Patient and public involvement annual report

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NHS Wandsworth CCG
January 2018 – December 2018
1. Welcome

This year’s engagement report highlights the volume and impact of meaningful engagement we have undertaken with people in Wandsworth, including those that are seldom heard. This demonstrates our commitment throughout the CCG and our member practices to involve patients, the public and our wider stakeholders in all that we do.

Our Board receives regular reports about the outcomes of our engagement activity and how it is helping us deliver our vision for local health and care services for the people of Wandsworth. We continue to welcome members of the public to our Board meetings and to our Annual General Meetings so that they can ask us questions about the decisions we are taking.

Patients have influenced many of the improvements we have introduced over the last year. Just a few examples include developing our local health and care plan, redesigning falls services and improving bowel cancer screening uptake and coverage.

I’ve been fortunate enough to be at many of our patient and public involvement activities this year including our design event to help us develop our local health and care plan. This bought together health and care staff, stakeholders and a real mix of local people. Through our Community Grants Scheme, we continue to develop our relationship with small community organisations doing innovative work to focus on promoting health and wellbeing and reducing health inequalities.

Our Annual Report for 2017/18 also provides a very useful summary of our work, including outcomes and improvements that have been put in place.

Our Patient and Public Involvement Reference and Thinking Partners Groups remains a key asset in providing critical friend feedback on our plans and approaches to engaging local people. We are very grateful to all the individuals and groups who give up so much of their time on a voluntary basis to help us with our work. My thanks to everyone helping us to make improvements for Wandsworth residents. I’m extremely proud of the work we are doing together. I hope you enjoy reading a snapshot of what’s been happening this year.

Dr Nicola Jones, Chair, Wandsworth CCG
2. Who we are and what we do

Wandsworth Clinical Commissioning Group (CCG) is responsible for planning, commissioning or ‘buying’ and monitoring health services for the people who live in the borough, including:

- Mental health and learning disability services
- Urgent and emergency care
- Rehabilitation care
- Non-emergency hospital care
- Most community health services

Our group of 40 GP practices work together, in three localities, with our partners to improve health and wellbeing, reduce health inequalities and make sure everyone has equal access to healthcare services.

We have a strong history of partnership working in Wandsworth. We believe that health in the borough can only be improved through effective working with local partners. To do this we need to fully engage clinicians and work with local communities and patients to shape services for the future.

Our partners include:

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<td>Wandsworth Council</td>
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<td>Healthwatch</td>
<td>NHS England</td>
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<td>Local community and</td>
<td>Department of Health</td>
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<td>voluntary organisations</td>
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<td>Local providers of health services</td>
<td>South West London Health and Care Partnership – comprised of the organisations providing health and care in the six south west London boroughs. We are working together in four local partnerships, acting as one team to keep people healthy and well in Croydon, Sutton, Kingston and Richmond, and Merton and Wandsworth</td>
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We realise that we can only improve local services if we hear and understand what people think of health services so we are committed to getting your feedback on whether the services you use are meeting your needs.

We aim to offer the people of Wandsworth a wide range of accessible, high quality and easy to use services to help them stay healthy, and to care for them when they fall ill and need extra support.

3. Understanding health needs and our local population

It is vitally important that we understand our population, as this will help us to deliver services that are focused on meeting the needs of local people and make a real difference to their health and wellbeing. As well as working with doctors, other clinicians and members of the public to understand what people need from their NHS, we also work closely with Wandsworth Council’s Public Health Team to understand the health needs amongst our communities. This includes developing an assessment of these needs based on available
evidence, called the Joint Strategic Needs Assessment – the below infographics give an overview of what it’s like to live in Wandsworth and a little about the local health needs. More information on our local population is available on our website and in our Annual Report.
The Needs

Place

10 Wanstead primary schools in areas that exceed the legal air pollution limits

Housing estates cover 10% of the area of the borough and social housing accounts for 19% of property

Almost a third 32% of residents rent privately which is higher than the inner London average 29%

It is estimated that over 40,000 residents are exposed to high levels of transport noise which equates to higher proportions than the London and England averages.

10th highest housing affordability ratio in the country – difficult for first-time buyers to get on the property ladder.

Start well

£10,385 children in low income families

A significantly lower percentage of children have received their first dose of MMR immunisation by the age of two compared to England

One in four children aged 5 have one or more decayed, filled or missing teeth

14% the percentage point gap in attaining a good level of development at the end of reception for children with free school meals, which widens to 24% by key stage 2

One in three children leaving primary school aged 10-11 years are overweight or obese

12% of 15 year-olds partake in 3 or more risky behaviours

5% of 15 year-olds are regular smokers fifth highest rate in London

15% of 15 year-olds report having tried cannabis significantly higher than the London and England averages of 11%
The Needs

Live well

37,000 adults are estimated to smoke

Over 19,000 carers

15,000 residents living with diabetes and another 25,000 are on the verge of developing it

44% of adults drink more than the recommended limit of 14 units of alcohol per week

4,650 new STI diagnoses (excluding chlamydia aged < 25)

44,000 people estimated to have a common mental health disorder, such as depression and anxiety

More than half of over 16's are overweight or obese

The rate of family homelessness has increased from 4.7 to 6.3 per 1,000 households in 2015/16

Age well

29,300 to 42,200 the projected increase in number of over 65-year-olds between 2015 and 2035 (44%).

Life expectancy at age 65 for both males and females in Wandsworth is significantly lower than the London average

1,387 patients with dementia recorded in registers

One in five older people are on low incomes

Almost 800 hospital admissions due to falls per year

10,000 people aged over 65 live alone

1 in 4 victims of recorded fraud are aged 65 and over

9,000 over 50's are unpaid carers

3,420 people aged 65 and over are estimated to be living with visual impairment

References: Assets, Population, Regeneration, Parks and open spaces, Most popular borough, Crime, Employment, Volunteering, Education. See main report for Place, Start Well, Live Well and Age Well sections.
4. Planning our engagement

It is important to us that engagement with the public is undertaken in a meaningful way, so that they have real influence in what we are doing and that outputs from those conversations are used to help us deliver our priorities and improve services.

