

Meeting: Governing Body			
Meeting Date	27 March 2019	Action	Receive
Item No.	15a	Confidential	No
Title	Patient Cabinet Chair's Report		
Presented By	David McCann, Lay Member PPI and Patient Cabinet Chair		
Author	Lisa Featherstone, Deputy Director of Business Delivery.		
Clinical Lead	_____		

Executive Summary
This paper is presented to the Governing Body to provide an update on the Patient Cabinet meeting held on the 7 th March 2019.
Recommendations
It is recommended that the Governing Body <ul style="list-style-type: none"> • receive the update provided.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Patient Cabinet		Agenda items discussed.

Patient Cabinet Chair's Report

1.0 Introduction and Background

- 1.1 The Patient Cabinet Report is presented to the Governing Body to provide assurance on the areas considered by the Patient Cabinet at its last meeting, held on the 7 March 2019.
- 1.2 It is also intended to direct the attention of the Governing Body to specific areas of concern, where these are identified through the Patient cabinet's review.

2.0 Background

- 2.1 The Patient Cabinet is comprised of the following members:
- Lay Member for Patient and Public Involvement (chair);
 - Deputy Director of Business Delivery;
 - Communications Representative;
 - Commissioning Representative;
 - Equality and Diversity Lead; and
 - Appointed patient members
- 2.2 In addition, Healthwatch are also invited to attend the meeting.
- 2.3 Four appointed patient members attended the meeting.
- 2.4 The meeting was not quorate, in accordance with its terms of reference as only one CCG officer attended the meeting.

3.0 Patient Cabinet Update

- 3.1 There was a full discussion on a range of standard agenda items and the following points are brought to the attention of the Governing Body:
- **Informal Meeting / Members' Updates**
- 3.2 An update was provided by the patient representative on the training they had attended for the 999 triage procedures, including the 'Green' Car and 'Heat' Car.
- 3.3 The frequency of future Patient Cabinet meetings was also discussed, including quarterly formal meetings with informal meetings held as necessary.
- **OCO Update**
- 3.4 The Patient Cabinet was advised of the continued progress of the shadow OCO Partnership Board in developing the OCO arrangements.
- **Recruitment to joint Head of Communications, Marketing and Engagement**
- 3.5 The Patient Cabinet was advised that the recruitment to the joint Head of Communications, Marketing and Engagement would commence shortly and that this

post will be instrument in developing a structure and strategy to support engagement moving forward.

- **Commissioning Intentions**

- 3.6 This item was deferred for discussion at the next meeting whilst the final plans are developed and signed off. Patient Members' workstreams will also be discussed and reviewed as needed once these have been finalised.

- **Patient and Communication Indicator**

- 3.7 An update was provided on the Patient and Communication Indicator, which is assessed as part of the annual Improvement and Assessment Framework process. This year has seen a change in the process with the CCG being asked to submit a self-assessment against a set of criteria.

- 3.8 The Patient cabinet was advised that improvements have been made in a number of areas, with 17 criteria being assessed at a higher level than the previous year.

- 3.9 Overall, the self-assessed submission for 2018-19 is reporting a 'green' status with a score of 13 from a maximum of 15, however this is subject to regional and national moderation. This is an improved position from 2017-18 where an amber rating was awarded with a score of 9.

- **Public and Patient Participation Annual Report**

- 3.10 The Patient Cabinet received the Public and Participation Annual Report which covers the period April 2018 to March 2019 and describes the CCG's commitment to engaging with people and communities.

- 3.11 The report which reflects areas of patient and public involvement and engagement, including a recent patient story, the work of the Patient Cabinet members as well as the engagement with our public, both formal through the IVF and Urgent Care consultations and informal Big7Tea and Devolution Difference events is included as an appendix to this report.

- **Bury Voluntary, Community, Faith Alliance (VCFA)**

- 3.12 Barrington Reeves, Network & Partnership Lead, VCFA delivered a presentation to the Patient Cabinet on the role of the VCFA and its remit to provide a wide range of services for third sector organisations and volunteers in Bury and develop a framework for a two way conversation between voluntary and statutory bodies. Referring to the Neighbourhood Hubs, the Patient Cabinet was informed that Radcliffe and Bury East are 'trailblazers' under a 90 day review period and that further updates will be shared with the Patient Cabinet as the model changes and develops.

