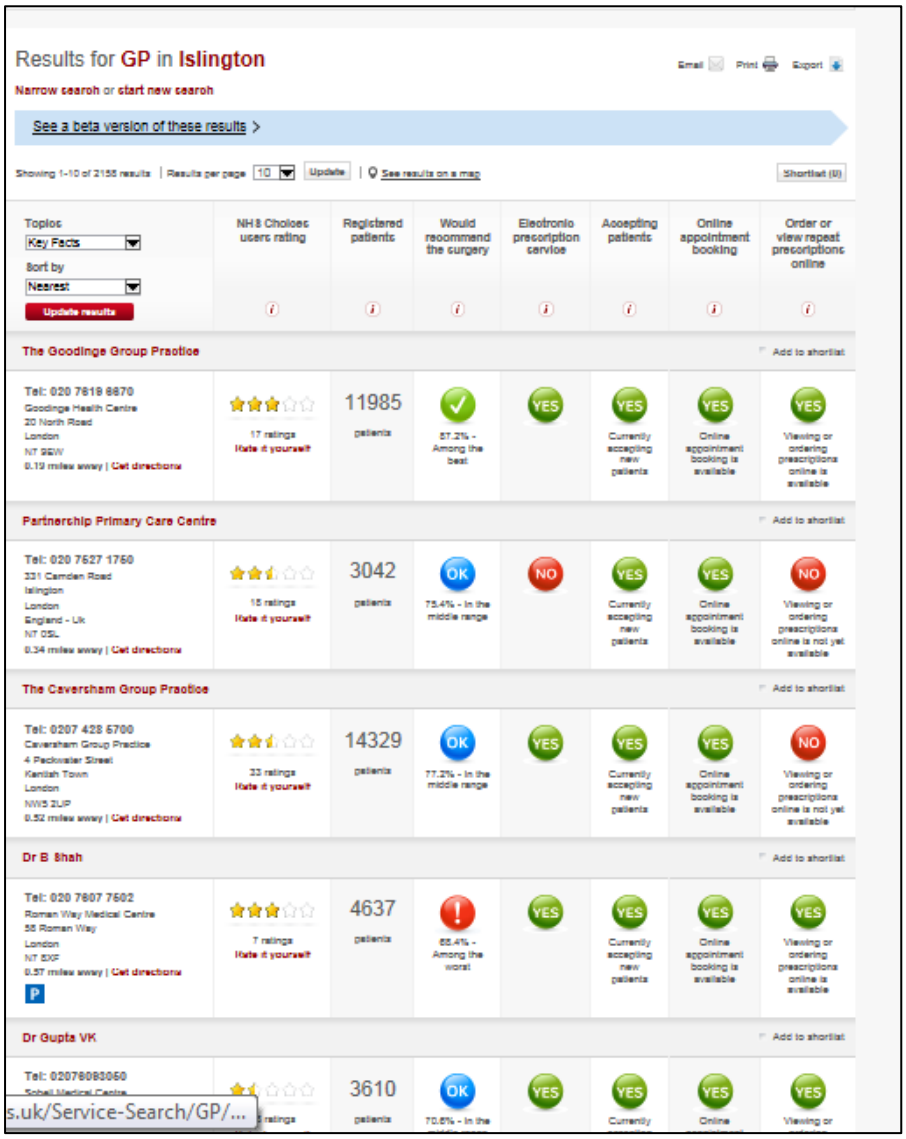


Figure 4

Each trust, practice or other provider is expected to provide simple and understandable information about how to leave feedback on their own websites. The following provide links to Islington's Trusts:

Whittington Health: http://www.whittington.nhs.uk/default.asp?c=1341

UCLH: http://www.uclh.nhs.uk/PandV/Patientstories/Pages/Home.aspx

Camden & Islington FT: http://www.candi.nhs.uk/service-users/patient-advice-and-liaison-service-pals/

Moorfields Eye Hospital: https://www.moorfields.nhs.uk/content/tell-us-what-you-think

Conclusion:

In Islington we have a strong foundation on which we can maintain and develop good levels of engagement. We would like to sustain and increase the number of people we are speaking to in the local community, making it as easy as possible to comment on their individual experiences of care.

Our aim is to create a yearly forward plan of our engagement topics – ensuring the community are given as much chance as possible to feedback, but also ensuring we are not asking very similar questions on similar topics throughout the year. To support this process we would like to create community researchers. Thus, building up skills within the community – and allowing us to build further relationships with Islington – hearing from those who do not always have a voice.

We will to continue to develop and deliver on our Patient Participation Groups, Community Members and Third Sector Open Discussion Forum.

We will strengthen the way in which we feedback to the local community. We have developed our engagement and communications team – so we now have three extra members of staff. They will help support this piece of work. There will be dedicated space on the website highlighting how feedback has been incorporated into commissioning and letting people know about both the CCG's work and upcoming projects.

We are also strengthening our links and partnerships with Council – Public Health and other engagement teams, HealthWatch and the voluntary sector. Through work on early intervention and prevention, forward planning and the commissioning of community support we hope to build on the foundations already in place.

We also wish to build on the patient experience and involvement of our providers – ensuring that this is a key part of any service we commission. It is important that as leaders of local healthcare services – we drive forward change and improvement in this area enabling our providers to listen to the views and experiences of the local Islington population.

This page is intentionally left blank