Duty to Report

1 April 2011 – 31 March 2012
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Introduction to the Duty to Report

The NHS Act 2006, section 24a, requires Primary Care Trusts (PCTs) to report annually on consultations. The directions came into force on 1 April 2010 and require NHS Northamptonshire to publish a report by September of each year.

This document sets out the consultations and engagement undertaken during 2011/12 and explains how the resultant feedback influenced our commissioning decisions.

This report details:

- the commissioning decisions taken by the PCT following a consultation or engagement
- how patient and public feedback influenced the decision taken

I hope you find this report helpful and informative. If you would like any more information about any of the consultations carried out by NHS Northamptonshire, please contact communications@northants.nhs.uk

John Parkes
Chief Executive
NHS Northamptonshire
Background

NHS Northamptonshire has developed a sustained, systematic and meaningful approach to public engagement. This has ensured that public and patient needs, aspirations and experiences inform improvements in our health services and are considered in all commissioning processes.

We have made a firm commitment within our Strategic Plan to ensure that meaningful public, patient and clinical engagement underpins everything that we do and as a result we have involved our stakeholders in all key stages of the commissioning process:

- identifying health needs and aspirations of our local community through a county wide programme of engagement events
- working with a group of patients to establish key performance indicators, for inclusion in service specifications and tender documents
- undertaking surveys to establish the quality of care provided
Responsibility for commissioning local healthcare in Northamptonshire will transfer, subject to authorisation, to NHS Corby Clinical Commissioning Group, NHS Nene Clinical Commissioning Group and the NHS Commissioning Board in April 2013. The responsibility for public and patient engagement when there is a service change will also transfer to these organisations.

In the past year NHS Northamptonshire worked with NHS Corby and NHS Nene to develop their engagement processes and approaches through engaging with patients and members of the public to ensure their needs are met.

By developing with them their engagement processes before they are fully authorised we have ensured patients and members of the public continue to be well informed about proposed changes to services and the NHS as a whole and be given the opportunity to influence and inform changes as appropriate.
Our Approach to Consultation and Engagement

NHS Northamptonshire has developed a set of key principles outlining our approach to consultation and engagement:

- Open – wherever possible, notwithstanding patient confidentiality, we will be open and honest and share information publicly, including bad news.

- Accurate - we must always be 100% accurate if we are to remain a trustworthy and reliable source of information.

- Accessible –information must be clear, jargon free and accessible to all sections of our community.

- Consistent – we will develop the local NHS Northamptonshire brand so that local people understand our role, how they can influence our work and that they associate NHS Northamptonshire as an organisation that works on their behalf to ensure local health services are of a consistently high quality standard.

- Inclusive – we will involve all sections of our local communities including those who might not wish to take part in more conventional forms of engagement. We will ensure everyone is given full opportunity and support to participate in a way that best suits them. We will also include our staff and clinicians in our engagement recognising that they have an equally important role to play.
• Empowering – we will give people the ability to influence at all points in the commissioning cycle so that they can shape decision making and see the impact that their involvement has made
NHS Corby Clinical Commissioning Group (CCG)

Outline
As part of their authorisation process NHS Corby CCG engaged with patients and members of the public on their strategic priorities.

Summary of activity
NHS Corby CCG has developed several engagement processes through which they engaged patients and members of the public, including:

- Public Membership
- Older Persons Health Forums
- Patient Participation Groups

Members of the public membership were sent copies of the strategic priorities and given the opportunity to feedback comments both by electronic and traditional means. Over 50s were presented with the priorities at a health forum and given the opportunity to discuss and feedback. GP practice patient participation groups were also given the opportunity to look at the priorities and feedback.

Stakeholders were also engaged with directly.

Feedback received
The strategic priorities were generally well received and people were especially pleased to see that they were aiming to bring care closer to home. Specific schemes which were mentioned as part of the priorities were praised including the GP telephone service Doctor First and the emergency home visit scheme.

How feedback has influenced NHS Corby CCG
The feedback helped reemphasise that NHS Corby CCG was heading in the right direction and helped them focus on some specific schemes. This engagement also helped NHS Corby CCG develop their engagement process further and led to the
establishment of quarterly public meetings and new opportunities to engage through a variety of methods including social media.
NHS Nene Clinical Commissioning Group (CCG)

Outline
As part of their authorisation process NHS Nene CCG engaged with patients and members of the public on their strategic priorities. This engagement was designed to help shape their priorities and their engagement strategies.

Summary of activity
10,000 members of the public that we already had relationships with were contacted (such as Hospital trust members) and asked what their priorities were. This was mainly through mailings, emails and face to face at local forums.

1500 members of the public we had never spoken to before were contacted in the community and completed 632 public surveys around perceptions of local NHS and their priorities.

We used a social marketing approach and created a ‘cool’ wall and scratch cards to attract attention and open up dialogue with us in local settings such as: Town Centres, Shopping Centre, Supermarkets, Churches, Sports grounds, University locations and local pubs.