- 3.13 Some concern was raised that the models have been developed without wider, or more specifically Patient Cabinet, engagement and it was agreed that at a future session the Patient Cabinet would welcome and update in respect to transformation and also the work of the Neighbourhood Hub.

- **Other Matters**

- 3.14 Concerns were voiced in respect to increased difficulties in accessing GP appointments and also that the redesign of 111 has been overshadowed in the urgency to progress transformation. Updates on these matters will be requested for discussion at a future meeting.

David McCann
Lay Member – Patient and Public Involvement
March 2019

Patient and public participation

Annual report

April 2018 – March 2019

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Introduction

Welcome to our patient and public participation annual report. The report describes our commitment to engaging people and communities in our work. The report relates to the year April 2018 to March 2019, and highlights examples of engagement activities that have taken place during the year.

By involving and listening to people who use local health services, our teams can better understand their needs and respond to what matters most to people.

Involving people in our work is a legal duty, but it is also the right thing to do. Patients and the public can often identify innovative, effective and efficient ways of designing, delivering and joining up services. This involvement is an essential component of our work to plan and purchase a range of quality services that meet people's needs.

We hope you enjoy reading this report. If you have any questions or comments about it we would be pleased to hear from you. You can find our contact details at the back of the report.

About us

NHS Bury Clinical Commissioning Group (CCG) plans and purchases a range of services for local people. This includes those provided in hospitals, out in the community and GP (known as primary care) services for our population of around 190,000 patients.

CCGs are membership organisations and our membership consists of the 25 GP practices located in Bury. In a CCG, clinicians take a lead on making decisions about the design and delivery of local services. Listening to and learning from patient feedback and experiences is a key part of this process.

We are an ambitious and forward thinking organisation. We are committed to working with other NHS organisations and partners including Bury Council, those within the third sector such as voluntary organisations and of course local people to ensure that the services that we plan and purchase are high quality, meet people's needs and offer good value for money.

Together with Bury Council we are joining up health and social care services to ensure that people can experience more responsive care and better health outcomes for years to come.

Engaging with people and communities overview

The views of patients, carers and the public matter to us and we want to involve them in the decisions we make. By working with patients, carers, patient organisations and the public, we are able to develop services which meet the needs of our community.

Our [Communications and Engagement Strategy](#) describes how we will communicate with, listen to and make sure that all views are heard across Bury, from individuals and communities, and from our staff and partners.

Patient and public involvement in commissioning is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about local services.

We have a legal duty to involve patients and the public in our work in a meaningful way to improve health and care services. This legal duty is highlighted in the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 (section 14Z2).

The legal duty is relevant to designing and planning services, decision making and proposals for changes that will impact on individuals or groups and how health services are provided to them.

Patients and the public can often identify innovative, effective and efficient ways of designing, delivering and joining up services and this involvement is a vital part of what is known as our commissioning cycle.

Public participation and the commissioning cycle

Our 'commissioning cycle' describes the various steps in planning and purchasing health services for local people. There are various stages where public participation can inform our work from planning services, to commissioning (buying) them and monitoring their performance.

As part of the process of identifying people who may be affected by a proposed change, equality impact assessments are completed to ensure that all people and communities, including those with protected characteristics such as age or disability, are fully considered.

Our Communications and Engagement team supports commissioning colleagues to undertake small scale engagement with groups, some of which will encompass individuals with protected characteristics. This work is reported within our equality declaration and you can read more about this work later in the report.

We use important information such as feedback from the GP patient survey, which helps to support local practices to continually improve, the Friends and Family Test and quality information to help us to understand local health needs.

We are working to further embed learning and awareness of engagement at the earliest possible stage within the commissioning cycle. This has been built into our new commissioning staff masterclass workshops and our commissioning project documentation to ensure that patient and public involvement and equality are considered fully at every stage.

Approaches and accessibility

Different participation approaches will be appropriate depending on the nature of the commissioning activity and the people we would like to involve. Approaches may include surveys, public meetings and focus groups, along with the use of social media and the local press.

