

Appendix A: SECTION THREE: Engagement & participation Activity 2014/15

Objective	Area of work	What we did, who we engaged and how we did it?	How did this make a difference?
Procurement of a physical activity programme	CANCER Macmillan Physical Activity Programme	Patient involvement in procurement of Macmillan Physical Activity Programme. This was initially an Invitation to Quote (ITQ) but led to a full Invitation to Tender (ITT). A steering group (GPs and patient representative, CCG commissioner) was set up to score and evaluate bids. Presentations were held by bidders. Procurement team advised steering group at each stage.	Interview questions ensured positive patient experience was at the heart of the bid. Within Out of Hospital Strategy.
Promote public health schemes and early cancer detection	CANCER Pop-up Shop	Public health has promoted cancer awareness through the Cancer Pop-up shop in Southside shopping centre in 2013 and again in January 2015. It enabled one to one session with cancer nurse specialist over the ten day period the pop-up shop is open. (Report to be shared) Initial results (for 2015) : <ul style="list-style-type: none"> • 10515 contacts • 636 nurse consultations • 50 smear test referrals • 52 bowel cancer screening • 126 referred to GP <ul style="list-style-type: none"> - School group attended – healthy life style course delivered - LD group attended – offered screening, lifestyles, health walks, educational aids - General information: <ul style="list-style-type: none"> • Average age: 46 • BME: 45% • Self-reported as smoker: 22% 	CRG has organised a fuller discussion with Head of Community Learning Disability Nursing and Generate a Learning Disabilities voluntary organisation and will look at opportunities to develop projects.

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		<ul style="list-style-type: none"> • Obese: 25% • Feedback rate: 21% • No further treatment: 19% • Direct referral pathway; instant referral to lifestyle services: 228 • Weight management services: 125 referrals • Increase number of men participating 	
Strategy Development	Strategy & commissioning Intentions	<p>The CCG has aimed to develop a programme that embeds the patient voice within the commissioning cycle. This is supported by a series of engagement opportunities through which we outline our commissioning intentions and strategic direction, seek views and feedback on these and identify priorities for patients.</p> <p>Engagement through -Patient Surveys, Whiz events, Locality Patient Forums, Thinking Partners, Patient and Public Involvement Reference Group (PPI RG) and Voluntary Sector Forums.</p> <p>Sample priorities identified through the engagement programme have been:</p> <p>Improving discharge arrangements</p>	<p>Examples of the actions taken as a result are:</p> <p>Priorities drawn from the survey and patient feedback have influenced the transformation of the CAHs service and are now influencing the development of the frailty pathway.</p> <p>Extending opening hours at evening and weekends to improve access to primary care services.</p>

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		<p>Access to primary care</p> <p>Older people - closer integrated working, the need for</p> <p>Mental health –access and waiting times for counselling services</p> <p>Prevention –increasing focus on the prevention agenda and targeting areas of greatest need.</p>	<p>We are developing a work programme to deliver integrated care for the frail older population in Wandsworth</p> <p>We have increased access to counselling services – specifically targeting inequalities</p> <p>Commissioning differentially to target areas of need is one of our strategic priorities. These were developed through consultation with our members and patients. We are developing a joint programme of work specifically focused on preventing ill health.</p>
<p>Informs patients of health and wellbeing services in the borough</p>	<p>CANCER Health and Well-being Events</p>	<p>A partnership between St George’s, Macmillan and Pauls Cancer Centre has arranged Health and Well-Being Events based at St George’s and within community settings.</p> <p>Information provided to patients and survivors included: living well after cancer treatment; healthy eating; keeping active; and relaxation and stress management techniques delivered by trained specialists.</p>	<p>Informs patients of support services available improving experience of living with and beyond cancer.</p> <p>Within Out of Hospital Strategy.</p>

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<p>Increase awareness of cancer among local population</p>	<p>CANCER Get to Know Cancer – preventable – treatable and beatable. (24th April 2014)</p>	<p>Get to Know Cancer – preventable – treatable and beatable. (24th April 2014) Aims were to:</p> <ul style="list-style-type: none"> • Increase awareness of cancer among the population of Wandsworth • Promote the need for early diagnosis of cancer • Listen and improve the experience of care for cancer patients and those who care for patients with cancer within Wandsworth • Recognise and address the quality of life for those people living with and beyond cancer <p>To identify areas for improvement Questions:</p> <p>1.Patient Experience Tell us about your experiences of cancer care in Wandsworth? What would you say makes good cancer care? In what way could cancer care be improved in Wandsworth?</p> <p>2.How can we improve CCG feedback to patients and patient involvement How would you like to be involved with the CCG and the decisions it makes? What have been the barriers to getting involved? Do you know of the current ways the CCG communicates its news?</p> <p>How you would like the CCG to communicate what it is doing and how it responds to your suggestions.</p> <p>3.The future – looking forward What kind of services would you like to see in</p>	<p>Report published.</p> <p>Shared with Cancer CRG and published on Cancer CRG web page.</p> <p>Action plan to be developed form issues raised.</p> <p>Focused providers to consider carers needs.</p>