Feedback received
From the 800 surveys completed it was found out that:

- Patients felt that the local NHS priorities should be supporting those with Cancer, Heart Disease and Stroke (56%-35% resp) compared with 18% and 20% who felt priorities should be tackling obesity and smoking.
- Localities are able to show that there are varying priorities across the Nene landscape geographically but overall patients wanted more services in the their local community regardless of where they lived
• The public are confused about how to define ‘urgent care’ and what services they should use when they need urgent care
• 23% felt urgent care meant going to A&E (46% of those surveyed knew we have an out of hours GP service, 42% had heard of MIAMI)
• 54% of patients felt that we could better educate the public about alternatives to A&E by advertising on TV and within their local GP surgery
• Nearly 300 people of those surveyed signed up to the Nene Membership Scheme

How feedback has influenced NHS Nene CCG
The results from the surveys and from the evidence gathered through emails, letters and face to face conversations was directly fed into the strategic planning and commissioning intentions processes. Members of the public were then given the opportunity to review and comment further on the findings at the NHS Nene launch event. The findings have gone onto shape schemes in NHS Nene localities and helped to develop a robust engagement process.
NHS Reforms - Listening exercise

Outline
On 6 April 2011 the Prime Minister, Deputy Prime Minister and Secretary of State for Health launched the NHS Listening Exercise with the aim to pause, listen, reflect and improve the current Health and Social Care Bill 2011. During an eight week period the Government listened to stakeholders from across the health and social care sector, staff, patients and the public to reflect on their concerns about the proposed reforms of the NHS.

Summary of activity
NHS Northamptonshire held four meetings to collect the views of patients and stakeholders across Northamptonshire. These events included Pulse (NHS Northamptonshire membership) meetings in Corby, Northampton and Daventry and an Older People’s Forum in Northampton.

In total, 91 people attended these meetings including patients, members of the public, representatives from GP Consortia, NHS Northamptonshire non-executive directors, Northamptonshire LINk, local and county councillors, Hospital Foundation Trust Governors, representatives of local hospices and a range of voluntary and community sector representatives.

The Future Forum provided a series of themed questions to provide a focus for the listening exercises across the country.

Feedback received

Choice and Competition

The role of private organisations in providing NHS services was an area of concern for many. It was felt that this could lead to private companies cherry picking services that would yield the most profit for themselves and leaving the NHS with the most expensive
and complex of cases. There was also a fear that if a private company went bust this would leave the NHS in a position where it needed to find money to takeover running their services. Concerns were raised that the introduction of private companies would lead to a competitive edge between businesses and even hospitals, leading to more being spent on promotion of hospitals as they look to maximise profits and patient care would be of secondary importance.

There was a general consensus that there should be a greater focus on collaboration especially with voluntary and community sector organisations, rather than focusing on competition. Many respondents illustrated areas where local third sector organisations have helped save the NHS money in the past and believe this could be expanded upon in the future. It was also felt that if private companies were introduced there should be a level playing field to ensure third sector organisations could continue providing services.

Another key theme was the location of services. It was widely felt that investment should be made in developing good services locally so that patients do not have to travel long distances.

It was strongly felt that quality, not cost, should be the main point of focus when allocating contracts and that all contracts should be equal regardless of provider and longer term funding needs to be established for greater sustainability. There should be appropriate representation from different groups in shaping new service contracts and consideration of local needs should be a priority, as should enhanced patient involvement in the contracting process.

Finally, to help make patient choice become a reality it was felt there needed to be good quality information regarding the options available for patients. This information needs to be available at various sources including online, at GP surgeries, libraries and community centres. GPs also have a role to explain the different choices to a patient.

**Public Accountability and Patient Involvement**

One of the key areas discussed was how commissioning consortia can fully engage with patients, carers and communities and be publicly accountable. The main focus of this
discussion was the development of Patient Participation Groups in all GP practices and encouraging larger patient numbers to join. These groups could then be used more effectively as a way to feedback on proposals and other issues. Others suggested that more public events could be held, the role of Link/HealthWatch could be maximised and social media could be used to provide alternative ways of feeding back information. Another suggestion was that there should be public, patient and community representation within commissioning organisations. The key theme from all the feedback was that people want to have their views heard and that there should be transparency and accountability on decisions that are made.

There were also comments on increased transparency of NHS commissioning budgets. At nearly all the events it was felt that the accounts need to be more accessible and easier to understand. It was suggested accounts could make better use of pictorial representation and they should be sent out more widely through existing channels, allowing a wider spectrum of people to view them. It was also felt there should be more explanation on budgetary decisions and information provided on where money is being spent locally and different allocations for different geographical areas. There were also concerns regarding the accountability of decisions being made by the GP Commissioning Consortia. It was widely felt that time should be allocated for the consortia to engage with the public to fully understand the needs of the local community.

It was felt that more could be done to encourage the local NHS to collaborate with local organisations and groups who have a good knowledge of the needs of the local community and are in a position to provide local services. Finally some people stressed that suitable treatments should be available to all regardless of location.

**Clinical Advice and Leadership**

In the area of clinical commissioning it was felt all healthcare professionals need to be involved in a better working relationship with GPs. It was also felt there needs to be greater involvement of practising clinicians as they are closer to the patients and have a better understanding of patients needs.
There was support for the integration of health and social care and improved collaboration with small voluntary and community sector organisations who are working on preventative approaches to health and wellbeing. Again, the point was raised that patients and members of the public should be involved in the consortia.

**Education and Training**

One of the key themes regarding training was in relation to the patient experience. It was felt more needed to be done to include a caring focus in the training of health professionals, to ensure patients and carers are treated with respect and as individuals. There was a suggestion that hospitals could have diversity champions.

With regards to training provision, more focus should be on using in-house and voluntary sector expertise rather than buying it in. It was proposed health professionals should ask for feedback to find out what they are doing well and what needs further training and they should be given regular training updates on treatments. It was suggested that universities could be more involved in ongoing training and education and a suggestion that GPs should be retrained after a certain number of years. If there is an increase in the number of private providers, they should be responsible for the training and education costs of their staff.

