

## Appendix B – Deep Dive PPI Assurance

### A1 -KLOE's for Patient and Public Involvement (PPI) Assurance

- CCG has a formal structure to ensure and maintain PPI within the Organisation and with its relationship with patients, carers and the public
- CCG aims to embed the patient voice at every stage of the commissioning cycle across the following processes:

Analyses and planning

Design pathway

Specification and procurement

Delivery and improvement

### Examples of activity involving patients and the public in the CCG's business ( Collective Duty):

Commissioning Function	Commissioning Area	PPI Activity	Objective	Outcome
Procurement	Mental Health IAPT	Involvement of patient representatives and carers at Clinical Reference Groups (CRGs).	To ensure that patients, service users and carers are key to the CRGs operations.	Service users and carers participated in development of service specifications, setting criteria for evaluation, tender and interview process and the recommendation on approaches to the commissioning of IAPT services.
Contract and service monitoring	Community Adult Health Services (CAHS)	Use of Discovery Interviews and Semi-structured interviews	To seek patients and carers' views on the review, redesign and implementation of the health and social care services they receive.	Feedback successfully used to: <ul style="list-style-type: none"> <li>• Refine Clinical Pathways</li> <li>• Develop patient information leaflets</li> <li>• Develop website and intranet documentation</li> <li>• Development of a Universal Care Plan</li> </ul>
Service planning, design, redesign and decommissioning	Cancer	Promotion of Cancer Awareness and Lifestyle Screening through Pop-Up Shops in Southside Shopping Centre	Increase awareness and contact over a ten day period with Cancer Services and CRG.	<ul style="list-style-type: none"> <li>• 10,515 contacts made</li> <li>• 50 smear test referrals</li> <li>• 126 GP referrals</li> <li>• 636 nurse consultations</li> <li>• 52 bowel cancer screenings</li> </ul> <p>Fuller discussions with Head of Community LD Nursing and with Generate to look at future developments.</p>
Strategy Development & Commissioning Intentions	CCG Operational Plan	Patients surveys, external events (e.g. WHIZ-Wandsworth Health Involvement Zone), Patient and Representative Groups ( e.g. Thinking Partners, CCG and Locality Patient Groups)	To develop a programme that embed the patient's voice within the commissioning intentions and strategic direction.	<ul style="list-style-type: none"> <li>• Development of CAHS</li> <li>• Extended opening hours for primary care services to improve access.</li> <li>• Integrated care for frail older people</li> <li>• Increased access to counselling</li> <li>• Commissioning differentially to target areas of need.</li> </ul>

## Further examples of involving patients and the public and the impact it had

### Engagement – patients’ priorities

Commissioning Programme	Priorities – “You Said”	“We Did” - examples
Planned Care	More people should receive follow on care in the community after discharge	Redesign of Diabetes pathway to ensure community based patient centred holistic care and support self management.
GPs/Primary Care	Patients with urgent conditions should be able to access a same day appointment with a GP	Extended opening hours during evening and weekends to allow patients to see a primary care clinician when convenient.
Urgent Care	If same day GP appointments are not available I would call 111 for advice.	Practices can extend their opening hours during the evenings and at weekends, allowing patients to see a primary care clinician when convenient. The 111 and OOH procurement will support the community response and strengthen 111 capacity through closer involvement as an SRG partner.
Older People	NHS funding should be used to provide social care to support people to stay at home.	We are developing a work programme to deliver integrated care for the frail older population in Wandsworth; identifying the key changes needed to deliver better and more joined up care for this vulnerable group.
Mental Health	We should increase access to counselling services and reduce waiting times	Increased capacity and access to IAPT and specialist counselling targeting inequalities
Learning Disabilities	There should be more support for the transition to adult services	Investment to implement LD review recommendations, including a specific focus on transition and personal health budgets.
Preventing Ill Health	Services should be delivered in specific areas to target patients with the greatest need	Commissioning differentially to address specific population need where it will reduce health inequalities is a Strategic Priority.
Children	Services for children with complex disabilities should be managed by one department	Joint work with Local Authority to review the needs of children in Special Schools will inform future commissioning for children with complex disabilities.