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		Wandsworth? What do you want it to achieve? Patients, carers and health and social care professionals. 50 in total.	
Promote self-management among cancer patients	CANCER: Macmillan Self-management programme	Addressing commissioning intentions as part of cancer strategy – living with and beyond cancer	Funded part of out of hospital strategy
Develop a patient forum for 111 and OOH	111 and OOH Patient Forum	This is organised through SECSU who are developing a patient forum for providers to be accountable to as part of new specification. There are two patient representatives (from Richmond and Merton) who are engaged in the procurement programme for SWL. An engagement meeting was held February 2015.	Procurement evaluation questions have emphasis on patient experience.
Assess patient survey	111 and OOH Contract monitoring	KPI: Random audit of minimum of 5% of contacts per annum. Quarterly reporting of Patient Survey Question (PSQ) at 111 and OOH Clinical Quality Review Meeting (CQRM). There is Healthwatch representation on the CQRM.	Family and friends questionnaire has been redesigned to local need with feedback from CQRM and Healthwatch representative.
Find out what patients think of single point of contact service and 111	111 and OOH Patient discovery interviews	WCCG discovery interviews with patients experiencing the 111 service. WCCG survey in out of hour's primary care clinics including clinical case mix. WCCG discovery interviews with patients experiencing single point of contact. The above to	Improving patient experience through a better understanding with a more detailed discussion. Provider response required.

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		be discussed at the 111 and OOH CQRM on 30 th June 2015.	
Gather feedback from patients to improve the 111, OOH and single point of contact service	111 and OOH MAD Alerts Patient Complaints	MAD alerts discussed at 111 and OOH CRM to discuss investigation and learning pits to improve patient experience	Care UK training of Health Advisors
Engagement to Get full review of service from patient perspective	111 and OOH Service area audits – end to end reviews	End to End (E2E) Service reviews discussed each month 111 and OOH CQRM (e.g. Prescription requests, breathless cases, end of life)	Care UK training of health advisors, clinicians. Care UK leads feedback to internal Doctors Meetings.
Engagement for Service planning, design redesign and decommissioning	Children’s Continuing Care – Developing the personal health budget model	A Parent/Guardian personal health budget Working Group was conducted in April 2015 with the objective of actively engaging young people and their families in the development of the personal health budget model for children in Wandsworth. Two meetings were arranged in a family friendly venue at different times and on different days to encourage as much participation from as many parents as possible. Meetings were arranged in the morning and in the evening.	<ul style="list-style-type: none"> •The parent/guardian working group meeting provided an opportunity for the CCG to understand the lived experiences of parents who use continuing care services. •The working group provided an opportunity for the CCG to provide information to parents about personal health budgets. The CCG heralded plans for facilitating personal health budgets to children in Wandsworth. •Parents expressed some concerns about a specific resource allocation tool where they felt that it was not transparent – the CCG is now actively considering an alternative resource tool that is more transparent and user friendly.
	Children’s Continuing Care – Personal health budgets	Patient feedback is obtained via the annual patient experience survey results. This is done through key performance indicators (KPIs) with enforceable	This is currently being monitored.

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		financial penalties if agreed standards are not met.	
	Children’s Continuing Care – Personal health budgets	The CCG is developing its commissioning of person centred care (personal health budget) by involving stakeholders including the local authority, young people and families, the education sector and healthcare provider.	Increased participation from all sectors with actions on how partnership working can enhance streamlined services to reduce unnecessary delays. For example it has been identified that the local authority has processes in place to facilitate direct payments and third party options. There are therefore plans to carry out a personal health budget mapping exercise to ascertain how partnership working can enhance patient experience. It is anticipated that a parent representative will be actively involved in the personal health budget mapping exercise.
	Children’s Continuing Care – Personal health budgets	<ul style="list-style-type: none"> • A parent email distribution list was created where the CCG can send information to parents and vice versa. • One parent suggested creating a group on Facebook to share information about personal health budgets. 	One of the benefits of creating the email distribution list has been the easy dissemination of information to all parents who in turn provide feedback or share further information with other parents and with the CCG.
	Children’s Continuing Care – Personal health budgets	Key performance indicators are in place to systematically and transparently hold the provider to account. For example the expected standard for Personalisation is that 95% of Continuing Care Children will have a Personalized Care plan that is in date, detailing the level of care being provided. Monthly reporting mechanisms have been put in place with an enforceable financial penalty if standards are not met.	This is currently being monitored.
	Children’s Continuing Care – Personal health budgets	The CCG is committed in the development and implementation of personal health budgets for children eligible for continuing care in 2015/16.	<ul style="list-style-type: none"> •The development of the personal health budget model has commenced with a view to full implementation in 2015/2016. •Patient engagement will continue on a bimonthly basis via