Finally it was proposed that local and national knowledge could be best combined by centralising best practice through a dedicated forum. Some felt at the moment there is not enough focus on locality or community.

**Other**

There were various other points of view put forward regarding the NHS reforms. Several concerns were raised on what evidence the NHS reforms were based on and why they had not been piloted before being introduced. There were concerns over whether GPs have the business skills to effectively manage budgets and again the point was made that patients and other healthcare professionals should be involved in the consortia. Generally people were concerned about the speed of the change, the depth of the change and felt more information needed to be provided and consulted on before
changes are implemented. Finally the Older People’s Forum in Northampton proposed and passed a vote of no confidence in the reforms calling for the Health Bill to be ‘scrapped’.

How feedback has influenced NHS Northamptonshire

The feedback received was sent to the NHS Future Forum. A summary of the feedback was also sent out to our Pulse members and the various representatives who attended the meetings.

The feedback from Northamptonshire was collated with the feedback nationally to help bring about changes to the NHS reforms.
Healthier Together (formerly Acute Services Review)

Outline
Healthier Together is a review of the way healthcare services are provided across the South East Midlands. It is looking at the services provided in the five main hospitals in Bedford, Kettering, Luton & Dunstable, Milton Keynes and Northampton. The review is being led by hospital consultants, GPs and health professionals working together with patients and local people.

Phase two of the Healthier Together programme was delivered throughout 2011/12, including best practice meaningful engagement with all sections of the diverse communities across the South East Midlands area.

A full report of the engagement activity completed by the Healthier Together Programme in this period can be found at Appendix 1.

Summary of activity
A range of mechanisms and tools have been developed to ensure appropriate and meaningful engagement with the vast range of diverse community groups across the area. This includes:

- A developed set of principles to engage on (shaped by the Patient and Public Advisory Group and Commissioner Group)
- Stakeholder deliberative events and public deliberative events – to review draft evaluation criteria
- Clinical Working Group (CWG) engagement – targeted engagement with patients through surveys on cancer services, maternity services, children’s services and long term conditions
- Information and survey through e-engagement with Netmums
- Information and staff survey through engagement with Healthier Together partners
• Engagement with Commissioning organisations through attendance at meetings and events
• Case for change questionnaire and online survey
• Series of public roadshow events
• Targeted engagement with traditionally ‘hard to reach’ groups through the third sector Central Infrastructure Organisations
• Meetings and events with Health and Social Care students

Further work has taken place in targeted engagement with a range of groups including young people, colleges, LGBT communities and post offices and libraries.

Feedback
A full report including the detail of the feedback received through the range of engagement activity can be viewed at Appendix 1.

Some of the feedback across the six clinical working groups and how the feedback has influenced the work of healthier Together is as follows:

<table>
<thead>
<tr>
<th>Feedback</th>
<th>How this has influenced HT and conclusions made by the CWGs</th>
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| • All six CWGs identified quality and safety as the most important factor to consider in a service reconfiguration  
• GP practices and local clinics preferred location for future care  
• Support for a move to more community based services and greater focus on self-help  
• Improvement to interdepartmental communications is needed  
• Favoured methods of communication included regional | • Commitment to identified clinical standards of care is in place across the CWGs such as NICE and Royal College guidelines  
• National generic integrated pathways for Long term Conditions have been endorsed  
• Majority of care for LTCs pathways would be provided in a primary care setting or a community environment  
• The CWG supported the development of self-help community hubs |
<table>
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<tr>
<th>NHS/third sector drop-in centres</th>
<th>A considerable bank of evidence is available to support the development of specialist cancer centres, leading to conclusions that maximum benefit is gained by concentrating resource in fewer locations</th>
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<tr>
<td>• Important for GPs to be able to access the necessary diagnostics and facilities to detect and diagnose cancer</td>
<td>• A greater amount of follow-up care would be provided closer to home, reducing the need for patients to travel away from home</td>
</tr>
<tr>
<td>• Additional feedback also highlight the importance of cancer care closer to home with specialist support further away and the reduction in waiting time are more important than the provision of treatment closer to home</td>
<td>• It is recognised that it is not possible to provide specialist services on all 5 hospital sites and the need to build enhanced skills at a community level</td>
</tr>
<tr>
<td>• Access to specialised expert services as the most important priority when using NHS children’s services</td>
<td>• There is a commitment to deliver children’s care in the community, keeping transport demands to a minimum. A key principle is also identified in minimising the need to transfer sick children</td>
</tr>
<tr>
<td>• Concerns raised regarding the impact of any reconfiguration on increased journey times and travel arrangements for families who have children with specific access needs</td>
<td>• 80 % of patients would continue to be treated at the same A&amp;E sites</td>
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<tr>
<td>• Approval expressed regarding the principle of caring for children with long term conditions in the community rather than in a hospital setting</td>
<td>• The concentration of expertise in fewer locations would ensure 24/7 care</td>
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<tr>
<td>• Concerns raised about the potential impact of increased journey times in emergency and urgent care</td>
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improvements to ensure appropriate out of hours and weekend cover

- Clear patient information is needed to show what services could be accessed and when and where
- Clear definitions of services are needed, in particular for A&E department, networked A&E and Urgent Care
- Appropriate emergency medicine training for GPs is required and concerns raised about sufficient incentives for GPs to take part

- Location of maternity services is less important than good outcomes for patients
- Good access to 24/7 maternity support at weekends, when needed.
- Continuity of care i.e. seeing the same midwife at each appointment ranked high as a high priority
- Patient choice for home-birth and midwife-led birth were deemed as a low priority.