Through our Project Management Office, we have planning templates to ensure that patient and public engagement is considered and planned at an early stage of project development. Equality Impact Assessments are undertaken as part of this process, which influences our engagement approach.

We also make use of existing intelligence such as patient experience information from our providers, outcomes from surveys and partner engagement to help contribute to an overall picture of services, views and experiences.

4.1 Statutory duty

As set out in the Health and Social Care Act 2012, CCGs have a duty to engage with patients and the public regarding service provision. We are developing a positive record of engaging routinely with local stakeholders, patients and the public to ensure community involvement in how we design, deliver and improve local health services. We also gather information on the experience of patients using local health services. We consider what is working well and what needs to improve to inform our commissioning. We will continue with this approach whilst seeking areas for improvement and learning from best practice examples undertaken elsewhere. It is important that we design and commission services that meet the needs of our patients to enable us to provide the best possible health outcomes. We recognise how critical it is to get the right level of patient involvement in our work. Some of the ways in which we will continue to deliver this duty includes:

- Involving local people in our governance processes and decision making
- Promoting opportunities to get involved in different ways
- Planning our engagement effectively
- Feeding back to those who have worked with us
- Having the right tools and support for commissioners
- Working in partnership with other statutory bodies and the voluntary and community sector
- Supporting people who are already involved with us
- Sharing the outputs of our engagement work, publicly
- Holding providers to account to engage patients
- Engaging to help reduce health inequalities

4.2 Equalities

The CCG is required to have due regard to the aims of the Public-Sector Equality Duty (PSED) of the Equality Act 2010 in exercising its functions, such as when making commissioning decisions and when setting policies.

Equality impact assessments ensure we target communities most impacted by any proposals and helps to inform who and how we engage. You can read more about how we engage with all of our communities during the next sections of this report.
5. How we engage

5.1 Our approach

We involve the public and patients in a variety of ways and use several different methods to ensure we are capturing views, reaching seldom heard communities, ensuring views are influencing decision making and to feed back to those who have been involved.

The approach we use depends on what we are engaging on and who we need to engage with, but include events, surveys, focus groups, social media, and direct contact and through our partner networks. Our opinion is that no-one is hard to reach, but we need to invest the time and resources to creatively reach those we aren’t currently hearing from. It is our view that it is best to go to people where they are, rather than expecting them to come to us.

Critical to the success of our engagement is maintaining strong and effective relationships with our local communities and partners.

We aim to actively work with patients, carers and the public to embed the values of the NHS Constitution into everything that we do.

The diagram on the next page gives an overview of how our patient and public involvement work is structured within Wandsworth CCG.
Patient and public involvement – Wandsworth CCG accountability

Key:
- WCCG – Wandsworth Clinical Commissioning Group
- LMF – Locality Member’s Forum
- MGT – Management Team
- PCG – Patient Consultative Group
- GP – General Practice
- PPI – Patient and Public Involvement

Various forms of patient, carer, service user involvement at GP level
5.2 Productive PPI

All 40 of our GP member practices provide input into how the CCG commissions services. To strengthen this involvement, the Public Involvement Clinical Lead held a workshop for primary care staff to gather their experiences of doing patient and public involvement. Responses from the workshop highlighted several positive and negative aspects of involving patients and the public. From this feedback, a plan has been developed for General Practice called Productive Patient and Public Involvement. Here, staff members are encouraged to consider the patients’ perspective of accessing healthcare, with the question ‘what is it like for you to experience the service that I am giving you at this moment in time?’

The Productive PPI plan adopts a whole practice approach to PPI, bringing together activity e.g. patient participation groups, implementation of the Accessible Information Standard, the practice’s community and seldom heard group visits (see below) and more.

The concept is represented by the Productive PPI Umbrella below.

![Productive PPI Umbrella](image)

**Practical aspects of the project**

Practices are asked to consider people on their registered list who would find it more difficult than most people to access their services. They are then asked to choose one of these groups and ask them about their experiences with the practice, in the form of a patient journey questionnaire. This gives the practice a real opportunity to explore how best to work with and deliver care for those who find it more difficult to access care.

To enhance this work, white boards are being introduced into GP Practices for their use in their waiting rooms. These boards encourage people to complete the questionnaires.

Once the questionnaires are collected they are analysed and discussed with those groups of patients.

A second aspect of this programme facilitates questionnaires (developed by CCG commissioning leads) being introduced to patients. These are introduced on the white boards - highlighting an area of commissioning which is being explored and encouraging the relevant patients to complete a short questionnaire. These are sent back directly to the relevant commissioning leads.
To date, questionnaires on falls and diabetes have been shared in practices. The details of the outcomes are described in the case studies below – and have influenced pathway development and service delivery, as well as increasing dialogue between the commissioners and the third sector.

Practices are currently being individually inducted into the full detail of the work.

**Impact of the project**

Individual practice examples include:

- A group of stroke patients having had their appointment time increased
- A practice has hosted a ‘Death Cafe’ format to open discussions in this area
- A practice has had a workshop, following the questionnaire, for their hard of hearing patients and held a specific day for them to get their flu immunisation
- A practice has obtained an additional disabled parking space outside their practice
- The service delivery of women’s health appointments have been amended with reception training and retiming of appointments as a result of the questionnaire, improving access