When considering participation, accessibility is very important, for example the physical accessibility of venues and the availability of a loop system as standard to ensure that individuals are able to participate when attending meetings or events. In addition we have the ability to provide interpretation services if required and to make printed materials available in alternative formats or languages where necessary.

Local people are able to sign up to our E-Newsletter known as Health Matters, to keep up to date on our work and opportunities to get involved. If an individual would prefer to receive information by post or in another way, this can be accommodated.

Promoting opportunities to get involved

Website

Our [website](#) provides information about our work, this includes a 'Get involved' area where you can find details of how to access information about us or get involved in our work. Though our website you can also find [details](#) of current or past programmes of engagement or consultation, accessing details of what activities have taken place, the feedback we received and how this informed our work.

Social media

Through our Twitter account [@NHSBuryCCG](#) we post regular updates along with useful health information. You can interact with us on Twitter by liking or 're-tweeting' our posts or by asking a question. Our Facebook page provides a similar platform, find us on [Facebook here](#).



E-newsletter

Sign up to our E-newsletter called Health Matters to hear about opportunities to get involved, receive news and information about our work. You can subscribe through our [website](#) and you can unsubscribe at any time.

If you would like to get involved but would prefer to receive information by post, please call us on 0161 253 7636 and we can capture your preferences to ensure that you receive relevant information by post.

Our meetings in public

Our Governing Body and our Primary Care Commissioning Committee meet in public every two months. Our Annual General Meeting is also held in public.

People are warmly welcomed to come along and observe discussions at the Governing Body and Primary Care Commissioning Committee, or to ask a question.

Access our [Governing Body](#) paper and our [Primary Care Commissioning](#) papers on our website. Hard copies of the papers are available at the meeting and large print versions are available on request. Find out more about the process for asking a question at either of these meetings [here](#).

Our latest news and blog

We publish our latest news on our website and on social media, read our latest [news here](#). You can also read our Chair's regular blog on a range of current issues [here](#).

Patient stories

At our Governing Body meetings we have introduced a new segment called patient stories where we hear real patient stories including the experience of local people in accessing local services.



At the November Governing Body meeting we welcomed Owen Dykes a Military Veteran from Bury. Owen kindly spared his time to come to talk about his experiences after leaving the army.

Owen (pictured left) started his army training in 1990 just before his 16th birthday, the start of a 24 year service in The Royal Regiment of Artillery.

During his army career, Owen served all over the UK and abroad, in Germany, Cyprus, America and Canada. He completed several combat tours in Northern Ireland, Afghanistan and Iraq. He lost 16 friends, or as Owen calls them, brothers, during this

time.

In the summer of 2014 after 24 years' service Owen left the army. Handing in his ID card and stepping foot outside the gates of his barracks, he felt like his identity had been taken from him. He had to start again and this was the start of a very difficult period for him.

Spending more than half of his life in the military before moving into civilian life, crowded places understandably posed difficult scenarios, and ordinary people could easily feel like a threat to Owen.

Owen said: *"As I was walking along I would try and work out likely firing points, ambush points, best places for cover, and if I saw a bag unattended then I would go into full threat assessment. Any place I entered I would have worked out at least two escape routes within two minutes. If I was forced to go in a public place then I would try and go early morning or late evening when the crowds are at their minimum."*

Owen found it difficult to socialise with civilian people and didn't feel like he was on the same wave length as them. He felt out of place and preferred to socialise with other veterans, or be by himself.

Entering civilian life was a big change and at times Owen would feel angry, he felt that promises that were made to him to help with resettlement never came to fruition and that he had been left to fend for himself.

Around eight months after discharge Owen started to struggle with sleep, experiencing flash backs and guilt to the point that he tried to prevent himself from falling asleep.

Owen felt very low and in a dark place with no way out. On most days he contemplated taking his own life, but he had a wonderful wife and two daughters to help focus his attention. It was at this point he realised he needed help.