- Specialised services for complex conditions requires high quality community care to follow up
- Access to experts was identified as consultant cover
- Close liaison with the HT Travel and Transport working group will take place to include an impact assessment in the event of service reconfiguration
- Acknowledgement that there is a need for better communications between hospital and GPs over urgent referrals.
- Sufficient resource will be identified to enable specialist training

- A variety of environments is needed to meet guidelines set out by the Royal College’s report. Four birth environments have been identified, including midwife supported home-births, stand alone midwife led unit, midwife-led unit alongside a consultant obstetrician unit, and an obstetrician-led unit
- Potential for greater patient choice has been identified through the wider availability of midwife-led home births and the development of midwife-led units
- It is recognised that clinical evidence supports the delivery of low volume, high complexity procedures at larger regional centres and more low
<table>
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<th>being more important than services closer to home</th>
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<tr>
<td>• More information was requested about overnight accommodation should patients and families be accessing services further away from home</td>
</tr>
<tr>
<td>complexity procedures close to home</td>
</tr>
<tr>
<td>• The increased travel for some patients and families is recognised, which is balanced by the improvement to outcomes for patients and shorter waiting times</td>
</tr>
<tr>
<td>• Some services will continue to be provided locally and in some cases even closer to home</td>
</tr>
<tr>
<td>• Some services have been identified currently delivered out of the region that could potentially be provided within the South East Midlands area</td>
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Queensway Medical Centre

Outline
The relocation of Queensway Medical Centre in Wellingborough, to a new purpose built building, to provide a modern healthcare facility to extend the range of health services available to the residents of Queenwsay, including additional consulting rooms, improved patient parking and accessibility and an integrated pharmacy.

The relocation is required as the current premises do now allow for the expansion required to meet the increasing demands of the growing local population. The proposed new location for the medical centre is in very close proximity to the existing site, which resulted in no additional travel or access implications for existing or new patients of the medical centre.

Summary of activity
The Queensway Surgery and indeed its registered patients and local residents were very much involved in the engagement activity regarding the relocation proposals. A variety of tools were established to both inform patients of the proposals and importantly give patients and local residents the opportunity to feedback their views on the proposals.

Engagement activity undertaken included;
Activities carried out include, Fact sheets issues to practice GPs and staff to ensure patients are provided with information, door-to-door engagement with local residents to discuss the proposals, 2 x engagement days based at the current surgery (including information displays about the proposals), a letter was sent to all households registered with the practice informing them of the proposals and how they can feedback their views.
Feedback received
The proposals for the relocation of the surgery were received as good news for the registered patients and the local population. Patients were very supportive of the relocation and the improved accessibility and services that would be available for them to access. Local residents were supportive of the proposals, including the local primary school as the new location of site was that of a derelict public house building and as a result has been demolished as part of the regeneration of the site and forthcoming relocation of the medical centre.

How feedback has influenced NHS Northamptonshire
The very positive feedback on the proposals was used to support the process and business case for the relocation of the medical centre. Such feedback is extremely important to evidence the support of the registered patient population and the local residents in the Queensway area.
Vascular Service Review

Outline

The Northamptonshire vascular service review formed part of the region-wide review in the East Midlands. Initiated nationally by the need to improve quality and outcomes, the review entailed a comprehensive analysis of existing services based at Northampton General Hospital and Kettering General Hospital Foundation Trust, based on evidence that the more procedures completed by an individual clinician results in better patient outcomes.

The resulting proposals were for the arterial surgery aspect of the Northamptonshire service to be concentrated on one site – this being Northampton General Hospital (NGH), where all outpatient appointments remained accessible at a number of sites throughout the county, including Kettering General Hospital (KGH).

Summary of activity

From the outset, this review was identified as being potentially controversial for local patients in Northamptonshire. Although the proposals in reality would affect a very small number of patients each year, those patients accessing the service have in many cases enjoyed the convenience of a service at the local district hospital or community facility.

The two district hospitals had established vascular patient groups in place, which offered the opportunity to carry out targeted engagement with patients who would be directly affected by the proposals. The two groups were brought together in a series of briefing and engagement meetings, along with additional representatives from other services and voluntary organisations including the Stroke
Association, Day Care Hospice, the East Midlands Cardiac and Stroke Networks and Northamptonshire LINk.

The events were led by a vascular surgery consultant from each of the hospitals, where clear reasons for the reviews were presented, including the benefits to the patients, importantly the improvement in the quality of the outcomes of treatment for patients.

Feedback received
The patients and stakeholders were generally accepting of the rationale for the proposals and why the review was taking place. Once the proposal for NGH to become the lead site for arterial surgery in the county, much of the concern and negative feedback was received from patient based or living in the North of the county, as there was a perception that they would need to travel to Northampton for every appointment they had. The Local Involvement Network and local media were also engaged to support the communication of the key messages, that the change would only affect emergency and planned arterial surgery patients – all outpatient appointments would remain the same.

Additional feedback included the request, where possible for continuity in the vascular nurse that patients would see. Further concerns were raised relating to the additional travel for patients that would be affected and their relatives, friends and carers. Although this was highlighted as a concern, patients recognised and accepted the benefits this would bring in terms of improved quality on top of the good service they already received and the improved outcomes from their treatment.

How feedback has influenced NHS Northamptonshire
The feedback from patients was directly used in the development and design of the proposed patient pathways, which took into account the new arrangements for arterial surgery and support rota consultant surgeons across the county.