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			the Parent/guarding working group. •The funding stream for personal health budgets has been identified.
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			<ul style="list-style-type: none"> •Patient engagement will continue on a bimonthly basis via the Parent/guarding working group. •The funding stream for personal health budgets has been identified.
Engagement for Shared decision-making	Battersea Locality	<p>The Battersea Patient Consultative Group includes patient representatives from almost all 12 practices. The group meets bimonthly with the Battersea locality managers and the Battersea Clinical leads. The group is consulted on any proposed locality initiatives and their views are taken into account when planning locality investments.</p> <p>Guest speakers from the CCG, Wandsworth Borough Council, Public Health and other outside agencies also frequently attend the group to share information and ask for feedback from the group on current projects or initiatives.</p>	<p>Engagement with the Battersea Patient Consultative Group ensures that the ‘patient perspective’ is always taken into account during the project planning and implementation stage. For example, projects are always agreed within this group prior to implantation in Battersea and this will often lead to amendments to the project plan. During 2014/15 the evaluation forms for one of the projects was amended based on feedback from the patient group (who ensured the forms were easily understandable by members of the public)</p> <p>The members of the patient consultative group are also asked to take back any information to their practice patient group so this engagement allows information to be more widely spread amongst the Battersea population.</p>
Engagement in Procurement	Mental Health	<p>The Mental Health Clinical Reference Group includes service user and carer representatives as Group members. Their involvement is key to operation of the CRG and their attendance and participation in meetings is full and robust.</p> <p>Recommendations on the approach to commissioning of IAPT services were developed through MH CRG. The procurement working group has representation from Service Users and Carers as part of the Group.</p>	<ul style="list-style-type: none"> • Service Users and carers are part of the work to develop the service specification • Service Users and carers will be involved in setting the key criteria for evaluation • Service Users and Carers will be part of evaluation team – tender and any interview process. • Ensuring that views are considered and acted upon from the very start of the process.

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Engagement in Contract and service monitoring	Mental Health	<p>As above, The Mental Health Clinical Reference Group includes service user and carer representatives as Group members. Their involvement is key to operation of the CRG and their attendance and participation in meetings is full and robust.</p> <p>The MH CRG includes a Performance Dashboard and there is continued monitoring of service provision as part of the meeting for which Service Users and Carers are full and active participants of.</p> <p>Commissioned Voicing Views representation is in place within the Provider’s Acute Care Forum and Community Forum. This representation ensures a key role in service monitoring and development.</p>	<ul style="list-style-type: none"> • Active involvement is achieved in the questioning and assurance of data. • Ability for whole CRG to consider qualitative views (and soft intelligence) that can be input from Service User and Carers, alongside quantitative data.
Engagement for Service planning, design redesign and decommissioning		<p>As above, The Mental Health Clinical Reference Group includes service user and carer representatives as Group members. Their involvement is key to operation of the CRG and their attendance and participation in meetings is full and robust.</p> <p>See above, Procurement in relation to IAPT.</p> <p>Decisions in relation to MH Contract negotiation, funding and service change are brought to MH CRG on a regular basis.</p> <p>Commissioned Voicing Views representation is in place within the Provider’s Acute Care Forum and</p>	<ul style="list-style-type: none"> • Active involvement in decision making. • Ability to factor in “expert by experience” views into decision making

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Engagement to inform Commissioning Intentions		<p>Community Forum. This representation ensures a key role in service monitoring and development.</p> <p>The MH CRG work programme includes a specific priority in relation to increasing service user and carer experience of MH Services.</p> <p>Workstreams developed to progress priorities will always include service user and carer representation as part of the Working Group. For example, BME representation in MH Services work group. The BME working group includes service user and carer representation from within BME communities.</p> <p>Service User and carer involvement in Joint Commissioning Plan.</p>	<ul style="list-style-type: none"> • Active involvement in commissioning plans/intentions. • Ability to factor in “expert by experience” views into planning/intentions, and in particular within less often heard communities.
Strategy Development		<p>As above, The Mental Health Clinical Reference Group includes service user and carer representatives as Group members. Their involvement is key to operation of the CRG and their attendance and participation in meetings is full and robust.</p> <p>Service User and Carer representation regularly set focus of the agenda. For example recent actions in relation to Personal Budgets have been directly raised though service users and carers.</p> <p>The CRG work programme has been developed with Service User and Carer involvement in the CRG process.</p>	<ul style="list-style-type: none"> • The MH CRG ensures that the Service User and Carer experience and views are at the heart of it’s business. • Service User and Carer representatives feel engaged and listened to and are assured of their credibility as representatives of the service user and carer view. • In relation to the Personal Budgets issues, service user involvement lead directly to separate workstream, led by Service User representation.