## B1: Examples of activity involving patients and the public in the CCGs business:

### Individual Duty:

Commissioning Function	Commissioning Area	Objective	Outcome
Self-management	Chronic Disease Self-Management Programmes- Involvement of Tutors in development of programme	Increase ability of patients to self-manage Increase number of participants on CDSM programmes Increase number of tutors Development of healthcare professional training	10 number of courses delivered in 2014/15 ( including 80 completers) Delivery of EPP reunion (50 attendees) Delivery of 1 tutor training ( 6 new trained tutors) Delivery of 4 Healthcare Professional trainings (40 Health Professionals-GPs, Practice Nurses and Healthcare Assistants)
Shared decision making	CAHS Community -Adult Health Services - Discovery interviews and semi structured interviews	To work collaboratively with patient, carers and staff to develop a jointly owned care planning process.	Revise and redraft the Care Plan documentation to ensure that: <ul style="list-style-type: none"> <li>• Patient is included and encourage to live a better life.</li> <li>• Care plan facilitates communication, discussion and agreement with patients.</li> <li>• Document used as self-care document</li> </ul>
Personalised care planning and personal health budgets	Older People's Mental Health including Dementia.	To provide more information and support following a diagnosis of dementia.	Memory assessment team offered everyone a personalised care plan addressing physical, mental health and social care needs. Care plans are continuously reviewed by MAS (Memory Assessment Service) then by GP.

## C1: How is information technology including social media being used to improve engagement activity and what benefits can be demonstrated from this?

Activity	Outcomes
Customer Relationship Manager (CRM)	Increased numbers on the database from 1500 to 4200 over the 12 months.
Newsletter (Newsworthy, Youth Health Times Newsletter), Newsflash, Twitter, Facebook, Blogs	Increased attendance at CCG initiated meetings and events: CCG AGM, Events, EDAY, Board Meetings, (events such as the AGM regularly attract over 60 members of the public. Increased number of re-tweets (e.g. 6063 follow us on Twitter)
PPI Resource Centre and Toolkit	Support skills development of CCG staff on how to do PPI: <a href="http://www.wandsworthccg.nhs.uk/get-involved/PPIResourceCentre/Pages/default.aspx">www.wandsworthccg.nhs.uk/get-involved/PPIResourceCentre/Pages/default.aspx</a>
Make A Difference –Button	Electronic feedback form for healthcare professionals to flag any concerns, issues, or good practice about services to the CCG.

**C2 How is the CCG systematically and transparently holding providers to account for patient and public engagement and what improvements to care have been made as a result of this?**

<p>The GP Clinical Lead and the PPI Team work with the Clinical Reference Groups to provide support in capturing the patient voice and ensuring PPI is embedded into the work of the CRG and the development of service pathways. A key responsibility of CRGs is to work with their providers to develop clinical pathways</p>	<p>All 11 CRGs have successfully recruited patient representatives into the CRG, with clear job descriptions in keeping PPI high on the agenda. CRGs have been supported and monitored by the clinical lead for PPI in a staged development process with support for them being maintained in stage 3. CRG plans are reported directly to the PPI Reference Group and their plans are embedded in Commissioning workbooks under Business Performance</p> <p>Current work in place: Plans to further develop PPI and systematically embed it across the commissioning cycle. This is specific to the procurement and contract monitoring processes to ensure that all providers are held to account.</p>
<p><b>111 and OOH contract monitoring included as a KPI:</b></p> <ul style="list-style-type: none"><li>• <b>Random Audit of minimum of 5% contracts per annum.</b></li><li>• <b>Quarterly reporting of Patient Survey Questions (PSQ) at 111 and OOH Clinical Quality Review Meeting (CQRM)</b></li></ul>	<p>Family and friends questionnaire have successfully been redesigned to local need with feedback from CQRM and the Healthwatch representative.</p>
<ul style="list-style-type: none"><li>• <b>Make a Difference Button Alerts Patients Complaints</b></li></ul>	<p>MAD alerts discussed at 111 and OOH CRM to discuss investigations and learning points to improve the patient experience. This resulted in Care UK training of Health Advisers, clinicians and Care UK leads feedback to internal Doctors Meetings.</p>
<p><b>All AQP (Any Qualified Provider) MSK providers are required to undertake pre and post treatment satisfaction survey using a nationally recognised Patient Related Outcome Measure (PROM) called EQ 5D (European Quality of Life 5 Dimension).</b></p>	<p>Update and changes to service delivery as a result of patient satisfaction survey is significantly part of the contract management audit programme in 2015/16.</p>
<p>A part of recent review of individual mental health and learning disability placement review, providers use various means such as the Friends and Family Test, Surveys, resident and house meetings to gather information on service satisfaction.</p>	<p>Results have been used to improve the quality of care or support received by patients. Some providers reported involving users in staff interview process.</p>