Once the proposed pathways had been identified, a workshop took place with patients, clinicians and managers to look at each of the pathways to evaluate and scrutinise. Again, some powerful feedback was provided by patients across a number of areas. Those which had not been raised previously included the need for greater availability and format of information for patients on discharge, information for families and carers on
discharge and discharge letters being sent to patient’s GPs. Patient transport issues were raised again and also the need to ensure that patient follow-up appointments were arranged for the closest/most accessible site to the patients’ home.
Appendix 1

How Healthier Together have proactively engaged with people living in the South East Midlands and hard to reach groups

The communications and engagement strategy for phase 2 of the Healthier Together programme is underpinned by the key principle that nothing can be achieved without authentic patient and public involvement. The aim is to ensure ‘best practice’ and meaningful engagement with staff and all sections of our diverse community, to enable them to influence our work.

The two key objectives of the communications and engagement strategy are:

- Ensuring engagement at all levels of the programme
- Raising awareness and understanding of the case for change

A wide range of communications and engagement methods have been used to give people different opportunities to find out more about, and become involved in, the Healthier Together programme. The programme has had direct involvement with approximately 9,000 people and the reach of some of our communications is more extensive still as the infographic below illustrates:

Our dedicated communications and engagement team have a deep knowledge of the SE Midlands and its population and regular contact is made, often on a weekly basis with other Communication and engagement specialists in the NHS.

A communications group was established in April 2011 to support cross-organisation working between the Healthier Together programme, acute trust communications leads, cluster communication leads and clinical commissioning group account managers. The group meets regularly and meetings are also augmented by one-to-one meetings and teleconferences.

Engagement on the principles

A set of principles (Appendix 1) which will underpin the programme and be used to shape the overall models of care has been developed. These have been shaped and tested by the Patient
and Public Advisory Group (PPAG) and the Commissioner Group and approved by the Programme Board.

Engagement on the evaluation criteria
Evaluation criteria will be used by the programme to assess the individual options ahead of a public consultation. Draft evaluation criteria (Appendix 2) have been developed as a result of significant clinical, patient and public engagement and will be considered by the Programme Board in July. Attendees at public engagement events and members of the Patient and Public Advisory Group reviewed the initial draft evaluation criteria that were produced at the end of Phase One of the programme and subsequently the programme’s governance groups have been involved in ranking and weighting the criteria.

At the stakeholder and public deliberative events in February, attendees discussed the then five assessment criteria through facilitated small group discussion and weighted the criteria through small group discussion and interactive voting. The draft criteria presented to participants were:

- Quality/safety
- Access
- Sustainability
- Affordability
- Achievability

When stakeholders were asked to vote on a scale of 1 to 10 where 10 is extremely important:
- 73% felt quality and safety was extremely important;
- 39% felt achievability was;
- 37% felt affordability was;
- 36% said access was;
- and 27% said sustainability was.

Reports from the events have been distributed and are available on the Healthier Together website.

A similar picture emerged from the four public deliberative events, with quality and safety consistently ranked as the most important criterion. In general people felt the five criteria discussed were the right criteria but needed some clarification. Several groups concluded that the criteria were all necessary in achieving the programme’s vision as they were interdependent. Deliverability was suggested as an additional criterion by some members of the public, taking deliverability to encompass staff engagement and ownership in the vision, as well as workforce development, staff skills and capacity.

The PPAG discussed the draft criteria at all their meetings, helping shape the wording and providing greater clarity. When asked to rank the criteria in order of importance there was almost total agreement that Quality and Safety was the most important criterion.

In a survey launched in mid-June, hospital staff and GPs were invited to comment on the revised criteria. More than 700 responses have been received. When asked to rank the draft criteria in order of importance the majority of responded as follows:

1. Quality and Safety (70% ranked this as most important)
2. Deliverability
3. Affordability
4. Sustainability
5. Equity of access
6. Transport access (74% ranked this as least important)

Ongoing Clinical Working Group engagement
Individual Clinical Working Groups have carried out targeted engagement with patients and local people. Feedback has been sought via patient and public surveys on cancer services, maternity services, children’s services and long term conditions and these have now been completed. Analysis of the cancer survey is underway and the key themes will be fed in to the Clinical
Working Groups and Clinical Senate during July to help refine the draft clinical models ahead of formal consultation.

1. Maternity

A survey was undertaken on behalf of the maternity services clinical working group. The survey listed 5 key principles for delivery of maternity care, along with pros and cons for each, and asked respondents to rank them in order of importance, with 1 being the most important and 5 being the least important. Survey forms were distributed via hospital maternity units, GPs and children’s centres and the survey was also available online on the Healthier Together website.

As of 3 July, 205 completed responses were received. Analysis of these placed the five principles in the following rank order:
1. Continuity of care prior to giving birth
2. Short travel times to access services
3. Providing better services in South East Midlands area
4. Having a wider choice about where to have your baby
5. Normalising Birth: choosing to give birth at home or in a non-medical local setting

The chair of the maternity clinical working group provided an update on the work of the group to the patient and public advisory group in April 2012.

2. Cancer

A survey was developed with the Milton Keynes Cancer Patients’ Partnership (MKCPP). The purpose of the survey was to find out which aspects of cancer treatment services were important to patients, carers and health professionals. Respondents were asked to rank the nine aspects in order of importance, with 5 being the least important and 1 being the most important. The survey was distributed via hospital cancer units, GP practices and was also available on the Healthier Together website. Members of the MKCPP also distributed the survey at an event in Milton Keynes hospital.