Owen continued: *"Two things sent me down the road to get help; the first was a friend of my wife's who works in the medical profession and she said I needed help. I then went to see my GP and broke down in front of him in his office. I couldn't cope anymore, I couldn't cope with civi street, and I couldn't cope with the nightmares and the guilt. He then referred me to Bury Military Veterans' Service. It was also mentioned about Bury Veterans' club, so the next day I attended my first Bury Veterans' club and as soon as I walked through the doors, I was back with my force's family."*

Following his first appointment with the Bury Military Veterans' Service, Owen was diagnosed with post-traumatic stress disorder, social isolation, survivors' guilt and depression. He started to receive regular counselling and support including mindfulness to help him to slowly start to deal with his problems.

When Owen spoke at our Governing Body meeting in November 2018, we heard that whilst he had been out of counselling for less than 12 months, he still practiced mindfulness and is now able to lead a close to normal life. Whilst still alert he is able to cope with crowded places to a point. He is able to go out with his family and enjoy time with them and feels he is a positive role model to his two daughters.

Owen said: *“I took control of my life, I started to lose weight by joining slimming world, not only did this help me with weight loss but I also used it to help tackle my social isolation issues, I managed to lose five stone. I got back into my running which not only helped me with my weight loss and health but also my mental health, I started to enter 10km running events building up to half marathons, in 2019 I have entered the Manchester marathon. I used this running to raise money for local causes to boost my self-esteem and also set an example to my daughters.”*

Owen is now the Army secretary for the Borough of Bury Veterans’ Association. The Group meets regularly as well as going on trips and events together, and he also attends the Bury Veterans’ breakfast club when he can. Owen says that with the support of his force’s family, he is able to cope with the past.

Whilst Owen understandably still has low points, he now has the coping mechanisms to deal with them. He said that he has stopped running away from his past and is slowly starting to face the memories of the incidents he was involved in during his army service, the guilt of the brothers that he lost is still there, but he is now better able to cope with this.

Owen still has battles every day, but he is a proud husband, a proud father, a member of a community and society.

Owen added: *“Without the support I received from the Bury Military Veterans’ Service, the Bury Veterans’ Association and the Bury Veterans’ breakfast club I would be either dead from taking my own life or in prison, just another faceless statistic on a spreadsheet somewhere. I am Owen Dykes and I am a Military Veteran.”*

Our Patient Cabinet

Our Patient Cabinet has continued to play an important role in ensuring that the voice of local people is influential in our decision making. Chaired by the Lay member for Patient and Public Involvement, the Patient Cabinet is a sub-committee of our Governing Body and has a key role in ensuring meaningful involvement and engagement with people and communities by gathering views and feedback and making sure that people have a chance to feed into and actively participate in our work.

The Patient Cabinet meets regularly to receive and comment on CCG plans, working with our clinical leads and commissioning managers on service redesign

programmes. The members gather and feed in views from the local community via attendance at practice-based Patient Participation Groups and by forging links with local voluntary and community groups.

The role of a Patient Cabinet member is described in the role description, through a code of conduct and a confidentiality agreement that all members are signed up to.

Where required, Patient Cabinet members are supported in their role through training opportunities. In the past this has included training to score potential providers that had submitted bids as part of a procurement exercise. In addition Patient Cabinet members and other patient representatives involved in our work are able to claim reasonable out of pocket travel and subsistence allowance to support them to get involved.

During the year, Patient Cabinet members have been involved in a range of CCG projects, along with projects at a regional or even national level, here are some examples:

In Bury this year:

- Input into a public consultation process in relation to future IVF provision in Bury.
- Co-design of a 'tea party' with a focus on boosting mental health through social prescribing opportunities.
- Providing feedback on a draft patient information leaflet in relation to a new test to help diagnose digestive symptoms.
- Supporting a GP practice to establish a patient participation group, arranging discussions in the waiting room and helping the surgery to run its first meeting. In addition providing support to another GP practice in relation to patient engagement.
- Continued involvement in the mobilisation of a new Integrated Pain Service; the end of life pathway to provide a seamless service for patients and families and the living with and beyond cancer work, which centres around a new service providing support to people affected by cancer.
- Provided input in relation to an innovation and information technology strategy funding bid.
- Involved in discussions around children and young people's mental health commissioning, including exploring the reasons some children and young people are not able to attend appointments beyond their control i.e. difficulties taking time out of school or parents taking time off work.
- Received updates in relation to a business case for a 12 month Safe Haven pilot to support patients experiencing mental health problems who attend A&E. The aim is to prevent patients from reaching a crisis situation and to help them to access the care and additional support they need quickly. Patient information would also be provided to equip individuals to avoid a crisis in the future.