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		<p>The CCG commissions Service User involvement service for MH, Voicing views from which wider views and input is drawn into strategy development with the CRG.</p> <p>The CRG commissioners are working with the representatives to ensure that views and involvement are maximised and have developed an Action Plan that was agreed by the CRG.</p>	
Service planning, design redesign and decommissioning	Diabetes	<p>The recruitment and training of 13 volunteer Community Diabetes Champions. This work is also in collaboration with Public Health and Diabetes UK. The Champions will raise awareness of the risk factors of type 2 diabetes, particularly within the BAME communities who are already at high risk simply because of their ethnicity. They will discuss the lifestyle changes that can reduce the risk of developing diabetes and signpost people to local services and support groups. They will also have these discussions with those who have already been diagnosed.</p> <p>Later this year, it is planned that some of the Champions will receive further training to become Mentors. Sometimes the feedback received from patients and GP practices is that there isn't enough time to talk to patients at length about lifestyle goals and self-management. The Mentors will fill this gap although the project will rely on GPs being willing to find a space in the practice and support</p>	<p>Reduce the gap between the number of those diagnosed and the expected prevalence</p> <p>Raise awareness of the risk factors and encourage people to access the lifestyle change support services available in the community</p> <p>Support those who have been diagnosed to optimise their health and so avoid the potentially devastating complex conditions that diabetes can lead to</p> <p>Encourage people with diabetes to take ownership of their health</p> <p>In the longer term, reduce the spend on diabetes related treatments and care</p>

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		the Mentors as part of their team.	
Service planning, design redesign and decommissioning	Diabetes Redesign Project started in May 2015 till March 2016.	<ul style="list-style-type: none"> • Wandsworth Diabetes Patient Group (WDPG) representation on Diabetes CRG. • Redesign project steering group will have representation from people with diabetes. • There will be ongoing engagement and input of WDPG members in Diabetes Redesign Project development. 	<ul style="list-style-type: none"> • Inclusion of patient perspective in CRG work plan. • The diabetes redesign project steering group has not met yet.
Self-Management	Diabetes structured education	<ul style="list-style-type: none"> • Wandsworth CCG commissions the Community Diabetes Service and St George's Hospital to provide structured education for people newly diagnosed with type 1 (DAFNE) & 2 diabetes (DESMOND). People with established diabetes are offered Conversation map. 	<ul style="list-style-type: none"> •
To create a comprehensive self-management service offering people the established Expert Patient Programme as well as a shorter alternative.	Self-Management Programmes for patients with Long Term Conditions	<p>8 courses successfully delivered YTD in 2015/16, with approximately 60 completers thus far. We are looking to deliver at least another 6 before the end of the financial year.</p> <p>This is being facilitated by the Wandsworth Self-Management Service but delivered via the EPP tutors who are all accredited delivers with Stanford University.</p>	<p>As highlighted in previous reports, we have seen a reduction in the number of A&E visits, Outpatient appointments and the number of GP visits. We have also seen improvements in general health, confidence, management of pain and fatigue and well as a reduction of health interference in daily routines. This information is collected by our pre and post course questionnaires which are heavily based on the pre and post evaluation sheets provided by Stanford University.</p>
We are also looking to provide support		We have delivered 4 Supporting Self-Management training sessions thus far, with approximately 50 completers. We have a target of 6 in total but will	Upskilling HCPs to understand and utilise the basics of self-management and promoted the use of social prescribing in the borough of Wandsworth.

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to healthcare professions through our Supporting Self-Management course for HCPs.		<p>be looking to exceed this.</p> <p>This course is facilitated by the Wandsworth Self-Management Service and is delivered by our clinical lead Dr Peter Ilves. The course was written and put together in house and explores the basics of self-management as well as identifying local resources such as the Wandsworth Wellbeing Hub</p>	<p>This is evaluated through a pre and post course questionnaire which assesses how much HCPs have learnt on the course and how valuable they have found attending.</p>