### 5.3 Our networks

| Patient and Public Involvement Reference Group | The purpose of the Patient and Public Involvement Reference Group (PPIRG) is to ensure that the voice of the Wandsworth community is at the heart of our commissioning. The current membership includes representatives from the voluntary sector, community partners and members of PPG groups. Each partner organisation or network has links right across the community, not limited to Wandsworth but also transcending geographical boundaries to neighbouring boroughs, which is important as many of our patients travel from other parts of London. The aims of this group, which meets five times per year, are to input into the development and improvement of NHS services for Wandsworth residents. PPIRG input has been sought on important topics over the past year including; general practice record sharing, the review of ophthalmology services to increase community access and provision and the development of the Wandsworth Local Health and Care Plan. |
| Thinking Partners | The purpose of the Thinking Partners Group, which meets bi-monthly, is for members of the voluntary and community sector to work collaboratively with the CCG to review and comment on commissioning plans and to understand more about the function of the CCG. It also offers them the opportunity to network and deepen their understanding of how to work together. Thinking Partners supports our aims to continually improve our approach to promoting equality - ensuring diversity is factored in to decision making to reduce health inequalities. |
| Locality Patient Consultative Groups | Our three localities support Patient Consultative Groups which meets bi-monthly and are made up of individual representatives from GP practices. These forums ensure that patients in general practice, in partnership with other local organisations, are listening to the needs of patients and that there is a two-way dialogue between the CCG and patients using primary care services in Wandsworth. |
| Direct involvement in commissioning | We have patient and public representatives directly involved in commissioning projects, through sitting on committees, being involved in the evaluation stage of procurements and advising through our Patient and Public Involvement Reference Group, Thinking Partners and Productive PPI. |
| Mental health clinical reference group (CRG) | |
Our mental health clinical reference group has significant service user involvement, supported by an employed lay facilitator. Service users have told us that personal budgets, carers assessments, rehabilitation services, LGBT issues and issues around welfare are important and we have focussed specifically on these issues.

The group has also developed positive links with the Wandsworth Community Empowerment Network (WCEN) and there is a seat on the CRG which represents the WCEN lead and the BME Mental Health Forum. During 2018/19, the CRG has introduced a standard agenda item for the BME mental health forum and CCG representatives regularly attend the BME mental health forum to better engage with key issues for Wandsworth’s BME communities and feedback on the work of the mental health forum.

BME communities are also represented on our mental health services sub-group. This sub-group has responded to needs analysis work alongside national and local issues, delivering projects that aim to raise awareness, increased referrals to more preventative services, avoided admission at crisis and improved experiences within mental health services for those from Black, Asian and Minority Ethnic communities. One such project in which WCEN have collaborated with the mental health trust has been the development of the community network of family care (sometimes referred to as the faith network).

The BME mental health forum, WCEN leadership, has delivered key conferences focussing on issues for children and young people and the wider BME communities for which the CCG continues to be a key stakeholder. These conferences continue to help drive the strategic approach for BME communities in Wandsworth for which the CCG remain fully engaged with.

Part of the development of the Talk Wandsworth service has been the requirement for the service to focus on communities and groups that are traditionally underrepresented in talking therapy services and WCEN have been a key stakeholder in the development of co-production groups within the service to ensure that access and experience is optimised for those targeted groups which include BME communities.

Service users have been directly involved in the recruitment and induction of workers to the Primary Care Plus service, which focused on recruiting staff that best reflect the local community and have skills to best engage with service users under the scheme. As part of the changes to the rehabilitation services in Wandsworth, service users have supported the engagement on the new service model and took a full role in the procurement process in collaboration with the LA and CCG, leading to a successful award of contract.

The project to consider the experiences of LGBT users of mental health services was led by service user representation and funding has been secured to take this work forward.

**Cancer clinical reference group**

Our cancer clinical reference group have involved LGBT members of the community in work focussed on prostate cancer to inform service improvements. Further
information about the work of the cancer clinical reference group can be found in section six of this report.

We strive for timely patient and public involvement in the commissioning and service improvement cycle and continually review our PPI practice to ensure our approach to involving patients is responsive to different project needs and circumstances. This is enhanced by the productive PPI questionnaires.

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<tr>
<th>Patient Participation Groups (PPGs)</th>
<th>All GP practices in Wandsworth aspire to have patient participation group (PPGs) (either face-to-face or virtual). PPGs support practices with their service improvement work and help gain insights into patient’s views of how services are currently operating. We recognise not every practice has a functioning and representative group. Our productive PPI approach, discussed earlier, takes a broader and more inclusive view of involving local people through general practice. Several PPG members attend the PPIR and bring issues and patient feedback to be discussed, as well as cascading information back to their practices and their PPG.</th>
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<tr>
<td>Healthwatch</td>
<td>We work very closely with Healthwatch and they are involved directly in several CCG committees, offering a community perspective to our discussions. We share information regularly about upcoming projects and seek advice and guidance on our plans for involvement. We have commissioned Healthwatch to deliver engagement with seldom heard communities through the south west London Grassroots programme and they have undertaken several enter and view projects that have been complementary to CCG review processes. We continue to value their strategic and operational support. We make the most of opportunities for involvement by sharing our plans early, so that we can dovetail with one another and avoid duplication. Through including information in their bulletins and having slots at their public assemblies, we can reach more people across Wandsworth. We have supported the voice of Wandsworth people at Healthwatch Wandsworth quarterly assemblies which serve to give local people an opportunity to discuss current health and social care topics and contribute to shaping plans. This year, we have supported assembly topics, focussed on complaints and advocacy, developing a local health and care plan and primary care.</td>
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<td>Wandsworth Voluntary Sector Coordination Project</td>
<td>Commissioned by Wandsworth CCG, the Voluntary Sector Coordinator Project (VSCP) supports voluntary organisations and community groups in Wandsworth to connect, collaborate and communicate both with each other and the CCG to work together in addressing health equality. We work closely with the VSCP on our plans and use their networks to reach out to more than 400 voluntary sector organisations and other communities.</td>
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<td>Social media</td>
<td>We use twitter to help us reach our followers – currently over 9,000. We promote opportunities to get involved, events, information campaigns and use this to feedback to people who ask questions. It enables us to reach more people who may not necessarily engage through traditional routes. It also enables us to be transparent about the work that we have been undertaking.</td>
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<td>Local Transformation Board (LTB)</td>
<td>The LTB Communications and Engagement Group brings together communications and engagement staff from all the statutory and voluntary organisations in Merton and Wandsworth to work together on shared priorities. The group discussed their</td>
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5.4 Working across south west London
Complementary to our local patient and public involvement arrangements, on projects that span several south west London boroughs, we work with the South West London Health and Care Partnership team. This ensures the voices of Wandsworth people are fed into south west London wide projects, meaning they influence decisions at all levels within the NHS.