- Receiving an update from the Locality Care Alliance (a group of local health and social care providers that are delivering transformed services for the future) about the importance of the patient voice in its work. There was a focus and wider discussion in relation to encouraging and enabling local people to self-care, and potential barriers to this.
- A member of the Patient Cabinet regularly attends the Primary Care Commissioning Committee meetings, contributing to discussions and representing patient views.
- Involvement in various integrated care work streams, topics have included neuro rehabilitation, paediatric physiotherapy and district nursing.
- Involvement in hospital based patient experience meetings.

Involvement in various regional and national areas of work including:

- Membership on the patient and public reference group for the Greater Manchester improving specialist care work streams.
- Involvement with the Greater Manchester Transformation Unit including reviewing patient information relating to enhanced recovery after surgery.
- Involvement in the Greater Manchester MacMillan User Group.
- Involvement in relation to the NHS England 'NHS 111' urgent care telephone service.
- NHS England Patient and Public Voice involvement with topics including new models of care; an oral surgery and sedation questionnaire and a consultation on prescribing in primary care.
- Involvement with The Royal College of Physicians with topics including putting patients at the centre of care and a pharmacy information survey.

A focus on... Urgent care redesign consultation

What is urgent care?

Urgent care services are services that are designed to assist patients with an illness or injury that does not appear to be an emergency, but is considered too urgent to wait for routine care.

What was the case for change?

Both nationally and locally it was recognised that the urgent care system was under considerable pressure and it was recognised that there was a need to better plan services and reduce confusion for patients as to which services to access and when. The case for change was also informed by new national and regional guidance on urgent care.

How did engagement inform the proposed model?

In developing a revised proposed future model for urgent care for consultation, we listened to feedback from local people gathered during an earlier period of engagement, about the importance they placed on retaining access to walk-in services in the town.

What was the proposal?

The revised proposed future model for urgent care included two main elements.

1. The development of an Urgent Treatment Centre as mandated in national guidance, to be located alongside the A&E department at Fairfield General Hospital, suitable for patients experiencing minor illnesses and injuries that attend A&E.
2. The development of integrated health and social care hubs offering a range of health and care services working closely together, including evening and weekend services. Within these hubs was the proposal to retain walk-in services that local people had expressed were important to them.

Consultation format

A six week consultation period ran from 29th January to 11th March 2018 inclusive. Whilst the period of consultation was immediately prior to the reporting period of this document, the changes have started to be implemented during the year.

How was the consultation promoted?

A range of approaches and mechanisms were used to capture feedback, including a survey (also available in hard copy format). A public meeting was held and we also attended a Healthwatch public meeting, requests for presentations to specific groups or meetings were also welcomed and views could be sent to us by letter or by e-mail.

The opportunity to take part in the consultation was promoted through the press and media, the use of social media and promotion on the internet. It was also promoted within GP practices, through the Voluntary, Community and Faith Sector Alliance and other networks. In addition a FAQ document was developed informed by feedback received during the consultation.

What did we hear?

Healthwatch Bury kindly provided an independent critique of the consultation feedback report, and where appropriate their suggestions were reflected in the report.

- 173 people responded to the consultation survey and feedback was captured at a public meeting attended by around 40 people.

- There was general support for the proposed future model for urgent care and the majority of respondents felt that it was the right thing to do to develop Integrated Health and Social Care Hubs above and beyond the nationally mandated Urgent Treatment Centre.
- In addition, the majority of respondents said they agreed that we had listened and responded to feedback about the importance people place on retaining access to walk in services.
- Accessible and convenient services were highlighted as important, whilst ensuring appropriate resourcing of services (funding and staff) to meet demand.

What was decided?

Following the consultation, the Governing Body, considering the feedback received from local people, stakeholders and health care professionals, made the decision to approve the proposed future model for urgent care in Bury at its meeting on 28th March 2018.