As at 16 July 2012 23 completed responses had been received. Analysis of these placed the following seven aspects as being of most importance:
- GPs and hospitals working together efficiently
- GPs being able to get specific screening procedures and whatever else is needed to detect and diagnose cancer
- Some treatment given locally, and more specialized treatment is given at different hospitals further away
- When you have treatment in more than one location, GPs and the other professionals co-ordinate everything so your notes are on hand and you don’t experience delays
- Cancer patients receive quality treatment which includes specialized diagnosis, operations, surgical and other procedures
- Using all the resources in our area’s different hospitals means the best treatment options are available to everyone
- Where required, cancer treatment includes end-of-life care that is given as close to home as possible

The following aspects were considered to be of less importance:
- All the people involved in your treatment meet frequently, discuss your case in detail and make ongoing decisions about it
- Cancer patients are told about and have access to any relevant clinical research and trials they could take part in
The chair of the cancer clinical working group provided an update on the work of the group to the patient and public advisory group in April 2012.

As part of raising awareness of Healthier Together we asked people to tell us what they thought about their local health services. Fifty-eight responses were received from people who had experience of cancer services in the past two years. They were asked what they liked about the services, what could be better about the services and what was the most important thing for them when using the service.

What people liked:

- 43% liked the professional, caring staff
- 22% liked the fast, accurate diagnosis
- 22% liked the overall quality of care
- 13% liked the facilities

What could be better about the services:

- 39% said shorter waiting times
- 38% said nothing could be better
- 15% said the facilities could be improved
- 8% said they would like more services provided closer to home

What the most important thing for patients:

- 23% said quick access to services
- 20% said services closer to home
- 20% said access to experts
- 14% said having everything in one place
- 13% said short stays in hospital
- 10% said joined up services

3. Long Term Conditions

A survey by the long term condition clinical working group was sent out a questionnaire to local clinics, hospitals and voluntary organisations dealing with long term conditions. The purpose of the survey was to establish where patients currently receive care, their preferences for future care, their perception of their own competence in understanding and managing their condition, and to assess whether the channels through which they currently access information are sufficient.

As of the closing date, 19 June, 84 responses were received. These were overwhelmingly from the Northampton area and 76% of respondents had diabetes; 14% had some form of cancer. The average length of time that respondents had lived with their condition was 15.6 years.

Key findings from the survey:

- On a scale of 1 to 5, where 1 = novice and 5 = expert, 37% of respondents rated themselves 3 (‘competent’) at understanding and managing their condition; 23% rated themselves as 4 (‘proficient’) and 19% as 5. The average rating was 3.4
- 45% said their primary contact for dealing with their condition was their GP; 26% said a hospital consultant
• Asked who their preferred source of information was, 37% said a consultant, 22% said a GP, 13% said a nurse consultant
• 82% of respondents don’t have a personal health and social care plan and of those 53% said they would like to have one. A paper booklet was the preferred format for such a plan, by a wide margin. An email booklet was 2nd choice
• 62% currently receive care from a GP practice or local clinic; 63% said this was their preferred option for future care
• Asked if they be happy for clinicians and specialists other than their primary health service contact to regularly discuss their case and monitor your progress, if this helped manage their condition, 74% said yes. Of those, 68% wanted to restrict it to regionally based specialists only.
• Looking at future sources of specialist information and advice, regional drop-in centres run by the NHS or a voluntary organisation were the most popular option, followed by a specialist telephone helpline. Digital option, including email, social media and online chat scored significantly less well.

4. Children
The children’s services clinical working group distributed surveys via hospital paediatric units, local community groups and children’s centres. The survey was also available online on the Healthier Together website. The purpose of the survey was to gain an understanding of what is important to parents/carers about the care their child(ren) receives and their views and opinions on local health services for children. As of 3 July, 78 responses were received of which 91% of respondents stated they had children’s health services within the last two years.

Key findings from the survey:
• The top three factors that people liked about children’s health services in the South East Midlands were:
  1. Friendly, understanding and helpful staff – 42%
  2. Environment, appropriate and child friendly play areas – 21%
  3. Excellent service provided and good quality treatment – 21%
• Only 1% of respondents stated that they liked the after care service provided to their child
• The top three factors that people disliked about children’s health services in the South East Midlands were:
  1. Waiting times/ scheduled appointments running late – 26%
  2. Poor communication links between health services / poor access to patient records – 8%
  3. Car parking – 5%
• 51% of respondents stated that there was not anything they disliked about children’s health services in the area
• When asked what are the most important things to them when accessing children’s health care, the top three factors were:
  1. Well informed, friendly and approachable staff – 29%
  2. Prompt and efficient service – 20%
  3. Good communications / clear and understandable language used to explain medical conditions and treatment plans – 15%

5. Netmums e-engagement
At the end of May 2012, Netmums the UK’s leading online parenting community, sent out an email newsletter to their members in Bedfordshire, Luton, Northamptonshire and Milton Keynes with information about the Healthier Together programme and a link to a special online survey.

The survey included questions on maternity services, children’s services and emergency services, as well as seeking participants’ views and experiences of acute hospital services. The questions matched those of the programmes other surveys, but were re-worded by Netmums for
69% had used maternity services in the past two years and 54% had used A&E. Respondents commended staff for their professionalism and thoroughness, but felt there were issues with waiting times and communications. Asked ‘what are the most important things to you when using a health service?’ respondents ranked the six principles in the following order:  
1. Access to expert/specialist care  
2. I can access the services I need quickly  
3. Services are close to where I live  
4. My stay in hospital is as short as possible  
5. All the services I need are in one place  
6. Health and social care services are joined up  

Only 43% of respondents were ‘well aware’ or ‘very aware’ of the challenges facing the healthcare system in the future.  