To ensure effective lay involvement and patient and public engagement across the Health and Care Partnership, the south west London team runs a Patient and Public Engagement Steering Group. Attendees include:

- Patient and public CCG Lay Representatives from the six south west London boroughs
- Healthwatch representatives from the six south west London boroughs
- Voluntary Sector representatives from the six south west London boroughs

This group oversees public and patient engagement in the Health and Care Partnership and provides; two-way communication between the programme and key community/public stakeholders, and advises on the targeted engagement activities to support wider engagement with diverse community groups and how engagement should be undertaken on work streams within the partnership.

6. How we use patient experience information
All providers of healthcare in Wandsworth collect patient experience information which is shared with the CCG on a routine basis, through our quality team. The CCG needs to know how patients are finding the services we commission and how providers are involving them and responding to feedback (positive or negative).

We gather feedback about patient experience in many other ways - as set out in the diagram below. It is important that we use this intelligence to help inform and deliver improvements in local services. We manage the collection of this information through local monitoring boards and Clinical Quality Review Groups (CQRGs). Outcomes are routinely shared with our Board.
6.1 Holding providers to account for engagement
We expect all our commissioned providers to involve the public and patients. This is part of our contractual process. The procurement of a new service requires potential bidders to set out how they will engage the community and add wider social value by using the outcomes of patient engagement to inform and improve service delivery.

In our contracts we set out requirements that services must meet in relation to communicating with and involving service users, the public and staff. We use the standard NHS contract for all services we commission, other than primary care, which is covered by separate contracting arrangements.

The contract covers:

- involving individuals in decisions about their own care and treatment, providing them with information they can readily understand and responding to questions in a timely way
- actively seeking feedback from service users and the public about the services they are using or have received; this includes using patient surveys and the Friends and Family Test
- involving service users and the public when considering and implementing developments to services, and providing evidence when required of how they have done this and its impact

We use our regular Clinical Quality Review Group meetings to monitor performance and progress. We engage in active and friendly discussions with our provider colleagues about some of the challenges of involving diverse groups, acting on feedback and demonstrating where people’s views have had an impact.

6.2 Quality accounts
NHS Trusts produce an annual Quality Account, which includes information on work they have done to listen to and improve the experience of their patients and the public. You can read these on our Trusts’ websites.

7. Informing our work
It is critical that our engagement activity is meaningful and contributes to the delivery of our vision, strategic priorities and commissioning intentions. Evidence shows that when patients, public and
healthcare staff work together, it results in better services which lead to better health outcomes. We place patient involvement at the heart of our commissioning and decision making, including analysing and planning, designing pathways, buying services and delivering and improving services.

Throughout this section you will see how our engagement has directly contributed and is supporting the delivery of many of our strategic priority areas and our commissioning intentions, including work undertaken as part of the South West London Health and Care Partnership.

7.1 Commissioning intentions 2018/19
Purpose and background

As part of our commissioning planning cycle, every year we seek the views of local people, partners and stakeholders to inform our commissioning intentions.

The aim is to ensure as many local people and key service users are aware of our proposed plans and that they have an opportunity to provide feedback to commissioners to inform our activity for the coming year.

Engagement activity

Between August and October 2018, we held 5 focus groups with local voluntary and community organisations. Through this work we captured the views of the following groups of people:

- People who self-identify as LGBTQ+, 
- People disabled by sensory, perceptual, physical and emotional processing difficulties (Learning Disabled) 
- People who care for others whether paid or unpaid 
- People who identify as Black and Minority Ethnicity

The focus groups gave information about the CCG and local plans before asking people what was already working well with local services and what could be improved. Key feedback received centred around the following broad themes: workforce, the integration of health and social care, primary care, urgent and emergency care, social isolation, carers support, adult mental health and services for those with learning disabilities, care planned in advance (such as outpatient’s appointments), and patient information.

Outcomes and next steps

Feedback captured has been collated into a report which has been shared with the commissioning team to help determine our commissioning priorities for 2019/20 and to develop our Local Health and Care Plan. Local people we spoke to have already received a copy of the feedback report and we plan to publish a “you said, we did” document outlining exactly how feedback has influenced commissioning activity.

7.2 Community Ophthalmology procurement
Purpose and background

Currently, planned and emergency ophthalmology services are provided by Moorfields Eye Hospital. Although patient experience is excellent, to support care closer to home and to increase access in the community for those with minor eye conditions, the CCG is
undertaking a procurement across Merton and Wandsworth. This will provide a community ophthalmology service to complement emergency services at Moorfields.

**Engagement activity**

From our equalities analysis, it highlighted that those most likely to be using this service were older people and those from BAME backgrounds – so we aimed to target these groups through our engagement work. To inform the service specification, a focus group was held with Wandsworth Vision in October 2018, drawing together 13 diverse people with lived-experience of visual impairments. We also discussed proposals with our Thinking Partners Group and sought their feedback.

Those we spoke to were asked about their eye conditions, where they went in their local community for eye care, how they currently access eye care services, what changes they would like to see and their thoughts on our proposals to introduce a community ophthalmology service.

Patients felt that they were not given the correct information about their eye-health with some receiving inappropriate treatment. Patients highlighted that due to the work happening in the ophthalmology ward at St Georges Hospital, they have had to attend different locations for their various eye conditions.

In some cases, appointment letters sent out are unreadable for those who have visual impairments – more needs to be done to adapt and use other forms of communication. Often, patients struggle to access some buildings due to disability and their visual issues. More support is required to adjust these services. Those who attended also reported issues with patient transport.

**Outcomes and next steps**

Following the focus groups in Merton and Wandsworth, feedback has been shared with commissioners to update the service specification. Specific changes because of patient feedback have included:

- The inclusion of Domiciliary Care for housebound patients
- The Minor Eye Conditions, Cataracts and Glaucoma service will also be available on weekends to improve accessibility
- Appropriate service user representation will be part of the procurement, to provide feedback, input and support with selecting a new provider
- There will be training and accreditation for those providing the service so that they can give appropriate signposting and advice, even if they are not able to treat the patient themselves.

This will be feedback to those we spoke to.

As part of the procurement process, there will be patient representatives involved in the panel to select a provider to run the new community ophthalmology service.
7.3 Developing our Local Health and Care Plan

Purpose and background

Health and care organisations in Wandsworth are working more closely together to make services better connected and more joined up. The NHS, Council, voluntary sector and Healthwatch are developing a Local Health and Care Plan for how this might be achieved.