- Access the full consultation feedback report [here](#).
- Access the Governing Body paper where the consultation feedback report was considered [here](#).
- Access a press release issued following the Governing Body decision [here](#).

A focus on... Big7Tea engagement event

What is social prescribing?



‘Social prescribing’ or ‘community referral’ are terms used to describe social opportunities that are provided by organisations including voluntary, community and faith sector groups. Social prescribing opportunities link people with non-medical sources of support within the community. Opportunities might include arts and creativity, physical activity, volunteering, befriending and learning new skills. It can also include support with things

like employment, benefits, housing and debt advice. Supporting people to access non-medical sources of support close to home can contribute to improved mental health and wellbeing.

Why did we hold the event?

Social prescribing is an important theme within Bury’s plans to transform health and social care services in Bury, and linked to NHS70 celebrations to mark the 70th birthday of the NHS, an opportunity arose to hold an event focussed on how social

prescribing opportunities can contribute to improved mental health and wellbeing. The event was held on the afternoon of 25th July 2018.

Co-producing the event

Members of our Patient Cabinet helped to plan the event in terms of the format and promotional materials that would encourage people to get involved. Colleagues from Bury's Voluntary, Community and Faith Sector Alliance and Healthwatch were also involved in the planning stage.

The aim of the event was to bring people together in an informal setting with light refreshments (tea, coffee and cake) and provide an opportunity for people to:

- Hear about social opportunities happening in their community that might benefit them
- Tell us what would help them and make a difference to their life, and
- Let us know where they would like us to advertise social opportunities in the future, so that they can easily find out about them and join in

The engagement event was followed by a promotional market place where existing social prescribing opportunities were promoted by local charities and organisations.

How was the event promoted?

The event was promoted on the internet, on social media, within GP practices, through the press and media, through Patient Participation Groups and the Voluntary, Community and Faith Sector Alliance.

What did we hear?

Feedback received was themed in terms of what people knew already existed along with possible gaps in provision; the important of accessibility (time of day and location); ideas around the support and resources might be needed to drive this work forward in the future along with ideas for promotion.

What did we do with the feedback?

One of the work streams to support plans to transform health and social care services in Bury, including considering social prescribing opportunities, is called 'Enabling Local People'. The feedback report was provided to colleagues driving this forward and will help to inform this work.

Read the engagement event feedback report [here](#).



A focus on... Consultation on IVF provision

What is IVF?

In Vitro Fertilisation (IVF) is one of several techniques available to try to help people with fertility problems have a baby.

What was the case for change?

The case for change centred around financial challenges requiring radical solutions to be identified to close the expected end of year financial gap (deficit). In assessing the clinical and cost effectiveness of IVF, evidence showed that this falls as age increases, and falls with each unsuccessful cycle. At the time of the consultation, we were one of only four CCGs in the country to provide IVF fully in line with NICE guidelines, including offering up to three funded cycles which does not place further eligibility restrictions around living children from a previous relationship. The majority of CCGs in the country provide one funded cycle. Our Clinical Cabinet and Governing Body considered that other types of healthcare should take priority over the current level of funding for IVF services.

What was the proposal?

We understand that infertility is a very difficult issue for those affected by it, however, as part of a review of all commissioned services in Bury, we were faced with difficult decisions, including considering whether IVF services should continue to be funded as they were. Maintaining the level of provision of IVF would mean we would need to consider other areas of healthcare in order to make the required savings.

A range of options were consulted on, from continuing to offer up to three funded cycles of IVF in line with NICE guidelines, reducing to two cycles, reducing to one cycle or moving to zero cycles and therefore no longer funding IVF services.

Consultation format

A six week consultation period ran from 6th August to 16th September 2018 inclusive. An important part of the consultation was to offer the opportunity for people to highlight if they felt we had failed to consider something significant, before coming to a decision.

Through the consultation process we aimed to capture views from patients registered with a Bury GP practice, Bury health care professionals and other local interested parties on proposals to review the current policy in relation to commissioning IVF services before a formal decision was made by the Governing Body.

The consultation document highlighted that if any service was no longer routinely provided through the NHS, an individual funding request could still be put forward where it was felt there were exceptional circumstances.