As part of the ongoing internal communications activity, a staff survey was launched on 12 June and sent via local communications leads to all staff and GPs with the aim of testing awareness of the programme and current local health service challenges and asking for opinions on the draft criteria. The deadline for survey feedback is 6 July. To date approximately 670 online responses to the staff survey have been received:  

- 20% of respondents have reasonable or good awareness of the Healthier Together programme  
- 32% of respondents have no awareness of the programme  
- When asked to rank the key challenges facing the delivery of local health services, staff have so far responded with the following order:  
  1. Meeting the highest safety and quality standards  
  2. Growing & ageing population  
  3. Long term sustainable services  
  4. Making the most of our money
5. Making the best use of specialist skills and technology

- When asked to rank the draft criteria the majority of respondents responded as follows:
  1. Quality and safety
  2. Deliverability
  3. Affordability
  4. Sustainability
  5. Equity of access
  6. Transport access

Active engagement with commissioners has also continued with the programme team attending a number of events, in particular:

- Ivel Valley Commissioning Group Ltd - Board Meeting
- Corby CCG Launch Event
- Milton Keynes CCG Launch Event
- Shaping Nene Conference Event

In addition programme updates have been provided to all partner boards in May, June and July, as well as all Health and Wellbeing Boards. In addition to these update reports, the programme team has also attended meetings of the Northamptonshire Health and Wellbeing Board (27 March), Central Bedfordshire Health and Well Being Board (29 May and 5 July) and the Luton Health and Wellbeing Board (14 June).

MP briefings were held in Westminster in March 2012 and July 2012.

Raising awareness and understanding of the case for change

Approximately 1300 responses to the Case for Change questionnaire and online survey have been received. A report summarising responses has been developed and published on the website. Findings include:

- A wish to see improvements around weekends, 24/7
- The importance of caring, qualified staff
- People want to access to expertise and the best possible treatment
- There is support for centres of expertise but people do have concerns about travel
- 63% were supportive or very supportive of the Case for Change

A road show was held in April and May in busy public areas across the South East Midlands to raise awareness of the Case for Change. At the road show people were shown the Case for Change leaflet and asked to complete a short questionnaire to gather feedback on what people liked about current services, what they felt could be improved and their views on the case for change. There were between four and five road shows in each of the four areas, each in different venues with a total of 84 hours interaction with members of the public. In total 1,236 questionnaires were completed with Luton residents filling in the most (489) leaflets. A short film of the road show was made and put on the website and people were invited to be photographed with cards on which they had written their response to the question ‘What do you think?’

Engagement with hard to reach and vulnerable groups

The Patient and Public Advisory Group has now met on four occasions and continues to have a key role in shaping the programme’s engagement processes. Members of the Patient & Public Advisory Group who had expressed an interest in helping raise awareness of Healthier Together across their local networks and groups attended a presentation workshop on 14 June. This has led to a number of PPAG volunteers who can assist in promoting Healthier Together and set up engagement opportunities with their local groups.
The PPAG have regularly considered how we reach such groups and we have highly experienced members with specialist knowledge, such as working with gypsies and travellers, the Asian communities, Chinese groups and people with sensory impairment. A particular focus has been placed on raising awareness and understanding the case for change with harder to reach and vulnerable groups and young people.

Engaging traditionally ‘harder to reach’ groups
Meetings have been held with each of the central infrastructure organisations (CIO) for the third sector to agree targeted activities and engagement with these communities in each area. A plan has been agreed with each CIO which will include a detailed audit of the communities engaged; a summary of activity is provided below for information:

- Northants Volunteering Centre (NVC): two planning meetings were held with the Deputy Chief Executive of Groundwork Northants. NVC Staff were given a training session to enable them to discuss and present information on the Healthier Together programme with their Countywide Forum and District Forums and local community groups; communications materials were shared with NVC to distribute to their local networks and a newsletter article placed in their countywide e-brief and local Northampton e-bulletins. A meeting with the Northants Faith Works Group was held on 15 June. Work will continue with NVC with the aim of establishing focus groups during the consultation phase, concentrating on faith groups and BME groups in particular

- Voluntary Action Luton (also covers Bedfordshire): meetings have been held with the Executive Director of Voluntary Action Luton (VA Luton). A summarised version of the Case for Change leaflet was developed in partnership with VA Luton and circulated by them to their extensive networks. The next steps are to work in partnership with VA Luton to set up and facilitate focus groups, concentrating on faith groups and vulnerable communities, in late July/early August and then again during the formal public consultation. MK Action will then collate the feedback and provide a short report

- Milton Keynes: A meeting was held with the lead for MK Action’s community mobiliser teams to understand how they could facilitate engagement with harder to reach communities. As a result a longitudinal study will now be taken forward by MK Action working with their community mobiliser teams in two communities. During August community mobilisers in Milton Keynes will be helping us raise awareness in the Fishermead and Beanhill areas, the most deprived areas, with a specific focus on engaging with an ethnically diverse, younger audience and also those with disabilities and long term conditions. Working with the Healthier Together team, MK Community Action will support the Community Mobilisers to disseminate information, understand individual perspectives and signpost to further information, focusing firstly on the case for change and the Healthier Together vision and then secondly the public consultation to ensure that views and concerns are heard and included. In addition MK Action will use their established web-based engagement tools to share information and receive specific feedback and use their social media channels, to engage with 1000 ‘friends’ and 350 followers. MK Action will then collate the feedback and provide a short report