Work has already been undertaken to look at local population needs, current services and what patients have already told us about what they want from local services. Through this we have developed some high-level areas of focus around the themes of start well, live well and age well.

Engagement activity

To develop our ideas, we wanted to bring together local people, frontline staff and key stakeholders (including local councillors and voluntary and community groups) to help us agree priority areas for all the partners to focus on.

We recognised that a lot of engagement work had already been undertaken by the NHS and our partners. We summarised this and presented this, alongside our ideas and information about our local population, at an accelerated design event in November 2018. More than 130 people attended the day – including around 50 local people who had been specifically recruited to represent the diverse community in Wandsworth and who had never worked with us before.

The event asked people to discuss what surprised them about what they’d heard about living in Wandsworth, what they thought was missing from our ideas and, most importantly, their ideas for how we could take forward the priority areas. This focussed on why the issue is important, what the challenges are, opportunities, solutions and how the change will be made.

Topics discussed included:

- Childhood obesity
- Children and young people’s mental health
- Risky behaviours
- Integration of physical and mental health resources
- Diabetes
- Dementia
- Health and social care integration
- Isolation

Outcomes and next steps
The energy and enthusiasm in the room generated a lot of feedback and ideas, which will be analysed into a feedback report, to be shared with those who gave up their time and decision makers in early 2019.

We will be using the outcomes of the event to form the basis of our Wandsworth Health and Care Plan which will be drafted by March 2019 and be championed by the Health and Wellbeing Board.

But, publishing the plan won’t be the end of the conversation and we want to work together with local people and community organisations to put these plans into action. Further engagement work is planned for 2019/2020.

7.4 Falls redesign
Purpose and background

Falls in Wandsworth have been rising despite many developments in service delivery over recent years, with data currently showing Wandsworth in the bottom quartile nationally for the last 3 years. This is based on information within the NHS Improvement Assessment Framework.

Falls happen for many reasons and so all services need to have an awareness of these factors e.g. medication, frailty, environment and musculoskeletal difficulties.

A review and redesign was initiated to address the needs of the population and improve the prevention strategy for falls across Wandsworth. There is currently a standalone falls service and this project focusses on finding a more holistic and system wide approach to supporting people to stay well. This is in collaboration with the local authority.

Engagement activity

Engagement work aimed to seek views about why people felt falls were a problem, what they felt were the causes, what they thought about our ideas and how they had been affected by falls.

The PPI team and the GP Lead worked with the falls commissioning team to undertake engagement work with local people, which took place between May and October 2018.

Activity included a falls questionnaire being placed in Wandsworth GP Surgeries and being made available online, as part of the Productive PPI and white board project. The questionnaire had the potential to cover a broad area of the community with relatively quick feedback. We also shared the survey with those we undertook face-to-face engagement with. This included community organisations helping older people - an age group where falls most frequently happened.

We were keen to get as broad a view as possible on the redesign and the perspective the public had on falls. Looking at the data available of the age range for the greatest number of falls, we approached and gave presentations to Wandsworth Older People’s Forum and Katherine Low Settlement and discussed the key issues with them to seek their feedback. The presentation introduced the draft redesign for the service and the patient journey most appropriate for their needs. We also spoke to Healthwatch.

To ensure that there were views from minority and hard to reach groups, we also presented to Thinking Partners at the CCG, a group made up of voluntary sector representatives including learning disabilities, LGBTQ, autism, mental health, faith community groups, sensory impaired and many others.

People were pleased to have the opportunity to talk about falls however, some of our presentation material was felt to be too detailed and not public friendly.
Through the questionnaires, we received around 50 responses. Early themes from the face-to-face feedback and questionnaires included areas such as frailty, poorly maintained pavements, losing confidence following a fall and inappropriate hospital discharges. People were pleased about moving exercise programmes into the community and joining these up with social opportunities. It was felt that this would incentivise more people to come along.

In general, there seemed to be a low awareness of the ‘falls service’ unless they had a fall and been referred.

**Outcomes and next steps**

A full analysis of the questionnaire data is yet to be completed and so further work is needed to fully understand what people have told us, to inform the service redesign.

The questionnaire included an opportunity for people to leave their contact details and this lends itself to creating a focus group for ongoing dialogue as the redesign progresses.

The issues of loneliness and social isolation that have been raised have been heard and are being considered further. This is through the introduction of community exercise programmes which will also support social interaction.

We have spoken to the council with regards to the maintenance of pavements and they have suggested that there is planned investment.

Once our analysis of the information is complete, we will place a ‘you said, we did’ poster in practices and feed back to groups we spoke to.

**7.5 How Wandsworth is informing the South West London Diabetes Programme**

**Purpose and background**

Wandsworth CCG created a questionnaire for patients to give their thoughts on their diabetes care. The questionnaire was aimed at patients with Type 2 diabetes and those who completed the questionnaire, did so whilst attending an appointment at their GP surgeries.

The aim of the questions was to find out more detail regarding how many patients have attended structured education, if they are supported to control their treatment targets, the frequency they receive care at the surgery and what their preference of treatment venue would be.

Although questionnaires were anonymous, patients were given the opportunity to leave contact details so they could be involved in future work.

The outcomes of this project have initiated discussions at a south west London level around improving diabetes services.

**Engagement activity**

Over 30 patients completed the questionnaires over a six-week period starting in June 2018 across multiple GP surgeries. The questionnaire asked people, since being diagnosed, whether they had attended a diabetes education course, had care planning, contact with clinicians and where people would prefer to receive their care.

More than 50% of patients surveyed reported that they have attended structured education since their initial diagnosis. This highlighted that the current way data is being captured does not present an accurate picture of the volume of patients attending structured education.
On average 75% of the patients that were surveyed reported to have made a plan to support at least one of the three treatment targets (blood pressure, cholesterol and HbA1C (long term glucose average)).

Although a small sample size, one cause for concern is that 25% of the patients surveyed reported to not have a plan to support any of the three treatment targets.

Most people are visiting their GP every 3-6 months for their diabetes. Those who visit the surgery more frequently have plans made for their treatment targets rather than those who attend only for their annual review. This may indicate that patients who attend more regularly need more support than just their annual reviews.