How was the consultation promoted?

A range of approaches and mechanisms were used to promote this opportunity and to capture feedback, including a survey (also available in hard copy format). We also welcomed requests for presentations to specific groups or meetings and views could be sent to us by letter or by e-mail.

The opportunity to take part in the consultation was promoted through the press and media, the use of social media and promotion on the internet. It was also promoted within GP practices, through the Voluntary, Community and Faith Sector Alliance and other available networks. In addition a FAQ document was developed informed by feedback received during the consultation.

What did we hear?

- 437 individuals completed the consultation survey.
- The vast majority of respondents understood why we had explored all areas of spend to identify where savings could be achieved and the reasons why we were reviewing the level of funding for IVF services. A smaller number (28%) agreed with the proposal to review the level of funding for IVF services in Bury. A high proportion (40%) of respondents said that if the level of funding for IVF services in Bury was reduced, that they felt the decision would affect them.
- Around two thirds of respondents had a preference for us to continue to offer up to three funded cycles of IVF, with the remainder comfortable with a reduction.
- Concerns of the impact a reduction in provision might have on mental health was one of the strongest themes to emerge from the feedback.

What was decided?

An important part of the consultation was to offer the opportunity for people to highlight if they felt we had failed to consider something significant, before coming to a decision. Having considered the responses received, no significant areas emerged that we had not already considered.

Following the consultation, the Governing Body at its meeting in September 2018 considering the feedback received, made the decision to reduce provision in this area from the current offer of up to three funded cycles, to one funded cycle of IVF, with the change coming into effect from October 2018 for new referrals.

- Access the full consultation feedback report [here](#).
- Access the Governing Body paper where the consultation feedback report was considered [here](#).
- Access information following the Governing Body decision in our press release [here](#).

Devolution Difference event



Progress made to date and future plans to transform health and social care services in Bury were celebrated at our Devolution Difference event held in October 2018.

The event focussed on what difference devolution of health and social care funding to the region will mean to local people from a young, a working age and an older person's perspective.

Around 100 people attended the event, which included a market place showcasing our plans and services, presentations and time for questions. A second event is planned for later in 2019.

Other engagement within our commissioning work

Our Communications and Engagement team continues to support commissioning colleagues to undertake small scale engagement with groups, some of which will encompass individuals with protected characteristics such as age or disability, and this is reported within our equality declaration.

Community Paediatrics Service

With support from Bury2gether, a local parent forum, we had a conversation with a small number of individual family members that were accessing the local Community Paediatrics Service. We gathered important feedback about their experiences to help inform a review of the service including mapping patient and family journeys so that we could fully understand their experiences. The feedback received was themed and helped to inform a number of recommendations to improve the service in the longer term, including reducing waiting times and offering a more efficient service for local families.

Neurodevelopmental assessment and care pathways

We engaged with patients and family representatives via Bury2gether (the local parent forum mentioned earlier) in support of service development for our neurodevelopmental assessment (Autistic Spectrum Disorder and ADHD) and care pathways. A stakeholder and patient representative workshop was held in December 2018 and further input will be sought as the new pathways are developed.

Through this engagement we have gathered valuable information about the needs and wishes of families accessing these services. The feedback will help to shape the development of existing and future service provision.

Bury2Gether are now a member of the Local Transformation Plan Implementation Group giving a patient voice and perspective on all aspects of strategic transformation of children and young people's mental health services.

Special educational needs and disabilities

In May 2018 along with Bury Council, we took part in a co-production event with Bury2gether – the parent forum made up of parent representatives is part of the Specialist Educational Needs and Disabilities (SEND) Planning Group.

The event was arranged as part of a response to an inspection by the CQC and Ofsted which highlighted that improvements were needed to Bury's SEND provision. At the event, important information and feedback was gathered about what was good about services, and what should be improved or done in a different way. This valuable and honest feedback will inform service planning in this area and promote a continued dialogue about future developments.

During the year we have been in discussion around the potential for commissioning a Sensory Integration Service. Sensory integration is the process by which the brain takes in and interprets information about the body and its surroundings. This information is then used to control and organise the body. We all receive information in a number of ways and through different senses such as sight, hearing, taste, touch and smell, as well as movement and pressure.