## What plans does the CCG have in place for the further development of engagement and participation in 2015/16

### PPI Annual Report 2014-15

Our Annual report, from Patient to Purpose – one year on, included a section on developing PPI into 15/16 and beyond. This report was agreed at the Board meeting March 2015. This section was put together by the PPI Reference Group at its meeting March 2015. Headline actions include:

#### Embed PPI and the patient voice in strategic and operational levels of the CCG

- Work with the PPI Reference Group and Thinking Partners Group
- Make PPI everybody's business at Wandsworth CCG
- Work with Youth Health Jury and other PPI resourced Groups
- Continue to develop CRM and Social Media aspects of PPI
- Promote the PPI Toolkit as resource for managers and patient representatives
- PPI in CRGs
- PPI in Localities

#### Develop Quality Assurance Tools for PPI at Wandsworth CCG.

#### Enhance Patient and Public Involvement (PPI) and engagement in health.

- Maintain and develop successful projects.
- Raise public awareness about what we do and communicate more widely.

#### Enhance Engagement and Equality and Diversity to reduce Health Inequalities

- Work with Thinking Partners Group
- Work with seldom heard groups on reduction of health inequalities
- Seldom Heard Grant Scheme
- EDAY
- Youth Health jury

## What steps have been taken to ensure that plans are robust (e.g. level of governance approval, evidence of funding and/or other resource commitment)?

### Office and staffing structure

- Lay member ( PPI) on Board with responsibility for chairing PPI Reference Group; Lay member also represents PPI at SWLCC initiative; Director with responsibility for PPI; Clinical Lead for PPI reporting to Board Chair; PPI staff team

### PPI Reference Group (PPIRG), Thinking Partners Group (TPG), Youth Health Jury, men's health forum

- PPIRG responsible to CRG and at same level in organisation as Clinical Reference Groups, and tasked with overseeing PPI work and activity within the CCG. TPG made up of CRG Staff, representatives ( with expertise in E&D) and community organisations, and tasked with overseeing E&D activity and in particular Equality Objectives and Seldom Heard Grants scheme. YHJ peer led group of young people tasked with holding CCG to account on young peoples issues; MHF, a new initiative aimed at raising awareness about men's health (internally and externally)

### PPI at Locality level

- Each of the three localities have PPI action plans in place. Locality Patient Group chairs are also members of the PPI reference group.

### PPI at CRG level ( see also C2)

- PPI activity at CRG supported and monitored by Clinical Lead for PPI in a staged process, and reported to PPI reference group

### Resources and funding

- In addition to officer structure above, a PPI team consisting of PPI & E&D manager (.4WTE), Engagement Manager (1WTE), PPI Co ordinator (1WTE). Along with a budget of £100K

### Healthwatch involvement

- Healthwatch are a key element of our governance and are evident at all levels within the CCG and enjoy a good relationship with it. Healthwatch attend CCG Board and are also represented at the PPIRG and TPG. Officers from Healthwatch also meet with CCG Chair, CEO and Board Lay User

“(The CCG).....demonstrates a strong commitment to public and patient involvement Wandsworth. The CCG has put in place a strong governance framework with a clear programme and action plan further to develop patient and public involvement.” – Healthwatch September 2014