Patients who have attended structured education, tend to have appointments less frequently - either once or twice a year. Patients who have not attended structured education tend to have more frequent visits, either going on a regular basis or at least every 3-6 months.

As expected, most patients (87.5%) chose that they wanted to receive their care at the GP surgery.

**Outcomes and next steps**

Following the analysis of questionnaire results, the south west London team are proposing to undertake more in-depth research to explore the issues raised in this initial survey.

The team are keen that patients who are attending frequently should be flagged and given the opportunity to attend education if they have not already done so to support self-management.

It has been recommended that patients who have attended structured education courses have a six-month follow-up at the surgery, to maintain action plans and discuss treatment targets.

### 7.6 Improving bower cancer screening uptake and coverage

**Purpose and background**

Within Wandsworth, we wanted to increase awareness and the take up of bowel cancer screening to enable early diagnosis of bowel cancer and reduce deaths.

Bowel cancer is the second cause of cancer deaths in the UK, second to lung. If identified early, nearly everyone survives. But this drops significantly as the disease develops.

The Merton and Wandsworth CCG Cancer Steering Group brings together a number of partner organisations, including St Georges Screening Centre, Cancer Research UK and RM Partners (the Cancer Alliance across south west London).

**Engagement activity**

Between July 2017 to July 2018, the partners carried out a range of engagement activities, including:

- Commissioning community links to support all the surgeries in south west London to work with patients who were sent bowel screening kits but did not complete and return them. It is hoped that this will increase coverage by 10%
- The south west London Bowel Cancer Screening Health Improvement Specialist Nurse has made several visits to community events in the borough, as well as PPGs, to promote cancer screening and cancer symptoms awareness and prevention. This reached over 1100 patients and members of the public. Meetings included, Healthwatch, Elderly Contact Club, Wandsworth Older People’s Forum, Share Wellbeing (centre for those with Learning
Disabilities), carers event and public meetings at St. Georges, Springfield and Queen Marys Hospitals

- Delivered cancer screening training to Wandsworth Health Trainers, with focus on bowel cancer screening – to raise awareness during health events held around the borough.

In addition to this outreach activity, local and national voluntary groups have been directly involved in the working group specifically on the bowel cancer uptake improvement project. They have fed patient and carer views into commissioning decision making and planning.

Outcomes and next steps

In addition to patient and public engagement events, partner organisations also provided training and awareness raising sessions in primary care with GPs and practice nurses.

Comments and views obtained from events and information sessions were used to improve education, training and information leaflets. They were fed back into the work of the Merton and Wandsworth CCG Cancer Steering Group.

The project continues to feedback to stakeholders and partners through on-going events and regular steering group meetings.

7.7 NHS England: self-care and over the counter medicines consultation

Purpose and background

NHS England (NHSE) partnered with Clinical Commissioning Groups (CCGs) to help ensure that prescribing resources are being used effectively and deliver the best possible patient outcomes from the medicines used by their local populations.

A public consultation, exploring ‘conditions for which over the counter items should not routinely be prescribed in primary care’, ran between 20 December 2017 and 14 March 2018. The purpose of the consultation was to:

- To reduce prescribing of over the counter medicines which are not currently proven to be clinically effective – based on national guidance
- To carefully consider support for patients on low incomes and ensure our local work prioritises links with a review of prescription exemption charges and therefore does not discriminate any of the 9 currently protected groups or vulnerable populations

The rationale for making these changes were to:

- Promote self-care and empower patients to manage minor ailments and injuries
- Free up doctor and nurse time for those most in need
- Get the best value from the funding that we have available
- Follow the national direction of travel to make services more sustainable and eliminate waste

Engagement activity

As part of the consultation we:

- Presented to our Patient and Public Involvement Reference Group and shared information and opportunities for people to have their say with Healthwatch
- Shared details about the proposals and how to respond through our Wandsworth CCG Newsletter
Details of the national consultation were also included in a local publication that was sent to over 2000 Wandsworth stakeholders

Outcomes and next steps

Feedback received was compiled into a South West London Alliance response to the NHS England consultation on self-care and over the counter products. An NHS England response has been published in response to the consultation and many of the points raised in Wandsworth have been incorporated.

In our response, we emphasised that there is a risk of patients not self-treating for conditions, particularly those for which extra provision should be made under the Equality Act (2010) with a specific focus on those multiply disadvantaged, for example by low-income combined with associated physical and mental health needs. This has the potential to create health inequalities and public health issues such as spread of infections as mentioned in the consultation - particularly ringworms, head lice and threadworms. Therefore, we feel that certain demographic groups will be particularly vulnerable to these infections as they might not be able to purchase medications regularly enough for self-care.

We continue to strengthen the role of both Voluntary and Community Sector leaders and community pharmacies in supporting patients to strengthen their self-care. This will be critical to ensuring a cost saving long term especially for those on low incomes or disadvantaged in any other way.

7.8 Move More – physical activity programme

Purpose and background

The cancer worksteam within Wandsworth CCG wanted to undertake an evaluation of the impact of the Move More physical activity programme, a three-year programme for cancer survivors, to identify how service could be improved.

We wanted to find out what people like and dislike about the service and understand their referral experience. We also asked about the barriers that participants face when joining the program.

Engagement activity

In April 2018, a focus group was held with five Move More participants who were randomly selected from those who attended the programme.

Participants told us they didn’t always associate the programme with the 1:1 sessions we deliver, instead focussed on the classes they have been attending.

The group agreed that the program could be promoted more and that it would be good to introduce the program earlier and during treatment as it gives them something to “look forward to” and has “psychological benefits”.

A couple of participants mentioned that class times were a barrier, however they found alternative classes/exercise to attend instead so it didn’t prevent them staying active. One participant stated that her lack of confidence during the start of her cancer was a barrier.

All participants agreed that the main benefits of taking part in the program were regaining fitness and making new friends.
Most of the comments about the program were very positive, especially about the classes and instructor. They found it useful knowing that activity is being tracked through the interviews and it helped to reflect.