A sensory integrative difficulty occurs when a person has problems with organising sensory information and may be particularly difficult for children with autistic spectrum conditions. We have assessed the level of need for this service in Bury and how these needs could be met with a view to launching a pilot service in the future. Parent groups and staff from a range of services are involved in this work.

In addition in June 2018 we took part in a 'Treat me well' event organised by Pennine Acute Hospitals NHS Trust. Attended by parents, carers and professionals, and facilitated by individuals with a learning disability and Mencap, the event provided the opportunity to hear from people about their experience of how they are treated. One theme that emerged was the importance of not assuming an individual's level of skill or difficulty.

The event was a really good opportunity to engage with health care professionals around the SEND offer locally, including the availability and importance of people accessing learning disability health checks and various universal health initiatives to lead healthier lives.

During the year we have also been building up our contacts within Bury College and with Streetwise (young persons service), to ensure that professionals and young people up to the age of 25 know what support is available to them and how to access it.

Mental health

During September 2018, along with Bury Council we attended an engagement event arranged by Pennine Care NHS Foundation Trust with a focus on the Bury Acute (hospital) Care Crisis Pathway.

Attended by patient representatives, service users and other stakeholders, the aim of the event was to work together with all partners to help to shape a future proposed pathway and agree next steps.

Our chair and mental health commissioning manager attended a Mental Health Awareness event in Prestwich during January 2019, to raise awareness of mental health within the Jewish community. We listened to local people who shared the experiences of dealing with mental health issues. A common theme that emerged from the discussions was that there was a lack of public awareness about the range of support available. The feedback was very valuable and will help us to plan ahead.

In relation to children and young people's mental health and wellbeing services and as part of a joint project with neighbouring areas; Healthwatch Bury is currently (February 2019) engaging with parents and carers of children who are or have recently accessed these services. The aim of the engagement, which includes a survey and focus groups, is to hear about their experience of families accessing these services, to help improve them in the future. Feedback is also being sought from health care staff involved in delivering this care. We were involved in early conversations with Healthwatch Bury to inform this piece of engagement and welcome the findings when they are available to help us plan for the future.

Maternity survey report: Booking appointment

To explore the reasons why some women from Bury were not accessing their first midwife appointment (also known as the booking appointment) in a timely way, we supported Healthwatch Bury to develop a survey to seek feedback from women that had recently accessed these services.

The booking appointment should ideally happen before a woman reaches 10 weeks of pregnancy. This is to allow certain tests to be completed at the earliest stage.

The survey aimed to explore the experience of women that had given birth in the last three years, with a specific focus on women who did not have their booking appointment until they were 13 weeks pregnant or more.

Feedback from the survey suggested a need to raise awareness about early pregnancy symptoms and the importance of having an early booking appointment.

This feedback has been used to inform a number of changes including the availability of weekend booking appointments to make them more accessible and convenient to women from Bury.

You can access the feedback report and findings via the Healthwatch Bury website [here](#).

Final words

Thank you for reading our patient and public participation annual report for 2018/19. Within the report we have highlighted examples of engagement activities that have taken place during the year and we hope you have enjoyed reading about them.

We would encourage you to get involved in our work, whether this is by following us on Twitter, signing up to our E-Newsletter or coming along to our meetings in public.

If you would like this report in another format or language please contact us.

If you have any questions or comments about the report, we would be pleased to hear from you. You can find our contact details at the back of the report.

Get in touch

You can reach us in a number of ways:

- The 'We're here to help' section of our website www.buryccg.nhs.uk
- You can e-mail us at buccg.communications@nhs.net
- You can give us a call on 0161 253 7636
- Or via our Twitter account at www.twitter.com/NHSBURYCCG

Unsure who to contact?

If you have an enquiry and are unsure where to direct it to, you can contact our:

- Patient Services Team on 0161 212 6270 (9am – 5pm Monday to Friday, excluding bank holidays)
- By e-mail: patientservices.gmcsu@nhs.net
- Or by post: Ellen House, Waddington Street, Oldham, OL8 6EE