Engaging younger people
A meeting was held with the National Children’s Bureau (NCB) on 26 June to develop recommendations for working with young people. NCB is a partner of the Department of Health, working with 20 Local Healthwatch pathfinders in the run up to the launch of the national Healthwatch programme in October and the implementation of Local Healthwatch in April 2013. NCB has a programme dedicated to training people and organisations to work with young people. They will be providing us with resources to help our engagement activities. We will also be working with Young NCB on their forums. One of the pathfinders is in Bedford and we are now in conversation with them about joint engagement opportunities.
The programme has met twice with Student Junction, a new social networking platform aimed exclusively at 13 – 24 year olds in the UK - a school, college or university email address is required for sign-up. Discussions have centred on advertising during the back-to-school period in September/October, using their existing network of college based marketers-to-establish contacts in local schools and universities, and using their platform to enable live online events that will engage young people in the consultation process. Student Junction will be delivering a proposal to us in the first week in July.

Meetings have been held with Bedford College to plan an engagement event with over 60 Health and Social Care students, ahead of a formal consultation, to debate the Healthier Together case for change and vision. A follow up event will take place during the public consultation to discuss the options for new models of care that are being proposed. Workshops with students are also planned over the summer to gain views on how the programme can effectively engage with young people during the consultation phase. Contact has also been made with each local authority with the aim of planning how the Healthier Together programme involves schools across the South East Midlands during the public consultation.

Healthier Together visited Barnfield College in Luton to discuss the health review and encouraged tutors to hand out Case for Change leaflets to their students. Posters were also given out and displayed throughout the College. Contact has also been made with Tresham College, Moulton College, Milton Keynes College, University of Bedfordshire and the University of Northampton to raise awareness of the Healthier Together programme amongst their students. Meetings have also been held with Bedford Youth Cabinet, MK Youth Cabinet and Luton Youth Cabinet, all of whom have expressed interest in working with Healthier Together. Arrangements are now being made to attend one of their scheduled meetings to provide information about the programme and obtain their views. We will then train some of the youth members to become HT champions in order that they are able to speak to other young people about the programme using their own communication channels. This work will take place during September, when the councils reconvene.

Other targeted engagement

- A meeting was held with the Chair of MK Diversity and Equality Partnership to discuss the Healthier Together programme and engagement opportunities with partnership members. A presentation was held at the Diversity and Equality Partnership meeting in May and members were asked to consider setting up a sub group to consider the Healthier Together programme and consider how they could help engage their local communities.

- A meeting was held to brief the Northampton Bangladesh Association on the Healthier Together review. A presentation will be delivered to 60 day-care members of the association and a further meeting is arranged with the Northampton Bangladesh Youth Association to discuss the review.

- **LGBT:** Contact has been made with Stonewall’s ‘Healthy Lives and Healthy Champions’ programmes to explore engagement opportunities.

- **Faith groups:** We are in discussion with Tove Valley Baptist Church in Towcester, Northamptonshire, and Wellingborough Inter Faith Group regarding them hosting ‘big conversations’ around Healthier Together.

- Community radio: Mr Edmund Neale, Chair of the Healthier Together Clinical Senate, took part in a radio interview with In2Beats (Bedford community radio station) took place in June 2012 to assist the programme with its’ targeted engagement with younger audiences and BME communities. A further interview with In2Beats radio is being arranged to take place during the formal consultation stage. In addition interviews with Edmund Neale and Steve Lowden on Secklow Sounds community radio in Milton Keynes are being arranged to ensure appropriate engagement with hard to reach communities.
• Breastfeeding support groups and parent and toddler groups throughout the area were delivered information about the Healthier Together programme. Members of these groups filled out surveys on children’s and maternity services and discussed the programme in their weekly meetings.

• Information on Healthier Together and surveys for children’s and maternity services were delivered to each SureStart Children’s Centre in the South East Midlands.

• A poster/presentation campaign is now live on information screens in Post Offices and libraries around the region.

Presentations with local groups have taken place on an ongoing basis, often with one meeting leading to further requests for the Healthier Together team to talk to other groups. Meetings have been held, for example with:

• All LIINK groups across Bedfordshire, Milton Keynes, Northampton and Luton
• Age Concern, Northampton (day centre)
• Older Persons’ Forum, Luton Borough
• Luton Asian and African Caribbean Carers Group
• Luton LIINK acute forum
• MK Diversity and Equality Partnership
• MK CCG Patient Congress
• MK Learning Disability Partnership Board
• Bedford Borough Ageing Well exhibition
• Bedford Borough Disabilities and Visual Impairment Partnership Board
• Bedford Borough Learning Disabilities Partnership Board
• Bedford Borough Older People’s Partnership Board
• Sight Concern Bedford
• Central Bedfordshire Integrated Care and Commissioning for Frail Older People P’ship Board
• Corby Patient Participation Group
• Corby CCG public launch event
• Nene CCG public launch event
• Kettering Pensioners Conference
• Milton Keynes Disability Action Group
• Milton Keynes Older Persons Forum
• Nene Valley Community Action – East Northants Community Consortium
• Northamptonshire Learning Disability Partnership Board
• Northants Bangladeshi Association
• Northants Carers Partnership
• University of Northampton, School of Health
• South Northants Voluntary & Community Sector Forum
• Royal British Legion – Northants group