**Outcomes and next steps**

We used the participant feedback to encourage more healthcare professionals to refer patients onto the programme – and have seen an increase in referral numbers as a result.

Participants feedback suggests that the Move More exercise classes are an important part of service and very valuable to their health and wellbeing. The delivery of classes is not part of the contracted Move More service, however we have ensured that they remain available and continue to seek alternative funding for their provision, based on participant’s feedback.

Quarterly reports are shared amongst our cancer steering group - including our results and participant feedback. We have produced an annual infographic displaying our results which we share amongst healthcare professionals. We also display these results on our website.

**7.9 South West London Grassroots programme**

**Purpose and background**

NHS England provided a grant to the south west London collaborative commissioning team in March 2016, to run a programme of engagement, extending reach into seldom heard communities. With the success of the 2016/17 project, the grassroots funding was extended into 2017/18.

The project worked with Healthwatch organisations across south west London and provided small grants to local grassroots groups to run events/activities enjoyable to their population. We attended these sessions to speak to people about their experiences of local services.

By providing a pot of money to local Healthwatch organisations, we were not only able to capitalise on the extensive community connections that they had developed with local grassroots organisations, but we were also able to strengthen our own relationship with them as key stakeholders in health and care.

**Engagement activity**

In Wandsworth, through the grass roots engagement programme, we spoke to more than 140 people between August 2017 and September 2018. We visited nine different organisations who work with local people and families who:

- Have mental health issues
- Are from different races and religions
- Have a learning disability
- Have had or have supported someone with cancer
- Are refugees

We asked local people about their experiences of health and care in Wandsworth. They spoke to us about issues ranging from how to make the best use of social media, right through to how to improve mental health services.

**Outcomes and next steps**
Feedback from each session was captured and shared with commissioners and providers, the
organisers of the events and with Healthwatch Wandsworth – to enable it to inform local
developments.

It was also logged centrally by the south west London patient and public engagement team and fed
into each health and care partnership workstream. This approach meant that the feedback was used
to enhance local plans as well as informing and shaping plans on a pan south west London and
Surrey Downs basis. A ‘You Said, We Did’ report is currently being drafted to demonstrate what has
been done because of the feedback and we will be sharing this widely with those we spoke to, as
well as linking to this on our website. You can read the “you said, we did” report from 2016/17 on
our website.

8. Supporting patients to be effectively involved
We provide support to all lay members and patients who work with us. The more informed our
patients and public representatives are, the better able they are to meaningfully engage with us. Our
support includes:

<table>
<thead>
<tr>
<th>Training and policies</th>
<th>Increasing understanding</th>
<th>Briefings and advice</th>
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</thead>
<tbody>
<tr>
<td>We have offered training opportunities to our PPIRG and Thinking Partners members</td>
<td>Attended PPG meetings and voluntary and community group meetings to explain more about</td>
<td>We have 1 to 1 meetings to support people to get involved and adapt our approaches if they have different needs</td>
</tr>
<tr>
<td>through London wide training courses.</td>
<td>the CCG and how to get involved.</td>
<td></td>
</tr>
<tr>
<td>We also train patient representatives on procurement systems, so that they can read</td>
<td>Routinely updating our ‘Get involved’ section on the website so those interested in</td>
<td>Support and briefings are provided by the commissioning leads to those involved in</td>
</tr>
<tr>
<td>bids and score appropriately.</td>
<td>working with us have accurate information</td>
<td>procurements and service redesigns and those sitting on committees</td>
</tr>
<tr>
<td>We have an expenses policy to cover out of pocket expenses to those who engage with</td>
<td></td>
<td>We meet with staff on an individual or team basis to provide expert advice and</td>
</tr>
<tr>
<td>us</td>
<td></td>
<td>support on engaging with stakeholders and patients.</td>
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9. You said, we did
Our engagement must always be meaningful. We must be able to evidence how the
involvement of patients and the public has led to real improvements in services and the
health of local people. When planning our engagement, we always consider what impact
people can have. Our website has a whole section dedicated to feeding back to patients
on the outcome of their involvement. This is not the only way we feedback; we also have direct
contact such as revisiting groups, emailing or calling people who have attended focus groups.
Here are just a few examples of how patient and public involvement has made a difference.

10. Engaging all communities

We use our Joint Strategic Needs Assessment, other local intelligence and our Thinking Partners Group to identify which communities experience the poorest health outcomes and health inequalities. We are working to make sure Equality Impact Assessments are always completed before the start of any project or engagement process. This helps us to identify those who would be most impacted by our plans so that we can reach out to them when seeking opinions. It also enables us to consider inequalities and health inequalities when planning and implementing commissioning.
decisions, so that services are accessible and delivered in a way that respects the needs of each individual and does not exclude anyone.

We collect protected characteristic data when doing large scale engagement so that we can do our best to ensure we reach all these groups. We capture this by asking those who engage with us to complete an equality monitoring form. We use this information to decide if there are more groups we need to engage with, or indeed if we are engaging in the right ways to meet different communication needs.

We recognise that different groups of people have different needs when it comes to engagement. We want to make sure those with disabilities and learning difficulties are supported to be involved in the most appropriate ways and are considered when we are planning who we need to engage with – so that no groups are overlooked.

10.1 Community Grants Scheme
The Community Grant Scheme has been set up to facilitate conversations between Wandsworth CCG and local voluntary and community organisations. Through awarding small grants, we have aimed to support the community to learn more about and collaborate with the CCG in identifying and reducing health inequalities whilst promoting wellbeing through the projects. These groups have also become valuable engagement channels, supporting the CCG to cascade information to groups we often struggle to reach. This year we have awarded grants to Knights Community Gym to work with disadvantaged children in the Southfields area and disadvantaged children living in the Christchurch area. Another round of grants will be awarded in January 2019.

10.2 Responding to different communication needs
All our printed materials will include information about how people can get access alternative formats and easy read. Our approach to engagement is flexible to make sure people can feedback to us in a way that suits their needs.

Example in practice
We recently undertook some engagement with young people with various diagnoses of autism, difficulties in being at school due to troubled behaviours and being from a part of the borough where there are high rates of violence and crime. To respond to their needs, they drew and annotated body maps to describe their experiences and medical issues in a way that felt most comfortable to them. The group, aged from 11-18, had had various experiences of medical care and experienced different ways of communicating.

Young people told us that they liked to use apps on their phone to help distract them if there were any difficult procedures in hospital like injections or being put to sleep. Applications can support young people to communicate their health needs. This information is useful when considering our approaches to engagement in the future.
10.3 Equality and Diversity
Over the last year, our multi-agency Equality and Diversity Group has monitored the CCG’s approach to equality and diversity. Activity has included:

- Reviewing the self-assessment of our Equality Delivery System (ED2) - which was informed by involving the local community
- Ensuring we demonstrate how we are reducing health inequalities through producing our annual Public Sector Equality Duty report through patient and public involvement

11. Supporting self-management

11.1 Wandsworth Wellbeing Hub and Self-Management Service (WSMS)
The Wandsworth Wellbeing Hub is a social prescribing tool which aims to improve access to services that can aid self-management and develop personal capability and resilience. The Hub links members of the public to a variety of local non-clinical services which promote wellbeing, encourage social inclusion, offer practical support, promote self-care, and can in turn, prevent ill health.

The Wellbeing Hub provides an online and telephone signposting service run by Community Navigators. To reduce health inequalities, it is important not to focus solely on illness, but also provide a holistic response to social issues and link people up with local opportunities within their community.

The Wandsworth Self-Management Service has been operating in Wandsworth since 2014 and has been delivering the self-management courses across the borough, targeting those who need support most. The services aim to deliver the following:

- Deliver evidence-based courses to people living with long-term conditions and their carers.
- Create greater awareness of self-management and the services that are available within the third sector.
- Deliver taster sessions for individuals and organisations who may be interested in developing their self-management skills and running courses with their local communities.

11.2 Expert Patients Programme and Diabetes Champions
In Wandsworth we run Expert Patients Programmes for people living with long-term conditions and their carers. These courses improve health and wellbeing by learning and support the development of developing new skills to empower people to manage their life and condition daily. It also enables the sharing of experiences with others who are in similar situations.

There are also courses which support carers to ensure they are making time to look after their own health needs. It aims to help carers take more control of their situation and make a difference to their lives.

The Diabetes Champions programme is run by Wandsworth CCG, in partnership with Diabetes UK (DUK) and Public Health Wandsworth, and aims to raise awareness of diabetes, the risk factors, and the signs and symptoms to look out for amongst Wandsworth residents.

Diabetes Champions are local people who are living with, have family or friends with, or prior interest and knowledge of diabetes. The Champions have undergone training to raise awareness of diabetes and encourage people to make small changes to their lifestyle as well as seeking healthcare advice, if appropriate. Currently, there are 23 Wandsworth Champions with 16 volunteering to attend more than 2 or 3 events per year.
Throughout the year, Wandsworth Diabetes Champions are out and about in the local community educating, supporting and raising awareness of diabetes by organising stalls, talks, presentations and healthy living days at community centres, health fairs, local festivals, shops, GP practices and health centres. They also work with people in their own communities on a more informal and ad hoc basis, for example, attending coffee mornings and church fairs.

The Champions are networking with and accessing harder to reach groups and speaking to a high percentage of people from BAME backgrounds who are at higher risk of diabetes. The Champions have attended over 30 such events since March 2018; including Mind, Share Garden Community Day, Ramadan Iftar, Brighter Living Fair and the Older People’s Forum.

Wandsworth Diabetes Champions have gained a high profile in the borough through their hard work and dedication and recently one of our most experienced Champions received a runners-up pin in the Civic Awards.

12. Using digital tools to support engagement

Our website provides lots of information about how we involve people. Our ‘getting involved’ section has been improved and includes information on how to get involved; the impact patients have; a ‘you said, we did’ page: information about our local population and their health needs: our partners and how we work together as well as reports on our engagement activity. We use our ‘contact us’ page to respond directly to feedback and queries. We have also added new sections on the site to help people take better care of their health and manage minor ailments at home.

We monitor how many people are using our website and which pages they are looking at. This provides us with a better understanding of the most popular pages and the best place to upload content to increase readership and involvement. Through our partnerships, we also regularly share information about getting involved and the work we are doing on a range of other partner websites and bulletins including through Healthwatch and the Wandsworth Voluntary Sector Coordination Project. They promote our involvement opportunities and host content on their websites, which enable us to get a much wider reach to the local population.

We already use software such as survey monkey to enable people to respond to surveys digitally and are looking at ways to work smarter with online forums and Facebook groups to extend our reach into different communities.

Using social media to engage with local people is an important part of our communications and engagement approach. It provides us with additional techniques to listen and access people and communities who may have less time to get involved in more traditional ways, due to family or work pressures. The social media ethos is about engaging, participation and relationship building. This makes it a strong vehicle for informing patients and getting their feedback.

We use Twitter regularly and have posted videos that promote our work as well as photos, links to reports, quotes from our engagement work to encourage engagement, promote how to get involved, our events, healthy lifestyle information and self-care campaigns. We currently have nearly 5,000 Twitter followers.
Twitter enables us to reach out to a wider audience through our own followers and through retweets by followers and partners. It allows us to also reach people who do not usually engage and build effective relationships with those who follow us. We monitor activity daily to enable us to respond quickly to comments received and feed these back quickly into the organisation.

We live tweet through public events and use #hashtags to get more people reading and responding to our information.

13. Future plans

We are committed to ensuring our engagement activity is timely, meaningful, and comprehensive and is representative of our local population. We have undertaken a lot of patient and public engagement activity over the last year and have a strong culture of meaningfully involving patients.

We will be engaging the public and patients on our future priority areas which include:

- Developing our Local Health and Care Plan
- Developing a refreshed patient and public engagement strategy
- Enhancing patient and public engagement in primary care through developing our Productive PPI project—complementing the work of PPGs
- Creating stronger links with provider engagement teams to reach current service users
- Reviewing primary care services at the Junction Health Centre
- Supporting the development of the longer term strategic plan for the Queen Marys Hospital site
- Supporting engagement to inform the national NHS 10-year plan
- Supporting children’s emotional wellbeing in schools through a trailblazer pilot